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The Journey through Perspective Transformation: Learning Nursing Theory

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THE JOURNEY THROUGH PERSPECTIVE TRANSFORMATION:

LEARNING NURSING THEORY

by

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A dissertation presented to the

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ABSTRACT

Through the use of grounded theory, educational methods most useful for nurses to achieve a perspective transformation, as exemplified by learning nursing theory were examined. Perspective transformation is a theory originally developed by Mezirow (1978) in a study of older women returning to college for additional education. Mezirow defined perspective transformation as the alteration or change of meaning perspectives. Perspective transformation in an individual can be compared to a paradigm change within a scientific community.

Within the nursing literature on perspective transformation, most articles related to the perspective transformation needed for nurses to learn to use nursing theory as the framework for patient care. Little has been written on how nurses learn nursing theory, none found from the perspective of the learner. The experiences of 21 working nurses who had made a perspective transformation by learning nursing theory and practicing within a nursing theoretical framework were examined. One hour interviews were taped and transcribed. Data were coded using Level 1 open coding, Level 2 axial coding, and Level 3 selective coding. Study findings indicated that nurses achieving perspective transformation go through three nonlinear stages: (a) becoming aware, (b) developing meaning, and (c) perspective transformation. Those evolving beyond perspective transformation to self-actualization go through a fourth stage. During this stage,

they combined theoretical models to create a personal nursing model for patient care.

Nursing needs to operate within its own theoretical base. Nursing theory helps describe, explain, predict, or prescribe the phenomenon that are the reality of nursing. This study is important because it examined the most useful methods to help nurses learn nursing theory, incorporate theory into practice, and achieve perspective transformation. Future research studies should continue to pursue: (a) how to help nurses learn to incorporate nursing theoretical models into practice, (b) how to encourage organizational support of nursing theoretical frameworks, (c) satisfaction of patients cared for within the framework of nursing theoretical models, (d) the improvement of patient care through the use of nursing theory in practice, and (e) the professional growth of nurses practicing through the use of nursing theoretical frameworks.

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CHAPTER I

INTRODUCTION

What would it take for the Wicked Witch of the West to become a lounge singer in Las Vegas? Plastic surgery? a wardrobe consultant? voice lessons? or, a perspective transformation? Perspective transformation is the process of critically reflecting upon psychocultural assumptions which impede our development, selecting alternatives and incorporating them into our behavior. From a new perspective we can change individual behavior, or social practices and institutions which practice and legitimate distorting ideologies (Mezirow, 1985).

Perspective transformation can be facilitated in many ways, as the result of a crisis, with the aid of an instructor, or through self-directed consciousness-raising discussions, where adults learn from shared experience. By encouraging self-reflection and critical thinking we may foster self direction, a sense of responsibility and action to bring about change. Through material such as pictures, cartoons, vignettes of hypothetical dilemmas and rules employees adhere to, dialogue can be initiated to examine long-held psychocultural beliefs (Friere, 1992; Rogers, 1988).

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Importance to Nursing

Nurses need to be taught to question rules and long held beliefs so they will recognize the extent to which clinical experience, (what is to be defined as legitimate nursing and how it is practiced), is defined by others such as administrators and doctors (Allen, Benner, & Diekelmann, 1986; Rogers, 1988). Nurses can examine powerful forces used to maintain bureaucratic acquiescence, reach their own conclusions and with this new perspective, assume responsibility for making changes to create exciting, empowering nursing care environments (Dykema, 1985).

Perspective transformation, as a concept, has not received much attention in the nursing literature. However, it is an important concept for nursing practice, research and education (Duff, 1989; Lytle, 1989; Rogers, 1988). We all act, see, think, feel or behave as a result of our personal meaning perspectives. Meaning perspectives are mostly acquired uncritically in childhood through the process of socialization. Meaning perspectives help us define ourselves, our roles, and our understanding of social expectations. As adults these beliefs may no longer be conscious, but still motivate us to act in ways that please others, avoid unpleasant feelings, not hurt others, be a bully, a workaholic, or remain in situations no longer meaningful to us. Acting against these meaning perspectives causes feelings of great anxiety (Allen, 1992; Mezirow, 1991).

Meaning perspectives, acquired culturally during the growing up process, are also acquired from groups to which we belong through political, religious,

professional, and organizational socialization. These socialized beliefs can lead to a nurse's acceptance of doing things the way they have always been done. Understanding the concept and process of perspective transformation will be useful to help nurses look reflectively at their practice and recognize those things in their practice environment or personal lives that they may need to change (Rogers, 1988; Callin, 1996).

Within the nursing literature on perspective transformation most articles relate to the perspective transformation needed for nurses to learn to use nursing theory as the framework for patient care, particularly when they have been providing patient care through the lens of a medical, institutional or problem solving model (Duff, 1989; Lytle, 1989; Rogers, 1989). When nurses returning to school, after several years of practice, are faced with a requirement to learn and integrate nursing theory into practice, they voice anger and frustration (Duff, 1989; Lytle, 1989). They believe themselves to be good nurses and see no need to augment their practice with nursing theory.

Nurses incorporate theory from many disciplines such as medicine, psychology, and social work. Nurses and physicians both deal with experiences of health and illness, however their approach differs. Physicians aim to cure disease while nurses assist clients through the experience of illness; both may teach clients how to achieve and maintain healthy lives. Healthcare professionals view the client based on their theoretical perspectives. Although theories from other disciplines can be useful for nurses, their usefulness cannot be assumed until

tested by nurses in nursing environments (Chinn & Kramer, 1995). Therefore, practicing within the rules and assumptions of another discipline may get the job done, but may not be as useful for the client or as satisfying for the nurse.

Most nurses who don't study nursing theory as part of their basic program, or are unaware they have studied theory, will practice using a functional, institutional, problem solving, or medical model. A functional model is very task oriented. The nurse sees her job as a series of tasks to be accomplished. An institutional model may also be task oriented, but in addition the nurse will incorporate the standards of practice of the unit. A problem solving model views the patient as a series of problems to be solved while a medical model focuses on diagnosis and cure. Nursing models are more holistic in nature and incorporate areas of health, person, nursing, and environment. Models generally include a focus on clients, person-environment interactions, interactions, and nursing therapeutics (Meleis, 1991). The particular nursing theoretical model selected will focus care based on the concepts within the model. Currently in nursing there is more than one paradigm or world view from which to construct a philosophical perspective of intervention (Cody, 1997). Nursing theoretical models range from very precise to very abstract, with the more abstract models being the most difficult to learn. In this study nurses identified Orem and Henderson as theorists easy to understand, and Rogers as difficult. Even though a theory may be called easy to understand, nurses still struggle to feel comfort applying theory to practice. The author's interest was in teaching staff nurses to provide patient care

through the lens of a nursing theory. After many years of experience teaching nursing theory, the author believes learning nursing theory and practicing within the philosophy of the theory requires a perspective transformation on the part of the learner.

<div align="center">Purpose of the Study</div>

The purpose of this study was to examine, through the use of the qualitative method known as grounded theory, methods most useful for nurses to achieve a perspective transformation as exemplified by learning nursing theory. The study was conducted by interviewing nurses who state they practiced within the framework of a nursing theory and retroactively examining methods they identified as useful in learning theory. A research approach that captures the process of learning nursing theory, as defined by the participants, provided a more complete understanding of how the process of perspective transformation was facilitated. While much has been published on learning theory (Grippin & Peters, 1984; Phillips & Soltis, 1985; Smith, ed. 1988; Richardson, Eysenck & Piper, 1987; Cust, 1995), critical thinking (Chance, 1986; Ruggiero, 1988; Glaser, 1984) and the psychology of learning (Howe, 1984); Meleis and Price (1988) found that "there is no nursing literature addressing strategies for teaching nursing theory" (p. 596). Wissman (1994) wrote of teaching nursing theory through the use of political campaign strategies. No studies were found that describe the process of learning nursing theory in the words of the participants. If we are to understand what teaching best results in perspective transformation how could we better learn

than from the thoughts and words of those who have journeyed through the process?

The underlying assumptions of this study included: (a) patient care delivered through the lens of a nursing theoretical framework is different from care directed through a medical or institutional model; (b) having studied a nursing theory does not mean the nurse is able to practice nursing within the framework of a nursing theory; (c) practicing within the framework of a nursing theory benefits the dignity, self-respect, self-determination and welfare of the patient, as compared to use of a medical or institutional model where "victory over the 'enemy' (or disease) becomes the prime motivating factor" (Cook, 1991, p. 1465); and (d) learning and practicing within a nursing theory requires a perspective transformation.

Philosophical Perspective

The grounded theory method, also called the constant comparative method, is one of discovery and explanation, rather than proving an existing theory and was proposed by the researcher to be the best approach to understanding methods that have helped nurses learn nursing theory. Grounded theory originated in symbolic interactionist philosophic foundations from which the research questions, methods and data collection strategies emerged (Glaser, & Strauss, 1967). The social-psychological theory of social action states the self and world are socially constructed and constantly changing, therefore individuals and their actions can only be understood within the social context. Practitioners

and philosophers within the school of social interactionism were Marx, Durkheim, Spenser, James, Dewey, and Mead who were interested in processes human beings used to create meaning in their worlds (Wilson & Hutchinson, 1991). The aim of grounded theory research is to perceive and describe another's world, conceptualize complex interactional processes and through the emerging theory develop relevant interventions. The grounded theory method is especially useful when little is known about the subject (Hutchinson, 1993).

Grounded theory research strategies were developed by Glaser and Strauss (1967), sociologists at the University of California, San Francisco, in the 1960s. Grounded theory attempts to understand human experience and patterns of meaning that are contextually grounded (Nagle & Mitchell, 1991). The data emerges from the words of the participants in the study setting. Sampling in grounded theory is derived from participants who can provide rich descriptions of the phenomenon under study (Wilson & Hutchinson, 1991). Basic questions are who? when? where? what? how?, how much? and why (Strauss & Corbin, 1990)? Review of the data, using the constant comparative method, results in coding categories (Schatzman & Strauss, 1973; Strauss and Corbin, 1990). Analysis is based on three types of coding, open coding, axial coding and selective coding (Strauss & Corbin, 1990). Coding will be further explained in Chapter III. The data are analyzed inductively, and result in explanatory themes, concepts or working hypotheses (Merriam, 1989).

Assumptions Within Grounded Theory

Since grounded theory is inductively derived from the words of the participants and the phenomenon being studied, one begins with an area of study from which the data emerges. Theorists using this method believe persons have an active role in shaping the worlds they live in, a socially constructed world, operating through socially constructed meanings, that is constantly changing. The researcher searches for relationships between conditions, meaning and action (Strauss & Corbin, 1990). Because the data emerges from the subjective realities of the participants, it is relevant to them.

The generation of theory relies on the inquiring mind of the researcher to systematically code and analyze data until the resulting theory emerges as a new way of understanding the phenomenon studied. This new understanding allows the development of interventions relevant to the phenomenon studied and may result in the improvement of patient care or more creative and effective teaching methods (Hutchinson, 1993).

Study Objectives and Questions

Through the use of grounded theory this study identified, based on the words of the participants, the educational methods that most helped them to learn nursing theory and thereby achieve a perspective transformation. Once a perspective transformation has occurred the individual not only views the world through the new perspective, but in this case, practices nursing within the new meaning system. It was anticipated that the study would result in new methods of

teaching nursing theory that would prove more meaningful to learners. Questions asked of participants were:

1. Tell me how you came to know nursing theory.

2. What helped you to understand the beliefs within the model?

3. What most helped you to learn nursing theory?

4. Can you identify stages in your learning which enabled you to use the model in practice?

5. Was there another nurse who role modeled the use of theory in practice? How did that influence you?

6. Where did you learn nursing theory?

7. When did you learn to use nursing theory? Describe how this process occurred.

8. Who helped you to learn nursing theory?

9. How does the use of nursing theory affect your practice?

Other questions were generated as the study progressed.

<div align="center">Significance of the Study to Nurses</div>

Achieving perspective transformation is a concept of value not only to nurses, but to other groups such as social workers and educators. Post RN students in higher degree nursing programs describe the change in perspective they achieve through education. During the process of acquiring additional education they learn to see familiar situations in new ways (Callin, 1996). Understanding the concept of perspective transformation has potential for

assisting nurses to critically reflect upon underlying assumptions of professional self-concept (Duff, 1989).

"Theory is the goal of all scientific work; theorizing is a central process in all scientific endeavors and theoretical thinking is essential to all professional undertakings" (Meleis, 1991, p. 9). Theory is a set of statements related to the phenomenon of a discipline. Nursing theory helps describe,explain, predict or prescribe the events or concepts that are the reality of nursing. Nursing theory helps nurses focus on nursing care of the client. If instead, the nurse uses a biomedical model, as is used in medical practice, they would concentrate on the diagnosis, and treatment of the disease process. Nursing theories promote a more holistic approach. Through use of a nursing theory nurses concentrate on, determining the needed actions and interventions to best help the client to a greater level of health or comfort. Nursing theories weave together concepts of man, health, environment and nursing to help nurses develop an interpersonal relationship that focuses on meeting the needs of the client, as perceived by the client. In addition, nursing interventions are greatly concerned with the social, economic and political environment of the client with the goal of promoting healthy environments (Meleis, 1991; Stevens, 1989).

<u>Importance to Society</u>

A perspective transformation, which resulted from the women's movement, enabled society to perceive women in new ways. Feminists, through consciousness raising groups, and over time, achieved a societal perspective transformation

(Shreve, 1989). Homemakers who return to college to work towards a degree see the world differently following their educational experience (Mezirow, 1978). The concept of perspective transformation may be useful to help pregnant teenagers examine cultural beliefs including prescribed sex roles that oppress them, examine action alternatives, build confidence and identify resources and support systems. Through this process teenagers may develop a new sense of identity within a new meaning perspective, make better decisions for themselves and gain greater control over their lives.

Summary

Perspective transformation, although discussed in education literature, is not a concept that has been frequently applied to fields outside of education. Mezirow (1978) conducted the original research on this topic and most subsequent research and literature on the concept derived from his writing. Nursing literature identifies the process of perspective transformation as necessary before nursing theory can be incorporated into nursing practice.

Today, more than ever, nurses need to learn to reflect on the changes rapidly and frequently occurring in their care environments. Until this happens nurses may be unaware that their sense of powerlessness arose because they uncritically accepted institutional meaning perspectives (Street, 1992; Dykema, 1985). Often these meaning perspectives are bureaucratic or medical (disease oriented) in nature and based on considerations of efficiency and economy. Perhaps this realization will create the dissonance required for nurses to consider

that a nursing theoretical model may enable them to see their world from a

different perspective, more professionally satisfying (Callin, 1996).

CHAPTER II

REVIEW OF THE LITERATURE

Perspective is derived from the medieval Latin perspectiva, the science of optics. This definition is now obsolete; however, it was used until the 17th century, as for example in "who sees with spectacles of perspectives" (Simpson & Weiner, 1989, p. 606). In art, perspective is used to indicate distance or depth. In Runes' Dictionary of Philosophy (1983) perspective is defined as the point of view of an individual on the rest of existence, limited by experience.

Transformation is a word frequently used in science. Merriam-Webster's College Dictionary (1993) defines transformation as the art or process of transforming, the state of being transformed, change in appearance, form, nature or character. The term is also used in linguistics, genetics, biology and many other fields to indicate a change or alteration from one form to another.

Adult Education Literature and Research

Mezirow (1978) defined perspective transformation as the alteration or change of meaning perspectives. Meaning perspectives are the psychosocial structures within which we come to define ourselves and our relationships. They direct the way we see the world and come to understand society's expectations of us. Examining these assumptions, values and beliefs can lead to recognizing those that are no longer useful and allow us to reconstruct our personal frame of

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reference, self-concept and goals. We can change the way we see the world and act in ways congruent with the new perspective (Mezirow, 1978; Merriam, 1989).

Mezirow (1981) described ten steps he identified as necessary to achieve perspective transformation: (1) a precipitating event causing a personal dilemma; (2) self examination; (3) a critical assessment to determine beliefs held which are in conflict with prevailing societal beliefs; (4) relating one's discontent to the experiences of others, recognizing that one's problem is shared; (5) exploring options for new ways of acting; (6) building self confidence and competence in new roles; (7) planning a course of action; (8) acquiring new skills and knowledge for implementing one's plan; (9) trying new roles and assessing feedback; and (10) reintegrating back into society within the perspective transformation. Mezirow, well known in the field of adult education, is one of the few authors to write about this concept. Mezirow (1991) states that once the transformation has occurred one does not ever return to a former perspective. The process of perspective transformation can be individual, group or collective.

The basis of Mezirow's theory of perspective transformation was a study he and his colleagues completed in 1975 of women in reentry college programs. Structured interviews were conducted with eighty-three women in twelve programs in New York, New Jersey, California and Washington, with fifty alumnae of the programs, and with the professionals operating these programs and similar ones on 24 additional campuses (Mezirow, 1991). The concept of perspective transformation was inductively developed from this study.

Morgan (1987) studied thirty homemakers, who were divorced, separated, or widowed. The women were in a college program especially designed for them. Those who progressed through a perspective transformation had major belief shifts regarding their roles, relationships and dependency needs. Williams (1986) studied twenty-five self-selected men, wife abusers, who were in a twelve week educational program designed to foster perspective transformation and subsequent changes in behavior. This empirical study used pre and post testing and interviews. Williams and co-workers found a perspective transformation did relate significantly to a change in behavior. Hunter (1980) studied perspective transformation resulting from ill health. The pattern of change she found was a series of steps such as an interest in health foods, and denial of serious problems, leading ultimately to action to handle the crisis and spiritual development. All researchers concluded that while perspective transformation leads to changed behavior, it is difficult to achieve and typically consists of backsliding, stalling, negotiation, self-deception and sometimes failure (Mezirow, 1991).

Nowak (1981) described perspective transformation as an unconscious or consciously achieved state which transforms the individual's perspective on life. He stated he based his work on extensive research from April 1976 to August 1978 in the field of subconscious processes, but he never described the studies. The theoretical background discussed comes primarily from psychology and relates to concepts of psychosocial growth and development. Nowak differentiates conscious and unconscious transformation. Unconscious

transformation was related to developmental stages of maturation. The process takes place automatically with successful movement from one stage to another. This process is similar to Piaget's work on stages of cognitive development in children. He sees this type of transformation as passive and does not include it in his concept of perspective transformation. He states that perspective transformation is a conscious and personal process which escalates one's development and happens in response to a particular set of stimuli. He believed the process could not be taught or administered, but could be facilitated by an assistant or through self-help. The steps to achieve perspective transformation are to identify and break loose from learned structures, trust the senses and intuition, and risk change. Perspective transformation is ordinarily gained through a sequence of steps, however, it may occur in a sudden breakthrough, be discontinuous or achieved in spurts. "The formative learning of childhood becomes transformative learning in adulthood" (Mezirow, 1991, p. 3).

Perspective Transformation in the Nursing Literature

Perspective transformation in the nursing literature pertains to the difficulty practicing nurses have integrating nursing theory into practice (Duff, 1989; Lytle, 1989; Rogers, 1988) and the perspective transformation created when nurses return to higher degree programs in nursing (Callin, 1996). To achieve perspective transformation students examine the basis and assumptions of their professional self concept, look at alternatives for professional practice, and choose what is acceptable and meaningful to them (Duff, 1989).

Lytle (1989) conducted a retrospective, qualitative, descriptive study that attempted to determine the extent to which the ten step process of perspective transformation, described by Mezirow (1981), were experienced by nurses returning to school for baccalaureate study. Of the twenty nurses in the study, seven experienced all the steps and thirteen experienced some of the steps. Lytle (1989) concluded that an internal event was the disorienting dilemma that resulted in the return to school; that the process was shared by one support system; and that all, or only some of the steps of perspective transformation may be experienced. All three authors (Duff, 1989; Lytle, 1989; Rogers, 1988) agreed that the process of learning and incorporating a nursing theoretical model into practice, for experienced nurses, required a perspective transformation. In the author's eight years of teaching a nursing theoretical model to nurses, she found the same thing to be true, not only for nurses practicing through the use of an institutional model, problem solving model or medical model, but also for newly graduated nurses with little exposure to nursing theoretical models. According to these nurses, many of them graduated from programs that provided exposure to a salad bowl of theoretical models. They graduated knowing what a nursing theoretical model was, but unable to remember the names of any of the theorists or the content of any nursing models. Undoubtedly, some of the theory they learned became embedded in their practice, but they were unaware of specifically practicing by use of a nursing conceptual model.

Theoretical Basis of Perspective Transformation

Perspective transformation is a concept most frequently found in adult education literature. This theory seeks to explain the way adult learning is structured and to determine by what processes our meaning perspectives (the way we view and interpret our world) are changed or transformed (Mezirow, 1991). The theoretical basis derives from extensive reading in fields of philosophy, sociology, education, psychology, psychiatry, and from Mezirow's own research on women returning to college for a degree (Mezirow, 1991). Perhaps the writing that most influenced his research on this topic was that of Jurgen Habermas (Collard & Law, 1989; Mezirow, 1978, 1981, 1985, 1991). Habermas (1971) suggests three distinct, but interrelated learning domains: the technical, the practical and the emancipatory.

Technical Learning

Technical learning refers to learning to control and manipulate the environment (instrumental learning) and others. This type of learning was subdivided into strategic action for manipulating people and instrumental action. Instrumental action was implemented through empirical-analytic sciences using hypothetical deductive theories. This domain produces knowledge for industry and the biophysical sphere of nursing and medicine (Habermas, 1971; Mezirow, 1991; Street, 1992).

Practical Learning

Practical learning is learning to understand what is communicated (communicative learning). This involves learning social norms validated through mutual understanding. This is the most encompassing area of adult learning because it involves understanding, describing and explaining intentions, values, ideals, moral issues, social, political, philosophical, psychological or educational concepts, feelings and reasons. This learning seeks to understand meaning rather than to establish control as in technical learning. Understanding is reached through consensually established meanings rather than empirically established meaning. Meanings tend to change historically and contextually, so practical learning is an ongoing process (Mezirow, 1991; Habermas, 1971).

Emancipatory Learning

Emancipatory learning involves an interest in self knowledge through self reflection. Learning to understand oneself and one's meaning perspectives is the learning that can lead to perspective transformation. Emancipatory learning refers to understanding our ideology, and our beliefs held as true and valid, which shape a group's interpretation of reality and are used to justify behavior and actions. Through reflecting on our sexual, political, religious, racial, occupational and cultural ideology, we can understand how these enculturated beliefs limit our vision of ourselves and our relationships. Once this understanding occurs we can take action to change (Habermas, 1971; Mezirow, 1991; Street, 1992).

Related Literature from Other Fields

Many other philosophers, scientists, educators and sociologists have written on similar themes. In The Structure of Scientific Revolutions, Kuhn (1970) writes of paradigm changes as related to revolutionary scientific developments. The scientific community tends to operate within a paradigm that consists of commonly held scientific beliefs. Members are often unable to see another paradigm because the new belief system does not fit their shared view. Their paradigm sets the boundaries within which they operate. New paradigms are created when enough anomalies evade the original paradigm to create a crisis and force the work which leads to a new paradigm. A paradigm change transforms scientific perspective irreversibly.

Chaffee (1992) describes perspective transformation when writing about teaching critical thinking skills. He states all individuals construct their own understanding of the world as they select, organize and interpret experiences in order to decide what to believe, feel and do. This process is shaped by our individual spectacles or perception of the world, our values, interests, biases and cultural beliefs, that influence how we perceive and decide to act.

Friere (1992) describes conscientization or critical consciousness. Critical consciousness results from dialogic education and reflective thinking that allows oppressed groups or individuals to recognize the sociocultural realities that shape their lives. They learn to express their discontent and take action to change their lives.

Summary

There are no studies that examine the process of learning nursing theoretical models from the learners' perspective. Merriam (1989), when describing research contributions to adult education, stated "that many of the most significant contributions to the field have been made and will continue to be made through the use of qualitative rather than quantitative research strategies" (p. 161).

Further qualitative research may determine teaching-learning strategies which best help nurses learn nursing theoretical frameworks and facilitate perspective transformation. These studies could be conducted through interviews with working nurses who practice within the framework of a nursing theory. Results from such studies can be used to design educational programs which facilitate perspective transformation, not only by learning nursing theory, but by examining the working environments of nurses.

CHAPTER III

METHODS

This chapter will provide a summary of the grounded theory method used for this study, the process of gaining entry into study sites, sample selection and ethical considerations. Data collection and the process for analysis is described.

The Grounded Theory Method

The grounded theory method used for this research was that described in Strauss and Corbin (1990). In 1990 Strauss and Corbin deviated from the original coding strategies developed by Glaser and Strauss in 1967. They suggested a coding paradigm that involved conditions, context, action/interactional strategies and consequences (Wilson & Hutchinson, 1996). The authors (Srauss & Corbin, 1990) stated that without linking these subcategories an analysis would lack precision and density. Grounded theory begins with an area of interest; what is relevant to the area emerges from the data. Researchers use this method because they are searching for inductively derived concepts, and new insights, that can be used to explain phenomenon as it exists, and to provide a framework for intervention. Literature is reviewed not to create hypotheses, but to provide theoretical sensitivity enabling the researcher to understand and derive meaning from the data. Grounded theory is particularly useful when little is understood about the phenomenon.

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Through being saturated in the data, knowing about the area studied, constantly comparing and coding the data, the researcher develops conceptual groups. The researcher moves from Level I, open coding, consisting of the participants own words, to Level II, axial coding, where more abstract categories are developed by making connections between level one codes. Level III, selective coding, is the final integration of data into grounded theory (Strauss & Corbin, 1990; Wilson and Hutchinson, 1996). Grounded theory is an action oriented model, therefore the study has to show change or progress over time. The concepts are tied together by statements of relationship. Little interpretation is involved as the summaries or words are taken directly from the data. The procedures are designed to provide scientific rigor and conceptual relevance. The researcher also needs to be creative in order to develop and ask appropriate questions (Strauss & Corbin, 1990).

Sampling

Sampling in grounded theory research is purposive and concerned with identifying key informants who can provide rich descriptions of the phenomenon under study. The goal is to interview until the data is saturated and no further categories appear. Random or statistical sampling is not appropriate for this type of study. Generally a sample size of twenty to thirty is considered adequate due to the in-depth nature of the interview (Wilson & Hutchinson, 1991). In this study 21 semi-structured, recorded interviews were conducted with practicing nurses who identified themselves as caring for patients within the framework of a nursing

theory. Participants were recruited in a variety of ways. An e-mail message at the San Diego Veterans Affairs Healthcare System to staff nurses explaining the study and asking for volunteers resulted in 39 volunteers. Of the 39, 21 were asked to interview, based on the order in which they volunteered. Of the 21, 17 agreed to participate. A call for participants at the University of San Diego resulted in one volunteer. Three community participants were asked if they would be interested in volunteering and all three agreed to do so. Participants were interviewed for approximately one hour in a quiet place of their choice. The study was again explained to them and they were asked to read through the information required by Human Subjects committees at the University of San Diego and the Veterans Affairs San Diego Healthcare System. Each signed a consent form and filled out a demographic data sheet. They were asked to review the typed transcript, to correct misinterpretation, or delete material they did not want included.

The Veterans Affairs San Diego Healthcare System (VASDHS), an acute care federal facility, was used initially. This facility has a nursing staff of 500 nurses with varying educational, cultural and experiential backgrounds. The second site was the University of San Diego (USD), Philip Y. Hahn School of Nursing. Entry was gained through the director of nursing services or dean of the program.

Ethical Considerations

Approval was sought from the USD and VASDHS Committee on the Protection of Human Subjects. To assure privacy and confidentiality all

participants interviewed were identified by number and code name. Participant names will not be included in any publication and information will be presented in a way that will not allow identification. All interview material was kept in a locked file to which only the researcher had access.

Data collected were not discussed with anyone other than the participants involved and members of the dissertation committee. Participants could choose to discontinue participation at any time. Sampling continued until the researcher felt saturation had been reached and no new information could be gained.

Demographic Data

The 21 participants included 20 females and 1 male, 18 were Caucasian, 1 Asian and 2 Hispanic. They ranged in age from 30 to 60 years with the average age of 45 years with 15, or 71% in their 30s and 40s. They had been practicing nursing within the framework of a nursing theoretical model from 2 to 37 years, with an average of 11 years. Their educational background consisted of 2 associate degrees, 8 baccalaureate degrees in nursing, 6 master's of nursing science, 1 master's of public health, 1 master's of arts, 1 Ph.D., and 2 DNSc(C). They had from 5 to 37 years experience in nursing, with an average of 19 years.

Areas of practice varied considerably. Eleven of the participants were staff nurses in the following areas: telephone advice, spinal cord injury, surgery, GI laboratory, psychiatry, out patient clinic, utilization review, surgical intensive care and the cardiac catheterization laboratory. Three were clinical nurse specialists located in HIV/AIDS education, patient education and the spinal cord injury unit.

Of the others 1 was a consultant and lecturer, 2 were nurse practitioners, 1 a researcher, 1 an associate professor, 1 an educator, and 1 an administrator.

The VASDHS Nursing Service supports Martha Rogers' Science of Unitary Human Beings as the framework for provision of nursing care. Therefore, some of the nurses interviewed were familiar with this model. Dr. Rogers described her concepts as an abstract system. The Rogers' model is highly abstract, a model based upon the belief nursing is a science of humanity, with a focus on the human-environment relationship throughout a life process of continuous change.

Human beings and their environments are described as energy fields in continuous, innovative, unpredictable change. Change is rhythmic, unidirectional, and increasingly diverse. A slinky toy was often used to illustrate the changing, unidirectional, rhythmical nature of the life process.

The human-environmental energy field is manifested by pattern. Patterns of healthcare would be one such manifestation; other examples would be pain, communication, relationships, and activity. The goal of nursing is to understand the human-environmental energy field as a whole, and use nursing science-based knowledge to promote repatterning towards greater health and well being. Working together the nurse and patient attempt to create harmony within the human-environmental field to meet mutually determined healthcare goals.

The use of this model is not required and some nurses interviewed at the SDVAHS and from the community had selected other theoretical models. Interviewees practiced from the framework of the following theorists: Peplau

(1952), Henderson (1955), Orem (1971), Neuman. B. (1974), Newman, M (1979),

Parse (1981), Levine (1966), Rogers (1970), Watson (1979), and Roy (1971).

Data Analysis

Data analysis through open, axial, and selective coding was guided by the

method explained in Strauss and Corbin (1990) and committee members with

experience in the grounded theory method. Strauss and Corbin's grounded theory

method was exemplified in a study by Sohier (1993), titled "Filial Reconstruction;

A theory of Development through Adversity". Data collection, coding,

interpretation, analysis, literature review, and hypothesis testing occurred

simultaneously and followed the constant comparative method.

The interview guide was modified after the first 6 or 7 interviews to add

density to the data. The following three questions were added:

1. What is the biggest problem learning nursing theory?

2. What is the difference between a nursing and a medical model?

3. Now that you are able to use a nursing model are there times when

    you switch and use a medical model?

Although patterns of learning began to emerge early in data interpretation,

variations continued throughout the interviews.

After all data had been collected, and following selective coding, a focus

group consisting of experts in teaching and use of nursing theory was utilized to

determine if research findings correlated with their experience. The three

individuals selected were also interviewed as part of the study. The focus group

members have had many years of learning, teaching and practicing through the framework of a nursing theoretical model. Each had presented nursing theory at national conferences and each had published articles on use of nursing theory. After reviewing and discussing the study findings the three agreed the results echoed their experiences.

<div align="center">Qualifications of the Researchers</div>

The primary researcher was a doctoral candidate for the degree of Doctor of Nursing Science from the University of San Diego Philip Y. Hahn School of Nursing. The researcher studied grounded theory research methodology in one course on qualitative research in the School of Nursing and one qualitative research course in the School of Educational Leadership. She conducted two pilot studies using the grounded theory method. One of those studies was a pilot study for this research. In addition she has had approximately twenty years of experience in nursing education.

The dissertation chair, Jane Georges, Ph.D., R.N. is an Assistant Professor at the Philip Y. Hahn School of Nursing at the University of San Diego. She holds a doctoral degree in Nursing Science from the University of Washington. She has completed in-depth coursework under the direction of Dr. Jeanne Quint-Benoliel and Dr. Frances Lewis in the area of grounded theory. Her research training included participation in data collection and analysis in an NIH funded grounded theory, qualitative study under the direction of Dr. Lewis. In addition, a portion of her doctoral dissertation "Distressing Gastrointestinal Symptoms in

Postmenopausal Women," was a qualitative examination of the meaning of health in postmenopausal women. The other members of the committee are Anita Rogers, Ed.D. who has participated as a co-researcher in qualitative studies and Susan Instone, D.N.Sc. Dr. Instone (1996) conducted a qualitative study and used the grounded theory method for her dissertation "Children With HIV: How They Feel and What Parents Say".

Researcher Bias

The researcher began the study with several biases: 1) there was little to be learned about the process of learning nursing theory from nurses with associate degrees. However, as the two participants with those degrees were interviewed the researcher became impressed with the effort they had put into learning nursing theoretical models and applying the concepts to practice. Neither had learned the information in their basic educational program, but became interested when in a work environment supportive of nursing theory. 2) there was little value in beginning one's nursing career as an LVN and adding knowledge slowly over the years, degree by degree. After interviewing nurses who began as LVNs or with Associate degrees the researcher found that they practiced knowledge gained as they progressed. In many ways having experience as a nurse seemed an advantage as they were able to connect theory learned in the classroom to practice they'd had in the past. The theoretical knowledge gained explained what they'd been doing and provided a framework, and, in their belief, gave value to their practice. New information gained enhanced their practice as they progressed over the

years. 3) a great deal more would be learned from nurses with advanced degrees rather than nurses with beginning degrees. That assumption was also wrong. Much was learned by listening to the struggle nurses with basic degrees went through and the methods they used to learn nursing theory.

Reliability and Validity

Grounded theory research is conducted with informed participants over a period of time. The researcher continuously reviews and compares data. All data gathered, whether they fit emerging patterns or not adds to the richness of the study. The researcher also continuously returns to the literature to provide theoretical sensitivity. The process consists of interviewing, transcribing, reviewing, coding, comparing data, and being sensitive to emerging patterns and variations in the process being studied. "Data are compared and contrasted again and again, thus providing a check on their validity" (Hutchinson, 1993, p. 189).

Study findings are not statistically generalizable, but analytically generalizable if indeed the concepts and constructs are useful in explaining and understanding a social process. The study may be replicable although exact duplication of a particular study by another researcher may not produce the same result. The process is highly dependent on the interaction between the data and the researcher's conceptual analysis (Hutchinson, 1993).

Summary

Through the use of grounded theory stages of learning for perspective transformation, as exemplified by learning nursing theory, were identified. Twenty

one recorded interviews with practicing nurses who identified themselves as practicing nursing through the framework of a nursing theoretical model were transcribed. These nurses had a wide variety of experiential and educational backgrounds. Data from the transcribed interviews were coded using open coding, axial coding, and selective coding. During axial coding all data were linked in a set of relationships denoting causal conditions, phenomenon, context, intervening conditions, actions/interactions, and consequences. Selective coding further condensed this data into conceptual categories describing stages of the process of learning nursing theory. Findings of this analysis will be presented in Chapter IV.

CHAPTER IV

FINDINGS

This study was directed by the question "what is the process of learning that leads to perspective transformation?" The anticipated product was a theory of learning, a theory that could be tested through use of the results. Through data analysis processes emerged that helped to understand stages of learning, and the environment and support conducive to transformation from an atheoretical to a theoretical practice perspective. The result was an inductively derived process theory, a theory of learning which demonstrated perspective transformation.

Coding of grounded theory data, as described in Strauss and Corbin (1990) began process analysis through axial coding. Data were linked through determination of the following subcategories, which were defined as follows: a)causal condition, antecedent events that influenced the process or experience, b) phenomenon, focus of the study, c) context, conditions that gave rise to the process, d) intervening conditions, conditions that facilitated or constrained, e) actions/interactions, strategies to manage and f) consequences of those strategies. The final process, selective coding, was the process of taking the core category (learning for perspective transformation) and systematically relating it to subsidiary categories.

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After initial open coding of the transcripts, Table 1 describes the linking

subcategories as follows:

Table 1.

<u>Linking Subcategories</u>

Causal condition	Learning nursing theory
Central phenomenon	Perspective transformation
Cultural context	Work setting, diploma program, associate degree program, baccalaureate program, master's program, doctoral program
Influencing conditions	Mentor, teacher, environmental support, ability to think abstractly et al.
Actions/strategies	Study, read, discuss, write, present, test, et al.
Consequences	Reject, learn, test, incorporate, self-actualize

All data were coded into these subcategories and then through selective coding

reintegrated into models depicting stages of learning nursing theory and

perspective transformation.

In this study stages or subcategories of the process of learning for perspective transformation were divided as follows: Stage 1 is "Becoming Aware", Stage 2 is "Developing Meaning", Stage 3 is "Finalizing Perspective Transformation," and Stage 4 is "Self-Actualization." These stages are summarized in the last schematic (5) "Learning for Perspective Transformation."

Figures 1 to 5 illustrate how the conceptual categories and their component parts are linked in progressive stages. Selective coding categories were: A) characteristic, behavior characteristic of that stage, B) conceptual indicators, subcategories of the stage, C) strategies, actions taken by participants, D) influencing conditions, environmental conditions that influenced the learning process, and E) consequences, the result of actions taken to learn nursing theory. All data discussed in this chapter were supplied by study participants.

The context, action and consequence matrix illustrates this process. Learning nursing theory was not a linear process (see Figure 7). Over time, continuous reading, testing and thinking reflectively enabled committed individuals to understand and incorporate theory into practice. Actions and strategies repeat and overlap. A supportive environment greatly enhanced this process.

Stage 1: Becoming Aware

Characteristic

The characteristic of this stage is trying to make sense of or understand nursing theory. When nurses in this study were first introduced to nursing theory

they may have been unaware this had occurred or they may have struggled to understand it's purpose and importance. For example, Jan had been through several educational programs, each leading to a higher degree in nursing. She explained how she became aware of nursing theory as part of her program.

> Well, I don't remember studying it in my first nursing school, but when I went on in school in a bachelors program and a master's program I remembered studying it some and realized, indeed, I'd been exposed to it in the A.D.N. school without knowing it.

She went on to explain that nursing theory had been woven into the A.D.N. program by discussing the work of nursing theorists without identifying the theorist. For example, the concept of anxiety was introduced without identifying Hildegard Peplau as a nursing theorist who wrote of anxiety and psychiatric nursing. Jan realized she knew a lot about anxiety without being aware of how she had learned it. It wasn't until she reached the baccalaureate and master's program that she became aware she had studied nursing theory. She had also learned related theories in her B.S.N. program, such as those of Carl Rogers in the field of psychology. Over the years she worked in a hospital as a staff nurse in psychiatry and in that setting she tested application of theory. For her, learning theory was a process that occurred over time, as she earned advanced degrees, and progressed through stages as described in this study.

As nurses progressed through Stage 1 they evolve from substages of unawareness to questioning to testing (see Figure 1).

Stage 1.

BECOMING AWARE

Characteristic

Trying to make sense of/understand.

Conceptual Indicators

Unaware of Exposure Strategies	Able to Identify Theory Strategies	Question/Test use in Practice Strategies
Unaware/prereflective	Try to conceptualize theory in practice	Think reflectively about theory
Practice using a functional, institutional	Read further	Read further
or medical model	Discuss	Question
	Listen to presentations	Discuss
	Question	Begin testing in the clinical area
	Attend a class/s	

Influencing Conditions	Consequences
Support in worksetting	Positive---Try to learn theory and test it in practice
Ability to think abstractly	
Presence of a mentor &/or teacher	Neutral----Gain awareness, but ignore
Resources available (classes, books, videos)	
Being taken seriously by more experienced nurses	Negative---Reject
If in a class a requirement to learn and apply a nursing	Unaware of exposure to theory
theory to classwork and clinical practice	

Figure 1. Schematic representation of the process of becoming aware.

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Conceptual Indicators

The conceptual indicators of this stage were being unaware of exposure to theory, able to identify theory and question and or test the use of theory in practice.

Unaware/prereflective. All of the nurses in this study practiced through the use of nursing theory, but some had practiced for years without the use of a nursing theoretical model before returning to a higher degree program. All of those nurses eventually realized they had been exposed to theory in their basic programs, but had been unaware of that exposure or unable to make sense of it. Barbara started out as a diploma nurse and said:

Well, I didn't really understand it [nursing theory] until I was in my B.S.N. program, and that was where I really, uh, I'd heard about nursing theory before, but I didn't really understand it.

Emily had attended an A.D.N. program where she had received:

A broad introduction starting from Florence Nightingale and Roy, and many models, just touched lightly on them, and nothing that I was really able to internalize other that the idea that there is a theory behind the practice of nursing.

Able to identify theory. The first conceptual category in the process of learning nursing theory was concerned with trying to make sense of or understand the theory. Nurses in this study, at this stage, were aware of nursing theory and beginning to conceptualize it's use in practice.

Joan explained,

> I was not introduced to theory in my ADN program nor my BSN program.
> It was when I entered my master's program. First semester one of my
> courses was nursing theory, and that was my first introduction. The
> professor covered a little bit of each one of a variety of nursing theories.
> We were to choose a nursing theory and then as a group of three and four
> nurses we would present that theory.

> The model I've chosen to use, actually there have been two, and the first
> one I chose to use was Orem. And I think it's because it made sense to
> me. There seemed to be three major components to it, and I could pretty
> much fit patients into one of those three components. And at that time,
> when I really started using it in practice, and I think that's really when I
> started seeing the connection. I can't say I was driven pragmatically to use
> it. It was more of kind of an intellectual exercise for me to see if the
> things could fit.

During this stage nurses listened to presentations, discussed theory, questioned,
read further and tried to conceptualize theory in practice.

Question/test use in practice. Once study participants were aware of
nursing theory they may have begun to test it in practice. Often, at this stage, as
Joan stated, "it's an intellectual exercise". When asked how she learned to use
nursing theory Renee said:

I learned intellectually about it, and then I tried to put it into practice and really, I'd say it was intellectual at first, the learning of it, and then trying to, I guess, use it in nursing practice. That would be the second stage. And then refining it, going back to learning again, and then applying it to practice.

At all stages nurses in this study continued to read, question, discuss and test.

Influencing Conditions

Conditions that influenced the learning process, in this study, were support in the workplace, the ability to think abstractly, the presence of a mentor and/or teacher, resources such as classes, books and videos, and being taken seriously by more experienced nurses. If the nurse was in a college theory class an influencing condition was the requirement to learn and apply a nursing theory to class work and in the clinical area. As Barbara said:

I probably learned the fine tuned details in school, but the broad general range of the theorist I learned from the mentor, because we'd just kind of hang out and we'd always end up talking shop. When I was in school for my BSN, I would read something I didn't understand at all, and so I'd talk to her about it. She would explain it in broader terms.

Consequences

The positive consequences identified at this stage were: (a) the nurse will try to learn theory, and (b) test it in practice at a beginning level. Joan described how she began to use theory in practice:

I can't say I was driven pragmatically to use it. It was more of kind of an

intellectual exercise for me to see if the things could fit. I was a patient

educator and I taught family members how to care for ventilator patients,

central line IV patients, diabetic patients, I mean it just was, you know, it

was almost like a little intellectual exercise at first. And, it was stimulating

to see how it helped fit, and of course everything fell into place.

Neutral consequences were that nurses gained awareness, but made no attempt to

apply theory to practice and the negative consequences were complete rejection

of theory, or they were unaware they'd been exposed to theory.

Stage 2: Developing Meaning

Characteristic

This stage was characterized by critically reflecting on theory. Participants

at this stage were usually interested enough in learning theory to delve deeper

into the subject, however they were still skeptical as to the value of theory in

practice and they may not be entirely clear in their understanding of theoretical

models (see Figure 2).

Conceptual Indicators

In this stage conceptual indicators were questioning, testing and applying.

These indicators were not unique to this category, but applied throughout the

process They, however, seem to be most emphasized during this stage. By the

time participants reached this stage they showed more interest in theory, but had

not entirely bought the package.

Stage 2.

DEVELOPING MEANING

<u>Characteristic</u>
Critically reflecting

<u>Conceptual Indicators</u>

<u>Questioning</u> Strategies	<u>Testing</u> Strategies	<u>Applying</u> Strategies
Attempting to find a philosophical fit with practice Listening to and talking with the theorist Reflecting on practice Listening to a mentor/teacher Reading books and journals Discussing with friends, coworkers and instructor Watching a role-model	Further attempts to test concepts in clinical practice Basing papers and presentations on theory application Writing and discussing case studies	Conscious use of theory as a framework for care, at least some of the time. Attempt to deliver patient care within the model's concepts Continue to discuss, read, test

<u>Influencing Conditions</u>
Discussion in class and work setting
Belief in the theory
Concepts that are easy to understand and apply
Presentations that discuss application
Small work groups
Presence of mentor/teacher
Supportive work environment
Ability to think conceptually
Focus on a single theorist
Listening to an instructor interview a patient using the theory concepts

<u>Consequences</u>
<u>Positive</u>
Understanding how your own practice can be different
Applying theory to patient care as a beginner
Once a philosophical fit is found application becomes easier
Theory begins to provide a conceptual framework for care
<u>Neutral</u>
Learn concepts, but have limited ability to use in practice
<u>Negative</u>
No attempt to transfer theory to practice
Unable to find a philosophical fit
Unable to determine the benefit to clinical practice

Figure 2. Schematic representation of the process of developing meaning.

<u>Questioning</u>. Strategies of questioning consisted of reading to find a philosophical fit with practice. When I asked Jan which model she'd chosen she said "Martha Rogers". I asked her why and she said:

> I came to understand that what I did as a nurse was apply knowledge to assist people caring for themselves, and that only made sense with Martha Rogers. The others were very much too concrete for that application. Um, for me, in terms of my world view as well, I thought I was trying to understand the world as a whole and people as wholes and then we ripped them apart and thought about them as bodies and minds, especially in psychiatry, you know? Especially in psychiatry though I mean, oh that's the body, we don't want to know about that.

Jan had selected a nursing theorist who believed humans can only be looked at as wholes, integral with their environment, because it was a philosophical fit with her own world view.

This was a common theme throughout the interviews. Nursing theory <u>clicked</u> for nurses when they thought they found a philosophical fit with their own beliefs. Joan described the feeling it gave her as "everything fell into place, it was beautiful."

Other strategies in this category were listening to and talking with a theorist. Not all individuals had this opportunity, but when they did they were universally appreciative. They believed no one could explain a theory or the

concepts within as well as the theorist. Dorothea (she selected as her pseudonym the name of her favorite theorist) explained:

> I think my first exposure to nursing theory, other than seeing it mentioned in journals, was in 1980 which was the first year I went to the Association of Rehab Nurses Conference, and I heard Dorothea Orem speak. She spoke about how she developed her theory and essentially taught a class on her theory. She did a lot of patient examples of how she had both developed the model working with patients as well as applied it to her own practice.

Reflecting on practice, listening to a mentor and/or teacher, reading books and journals, discussing with friends, coworkers and watching a role-model were all strategies used in this stage.

Testing. Testing actually occurred throughout the process, however at this stage participants tested one theory in practice rather than combined theories. If the nurse was in a class they may have based papers and presentations on theory application. Another exercise participants found helpful was writing and discussing case studies. When Fran was asked what helped her to understand the beliefs within a nursing model she described the process:

> Mostly just studying them as an undergraduate, and then studying a nurse practitioner model in graduate school. Just learning of them and implementing them into case studies. Like, for example, undergraduate, if you were using the Orem model, how would you approach this kind of

situation. Implementation really helped me to understand it better for each of the models and right up to graduate school with the nurse practitioner model. I mean to implement that into every case study I did. And so it was hard at first. I always had to refer back to the model to make sure I was including everything. And, it was a bear. Nobody really enjoyed it to be quite frank because we didn't know the model yet. And the best thing to do I found was to just memorize that darn model, and you would easily forget it if you weren't implementing it all along, if we weren't forced into it in school.

Applying. Strategies in this stage were the conscious use of theory as a framework for care, at least some of the time, and an attempt to deliver patient care within the model's concepts. Penpal explained:

Throughout the graduate program we were encouraged to use that theory. And then I personally attempted to use it in my practice, my personal practice. I worked part-time and maintained a part-time position and attempted to use it. Since I was so new to nursing theories and nursing models it was a little difficult, and the institution I worked at did not have a model per se. So it was difficult, but I took a stab at it.

<u>Influencing Conditions</u>

At this stage nurses felt that <u>small group discussion</u> was very useful to them in learning nursing theory. Jan described this process:

> There were 4 or 5 of us that did this presentation. And, so we sort of developed a nice conversational group about it. And we had to write some creative papers,and so I know one person wrote about the Shakers and how the Shakers show synchronicity through their singing and some of the lifestyles they led, and some of their worship services. And so people were doing real creative things in their papers, so that was really fun. And then in another paper someone talked about a prism and how in a prism each light comes in uniquely and individually, but the whole makes a rainbow. So it was really, there were some really interesting and fun examples in the papers, and we all shared our papers. So it was a much nicer experience than doing it alone.

Dorothea said:

> When I went to graduate school in our nursing theories course we divided into small groups and did presentations about each of the models, which was essentially most of the course. And the presentation of each of the models was up to the small group. I think I really learned the most from our getting together, this was our small group, and figuring out how we were going to present it in a way that made sense as well as the literature review that we did in order to do our presentation.

Another important influencing condition was <u>belief in the theory</u>. Marjorie said:

> So when we learned the nursing theories it was quite clear which was the fullest and richest and best nursing theory essentially of any of them we learned.

CR stated:

> I think using nursing theory, it really pulls you back from just the immediate interactions, and kind of, for me, it gave me more of a global sense of the big picture and what's going on. It helped me to understand some things that I had seen happen, but never really could explain, and explain it somehow.

Cecily said:

> I began to read it (the Rogers model) and I really understood this energy aspect of patients. It gave me a whole different way to look at environment, the patients environment, my environment, it actually gave a lot of even further depth to what I already had believed and I found it extremely helpful.

<u>Concepts that are easy to understand and apply</u> were appreciated because nurses felt they could much more easily figure out how to use them in practice. Part of a theory being easier to understand is language that is clear. CR explained:

Each theorist has such different language to describe their concepts that even it they're saying the same think it's confusing because of the language. The language, I think, is something that becomes a barrier unfortunately.

She went on to say,

If we want to be a cohesive group as nurses, then we have to get all the nurses to understand the language that we're speaking. If we have an elitist group in nursing that's keeping other nurses out of it, we're not doing a whole lot to promote nursing as a profession, much less interact with other disciplines.

Presentations that discuss application were considered valuable. Participants mentioned that often theory was presented as if it was disconnected from patient care which made application more difficult. Listening to an expert interview a patient within model concepts was very helpful. As Marjorie said:

I thought she [a faculty member from New York University] was very helpful. She was really down to earth, and she used to talk about how she had practiced as a staff nurse each summer. And then she'd talk about how she used it, and she even did an example with one patient. She brought him in front of the group and talked to him, It was really good. So I thought she was somebody who really could kind of bring it to practice.

The presence of a mentor or teacher was considered extremely helpful. While not every nurse could recall a role model or mentor, those who could

considered themselves very fortunate. Some nurses chose a theory to study

because they believed their teacher was interested in it. Mentors were most often

located in the work environment. As Cecily explained:

> I would say that my professor in graduate school was the biggest role
>
> model to me. She continues to be that role model. She's always
>
> challenging me and the way I'm thinking, stretching me, really works out of
>
> a model.

A supportive work environment enhanced learning and applying theory.

Michael stated:

> I came to San Diego ,and they're operating under a nursing model! And
>
> I'm going well this is interesting, I've never heard of this before. Because
>
> in the military there was obviously no nursing model, and in Reno there
>
> wasn't, and very frankly Rogers made absolutely no sense to me. My
>
> salvation was having three people who I talked to fairly frequently who
>
> knew the model, had been a part of its conception within this hospital, part
>
> of the education, part of the training and could speak it.

Ann said:

> I had the opportunity of working with some very knowledgeable nurses. I
>
> had a very good head nurse who was master's prepared, and she knew her
>
> theories, and we would dialog about it. I had a clinical nurse specialist.
>
> She also had a master's and was working on a doctorate. So I was very
>
> fortunate that I had very professional people to talk with to kind of

continue that growing period. I had a good foundation, and then they kind of helped me organize it to make it applicable in the real world.

The ability to think conceptually seemed essential. Two participants described themselves as linear thinkers which made learning theoretical concepts very difficult. They had to teach themselves to think in a different way. Penpal said:

> I used to be a very concrete, by the book, black and white thinker. But through my years of learning, and actually being an educator was also a step in the direction of becoming more abstract, and then interestingly enough faculty positions, committee assignments also helped to mature that, but definitely, well my first course in my doctoral program was philosophy of science. And so, yes, I had to become a conceptual thinker, and that was a difficult transition for me, very difficult. I can't tell you how many papers I destroyed during that class because it was just such a different way of thinking, and I was so used to keeping it short and sweet and put it in the chart. Now, I'm a conceptual thinker.

Highly conceptual thinkers in this study seemed drawn to the more abstract models and at a higher stage to combining models.

Focus on a single theorist was a benefit at this stage when participants were interested in learning, but not necessarily knowledgeable. For these nurses the difficulty learning nursing theory seemed to be an inability to understand how

it was applicable to patient care. Participants didn't understand how to use it or why it would be beneficial. Emily 2 described this process:

> When I first came to the VA I was introduced to Martha Rogers and her theory. At first it was extremely complex and confusing to me, and I didn't know how it could apply, it didn't mean anything to me. But then I attended that seminar [class about Rogers' model], and also I attended a couple of other education things that the VA put on such as a case presentation, some case presentation using Martha Rogers' theory, and there were some questions in the computer about how the environment, to help us understand how the environment affects the patient, and I began to understand it. It took awhile.

Learning to think more abstractly about patient care was often a skill yet to be acquired. Learning the first theorist was the most difficult. Emily 2 was an example:

> I began to open up and look at my nursing practice in a much broader sense than I had before I knew about Rogerian theory. Also now I'm learning to use the theory of Dorothea Orem in my class work at [name of school] which is much more concrete, and they actually can kind of go hand-in-hand.

<u>Consequences</u>

Positive consequences, for participants at this stage of developing meaning were: (a) finding a philosophical fit with a model, (b) understanding how their own practice could be different. Emily 1 referred to this change when she said:

I think that nursing theory gives you license to realize that there's more to people than just the disease process. In other words, if I was to use an example of Rogers, considering someone who has a more holistic point of view in their own health care to sort of consider their non traditional ways and background and choices and allow them the freedom in which to use what they like to use in conjunction with or alongside with if it assists them in any way, that type of therapy, whatever would make them feel comfortable while they're in the hospital setting.

She went on to discuss seeing patients in a busy clinic:

Just like in a doctor's office, in and out, in and out. Those kinds of settings are really hard, I think, to give any real consideration, truly try to give them a little extra whether it be through education, or whether just making sure they understand what their disease process involves, or making sure that they follow up on their visits. It can be just a little small chunk of something, but it's still something, you know. It's not just here's your meds, go. Come back for your next visit.

(c) applying theory to patient care as a beginner, (d) finding that theory begins to provide a conceptual framework for your practice.

Neutral consequences were attempting to learn concepts, but having limited ability to use them in practice and negative consequences were making no attempt to transfer theory to practice, inability to find a philosophical fit and inability to see the benefit to one's clinical practice. Some participants gave up at this stage while, having come this far, most continued on to the next stage.

Stage 3: Finalizing Perspective Transformation

Characteristic

The characteristic of this stage was integrating new understanding into one's own meaning perspective and into practice (see Figure 3). Participants who reached this stage had determined that the use of nursing theory had value to them and to their practice. They had achieved a degree of comfort with theory and it had become a framework for their practice. Emily 2 described how another nurse helped her understand the kind of nurse she [Emily 2] wanted to be through the use of theory based practice:

> She really role modeled using healing touch, and touching the patients, and using self as a part of the environment for me. That really influenced me a lot because that's the kind of a nurse that I want to be. I want to be a holistic nurse who, gives pills out of course and take blood pressures, but who I am and how I interact with my patient, and how I make the environment for my patient, and how looking at the patient and saying what does this patient want for their life, not how do I want them to structure their day, or what do they want and what do they need from this hospitalization, that's what I want to be.

Stage 3.

FINALIZING PERSPECTIVE TRANSFORMATION

Characteristic

Integrating new understanding into one's own meaning perspective and practice

Conceptual Indicators

Practice and theory are a philosophical fit

Gaining comfort in practice

Application no longer requires total conscious effort

Strategies

Use concepts repeatedly

Apply concepts to patient care at a less conscious level

Reflect on clinical application

View care from the new perspective

Fitting other theories into framework of a nursing theoretical model (for example learning or psychological)

Study and compare theorists

Influencing Conditions

Workplace support

Mentor/teacher/role-model

Discussion groups

Classes

Continued reading

Studying other theorists

Knowing one theory enables learning others

Consequences

Positive

Frees the nurse to be more creative in his/her practice

Theory has become a framework for patient care

Broadened theoretical understanding

Added richness and depth to practice

Use of theory evolves continuously

Gives meaning and makes sense of what the nurse does.

Negative

May make practicing in an area focused on themedical model difficult

Figure 3. Schematic representation of the process of finalizing perspective transformation

Conceptual Indicators

Conceptual indicators at this stage were that practice and theory were a philosophical fit. The participants gained comfort using theory in clinical practice and application no longer required totally conscious effort. This is not meant to imply they had no further questions because there were always more questions. Sue exemplified this stage when she said:

> It helps me see the patient as a whole, not just looking at one part of the body like being affected by illness or disease, but how their environment is important to the patient, including their significant others when you teach them. I try to understand their patterns and rhythms. I think all nurses should be exposed to at least one particular model or nursing theory, for me it provided a foundation for my practice.

Strategies

Strategies at this stage were using the concepts repeatedly, applying concepts to patient care at a less conscious level, thinking about clinical application, viewing care from the new perspective, studying and comparing theorists, and fitting other theories, such as psychological theory, into the framework of a nursing theoretical model. Ann provided an example:

> I would have to say using her theory of self-care agent, knowledge, motivation, and skill that's always directed me with individual care, group care, and even being a manager. So I've always used it.

She went on to say, when describing her practice:

Well wait a minute, that developmental theory is really playing out here. I

can see that now. I can see Erikson's model, I can see Maslow's model, I

can even see Freud's model here.

CR explained how she now thinks within a theoretical model's concepts

when she's working with patients:

You have to reassess where they [the patients] are now. We get a lot of

people who come in, and come back in, and come back in, you know they

have exacerbations. And some people get complacent. Oh, that guy, I

know that guy. Well we know this person's patterns, but we need to

reassess where they are now. So it [theory] really was helpful, it is, and

changing the pattern isn't an easy thing.

I even find the discussion about nurse theorists gets people thinking at a

different level and that's really interesting with some of the staff that I

work with. Just the discussions of it kind of changes how you are at work.

When I asked Cecily how using a nursing model changed the way she

viewed the patient she replied:

Well basically, I could never, ever, ever stay in nursing if I didn't have a

nursing theory, because it would give me no basis for what I do. I cannot

just do the tasks. I can't even, I couldn't live with that. I cannot just go in

rotely and do what I'm supposed to do, or whatever they tell me to do. I

can't, I find no meaning in that. It's the nursing theory that helps me to

conceptualize the meaning for why I'm doing it. It also helps me, gives me

some guidance into making this a therapeutic relationship that's meaningful to me and the patient.

When asked how she sees the patient through a nursing model lens Cecily said:

I see the patient as tremendously dynamic no matter how they come in to me. I have homeless people, I have people that have every disease possible, people on their deathbed. And, I have people come in and have basically nothing wrong, or think they have everything wrong and we could medically find nothing wrong, and feel like they're not living. But there is something about them that is my challenge to help this person in whatever they're ready for. I feel like right now in my role as a nurse practitioner, basically these patients are used to having someone get a one minute history on them, maybe two minutes, but not to really listen to their story, and basically the patient comes in with a complaint. The patient is used to having the complaint taken and a medication given for the complaint. And that is totally contrary to what I really believe for a long term management and care of these patients. I really believe we need to take a relatively in-depth history and this may take several visits. But we need to find out what the patient wants, what's really going on, what's been affected, what hasn't been affected, and what are they willing to do to change their life or improve. Over time you build rapport with them, and their belief in you

and your belief in them really helps them to care about themselves in a way that they can maybe make healthier changes when they're ready.

I asked her to give me a specific example and she told the following story:

For instance, there's one patient that came in to me and had all kinds of complaints. And, it turns out that his wife was just institutionalized, she was committed actually for several crimes, they have six children at home, they have been married about 15 years, and all the children are 14 and under. The father's trying to keep a job and keep all these children together. He's terrified that he's not going to have enough money. And he and the children are sick. They have many things that have begun to turn into major problems, because they don't have the coping mechanisms at this point. So it's my role to help him know that I'm there, that I'm going to help him find coping mechanisms for his family, that I'm going to support him, and to be okay with the fact that his wife's been committed. I'm not going to change my care, I'm not going to think anything about him, and he's very frightened about that, to admit that. So anyway, I found out a whole lot more about that patient. And my finding that out with him seemed to even calm his symptoms down. It like eliminated 50% of his symptoms, it's just amazing to watch that. And I said to him, we don't have a lot of time, but what would you say is the major complaint that you would like me to deal with today? And he told me, And, then I said let's list them in priority, and he did. And the next time he came in, most of

those other problems were gone. And we took care of his major problems within three visits. And, after that he came in telling me what he was doing in his life to change and to improve. And that's pretty much the way it goes.

Instead of seeing her job as a series of tasks she sees her job as understanding the patient holistically, listening to him carefully and starting his care with problems he saw as most important. She was also there as a support and resource for the patient. A nursing model was well integrated into her belief system and practice.

Influencing Conditions

Influencing conditions tended to be similar at all stages, however the kinds of support individuals at different levels of expertise needed varied. A supportive environment was important. Nurses who attempted to use a nursing theoretical model in an area that was highly medical model-oriented faced a difficult task. Michael explained how using a nursing model in her practice was a struggle because of the medical model focus:

I tried to incorporate this into assessments. I moved into telephone advice and things like that where you do chart reviews. My charts would come back with line after line crossed out by the physician reviewer. It was like we don't need this information, Well if you think in this way, then the person's environment and all these other things that are interacting to make the problem worse, create the problem, whatever, are very important. Well I got angry and I went through all the stuff, you know,

that you go through and I finally quit writing a lot of it and in the true sense of nursing returned to an oral tradition. And I would call the triage nurses and say well let me add on to this note. So I would put in what I thought was absolutely relevant, and then call people and give them more information.

Cecily's experience was similar:

I will go present a case to a physician, and they'll say to me, "now don't tell me all that stuff. I don't want to know it." In fact one of the physicians wrote this up, and went to my supervisor and said "the complaint about Cecily is that she gives unnecessary information about patients."

A mentor/teacher/role-model, or even individuals with whom to discuss ideas were cited as very helpful. Marjorie explained how important it was to have others to talk to:

Once I got back to work, I was involved with the nursing theory group here, so I had a whole group of people that talked about that theory as well as we had faculty from NYU and we had Martha Rogers herself, so there were really a lot of people in there I could talk with about it.

In addition to classes on the topic and continued reading, studying other theorists was unquestionably important. Michael described this process:

Once I got Rogers down, theory has always fascinated me, so I went back and I started reading other nursing theorists.

Many nurses reported studying other nursing theoretical models because understanding one facilitated learning others.

Consequence

The consequences at this stage for participants were almost all positive. Use of nursing theory was believed to free the nurse to be more creative in his or her practice. This was well described by Cecily when she talked about teaching theory to other nurses. Teaching theory was typical of participants in the final stage of self actualization (see Figure 4).

Helping them learn the model. Because it frees them, and I see what it does and I see the light in their eyes when they get the aha! And how much better they feel about themselves, and how much better they feel about being a nurse. That is key to me. Help other nurses feel good about being a nurse.

Well, the Rogerian theory helps them to understand how they view themselves, and how to look at the patient as other than an object in that bed or in that chair who they're supposed to do things for, and frustrated because the patient's not complying with them. It gets to be a power struggle. When they begin to look at the patient in a whole new light, and see themselves in a whole new light, it is no longer a power struggle. It's a human experience that they treasure and they learn from. It has nothing to do with who's gonna win and who's gonna lose that battle.

Stage 4.

SELF ACTUALIZATION

<u>Characteristic</u>
Combines theories to develop a personal framework for patient care

<u>Conceptual Indicators</u>
Understands from reflecting on practice how theories may work together

<u>Strategies</u>
Uses concepts from more than one theoretical model
Continuously thinks reflectively about practice
Adds models fitting with personal philosophy

<u>Influencing Conditions</u>	<u>Consequences</u>
Enjoy abstract thinking	Teaches models
Supportive environment	Becomes a consultant
Self-directed in learning and practice	Applies theory to other aspects of life (personal and administrative)
	Combines models to use in practice
	Concepts and ideas further evolve over time through discussion and testing
	May conduct research regarding theory application
	May publish regarding theory
	May make presentations of theory application

Figure 4. Schematic representation of the process of self-actualization

At this stage participants had a broad theoretical understanding. Theory had become a framework for patient care and added richness and depth to their practice. The use of theory evolved continuously and gave meaning and made sense of what the nurse did. The one negative consequence identified was that a nursing theoretical framework may make working in a medical model focused area difficult.

Stage 4: Self-Actualization

The final stage of perspective transformation was self-actualization.

Characteristic

The participants combined theories to develop a personal framework for patient care. At this stage nurses in this study had learned one theory well and began to add other nursing theories. They wove together theories that fit with their personal philosophy and practice from an amalgam of theoretical frameworks.

Conceptual Indicators

The conceptual indicators at this stage was that the nurse understands how theories may work together to conceptually expand his/her practice.

Strategies.

Participants used several strategies to achieve self actualization. These strategies were to practice from a framework of combined nursing theoretical frameworks, continuously think reflectively about practice, and add concepts from

models that resonated with his/her personal philosophy. Several nurses explained

this process:

Cecily said

> I think it [nursing theory] fits into my philosophy of life and how I view the
>
> world, how I view the patient, how I view myself, and that life is a process.
>
> And nursing theory is a process, learning it and growing into it and
>
> through it, and into something else. It's stages of growth is what I see.
>
> And nursing theory was very helpful and continues to be helpful in my
>
> growth. I do not look at this as something where I've got the bank of
>
> knowledge, and I go in and give this to the patient. I find every day is a
>
> new growth day for me, and every day is a new growth day for the patient.
>
> I'm as feeble and fumble around as much as they do at times. The stages
>
> of nursing theory and my knowledge of it is every day is a new stage.
>
> Every day I'm in a new place with it. And, Newman's consciousness and
>
> Watson's caring, that's really what I love now. As I'm reading it, I'm
>
> learning it, I'm trying to make it a part of my daily life. And it's unfolding.
>
> I just see it as a process every day.

Marjorie said:

> I now see the value of a lot of theories. I like Watson. I like a lot of
>
> different things. I increased my knowledge. I guess you'd almost look at it
>
> as Rogerian, like a slinky. You move along through this process. And,
>
> sometimes you learn a little more, and then you'll learn well maybe it isn't

quite like that. And gee this little theory over here is kind of helpful and I'm gonna pull that into my work. It isn't linear, and it's not a stage thing.

Also, as some participants continued their education they were required to study additional models and in that way blended them into their practice. Penpal described this process:

> After using one theorist for school clinical experiences I obtained a faculty position at a small college and actually had to switch theorists, but again it was a very concrete, easily understandable theorist, and I kind of had to go through the beginning stages again, but I picked up on that very quickly again because I had the conceptual understanding of a nursing theory, nursing models and the applicability of such. And then in my doctoral program I needed to be well versed in two nursing theories to prepare for my comp exams, so I was able to choose both those theorists.

> Learning the second theory and subsequent theories is a lot easier because you've already got that groundwork laid by the basis of understanding what a nursing theory is, and what the concepts are and how you translate that into clinical application.

Influencing Conditions

Conditions that influence participants at this stage were an enjoyment of abstract thinking, a supportive environment and self-direction in learning and practice.

Consequences

The nurses in this study, at this stage, were the experts. Theory had merged with their personal philosophy and they were in the process of constructing their own personal theories based on combining theoretical concepts from a variety of models. As a result they all taught nursing theory, were consultants in use of theory, and several had published articles on the use of nursing theory in practice and presented their ideas at conferences (see Figure 4).

Often theoretical concepts were applied to their personal and business lives. Joan was hired as an administrative consultant and applied a nursing theoretical model to her group work. Marjorie used a nursing theoretical model in her work as an administrator with staff. Nurse theorists may not see this as appropriate use of their theory, but these nurses found it very helpful.

Learning for Perspective Transformation

Perspective transformation in this study resulted from a learning situation (see Figure 5) and was is characterized by understanding and integrating information into one's personal meaning perspective. Perspective transformation changed the participant's world-view and subsequently, usually, his/her behavior.

Strategies used through this process were reading, listening, discussing, testing, questioning, writing papers which integrated the new material, writing case studies which applied the new material to one's practice or personal life, small group discussion, critically reflecting on the concepts studied and their meaning as they applied to one's work or personal life, presenting the material to others, and

LEARNING FOR PERSPECTIVE TRANSFORMATION

Causal Condition A learning situation

Characteristic A process that occurs over time

Conceptual Indicators Integration of information learned into one's personal meaning perspective

Strategies reading, listening, discussing, testing, questioning, writing papers, writing case studies, small group discussion, critically reflecting, presenting, teaching, applying theory (material) in worksetting or personal life

Influencing Conditions
Coaching
Mentoring
Trust in teacher/mentor
Belief in material (has value)
Ability to understand and apply in worksetting or personal life
Ability to see benefit from application in worksetting or personal life
Environmental support
Environmental resources
Conceptual or abstract thinking ability

Consequences Material learned is embedded into one's personal meaning perspective leading to new belief /behavior system

Figure 5. Schematic representation of learning for perspective transformation

applying theory in the work setting or one's personal life. When all of these strategies were in place transformative learning was more likely to occur.

Conditions that influenced the learning process were the availability of coaching, mentoring, a trust in the teacher or mentor, belief the material had value, an ability to see benefit from application in the work setting or one's personal life, environmental support, environmental resources, and the ability to think abstractly.

The context in which learning occurs was of paramount importance. When questioned about inhibitors to learning nursing theory study participants repeatedly stated lack of support in the workplace and difficult to understand language in the theoretical model. Lack of environmental support was defined by Emily 2 as "people don't think it's important," "there is a general attitude that if you're not making beds you're not doing nursing care," "people who say this is the way we've always done it, and by golly they just don't want to change", "people who see all change as bad." Environmental support was described as a place where learning was encouraged; mentors and role models were available; classes were held; and books, videos and audiotapes were available, as were support or discussion groups,

Consequences of perspective transformation were integration of material into one's personal meaning perspective leading to a new belief and behavior system. Participants who had reached this level of learning stated that nursing theory had become a framework for the way they viewed and cared for patients

and that they would not work without it. They felt that the use of a nursing

conceptual framework differentiated them from other healthcare givers (and, at

times, from other nurses), gave meaning and value to what they did, added

richness and depth to their practice, enabled them to be creative in their

approach to patients, and freed them from institutional perspectives. These

participants had, as Mezirow (1997) described, become more autonomous thinkers

by learning to negotiate their own values, meanings, and purposes rather than to

uncritically act on those of others. They had transformed their frame of reference

by critically reflecting on assumptions, and validated their beliefs through reading,

listening, discussing, and testing. Participants acted upon their new

understandings by changing the way they interacted with patients and often family

and staff. They were unwilling to revert to previous practices; they had achieved

perspective transformation (see Figure 5).

CHAPTER V

DISCUSSION AND CONCLUSION

This study examined the process of learning that leads to perspective transformation and the findings have important implications for the learning process. The words of the research participants, as they described their experiences during the learning process, may help those of us who create learning experiences to develop more effective processes. The findings of this study mirror those found in the literature. This chapter will compare findings from this study to those in the literature and discuss their significance for future nursing education, research and practice.

Implications of Study Findings for the Learning Process

Learning for perspective transformation was a process theory that was grounded in the data. Progressing through a series of non-linear stages, in response to the situation of learning nursing theory, nurses achieved a perspective transformation. As each stage of learning was accomplished a new level of understanding transformed their view of the patient until they had incorporated nursing theory into their practice and its use was automatic. Each stage of learning was cognitively more complex. Nurses who were unable to see the value of nursing theory and who were not abstract thinkers reject learning nursing theory and continue practicing as they always have.

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Some nurses transcend or continue to a higher stage of perspective transformation, which was named self-actualization, by combining nursing theories to create a personal framework through which they care for patients. The participants who had reached this stage had highly developed cognitive models well integrated into their practice. They considered themselves to be perpetually evolving through reading, discussion and testing. These were nurses who continuously critically reflected on the information they read and selected for implementation. They were forever testing new theory, which they added to their already extensive body of knowledge.

<u>Contributions from the Literature on Adult Learning</u>

Merriam (1993) reviewed the adult learning literature and summarized her findings as follows. There have been three major schools of thought attempting to understand the process of adult learning: androgyny, self-directed learning, and perspective transformation. Early studies, beginning in the 1920s, focused on the ability of adults to learn, compared to the ability of younger people. These studies examined the changes in memory, intelligence and cognition that occurred as individuals age. Later studies included the influence of context and life experience .

The term androgyny was introduced to refer to the teaching of adults compared to pedagogy, the teaching of children. Further research determined the two were not entirely distinct, but part of a process or continuum of learning from

teacher-directed (pedagogy) to student-directed (androgyny). Both approaches were acceptable for either group, depending on the situation.

Research and theory-building efforts in adult learning were studied to determine resources used by learners, the quality of learning, and competencies needed to engage in this type of learning. This literature was related to self-directed adult learning.

More recently (late 1970s to the present) Mezirow's theory of perspective transformation and transformative learning has created interest. Mezirow believes the learning of adults is closely linked to critical reflection and becoming more aware of why adults attach the meaning they do to their reality. He states the end goal of teaching adults is to create autonomous thinkers.

In addition to these three major efforts to understand adult learning there are many ancillary models which include critical social theory, feminist pedagogy, and sociocultural perspectives. The latter perspective emphasizes the importance of the sociocultural environment on learning and includes issues of social class, educational background, and the educational opportunities available to various groups.

Cavaliere (1992) conducted a retrospective, descriptive study to learn more about the process of learning by individuals outside a formal educational program. She examined the process of learning by the Wright brothers that resulted in the development of the airplane and the beginning of flight by man. Learning proceeded in stages and became more complex as it advanced. The brothers were

motivated by goal setting and feedback, while progress was accomplished through study, modeling, practice, and perseverance.

There were five stages of learning: (a) inquiring (literature review), (b) modeling (studying bird and kite flight, study of gliding models), (c) experimenting and practicing (with kites, model gliders to full scale models), (d) theorizing and perfecting (refinement of their model, perfection of skills and machine), and (e) actualizing (the achievement of flight resulting in a paradigm shift). The learning process exemplified by the Wright Brothers followed a series of specific behaviors structured by the resources available within their environment. Learning occurred as a result of feedback, information, persistence, practice, reflection, timing, intuition, failure, and momentum, as well as a mentor. Learning occurred in the workplace. This study, the researcher believed, although outside a formal learning program, most nearly parallels the learning of working nurses studying theory (see Table 2).

Both models of learning promote the process as a series of stages that become increasingly complex. There is non linear repetition throughout consisting of reading, questioning, testing, reflecting, experimenting, comparing, and discussing, until cognitive mastery occurs and is evident in practice. In Cavaliere's model the individuals created their own learning and drew information from wherever they could find it. In the model developed in the study of perspective transformation the information may be searched out by the individual, but, was often, at least initially, directed by an educational program.

Table 2

Comparison of Stages of Learning

Wright Brothers	Working Nurses
1. Inquiring At this stage the Wright brothers had a belief manned flight was possible. Their first step was a study of the existing literature related to flight. Little literature existed that was useful to them.	1. Becoming aware In this stage nurses become aware of nursing theory through workplace education, or exposure to a formal educational program. At this stage nurses read, discuss, think abstractly of the application of theory to practice and they may attempt to use theory in practice. There is a plethora of literature available.
Stage 2 Modeling Observation of bird flights, kites and gliders. Selection of one model for design, practice and refinement.	Stage 2 Developing Meaning Choosing a model. Attempting to find a philosophical fit with a theorist. Reading, discussing, observing, writing, testing
Stage 3 Experimenting and Practicing Experimentation with trial flights of kites and model gliders. This could be called applying theory to practice. At this stage they contacted a mentor, Octave Chanute who was an international aviation expert. Building mastery through repetitive practice of the art of flying.	Stage 3 Finalizing Perspective Transformation Theory and practice are a philosophical fit. Use of theory is no longer totally conscious. Critical reflection of theory in practice. Continue to build mastery in use of theory until conscious effort is embedded in the unconscious.
Stage 4 Theorizing and Perfecting Through experimentation and practice the basic model the brothers built was airworthy. They also knew how to fly it. Skill was combined with cognitive understanding.	Stage 4 Self-Actualization Combines theories to develop a personal framework for patient care. Continuously adds to knowledge, thinks critically of theory application, is self-directed in learning and practice. At this stage the individual often becomes a consultant, publishes, and presents theory and application.
Stage 5 Actualizing The achievement of flight, a paradigm shift	

The stages described are similar to others in the literature. They parallel Benner's (1984) research comparing nurses context-dependent learning in the workplace with that of chess players and pilots acquiring expertise. The stages she described were novice, advanced beginner, competent, proficient and expert. Her research was concerned with the learning and expertise practicing nurses acquire as they care for patients.

Kolb (1984) provides a model that has four stages: concrete experiences, reflective observation, abstract conceptualization and active experimentation. Kolb believed learning could begin at any of the above stages (see Figure 6).

Kolb's Model of Learning

Active Experimentation

Concrete Experiences   Abstract Conceptualization
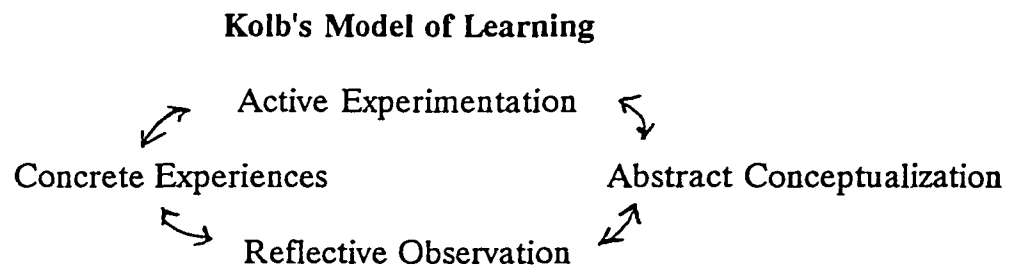
Reflective Observation

Figure 6. Kolb's Model of Learning

In this study, at each stage of learning for perspective transformation, nurses described their progress through each of the phases of learning described by Kolb. Other authors go on to state that learning always occurs in culturally organized

settings and learners act in situations and are acted upon by situations (Wilson, 1993). Learning, described by Candy (1991) and Wilson (1993) as a social process which was enormously complex and profoundly affected by the setting in which it occurred, was also demonstrated in this study.

Learning for Perspective Transformation occurs through a series of non-linear stages. The process may include backsliding, stalling, progression or failure. Progress occurs in an environment of support by continuously using the behaviors described. Progress may stop at any of the stages. Once self-actualization occurs nurses will return to level I, learn of new models and concepts and repeat the stages until selected concepts from these new models are embedded in their practice.This process occurs over time and will be influenced by personal characteristics of the learner, such as interest, personal responsibilities and motivation, and by resources available such as time, materials, money and by context (see Figure 7).

<u>Importance to Nursing</u>

<u>Education</u>

Introduction of nursing theory into the educational curriculum should occur early in the program. Nursing theory is a way of seeing the patient so that nursing interventions can be focused on the patient through the concepts of the theoretical model. Concepts help us understand what is important, where our boundaries lie, what interactive processes to use and how we can best assist a client to a higher level of health. The nurses in this study stated nursing theory

A Nonlinear Learning Process that Occurs Over Time

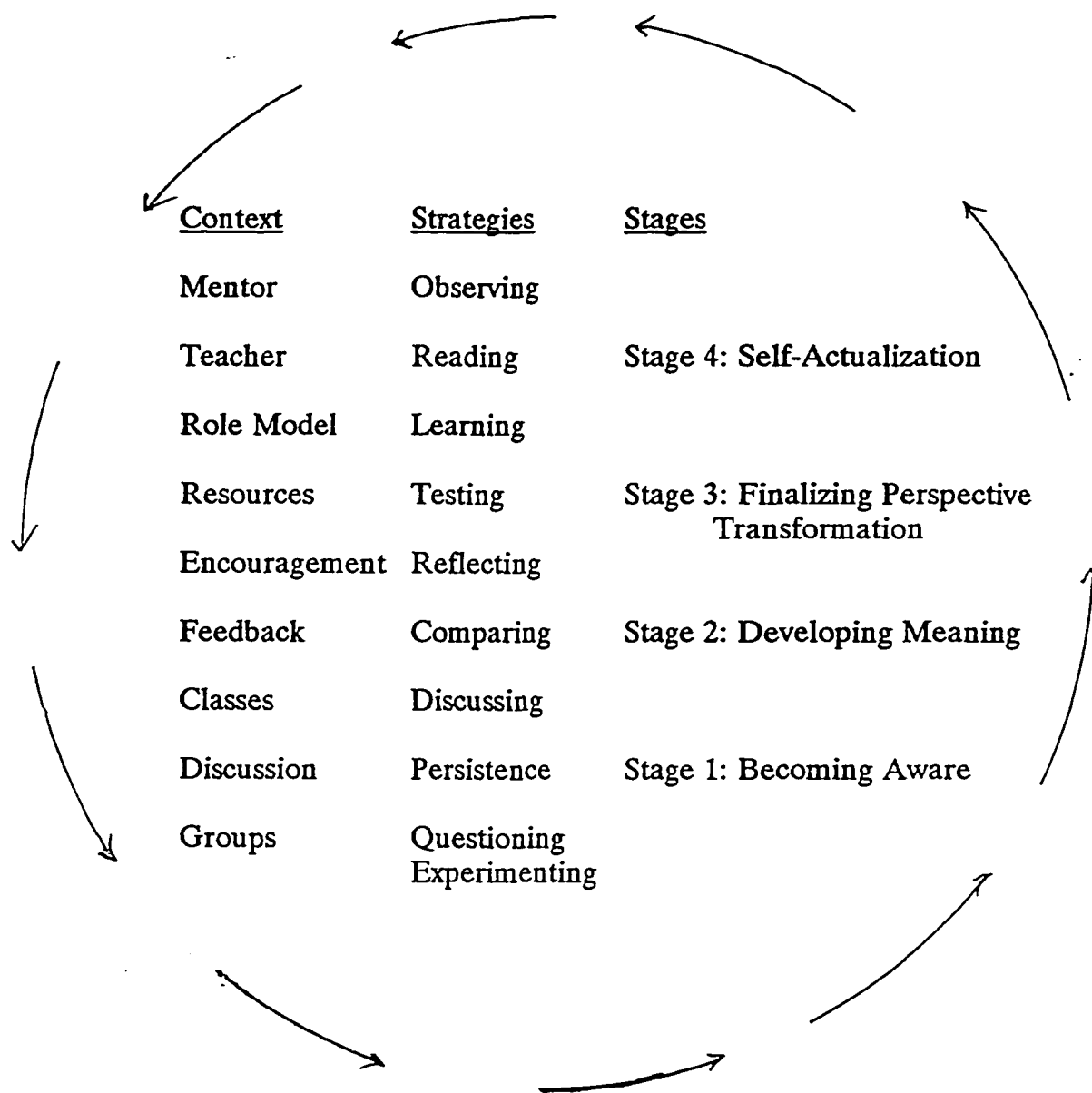| Context	Strategies	Stages
Mentor	Observing	
Teacher	Reading	Stage 4: Self-Actualization
Role Model	Learning	
Resources	Testing	Stage 3: Finalizing Perspective Transformation
Encouragement	Reflecting	
Feedback	Comparing	Stage 2: Developing Meaning
Classes	Discussing	
Discussion	Persistence	Stage 1: Becoming Aware
Groups	Questioning Experimenting	

Figure 7.   Learning for Perspective Transformation: Context, Strategy and Consequence Matrix

provided a foundation for their practice and helped differentiate them from other healthcare providers. Once nurses learned one theory and incorporated it into their practice they more easily learned other theories.

In order to teach nursing theory to nurses, or students, it is important to be aware of the context in which they learn and will practice. The importance of a supportive environment cannot be over emphasized. When students are taught to care for patients through use of a nursing theoretical model, but go into a work area where no model is used they may become discouraged. If positive supports are in place such as resources, a role model, small discussion groups, opportunity for experimentation, the negatives will seem less important.

Participants in this study were primarily from the Veterans Affairs San Diego Healthcare System (VASDHS). Perhaps the large number of volunteers from this organization resulted from a culture that supported, but did not require, the use of a nursing theoretical model. Therefore, nurses who wished to learn the model had access to resources which would assist them to learn. The selected model was taught during a 1 hour orientation program for newly hired or returning nurses. Not all nurses were required to take this class. Most of the nurses who did attend the class stated they believed they would be able to apply one or two model concepts in the clinical setting, at least at a very beginning level. A few nurses were simply not interested in learning a theoretical model and either did not attend the class or were not interested enough, at the time, to pursue use of the concepts in practice.

In addition to the one hour class during orientation, many other methods of teaching had been used at the VASDHS: classes presenting theory, case study presentations, e-mail contests that explained theory concepts and asked for examples of clinical application, presentations by the theorist and faculty from New York University, and advance practice nurses who used Rogers' abstract system as their foundation for practice, distribution of articles relating to theory, and a theory interest group that met monthly and discussed application of theory to practice.

Perhaps the ideal setting in which to teach staff nurses to practice through the use of a nursing theoretical model would be a model unit. If nursing and the medical center administration supported development of an ideal unit the use of a nursing theoretical model could be required. Resources such as teachers, mentors, role-models, classes, books, videos, and discussion groups could be available to assist with theory and experiential learning. New nurses could be oriented on this unit and nurses who wished to learn more about theory application could be rotated to this unit for a predetermined length of time.

Most nursing models involve the concept of environment. A simple exercise for students or staff nurses to learn this concept, and used by the researcher, was asking them to consider themselves as part of the environment and think about what their influence was on it. What was their influence on the patient's environment? Since they were a part of the environment how did they help create the current climate? Of what importance was the environment to the

patient? Of what importance to the patient's health care was the patient's home environment?

Often students in this study selected a model to study based on what they thought was the faculty member's interest. One reason for this choice was the influence it might have on their grade, but additionally the expertise the instructor had using the model and the help they might be able to give the students learning the model.

Some of the nurses interviewed spoke of the struggle they went through trying to understand and apply a model. This personal, and sometimes individual struggle, was considered a significant experience. They chose many different ways to accomplish this struggle. Some held discussions with coworkers, or mentors, some did extensive reading piecing concepts together with practice. They experimented using concepts in practice and then engaged in reflective observation. Often this struggle resulted in a break through, an <u>aha</u> experience, where suddenly they understood how concepts could be applied. The researcher interpreted this to mean that when adults are motivated they will learn. When resource material is scarce, and an expert not available, they will search for sources of information and experiment until the material is comfortable for them. This interpretation is consonant with Cavaliere's (1992) model of the Wright brothers.

To design a learning environment for teaching nursing theory in the workplace, based on the findings of this study, would require the assistance of

nursing administration. With administrative help an educator could develop a supportive environment with adequate resources, consisting of classes, access to experts, role models in the workplace, small work groups, group discussions, and a clinical setting to test application of the model in the workplace. In addition the time nurses need to attend classes would be supported.

If instead the theoretical model were to be taught in an educational program the instructor should require all presentations, case studies, and papers to be based on the student's selected theorist. Faculty should have the members of a small group studying a specific theorist present the conceptual model to the rest of the class. All students would be encouraged to search for material in their workplace or place of student clinical affiliation, observe concepts in practice, read, test, question, experiment, compare, and discuss findings with each other. Working with a faculty curriculum committee, the faculty member could foster the use of a single conceptual model that is accepted and understood by all faculty.

The researcher believes it is the responsibility of educators in nursing to teach nursing from the theoretical knowledge base of their discipline. Use of theories outside the discipline need to be incorporated within the philosophic perspective of phenomena which concern nursing.

Research

Although adult learning has been well researched and much is known about the process there are no definitive answers. Research needs to be continued to better understand how adults learn and what facilitates the process.

Understanding how personal characteristics of learners, and the historical-social context merge to affect the process of learning would be valuable. Do people from varying cultures learn differently? Do individuals of different ages and experiential backgrounds learn differently? What teaching techniques are most effective? All nurses are expected to teach each other, patients, students, and communities. Should learning theory be introduced or expanded in basic nursing programs? Should methods and approaches to teaching be part of the curriculum?

Critical reflection is another concept that could greatly assist nurses. Too often nurses were required to accept instruction from faculty without question. They were inadvertently programmed to be very accepting of work situations, no matter how unsafe, if they wanted to continue employment. These conditions still exist today, and are satirized in cartoons depicting nurses as needing enormous bladders, skates, several arms, and the skill to fill in for every other healthcare worker. In some organizations nurses are expected to be able to care for patients in any setting, regardless of their educational and experiential background. Nurses with little education and experience are placed in charge of groups of patients and required to supervise lesser trained workers, or impaired workers.

Often nurses accept these circumstances because they are aware someone needs to do the job. They will usually not desert patients despite the conditions. They do not question the rules, they do not examine the policy development process that allows these conditions to exist. They are too busy reacting to be proactive. Action research teaching nurses to reflect on oppressive work

conditions, theory application, or use of power could bring about perspective transformation leading to action to improve conditions. Clark and Wilson (1991) state rationality is context-dependent, historically situated, and value-oriented. This type of research could easily be incorporated in the master's programs and perhaps baccalaureate programs.

When considering the use of nursing theory it might be interesting to research whether patients can identify care based on a nursing model or if they are more satisfied when the nurse delivers care from the framework of a nursing theoretical model. Meleis (1992) describes theories of the future as being integrative in nature, and maintaining a sense of the individual's wholeness and integrity. She believes these theories will focus on environment-person interactions, energy levels, human responses and patterns as described by the participants, and be context dependent. These theories will have an interdisciplinary focus resulting from research in theoretical and clinical settings. The health care team members and the patient/client will be equal partners in planning care.

The researcher plans to conduct further studies of the process of perspective transformation with an interdisciplinary group, in a clinical setting, learning the concepts of customer service. The participants progress will be measured by a customer satisfaction tool administered before and after educational intervention. Following intervention participants will be interviewed

using methods previously described in this study. The study will be conducted using grounded theory methodology.

<u>Practice</u>

In this study learning nursing theory was used as an example of learning for perspective transformation. One of the questions the researcher asked participants was what do you see as the difference between a medical model for patient care, and a nursing theoretical model. Not one participant hesitated when they said the medical model is a science-based model focusing on diagnosis and cure, often by the prescription of a medication. The medical model breaks individuals down into parts, a cell, an arm, an eye. As Clifton states (1991) "physical problems are solved one at a time on an emergency basis, by isolating an organ, cell, or molecule and bashing it into shape" (p. 54). Perhaps that is the role of medicine, to know the problem, but not necessarily the person. A nursing framework was described as more holistic and dedicated to helping people deal with experiences of illness. As Emily (1) said "it is looking at where they're at, and how to make their life better, their quality of life." Emily (2) described this as:

> You get to really see how this patient copes, what his values are, where he's at socially with his family and support systems, and I think that feeds into the whole person, the whole thing. So it's more of a holistic type of care that you are giving to that individual, you are not just trying to cure the problem.

Penpal said:

> A nursing model is more comprehensive for the total person. Looking at
> does this person have a job, what does that mean, what does this illness or
> injury mean, how are they going to get on with their life, how does it affect
> their illness and their wellness and the transition from one to the other.
> So I think it's much more comprehensive than a medical model.

Dorothea summarized current conditions when she said:

> I think it's still the nurse many times that has to say well how does this
> work all together, particularly when we have really complex patients where
> there are many medical consultants, and everybody's looking at their own
> little organ or their own little system. But they tend to, unfortunately, not
> look at the whole, and they don't always talk to each other either. So we
> need to be able to pull that together for the patient to help the patient
> understand how to coordinate all of that as they move into the out-patient
> setting. To teach the patient even how to talk to their doctor. Nursing
> theories all look at the patient very holistically and in relationship to their
> environment as far as their environment or their community and their
> family.

If these nurses all find nursing theory valuable to provide a framework for
care why is it that many organizations do not support the use of nursing
theoretical frameworks? Why is it that not all college and university programs
base their educational programs around the use of nursing theory? Why is that

institutions stating they support the use of theoretical frameworks never require use of this framework in any courses or patient care plans?

Advance practice nurses in this study stated that a nursing theoretical framework enabled them to see the patient from a holistic perspective, rather than focusing on the treatment of a medical condition. These nurses treated patients through the use of a nursing theoretical model even when in a medical model setting. The nurses in this study demonstrated that all educational levels of nurses from associate to doctoral degree can practice within the framework of a nursing theoretical model.

Summary

Learning for perspective transformation is a process that can be tested and may be useful for helping nurses see phenomena from a different perspective. Nurses deal with day to day experiences of shortages of help and supplies, acutely ill patients, frantic relatives, overcrowded clinics, malfunctioning equipment, and ever increasing paperwork. In addition to caring for patients they are expected to serve on committees, conduct performance improvement studies, and participate in research. The problems nurses face today are often embedded in the systems in which they work.

Historically nursing education was based on the medical model and the empirical positivist values of medicine. Traditional male paternalism placed nurses at the bedside carrying out doctor's orders. Some doctors still see the nurses role as taking care of them rather than, or in addition to, the patient. Nursing

operated in an oppressive environment which generated dependency. In the beginning of the 20th century higher education wasn't seen as necessary for women and apprenticeship training was the norm.

Changes in nursing paralleled changes in the women's movement. As women gained more freedom, and became more independent education became increasingly available until today nurses may obtain doctoral degrees in nursing. In the past much of theory in nursing was drawn from other fields. One reason for this was its direct descent from medicine, but also because nurses received higher education in fields other than nursing.

Today's nursing curricula need to include the history of nursing's development. They need to examine the forces that have created nursing, and recognize that much of what is called nursing was created by individuals and groups with more power and prestige. By understanding the effect people and social forces over the years have had we may be able to transform the currently unhealthy health care system (Bent, 1993).

The phenomena of nursing needs to be taught through the framework of nursing theory. Nursing is a discipline different from pharmacy, social work, psychology, and medicine. Theory from these fields is used by these disciplines and nursing needs to operate within it's own theoretical base. Scholars in nursing need to continue to develop, test and refine the theory and phenomena of nursing science. Students and practicing nurses need to study the application of theory to practice, in small groups under the guidance of a mentor or teacher. Nursing,

with its focus on contextual, human-environment interactive processes may be in the best position to understand the needs of other human beings as they go through experiences of illness and health.

Future planning to create environments conducive to learning for perspective transformation may help nurses understand how to become more critically reflective of their own assumptions, their working environments, and their theoretical frameworks. Through transformed frames of reference nurses may become more autonomous thinkers, negotiate their own working environments, and operate from a nursing theoretical background rather than compliantly accepting policy mandates of others.

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Demographic Data

Pseudonym	Age	Gender	Ethnic Culture	Current Degree	Basic Degree	Years in Nursing	Years of Practice Using a Model	Current Position
Ann	44	F	caucasian	BSN	BSN	18	18	Utilization Review
CR	31	F	caucasian	BSN	AND	5	3	Staff Nurse Psychiatry
Rafael	53	M	Hispanic	MPH	BSN	23	10	CNS-HIV
Emily 2	58	F	Caucasian	AND	AND	7.5	7.5	Staff Nurse Psychiatry
Jan	47	F	Caucasian	MSN	AA	27	15-18	Education
Emily 1	44	F	Caucasian	BSN	BSN	11	2	Staff Nurse GI Suite
Dorothea	45	F	Caucasian	MS	BSN	23	15	CNS SCI
Martha	52	F	Caucasian	BSN	Diploma	31	31	Cardiac Cath Lab
Renee	37	F	Caucasian	BSN	BSN	7	7	Staff Nurse SICU
Feline	42	F	Caucasian	BSN	BSN	20	2	Staff Nurse Ambulatory Care
Dearie	60	F	Caucasian	MA Psychology	BSN	37	37	Nurse Therapist
Fran	31	F	Caucasian	MS, NP	BSN	9.5	9.5	Nurse Practitioner

Pseudonym	Age	Gender	Ethnic Culture	Current Degree	Basic Degree	Years in Nursing	Years using theory	Current Position
Sue	30	F	Asian	BSN	BSN	5	5	Staff Nurse Medicine
Gormon	44	F	Caucasian	LVN	AD	20	7	Staff Nurse SCI
Cicely	50	F	Caucasian	MS, ANP	BSN	20	14	Nurse Practitioner
Michael	47	F	Caucasian	DNSc (C)	BSN	25	5	Telephone Triage
Penpal	43	F	Caucasian	PhD	AAS	22.5	18	Research
Dolphin	49	F	Caucasian	MSN	Diploma	28	6	Associate Professor
Marjorie .	48	F	Caucasian Hispanic	BSN	MSN	25	15	Clinical Service Director
Joan	44	F	Caucasian	MSN	ADS	22	6	Consultant
Barbara	55	F	Caucasian	Diploma	BSN	35	3.5	Educator

Appendix B

CONSENT FORM

Judy Heggie, M.S., R.N., a doctoral candidate at the University of San Diego Philip Y. Hahn School of Nursing, is conducting a research study to determine methods of assisting a nurse through the steps of a perspective transformation. Perspective transformation is the process of learning to see familiar situations in new ways that result in a change in practice. The perspective transformation to be studied is learning nursing theory. Demographic information will be collected as well as one to two taped interviews.
No risk is anticipated for participants.

I understand that if I choose to participate in this study:

1. No risks are anticipated.
2. Participation in the study is entirely voluntary and I may withdraw at any time.
3. I will have the opportunity to ask questions and seek clarification before I agree to participate.
4. Interviews will be approximately 60-120 minutes in length and will be audio-taped.
5. All comments and responses will be confidential. A pseudonym will be used in place of my name and any others involved in the dialog.
6. I will be asked to review the transcript of my interview to correct statements I believe are incorrect or to delete information I do not wish included in the study.

I, the undersigned, understand the above explanation, and on that basis, I give consent to my voluntary participation in this project.

Signature of subject_____Date_____
Location_____
Signature of researcher_____Date_____
Signature of witness_____Date_____

Demographic questions are as follows:

Age:_____ Gender:_____
Title:_____
Position:_____
Current degree:_____
Basic degree:_____
Employed by:_____
Years in nursing:_____
Years practicing using a nursing theory:_____
Ethnicity_____
Phone where I can be reached_____

APPENDIX D

A STRUGGLING DNSc (c) NEEDS YOUR HELP!

IF YOU ARE A NURSE WHO PRACTICES USING NURSING THEORY

PLEASE VOLUNTEER TO BE INTERVIEWED BY JUDY HEGGIE FOR HER QUALITATIVE,GROUNDED THEORY STUDY

THE JOURNEY THROUGH PERSPECTIVE TRANSFORMATION:LEARNING NURSING THEORY

This study will examine the ways nurses learn nursing theory.

For more information and/or to volunteer please call Judy at (H)583-4978 or (W)552-8585 x 3455. All calls exceedingly welcome.

Interview Guide—Initial and Final Form

1. Tell me how you came to know nursing theory?

2. What helped you to understand the beliefs within the model?

3. What most helped you to learn nursing theory?

4. Can you identify stages in your learning which enabled you to use the model in

practice?

5. Was there another nurse who role modeled the use of theory in practice? How

did that influence you?

6. Where did you learn nursing theory?

7. When did you learn to use nursing theory? Describe how this process

occurred.

8. Who helped you to learn nursing theory?

9. How does the use of nursing theory affect your practice?

Questions added later

10. What is the biggest problem learning nursing theory?

11. What is the difference between a nursing and medical model?

12. Now that you are able to use a nursing model are there times when you

switch and use a medical model?

UNIVERSITY OF CALIFORNIA, SAN DIEGO UCSD

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HUMAN SUBJECTS PROGRAM OFFICE

9500 GILMAN DRIVE
LA JOLLA, CALIFORNIA 92093-0052
(619) 534-4520
(619) 534-5725 (FAX)

EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

The faculty and staff of the University of California, San Diego wish you to know:

Any person who is requested to consent to participate as a subject in a research study involving a medical experiment, or who is requested to consent on behalf of another, has the right to:

1. Be informed of the nature and purpose of the experiment.

2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be used.

3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.

4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.

5. Be given a disclosure of any appropriate alternative procedures, drugs, or devices that might be advantageous to the subject, and their relative risks and benefits.

6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.

7. Be given an opportunity to ask any questions concerning the experiment or the procedures involved.

8. Be instructed that consent to participate in the medical experiment may be withdrawn at any time, and the subject may discontinue participation in the medical experiment without prejudice.

9. Be given a copy of a signed and dated written consent form when one is required.

10. Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

If you have questions regarding a research study, the researcher or his/her assistant will be glad to answer them. You may seek information from the Human Subjects Committee - established for the protection of volunteers in research projects - by calling (619) 534-4520 from 8:00 a.m. to 4:30 p.m., Monday through Friday, or by writing to the above address. Mail Code 0052.

RIGHTS.BIL

VETERANS AFFAIRS MEDICAL CENTER-SAN DIEGO
CONSENT TO ACT AS A RESEARCH SUBJECT

Judy Heggie, RN, MS, a doctoral candidate at the University of San Diego Philip Y. Hahn School of Nursing, is conducting a research study to determine educational methods of assisting a nurse through the steps of a perspective transformation. Perspective transformation is the process of learning to see familiar situations in new ways that result in a change in practice. The perspective transformation to be studied is learning nursing theory. Demographic information will be collected as well as one to two taped interviews. No risk is anticipated for participants. You have been asked to participate in this study because you have identified yourself as practicing nursing through the use of a nursing theoretical model.

If you volunteer to be in this study the following will happen to you:

1. A time and place for an interview of one to two hours will be arranged. The interview will be audiotaped, and a pseudonym substituted for your name. Only the researcher will know your true identity. Your real name will not be used in any subsequent publication. You will be asked to read the transcribed interview when you may change information offered or delete anything objectionable to you. If information requires clarifying you may be asked for a second interview.

2. Questions to be asked are as follows: 1. Tell me how you came to know about nursing theory. 2. What helped you to understand the beliefs within the model? 3. What most helped you to learn nursing theory? 4. Can you identify stages in your learning which enabled you to use the model in practice? 5. Was there another nurse who role modeled the use of theory in practice? How did that influence you? 6. Where did you learn nursing theory? 7. When did you learn to use nursing theory? Describe how this process occurred. 8. Who helped you to learn nursing theory? 9. How does the use of nursing theory affect your practice? 10. What interfered with learning nursing theory? Other questions may be generated as the study progresses. Demographic data will be collected for the study.

Risk: No risk is anticipated for participation in this study other than the time to complete the interview.

Payment: No payment will be offered for participation in this study.

Benefits: Other than discussing nursing theory and nursing practice there will probably be no benefit to participants. The benefit to be gained from the study is the development of concepts/ or theory that can be tested regarding learning for perspective transformation. This study could identify teaching methods more meaningful to the student, and as a result enhance learning.

Judy Heggie, RN has explained this study to you and answered your questions. If you have other questions about research related procedures you may reach Judy at 552-8585 x 3455.

Participation in this study is entirely voluntary. You may refuse to participate or withdraw at any time without jeopardy.

Research records will be kept confidential to the extent provided by law.

You have received a copy of this consent document to keep. If you have any questions regarding your rights as a human subject and participant in this study, you may call the Provost of the University of San Diego at (619) 260-4553 and ask to be contacted by the Committee on the Protection of Human Subjects, or the University of California, San Diego Human Subjects Committee at (619) 534-4520.

You agree to participate:

_____*Subject's Signature*
Witness   Date