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**ONE-TO-ONE TELEAPPRENTICESHIP AS A MEANS FOR NURSES
TEACHING AND LEARNING PARSE'S THEORY OF HUMAN BECOMING**

by

Judy Rae Norris

**A thesis submitted in conformity with the requirements
for the Degree of Doctor of Philosophy
Department of Curriculum, Teaching and Learning
Ontario Institute for Studies in Education of the
University of Toronto**

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ABSTRACT

ONE-TO-ONE TELEAPPRENTICESHIP AS A MEANS FOR NURSES TEACHING AND LEARNING PARSE'S THEORY OF HUMAN BECOMING

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Doctor of Philosophy 1998

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This research was an inquiry into the nature of one-to-one teleapprenticeship, defined for this study as a one-to-one learning relationship, conducted entirely by email, in which a mentor-teacher guides a learner in the construction of knowledge about a domain. The primary purpose of this study was to explore teleapprenticeship from a teaching and learning perspective. A secondary purpose was to ascertain if teleapprenticeship was useful to support clinically-based professional nurses' learning of the practice methodology of a nursing theory, Parse's theory of human becoming. Six teachers and 11 learners who resided in North America volunteered to participate. Each dyad was comprised of a nurse in a clinical setting learning to practice nursing guided by Parse's theory and a mentor-teacher who was a more expert practitioner of this theory. The learners were asked to write dialogue journals with their mentors about theoretical and practice issues.

Data sources were the electronic transcripts of all dyads' teleapprenticeship dialogue and concluding narratives written by participants from the five dyads that engaged in the study of the theory for at least 12 weeks. Data were analyzed using two narrative approaches: for the first research question, *What is the contexture of a teleapprenticeship?*, the paradigmatic type of analysis, which Polkinghorne terms,

“analysis of narratives,” was used to find commonalties in the stories; the second approach, termed *“narrative analysis,”* was used to address the second research question: *What is the experience of studying Parse’s theory online with a mentor?* The second approach portrayed the uniqueness of each individual case.

The teleapprenticeships were manifest as processes of mutual engagement within the situation-specific context of the learner’s professional practice. The process was learner-centered in both content and approach to learning. Compared with components of the cognitive apprenticeship model, the teleapprenticeships were a good fit, but the essence of these teleapprenticeships was not captured in the model. These teleapprenticeships may be described as “a situation where learning could happen”; five terms bring forth the essence of the teleapprenticeships: *situation, self-directed learning, teaching as “being with,” resources, and collateral others and events.*

ACKNOWLEDGEMENTS

This project could not have happened without the six Parse Scholars who were the teachers in this study. Somehow they made room for this months-long project in their impossibly busy lives, giving freely of their time and energy to lovingly teach yet another group of nurses yearning for a more humane way to practice the art of nursing. The learners were appreciative—it was an extraordinary experience for them. No words can express the extent of my gratitude.

I am deeply grateful to the learners who despite their busy lives intentionally took on the painful and daunting process of examining their most basic values and beliefs about the nature of human beings and nursing (just in case Parse's theory might offer a way to be a better nurse). I was inspired by your caring practice, as others will be who read your stories.

My chairperson, Dr. Rina Cohen, and committee members Dr. Lynn Davie, and Dr. Michael Connelly have been the source of much inspiration and learning. I thank you all for your patience and guidance as I journeyed through this incomparable learning experience.

Dr. Janice Morse has given me many years of incomparable support, wisdom, and professional opportunity; for this and her unwavering belief in me I am deeply grateful.

Dr. Mary Ferguson-Paré made my doctoral studies possible. I have been blessed by her extraordinary kindness, wise counsel and friendship.

I would like to thank Dr. Christine Jonas-Simpson and Dr. Lynne Ray for their helpful comments on earlier drafts.

Special thanks to Don Wells for the insightful editing, and Steve Younker, former LISTSERV® maintainer at the University of Toronto, for his cheerful assistance with the 14 lists required for this project.

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PREFACE

This is educational research about teleapprenticeship, specifically, a study of nurses engaged in teaching and learning online in a one-to-one format. The content material the learners studied was a nursing theory, Parse's theory of human becoming, but it is important to note that this theory was not the focus of the research. Readers are cautioned that exemplars that contain learners' statements and beliefs about the theory are sometimes inconsistent with the theory—they are learners. For this reason, this thesis should not serve as reference material about Parse's theory. Those interested in learning more about the theory are referred to the relevant publications in the reference list. Additional information may be obtained from The Parse Page on the World Wide Web: <http://www.utoronto.ca/icps/>

Chapter I

INTRODUCTION TO THE STUDY

TELEAPPRENTICESHIP AND LIFELONG LEARNING

This educational research is an inquiry into the nature of one-to-one teleapprenticeship, defined for this study as a one-to-one learning relationship, conducted entirely by email, in which a mentor-teacher guides a learner in the construction of knowledge about a domain. Although the participants in this study happened to be adults, apprenticeship and teleapprenticeship (or other educational experience) is not restricted to persons of a particular age. For this reason, I want to consider teleapprenticeship from a lifelong learning rather than an adult education perspective. The term *lifelong learning* seems better able to convey the idea of people learning from each other, without barriers of distance and time, in diverse ways, throughout their lives, as they feel the need. Lifelong learning celebrates the idea of distributed knowledge (others know things that we don't) as well as the belief that people can learn almost anything if they are motivated. It would also seem reasonable that a lifelong learning approach could reduce discrimination and barriers to learning goals for disadvantaged groups of people, especially those lacking particular credentials.

Gerhard Fischer defines lifelong learning as “a continuous engagement in acquiring and applying knowledge and skills in the context of authentic, self-directed problems.” He has called for new frameworks of education to support people in their lifelong learning quests. These frameworks must include the integration of learning, working, and collaborating; the engagement in authentic problems; learning on demand; intrinsic motivation; and the creation of new content and domain areas. The fundamental challenge in creating design environments is to make them simultaneously open-ended

and supportive. Fischer believes that computational and communication media will be a critical force in shaping this redesigned future.¹

Jonassen and Reeves propose that computers are one of the tools of contemporary intellectual practices. They describe cognitive tools as “reflection tools that amplify, extend, and even reorganize human mental powers to help learners construct their own realities and complete challenging tasks.”² Cognitive tools work best in a constructivist environment where the learner engages in “mindful” cognitive effort. Thus, in teleapprenticeship, the Internet and the computer can function as cognitive tools in an “intellectual partnership” with the participants’ minds.³

Teleapprenticeship, particularly for personal learning projects in nonschool-based environments, is well suited to lifelong learning, especially since it is conducted by conversation—a natural process consistent with the notion that “learning is essentially a form of discussion.”⁴ Ivan Illich is of the opinion that most of what we know and value is learned in these kinds of informal ways. He believes that we can trust people to be self-motivated learners if they can be given access to three or four approaches within an “opportunity web” for “learning exchanges.” These four are: access to *educational objects* such as libraries, computers, or museums; *skill exchanges* where teachers and learners can find each other; *peer-matching* exchanges where people can find peers with

¹Gerhard Fischer, “Making learning a part of life: Beyond the “gift wrapping” approach to technology”. Available online at <http://www.cs.colorado.edu/~l3d/presentations/gf-wlf/>

²David H. Jonassen and Thomas C. Reeves, “Learning with technology: Using computers as cognitive tools,” in *Handbook of research for educational communications and technology*, ed. David H. Jonassen (New York: Simon & Schuster Macmillan), 1996, 697.

³Jonassen et al., “Learning with technology: Using computers as cognitive tools,” 696.

⁴Harry McMahon and William O’Neill, “Computer-mediated zones of engagement in learning,” in *Designing environments for constructive learning*, ed. Thomas M. Duffy, Joost Lowyck, and David H. Jonassen (Berlin: Springer-Verlag), 1993, 55.

whom to pursue a common inquiry; and *professional educators* who can provide guidance for learners in their educational adventures.⁵

Since the advent of the Internet, the learning webs Illich envisioned are feasible as never before. If such a system were in place on the World Wide Web, when we felt the need to learn something, we might seek guidance by email from a professional educational leader, or search a database to find people with whom we could teleapprentice, alone or in the company of peers. The teleapprenticeships in this study were situated outside the auspices of any educational organization. The participants gained access to each other, to a peer group, and to educational resources through email and the World Wide Web.

PURPOSES OF THE STUDY

Teleapprenticeship could be one of the ways to address the educational needs of the lifelong learner, but there is no evidence in the literature that a systematic investigation of one-to-one teleapprenticeship has been conducted. The primary purpose of this study was to explore teleapprenticeship from a teaching and learning perspective.

An opportunity presented to study teleapprenticeship with a group of nurses who wished to engage in a voluntary learning project involving a transformation of their values and beliefs about health, nursing, and human beings. Consequently, a secondary purpose of the study was a practical one: to ascertain if teleapprenticeship was useful to support clinically-based professional nurses' learning of the practice methodology of a nursing theory, Parse's theory of human becoming.

⁵ Ivan Illich, *Deschooling society* (New York: Harper & Row), 1970.

PARSE'S THEORY OF HUMAN BECOMING

Briefly, Parse's theory of Human becoming⁶ is a relatively recent (1981) divergence from linear, causal theories of nursing and resultant modes of practice. In Parse's theory the human being is viewed as unitary or irreducible to bio-psycho-social parts. Persons are not seen as controllable in a cause-effect way, but as participating with the environment in the choosing and living of life priorities. Human beings change and are changed by the environment in a mutual process. According to Parse, personal meanings, relationships, and hopes influence the ways people live health.

Nurses may become aware of Parse's theory through educational institutions that offer exposure to a variety of nursing theories as part of the curriculum or through happenstance ways. Many, like Mitchell, had experienced discomfort with traditional ways of nursing and recognized in Parse's theory a way to live out personal values in practice.⁷ Those who commit to the change process may expect a personal struggle. As Mitchell explains,

Learning Parse's theory is challenging and at times frustrating. In integrating the knowledge base of Parse's theory, there is a rhythm of clarity-obscure described by many nurses. This paradoxical rhythm represents the sudden glimpses of new insight and understanding that occur in the sea of obscurity when engaging a whole new way of thinking. In order to grow and learn with the theory, the nurse needs to be committed, open, and willing to live with risk and uncertainty.⁸

Along with willingness to live with risk and uncertainty, nurses practicing Parse's

⁶ Rosemarie Rizzo Parse, *Man-living-health: A theory of nursing* (New York: John Wiley & Sons), 1981.; R. R. Parse, "Human becoming: Parse's theory of nursing," *Nursing Science Quarterly* 5, no. 1 (1992): 35-42.; Rosemarie Rizzo Parse, *Illuminations: The human becoming theory in practice and research* (New York: National League for Nursing Press), 1995.; Rosemarie Rizzo Parse, "The human becoming theory: The was, is, and will be," *Nursing Science Quarterly* 10, no. 1 (1997): 32-38.

⁷ G. J. Mitchell, "Struggling in change: From the traditional approach to Parse's theory-based practice," *Nursing Science Quarterly* 3, no. 4 (1990): 170-176, Winter.

⁸ Gail J. Mitchell, "Parse's theory in practice," in *Patterns of nursing theories in practice*, ed. Marilyn E. Parker (New York: National League for Nursing Press), 1993, 62-79.

theory in a setting without administrative or peer support may need courage. By practicing outside the traditional paradigm, nurses may incur various kinds of derision from nursing colleagues and professionals from other disciplines. As Ferguson notes, “New paradigms are nearly always received with coolness, even mockery and hostility.”⁹

Thus, embarking on a course to learn Parse’s theory, to use Tough’s words, is a “highly deliberate effort to learn” or an “intentional change” consciously and voluntarily sought by an individual nurse for personal reasons.^{10,11} Because it is a type of learning that involves a perspectives transformation,^{12,13} that is, a change in world view, and requires reflective consideration of values and beliefs, it is transformative learning:¹⁴

Transformative learning involves an enhanced level of awareness of the context of one’s beliefs and feelings, a critique of their assumptions and particularly premises, and assessment of alternative perspectives, a decision to negate an old perspective in favor of a new one or to make a synthesis of old and new, an ability to take action based upon the new perspective and a desire to fit the new perspective into the broader context of one’s life.¹⁵

SUPPORT FOR NURSES LEARNING PARSE’S THEORY

For several reasons, Parse’s theory is difficult for nurses to learn on their own.

The theory is a dramatic departure from the belief system in which most nurses have been

⁹ Marilyn Ferguson, *The Aquarian Conspiracy. Personal and social transformation in the 1980s* (Los Angeles, CA: J. P. Tarcher, Inc.), 1980, 27.

¹⁰ Allen Tough, *The adult’s learning projects. A fresh approach to theory and practice in adult learning* (Toronto: The Ontario Institute for Studies in Education), 1971.

¹¹ Allen Tough, *Intentional changes. A fresh approach to helping people change* (Chicago, Illinois: Follett Publishing Company), 1982.

¹² Jack Mezirow, “Perspective transformation,” *Adult Education XXVIII*, no. 2 (1978): 100–110.

¹³ Jack Mezirow, “A critical theory of adult learning and education,” *Adult Education 32*, no. 1 (1981): 3–24.

¹⁴ Jack Mezirow, *Fostering critical reflection in adulthood : A guide to transformative and emancipatory learning* (San Francisco: Jossey-Bass Publishers), 1990.

¹⁵ Jack Mezirow, *Transformative dimensions of adult learning* (San Francisco: Jossey-Bass Publishers), 1991, 161.

educated. The theory is complex, uses abstract concepts¹⁶ and requires extensive contemplative examination and restructuring of values and beliefs. Moreover, the theory has a very distinct language¹⁷ reflective of its human science roots.¹⁸ The unique words of the theory are unfamiliar to most nurses yet learning them helps us begin to think about humans and health in a different way. Mitchell writes: “It does indeed matter how nurses speak about human beings and health, since the way nurses speak about people shapes their attitudes and actions in practice and research relationships.”¹⁹

In the late 1980s, the use and evaluation of Parse’s theory of human becoming was undertaken by a cadre of Toronto nurses at St. Michael’s Hospital,^{20,21,22,23,24} on the streets of Toronto,²⁵ and at other nearby acute, chronic and community settings. During this period, instruction and discussion sessions were begun on nursing units where

¹⁶John R. Phillips, “A critique of Parse’s Man-Living-Health theory,” in *Nursing Science. Major paradigms, theories, and critiques*, ed. Rosemarie Rizzo Parse (Philadelphia: W. B. Saunders Company), 1987, 181–204.

¹⁷An example of this language may be seen in the wording of the three principles of the theory: Principle 1. Structuring meaning multidimensionally is cocreating reality through the languaging of valuing and imaging; Principle 2. Cocreating rhythmical patterns of relating is living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-separating, and Principle 3. Cotranscending with the possibles is powering unique ways of originating in the process of transforming. (Parse, “The human becoming theory: The was, is, and will be,” 33).

¹⁸M. C. Smith and J. H. Hudepohl, “Analysis and evaluation of Parse’s theory of Man-Living-Health,” *Canadian Journal of Nursing Research* 20, no. 4 (1988): 43–57.

¹⁹Gail J. Mitchell, “Parse’s theory-based practice and research,” *Nursing Science Quarterly* 7, no. 3 (1994): 109.

²⁰M. Mattice and G. J. Mitchell, “Caring for confused elders,” *Canadian Nurse* 86, no. 11 (1991): 16–17.

²¹G. J. Mitchell, “Man-living-health: the theory in practice,” *Nursing Science Quarterly* 1 (1988): 120–127.

²²G. J. Mitchell, “Distinguishing practice with Parse’s theory,” in *Differentiating nursing practice. Into the twenty-first century*, ed. I. E. Goertzen (Kansas City, MO: American Academy of Nursing), 1991, 55–58.

²³G. J. Mitchell and C. Copplestone, “Applying Parse’s theory to perioperative nursing: A nontraditional approach,” *AORN Journal* 51, no. 3 (1990): 787,790,792.

²⁴A. Quiquero, D. Knights, and C. O. Meo, “Theory as a guide to practice: staff nurses choose Parse’s theory,” *Canadian Journal of Nursing Administration* 4, no. 1 (1991): 14–16.

²⁵D. L. Rasmusson, C. M. Jonas, and G. J. Mitchell, “The eye of the beholder: Parse’s theory with homeless individuals,” *Clinical Nurse Specialist* 5, no. 3 (1991): 139–143.

Parse's theory was beginning to be practiced. Since then, there have been ever-increasing requests by nurses in North America and elsewhere to gain access to ways to learn Parse's theory. Many nurse clinicians, educators, administrators, and students from various parts of Canada, Australia, Finland, Germany, Scotland, Thailand, and the United States have travelled to Toronto to learn from the Parse scholars²⁶ and to see the theory practiced. Currently, however, there is only a handful of nurses with enough expertise in the theory to teach others, and most of these are located in Toronto. Ways need to be found to accommodate the many nurses who wish to learn Parse's theory but who are physically distant from centers where the theory is taught.

Nurses who have made the transition to practice guided by Parse's theory have reported that the guidance and support of personal mentors have been crucial to their transformation. Theoretical support for this phenomenon is provided by Mezirow, who notes that "moving to a new perspective and sustaining the actions which it requires is dependent upon an association with others who share the new perspective."²⁷

RATIONALE FOR THE STUDY

Learning Parse's theory requires a nurse to have "a commitment to live a different way in the nurse-person relationship."²⁸ There is anecdotal evidence^{29,30} that the nurse

²⁶Members of the International Consortium of Parse Scholars. The purpose of the group is to contribute to human health and quality of life through practice and research guided by Parse's human becoming theory of nursing.

²⁷Mezirow, "Perspective transformation," 105.

²⁸Gail J. Mitchell, "Parse's theory in practice," in *Patterns of nursing theories in practice*, ed. Marilyn E. Parker (New York: National League for Nursing Press), 1993, 67.

²⁹G. J. Mitchell, "Struggling in change: From the traditional approach to Parse's theory-based practice," *Nursing Science Quarterly* 3, no. 4 (1990): 170-176, Winter.

³⁰Mitchell, "Parse's theory in practice," 62-79.

effort to achieve this, but at this time, there is little information available about how nurses go about the study of the theory. It has also been reported that those who have become proficient in the practice methodology have experienced a mentor relationship with a more expert practitioner of the theory. This phenomenon needs to be studied, and ways need to be found to extend the effectiveness of the few mentors available.

Since February 1993, members of the International Consortium of Parse Scholars have been interacting through a LISTSERV® discussion forum, PARSE-L. Now that those with expertise in the theory are online, their capacity for teaching could be expanded to benefit interested nurses in diverse parts of the world. It seemed plausible that the medium of email could be used to provide support for those engaged in learning Parse's theory; nurses could "teleapprentice" or be mentored online by a person with more expertise in the theory. The opportunity to conduct an investigation of teleapprenticeship with this group of nurses held the potential for a number of beneficial outcomes.

SIGNIFICANCE OF THE STUDY

This research was expected to contribute to our understanding: a) about teleapprenticeship, b) of the desirability of teleapprenticeship for supporting nurses in their study of Parse's theory of human becoming, c) about how nurses go about learning the theory, and further, d) through the process of answering the research questions, new knowledge would be gained about ways to study the abundant yet underutilized textual

transcripts^{31,32} that are generated during educational computer mediated communication (CMC) events.

³¹ In their review of the CMC literature, Romiszowski and Mason state that “the most glaring omission in the CMC research continues to be the lack of analytical techniques applied to the content of the conference transcript.” (Alexander Romiszowski and Robin Mason, “Computer-mediated communication,” in *Handbook of research for educational communications and technology*, ed. David H. Jonassen (New York: Simon & Schuster Macmillan), 1996, 443.

³² For discussions of the educational and research value of the electronic transcripts from learning events, see: Diane E. Beals, “Computer networks as a new data base,” *Journal of Educational Computing Research* 8, no. 3 (1992): 327-345.; Lynn E. Davie, “Facilitation of adult learning through computer conferencing,” in *Proceedings of The Second Guelph Symposium on Computer Conferencing*, University of Guelph, Guelph, Ontario, Canada, June 1-4, 1987 (Guelph, ON: University of Guelph), 1987, 11-21.; L. Davie and R. Wells, “Empowering the learner through computer-mediated communication,” *The American Journal of Distance Education* 5, no. 1 (1991): 15-23.; A. Romiszowski and J. de Haas, “Computer mediated communication for instruction: Using e-mail as a seminar,” *Educational Technology* 29, no. 10 (1989): 7-14.

Chapter II

REVIEW OF RELATED LITERATURE

The review of related literature is divided into three parts. First, two one-to-one educational forms, mentoring and apprenticeship, are examined. Then, an overview is provided of literature related to educational CMC and educational CMC with individual learners. The chapter concludes with a summary of the literature review.

Literature pertaining to distance education *per se* is not reviewed, although liberal use is made of writing related to CMC in distance education. In this body of literature, even when the topic is learning online, or when there are infrequent references to individual study at a distance, there is always an assumption of the existence of an educational organization.^{33,34,35} The learning events for this study took place in dyadic relationships situated within a defined community of nursing practice but outside the auspices of any educational organization.

ONE-TO-ONE TEACHING AND LEARNING

By whatever name, one-to-one teaching is simply *different* from teaching groups: “One-to-one is essentially natural, the basic unit of our daily communication. Its essence is lack of artifice.”³⁶ One-to-one teaching is a social situation—a shared learning process where authentic personal communication is essential; teaching happens *by*

³³D. Keegan, “Theories of distance education,” in *Distance education: International perspectives*, ed. D. Sewart, D. Keegan, and B. Holmberg (London: Routledge), 1988, 63–67.

³⁴Robin Mason and Tony Kaye, “Toward a new paradigm for distance education,” in *Online education. Perspectives on a new environment*, ed. Linda Harasim (New York: Praeger), 1990, 15–38.

³⁵M. F. Paulsen, “The Hexagon of cooperative freedom: A distance education theory attuned to computer conferencing,” *DEOSNEWS* 3, no. 2 (1993).

³⁶Peter Wilberg, *One to one* (London: Language Teaching Publications), 1987, 1.

communicating with the student, and everything, even silence, is a communicative act.³⁷

One-to-one teaching is like partnering a student in a dance.³⁸

Many terms are used for one-to-one teaching, often interchangeably. The one-to-one online learning events in this study have aspects of mentoring, tutoring, preceptoring,³⁹ coaching, facilitating, guiding and apprenticeship. In the next section, I will briefly examine two of these— mentoring and apprenticing—as they are used for education in professional practice. I will then discuss how these terms will be used in this study.

Mentoring

From its origins in Homer's *Odyssey*, the term "mentor" has denoted a senior, experienced person who took an interest in the professional development of a younger person. It is a complex relationship that has implied teaching, guidance, and sometimes sponsorship. Byrne who analyzed literature for interpretation of the concept of mentorship, defined a mentor as "a sponsor, an enabler, a senior or leadership figure who has been more than a role model—rather an opener of doors."⁴⁰ This familiar career-relationships conception of mentoring is quite different from the mentoring for professional educational that took place in this study. Educators Taylor and Stephenson examined the mentoring literature in search of a definition of mentoring and concluded

³⁷ Silence or nonresponse is consequential in email communication. See discussion of this point in Sheila M. Bunting, Cynthia K. Russell, and David M. Gregory, "Use of electronic mail (email) for concept synthesis: An international collaborative project," *Qualitative Health Research* 8, no. 1 (1998): 182.

³⁸ Wilberg, *One to one*.

³⁹ Preceptoring is a familiar structure in nursing which evolved in the United States around the 1970s for the purpose of assisting new nurses to adapt to the realities of practice. In North America it is usually a unit-based peer support relationship where a new nurse is paired with an experienced and competent role model who supports and teaches during the learner's adaptation to the new role. See Alison Morton-Cooper and Anne Palmer, *Mentoring and preceptorship: A guide to support roles in clinical practice* (London: Blackwell Scientific Publications), 1993.

⁴⁰ Eileen M. Byrne, *Women and science: The snark syndrome* (London: The Falmer Press), 1993, 147.

that because the term has so many applications and can be viewed from so many perspectives that “there really is no definitive answer to the question, “What is mentoring?”⁴¹ They advise teacher mentors to simply do their best for their students in their own context. Thus, the term “mentoring” could be used broadly “to refer to almost any relationship in which a knowledgeable person aids a less knowledgeable person.”⁴²

Fish points out that mentoring in professional practice situations must be understood from within the traditions of the discipline. For her, “a mentor is someone who enables a student to learn through practice.”⁴³ She suggests some principles of good mentoring: The mentor is a facilitator, not an expert “knower”; mentoring is not about telling, but about enabling learners to construct their own knowledge for themselves through experiential learning and reflective practice. The mentor assists learners to question the taken-for-granted, and communicates that disagreements are an important way to learn. Mentors are able to critically and publicly examine their own practice and to model the inquiring, reflective practitioner. The mentor establishes that ambiguity and uncertainty are norms, and creates an environment where learners are safe to tell their real views and talk about the errors they have made.⁴⁴

Fish’s notion of mentoring in professional practice is very like the mentoring that occurred in this study; it brings to mind the conception of what is considered to be the ideal in Tao mentoring:

⁴¹ Michael Taylor and Joan Stephenson, “What is mentoring?,” in *Mentoring in physical education: Issues and insights*. ed. Mick Mawer (London: The Falmer Press), 1996, 35.

⁴² D. Kevin O’Neill, Rory Wagner, and Louis M. Gomez, “Online mentors: Experimenting in science class,” *Educational Leadership* 54, no. 3 (1996): 39-42.

⁴³ Della Fish, *Quality mentoring for student teachers: A principled approach to practice* (London: David Fulton Publishers), 1995, 85.

⁴⁴ Fish, *Quality mentoring for student teachers: A principled approach to practice*, 107-108.

With Dao Ying, [a Taoist concept] the mentor goes beyond the common notion of “master” to become a special kind of leader, one who can both guide and be guided. Dao Ying instills an attitude of trust that enables a mentor to say, ‘I trust that at this point you guide me. In the next moment I trust that you will respect my guidance of you.’ In this interdependent, unfixed relationship of mutual respect, each partner displays Dao Ying from moment to moment.⁴⁵

Tao mentors do not take themselves too seriously—they can laugh at themselves. They are open and committed to the relationship, walking alongside their students although they may not necessarily become friends with them. The best mentors have had a mentor themselves. The teacher does not force growth, but “guides the way sun and rain nurture the Earth—lightly.”⁴⁶

Apprenticeship

Apprenticeship for Professional Disciplines

Collins⁴⁷ notes that at one time almost everything was taught by apprenticeship.

The notion of adults apprenticing themselves to more experienced practitioners has a long tradition in the history of practice and performance disciplines. Apprenticeship has been a prevalent enculturation and socialization strategy in graduate education, and in schools of architecture, medicine, law, teaching, nursing, management, and the arts. In Renaissance Italy, for example,

the great painters of Florence—for instance, Leonardo da Vinci, Raphael, and Michelangelo—learned their craft as apprentices in the workshops of master painters. During their apprenticeships, learning took place by observing the master’s work and by heeding their occasional comments.⁴⁸

⁴⁵ Chungliang Ai Huang and Jerry Lynch, *Mentoring: The Tao of giving and receiving wisdom* (New York: HarperSanFrancisco), 1995, 17.

⁴⁶ Huang et al., *Mentoring: The Tao of giving and receiving wisdom*, 18.

⁴⁷ Alan Collins, “Cognitive apprenticeship and instructional technology,” in *Educational values and cognitive instruction*, ed. Lorna Idol and Beau Fly Jones (Hillsdale, NJ: Lawrence Erlbaum Associates), 1991, 121–138.

⁴⁸ V. John-Steiner, *Notebooks of the mind: Explorations of thinking* (Albuquerque, NM: University of New Mexico Press), 1985: 50–51.

Intellectual skills can also be honed through apprenticeship. For example, the philosopher Gadamer apprenticed himself to a succession of teachers. He had early apprenticeships with Natorp, Heidegger, and Bultmann and later intellectual relationships with Nicolai Hartmann and Paul Friedlander.⁴⁹

Resnick notes the decline of apprenticeship education in the professions—the result of the retreat of professional education from the places of practice to educational institutions—where she believes there has been “too much adherence to instructional forms borrowed from the traditional classroom.”⁵⁰ She calls for “bridging apprenticeships” to span the gap between classroom and practice. Cervero highlights the importance of knowledge gained from practice and its value to professionals:

The popular wisdom among professionals is that the knowledge they acquire from practice is far more useful than what they acquire from more formal types of education. This observation contradicts the dominant viewpoint in society and the professional education establishment that has given legitimacy to knowledge that is formal, abstract and general while devaluing knowledge that is local, specific and based in practice.⁵¹

Apprenticeship in Nursing

Nursing is a performing art⁵² and as such will always require some form of apprenticeship even if we refer to it by names such as preceptorship, internship, mentorship, or buddying. Nurse-to-nurse story-telling and sharing of what works in practice is one way to improve practice.⁵³ Polanyi warns that “an art which has fallen into

⁴⁹ Hans-Georg Gadamer, *Philosophical apprenticeships* (Cambridge, MA: MIT Press), 1985.

⁵⁰ L. B. Resnick, “Learning in school and out,” *Educational Researcher* 16, no. 9 (1987): 17.

⁵¹ R. M. Cervero, “Professional practice, learning, and continuing education: An integrated perspective,” *International Journal of Lifelong Education* 11, no. 2 (1992): 91.

⁵² Parse has said that “nursing is a scientific discipline, the practice of which is a performing art.” R. R. Parse, “Human becoming: Parse’s theory of nursing,” *Nursing Science Quarterly* 5, no. 1 (1992): 35.

⁵³ M. Katherine Maeve, “The carrier bag theory of nursing practice,” *Advances in Nursing Science* 16, no. 4 (1994): 9-22.

disuse for the period of a generation is altogether lost.”⁵⁴ We have only recently become aware of the irretrievable knowledge loss that has resulted from recent healthcare restructuring. Possibly for the first time, part of a generation of nurses has been deprived of an important component of their professional education; many young nurses have been unable to find work in nursing, or have been laid off, and the senior nurses they will eventually replace will retire before having passed on their fund of personal knowledge.

Despite this, the very word *apprenticeship* is currently laden with negative meaning for many nurses. Nursing has made vigorous efforts to “exorcise the image of the apprentice-type educational system” which “was closely associated with an imitative learning style and the acquisition of knowledge by accumulation of unrationalized experiences.”⁵⁵ For example, in providing a rationale for why nursing needs to develop its own knowledge base, Ann Whall writes: “Without this base, nursing would be dependent upon apprentice-like rote learning and would not be of equal stature with other disciplines...”⁵⁶ Chinn writes:

Student nurses were presumed to learn at random through long hours of experience, with limited exposure to lectures or books, and to accept without question the prescriptions of practical techniques. The novice nurse acquired knowledge of what was right and wrong in practice by observing more experienced practitioners and by memorizing facts about the performance of nursing tasks. Nursing was viewed primarily as a nurturing and technical art requiring apprenticeship learning and innate personality traits congruous with the art.⁵⁷

With the rise of feminism, the apprenticeship system came to be viewed as

⁵⁴ M. Polanyi, *Personal knowledge* (Chicago: University of Chicago Press), 1958, 53

⁵⁵ Barbara A. Carper, “Fundamental patterns of knowing in nursing,” *Advances in Nursing Science* 1, no. 1 (1978): 13–23.

⁵⁶ Ann L. Whall, ““Let’s get rid of all nursing theory,”” *Nursing Science Quarterly* 6, no. 4 (1993): 164.

⁵⁷ Peggy L. Chinn and Maona K. Kramer, *Theory and nursing: A systematic approach*, 4th ed. (St. Louis, MO: Mosby-Year Book, Inc), 1995, 34.

oppressive, “as a means of keeping a female group in subjection to male-dominated groups [physicians and hospital administrators]”,⁵⁸ and impeding the growth of nursing as a profession:

Apprentice nurses were taught to be loyal to the hospital, to be obedient and docile, and to accept the poor conditions of work and the stringent discipline. Repressive educational practices instilled in them respect for authority and a spirit of unquestioning loyalty to “master” institutions and to physicians. Nurses were not educated in a manner that might have led them to question the moral or social implications of a system that impeded their professional development. By design, apprenticeship education does not provide a liberal and general education. It most often stifles intellectual growth and prepares workers only too willing to conform to prevailing customs, traditions, and efforts to maintain the status quo.⁵⁹

This conception of apprenticeship is a legacy from the medieval guild system of apprentices in bondage, and is obviously not benevolent toward the learner: “The main purpose of having apprentices is to have them do as much of your menial, boring, repetitive work as possible, for as long as possible.”⁶⁰ Dewey warned of taking apprenticeship to the extreme in teacher education lest novice teachers slavishly follow a master without learning to think for themselves.⁶¹

Invaluable learner-positive experiences are possible using apprenticeship. Ivan Illich’s beliefs about learning contain these ideas: “...learning is the human activity which least needs manipulation by others. Most learning is not the result of instruction. It is rather the result of unhampered participation in a meaningful setting.”⁶² The very best of apprenticeship is the opportunity for a learner to participate meaningfully in authentic

⁵⁸ Jo Ann Ashley, *Hospitals, paternalism, and the role of the nurse* (New York: Teachers College Press), 1976, 75.

⁵⁹ Ashley, *Hospitals, paternalism, and the role of the nurse*, 32-33.

⁶⁰ Martin Anderson, *Impostors in the temple* (New York: Simon & Schuster), 1992, 69.

⁶¹ For a discussion of Dewey’s criticism of extreme forms of apprenticeship, and an illustration from teacher practice, see: D. Jean Clandinin and F. Michael Connelly, “Narrative, experience and the study of curriculum,” *ERIC Document Reproduction Service* ED306208 (1987): Canada, Alberta.

⁶² Ivan Illich, *Deschooling society* (New York: Harper & Row), 1970, 39.

activities with a more experienced practitioner within the real-world contexts of a culture. This learning arrangement is less abstracted, less political, and more practical than more conventional types—the work *at hand* defines the dimensions of the learning task.⁶³ For domains involving practical knowledge, personal contact in the context of practice is the only way it may be acquired. Polanyi writes:

An art which cannot be specified in detail cannot be transmitted by prescription, since no prescription for it exists. It can be passed on only by example from master to apprentice....By watching the master and emulating his [sic] efforts in the presence of his example, the apprentice unconsciously picks up the rules of the art, including those which are not explicitly known to the master himself.⁶⁴

These ideas are central to the theory of situated cognition,⁶⁵ which suggests that meaningful learning of useable, robust knowledge takes place through a process of enculturation developed through participation in authentic activity, that is, within the real-world contexts of the culture. Understanding is “indexed by experience, i.e., understanding is embedded in the experience of the individual.”⁶⁶ The concept of “cognitive apprenticeship”⁶⁷ derives from these beliefs. Other theoretical antecedents of cognitive apprenticeship can be found in the theories of Vygotsky, Leontiev, and Dewey.⁶⁸

⁶³ Madeleine R. Grumet, *Bitter milk: Women and teaching* (Amherst: The University of Massachusetts Press), 1988, 107.

⁶⁴ Polanyi, *Personal knowledge*, 53.

⁶⁵ John Seely Brown, Allan Collins, and Paul Duguid, “Situated cognition and the culture of learning,” *Educational Researcher* 18, no. 1 (1989): 32–42.

⁶⁶ Peter C. Honebein, Thomas M. Duffy, and Barry J. Fishman, “Constructivism and the design of learning environments: Context and authentic activities for learning,” in *Designing environments for constructive learning*, ed. Thomas M. Duffy, Joost Lowyck, and David H. Jonassen (Berlin: Springer-Verlag), 1993, 88.

⁶⁷ Collins et al., “Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics,” 453–494.

⁶⁸ J. S. Brown, Allan Collins, and Paul Duguid, “Debating the situation: A rejoinder to Palincsar and Wineburg,” *Educational Researcher* 18 (1989): 10–12, 62.

Cognitive Apprenticeship

Cognitive apprenticeship is a “framework for the design of learning environments, where ‘environment’ includes the content taught, the pedagogical methods employed, the sequencing of learning activities, and the sociology of learning.”⁶⁹ It seeks to incorporate the crucial features of traditional apprenticeship, where complex skills are learned in the presence of more expert practitioners within a culture of practice,^{70,71} and go beyond traditional apprenticeship “to the focus of the learning-through-guided-experience on cognitive and metacognitive, rather than physical, skills and processes.”⁷²

Most of the early published accounts describe the use of cognitive apprenticeship for children’s educational events.⁷³ By the 1990s, however, a few anecdotal reports of the use of the model for the education of professionals began to emerge: for example, there is a description of the use of the model as the conceptual foundation for computer-based teaching for meteorologists;⁷⁴ as a framework for designing staff development for teachers;⁷⁵ and an inconclusive investigation of a preservice reading teachers’ practicum

⁶⁹ Collins et al., “Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics,” 454.

⁷⁰ J. Lave, “The culture of acquisition and the practice of understanding”, (Report No. IRL 88-0007). Palo Alto, CA: Institute for Research on Learning.

⁷¹ Barbara Rogoff and Jean Lave, eds., *Everyday cognition: Its development in social context* (Cambridge, MA: Harvard University Press), 1984.

⁷² Collins et al., “Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics,” 457.

⁷³ For example see: Collins et al., “Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics,” 453–494; Denis Newman and Donald Morrison, “The conflict between teaching and scientific sense-making: The case of a curriculum on seasonal change,” *Interactive Learning Environments* 3, no. 1 (1993): 1–16; Brent G. Wilson and Peggy Cole, “Cognitive apprenticeships: An instructional design review”, Proceedings of Selected Research Presentations at the Annual Convention of the Association for Educational Communications and Technology, 1991.

⁷⁴ Brent Wilson, Brian Heckman, and Sherman Wang, “Computer-based cognitive apprenticeships: An example from weather forecasting,” Proceedings of the 33rd ADCIS Conference, St. Louis, MO, November 1991.

⁷⁵ Donna L. Browne and Donn C. Ritchie, “Cognitive apprenticeship: A model of staff development for implementing technology in schools,” *Contemporary Education* 63, no. 1 (1991): 28–33.

experience, which was hypothesized to function as a cognitive apprenticeship.⁷⁶ Farmer, Buckmaster, and LeGrand have used cognitive apprenticeship in a variety of continuing education settings and “have studied forms of cognitive apprenticeship used in several professions, including aviation, engineering, orthopedic surgery, veterinary medicine, educational administration ...program management,” and pharmacy.⁷⁷ In 1993 De Bruijn⁷⁸ analyzed the cognitive apprenticeship approach in light of adult education theories and concluded that with minor modifications it is a valuable design strategy for adult learners.

The cognitive apprenticeship approach is ideally suited to a practice discipline such as nursing, and as will be discussed on page 38, an analysis of the electronic transcript of the pilot project revealed a good fit with the elements of the cognitive apprenticeship model. A detailed description of this model is presented in Chapter IV concurrent with an examination of the fit between the categories that developed from coding the teaching and learning actions and incidents in the transcripts of the teleapprenticeships with the features of the cognitive apprenticeship model.

Constructivist Philosophy

The cognitive apprenticeship model assumes a constructivist perspective toward

⁷⁶ Allen D. Evans and Carole S. Johnson, “Theoretical orientations and content knowledge of pre-service reading teachers: A preliminary investigation into cognitive apprenticeships”, A refereed paper presented to The 19th Annual Pacific Northwest Research and Evaluation Conference, Vancouver, WA, March 14, 1991.

⁷⁷ James A. Farmer, Annette Buckmaster, and Barbara LeGrand, “Cognitive apprenticeship: Implications for continuing professional education,” *New Directions for Adult and Continuing Education* 55 (1992): 41.

⁷⁸ H. F. M. De Bruijn, “Computer-aided learning for adults: a new approach,” *International Journal of Lifelong Education* 12, no. 4 (1993): 303–312.

learning. Constructivism⁷⁹ is not an instructional design method; instead, it is a philosophy with seven primary values: “collaboration, personal autonomy, generativity, reflectivity, active engagement, personal relevance, and pluralism.”⁸⁰ Savery and Duffy characterize the constructivist view in terms of three primary propositions. First, they consider the core concept of constructivism to be that “understanding is in our interactions with the environment.” What we learn and how it is learned are inseparable. Second, “cognitive conflict or puzzlement is the stimulus for learning and determines the organization and nature of what is learned,” and third, “knowledge evolves through social negotiation and through the evaluation of the viability of individual understandings.” We test the viability of our understandings within our social world.⁸¹

An assumption of constructivism is that learning is not the response to teaching; instead “it requires self-regulation and the building of conceptual structures through reflection and abstraction”⁸² the goal of which is “a coherent conceptual organization of the world as we experience it.”⁸³ Constructivist teachers view learning as an ongoing inquiry conducted for a learner’s own purpose and dependent on the active engagement of the learner. Noddings writes that teachers must be concerned with discovering what

⁷⁹ Constructivism is a very complex topic; it has many forms, crosses disciplines, and has a voluminous, confusing literature. See D. C. Phillips, “The good, the bad, and the ugly: The many faces of constructivism,” *Educational Researcher* 24, no. 7 (1995): 5–12. See also Thomas A. Schwandt, “Constructivist, interpretivist approaches to human inquiry,” in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publications), 1994, 118–137.

⁸⁰ David Lebow, “Constructivist values for instructional systems design: Five principles toward a new mindset,” *Educational Technology Research and Development* 41, no. 3 (1993): 5.

⁸¹ John R. Savery and Thomas M. Duffy, “Problem based learning: An instructional model and its constructivist framework,” *Educational Technology* 35, no. 5 (1995): 31.

⁸² Ernst von Glaserfeld, “A constructivist approach to teaching,” in *Constructivism in education*, ed. L. P. Steffe and J. Gale (Hillsdale, NJ: Lawrence Erlbaum Associates), 1995, 3-15.

⁸³ von Glaserfeld, “A constructivist approach to teaching,” 7.

motivates students and how they think about a topic: “Caring constructivists are prepared to work sympathetically with a wide variety of student motives, to stay with their students through positive and negative experiences, and to seek consistently to promote the general growth of their students.”⁸⁴ They go where the learner is.

Although Parse’s nursing theory is concerned with health and human becoming, it is basically congruent⁸⁵ with the values and propositions of constructivist theories of education; both are grounded in the human sciences and are concerned with meaning from the point of view of the person who lives the life. In order to practice nursing using this theory, a nurse must have this perspective. For Parse, as humans we are continuously evolving open beings who freely structure personal meaning while living “at multidimensional realms of the universe all-at-once.”⁸⁶ We continuously create ourselves anew, glimpsing new possibilities, and choosing our own way of moving on⁸⁷: “Human becoming...is a cocreated process of evolving.”⁸⁸

Because Parse’s theory is a system of values and beliefs, the teachers in this study *live* the theory, not just when nursing, but in all aspects of their lives. As one teacher said,

You cannot take Parse’s theory on and off. It is in my mind, a way of being with people. To me it lies in the intent towards the other, in how I relate to the person. It is an underlying philosophy of how I am with and do things with people.

⁸⁴ Nel Noddings, “Constructivism and caring,” in *Schools, mathematics, and the world of reality*, ed. Robert B. Davis and Carolyn A. Maher (Boston: Allyn and Bacon), 1993, 48.

⁸⁵ Parse would not use the words “interaction” or “stimulus” seen in the propositions above. These words have causal connotations.

⁸⁶ Rosemarie Rizzo Parse, *Illuminations: The human becoming theory in practice and research* (New York: National League for Nursing Press), 1995, 8.

⁸⁷ F. Beryl Pilkington and Christine Jonas-Simpson, *The human becoming theory: a manual for the teaching-learning process* (Toronto: International Consortium of Parse Scholars), 1996, 19.

⁸⁸ Rosemarie Rizzo Parse, *Man-living-health: A theory of nursing* (New York: John Wiley & Sons), 1981, 58.

For these reasons, it could be expected that the teachers would *be with* the learners in a constructivist way, that is, they would go where the learners were and would stay with them throughout their struggle to understand the theory and its practice methodology.

JOURNALLING/DIALOGUE JOURNALLING.

Journal writing as a device to assist the learner to construct meaning by exploring it through written language is widely believed to be a powerful pedagogical strategy (see as example, Feathers and White's review⁸⁹ and Fulwiler⁹⁰). The journal is a good place to practice thinking and to take risks.⁹¹ Lukinsky describes journal writing as an introspective, synthesizing tool where "the writing, more than a means to an end, generates momentum and is, in a deeper sense, the *meaning*":

Something happens *now*, as opposed to recording what *has happened*, and the journal becomes an objectification of the inner search, an anchor from which to make further explorations.⁹²

Journals have been used by nurses to track professional growth during internship programs⁹³ and have been written using computers. Kelly⁹⁴ describes an instance where students kept a daily chronological diary on a word processor. They were able to track their daily progress related to their course work and simultaneously developed keyboard, word processing, computer literacy and writing skills. Feathers and White⁹⁵ analyzed

⁸⁹Karen M. Feathers and Jane H. White, "Learning to learn: Case studies of the process," *Reading research and instruction* 26, no. 4 (1987): 264–274.

⁹⁰Toby Fulwiler, ed., *The journal book* (Portsmouth, NH: Boynton/Cook Publishers), 1987.

⁹¹O. T. Kent, "Student journals and the goals of philosophy," in *The journal book*, ed. Toby Fulwiler (Portsmouth, NH: Boynton/Cook Publishers), 1987, 269–277.

⁹²Joseph Lukinsky, "Reflective withdrawal through journal writing," in *Fostering critical reflection in adulthood: A guide to transformative and emancipatory learning*, ed. Jack Mezirow (San Francisco: Jossey-Bass Publishers), 1990, 214.

⁹³Fulwiler, *The journal book*.

⁹⁴Lisa Kelly. "Computer journals," *Computers in Education* 7, no. 2 (1989): 35.

⁹⁵Feathers et al., "Learning to learn: Case studies of the process," 264-74.

college students' journals to study the process of learning, and specifically to observe metacognitive growth as it occurred. This served a two-fold purpose: it assisted the student's metacognitive growth and allowed the teacher to study the learning process.

For this study, using journal writing to explore learner experiences from within the realm of the nurse's practice offered the potential to realize these two benefits. As well, the strategy makes use of the learner's prior knowledge, situates the learning within an authentic activity, and if the journal writing is shared online in a mentor relationship with an expert practitioner, provides opportunity for dialogue. These are some of the essential characteristics of cognitive apprenticeships. An added benefit are the reciprocal benefits to the teachers as they engage in written dialogue with the learners.⁹⁶

Andrusyszyn used interactive journaling between instructors and students as a design strategy in a study of reflection in computer mediated learning environments. She identified three themes related to the interactive journaling process as: a personal process of reflection; as synthesis for knowledge construction; and as a communication process with the characteristics of a partnership: a respectful, reciprocal, collegial learning *relationship* rather than an *interaction*.⁹⁷ Harasim notes that the nature of text-based communication in the online environment provides an opportunity to derive cognitive benefits such as the opportunity to reflect and structure meaning. She states that "the need to verbalize all aspects of interaction within the text-based environment can enhance such metacognitive skills as self-reflection and revision in learning."⁹⁸ Dialogue journaling

⁹⁶ Jessie A. Roderick, "Dialogue writing: Context for reflecting on self as teacher and researcher," *Journal of Curriculum and Supervision* 1, no. 4 (1986): 305–315.

⁹⁷ Mary-Anne Andrusyszyn, "Facilitating reflection in computer mediated learning environments" (EdD Thesis, University of Toronto, Toronto, 1996).

⁹⁸ L. M. Harasim, "Online education: An environment for collaboration and intellectual amplification," in *Online education: Perspectives on a new environment*, ed. L. M. Harasim (New York: Praeger), 1990, 49.

can be used as an adjunct to the technology:

Dialogue journal communication is a written conversation between two persons on a functional continuous basis, about topics of individual (and eventually mutual) interest...effective dialogue journal communication involves much more than the written form or text; it involves the intentional use of writing to communicate, with two minds coming together to think about the topic at hand.⁹⁹

Like individual journalling, the educational premise of dialogue journalling is that writing itself benefits critical thinking. Reinertsen and Wells state that “writers often do not know what they know until they have written it, reread it, and clarified it further for themselves.”¹⁰⁰ Susan, one of these authors’ students, illustrates these ideas:

As I’ve been writing these journals to you, I realize that you are not only an audience for my thoughts and feelings but also a backboard and mirror. When I write to you, I also write to and for myself. It’s a catharsis of sorts. I think that putting things on paper is the easiest, most efficient way to discover and say what you (I) think and feel....I address my questions to you, but often answer them for myself and bring things into better perspective.¹⁰¹

Dialogue journalling is less a teaching method than a means of communication between teacher and student that “involves an implicit commitment of self, an engagement with the other.”¹⁰² Through dialogue journalling both teacher and learner co-participate and co-construct a personal educational experience.¹⁰³ It combines “purposeful, heuristic writing,” which allows learners to elaborate inner thoughts about an experience and then to incorporate this writing into ongoing thoughts, and a “dialogic,

⁹⁹ Jana Staton, “Contributions of the dialogue journal research to communicating, thinking, and learning,” in *Dialogue journal communication: Classroom, linguistic, social, and cognitive views*, ed. Jana Staton, Roger W. Shuy, Joy Kreeft Peyton, and Leslee Reed (Norwood, NJ: Ablex Publishing Corporation), 1988, 312.

¹⁰⁰ Priscilla S. Reinertsen and M. Cyrene Wells, “Dialogue journals and critical thinking,” *Teaching Sociology* 21, no. 2 (1993): 182–186.

¹⁰¹ Reinertsen et al., “Dialogue journals and critical thinking,” 182.

¹⁰² J. Staton, “The power of responding in dialogue journals,” in *The journal book*, ed. Toby Fulwiler (Portsmouth, NH: Boynton-Cook), 1987, 47.

¹⁰³ Roderick, “Dialogue writing: Context for reflecting on self as teacher and researcher,” 308.

responsive structure” where teachers’ comments about the experience can provide new information to be explored.¹⁰⁴ One student likened “the exchange of ideas to a ‘mentoring’ which validated some ideas, challenged others, and generally extended an individual’s thinking.”¹⁰⁵

Staton notes that “dialogue journals provide an extraordinary picture of the educational process itself, as teachers and students actually experience it but have seldom been able to share or explain to others”;¹⁰⁶ this is of great importance to this study. This allows the educational process to be analyzed and understood in a nonfragmented way. The recommendation from the pilot study that ongoing evaluation be built into the design could have been realized through the use of dialogue journals. In one learning event where dialogue journaling was used between a cooperating teacher and a student in a student-teacher experience, the teacher came to realize that dialogue journals could be used for both formative and summative evaluation:

Because journal dialogues allow the student, her cooperating teacher, and/or her field supervisor to highlight, review, analyze, and synthesize what’s being learned from a variety of perspectives, they can be used as important instruments for evaluation, offering a multi-dimensional perspective few other instruments provide.¹⁰⁷

While evaluation of either the teacher or learner was not an objective of this study, participants can (and did) use the electronic transcripts for review and reflection.

¹⁰⁴ Staton, “Contributions of the dialogue journal research to communicating, thinking, and learning,” 317–318.

¹⁰⁵ M. F. Roe and A. C. Stallman, “A comparative study of dialogue and response journals,” *Teaching & Teacher Education* 10, no. 6 (1994): 585.

¹⁰⁶ Staton, “Contributions of the dialogue journal research to communicating, thinking, and learning,” 319.

¹⁰⁷ Andrea R. Fishman, “‘Maybe I’m just NOT teacher material’: Dialogue journals in the student teaching experience,” *English Education* 21, no. 2 (1989): 106.

EDUCATIONAL TECHNOLOGY

Computer Mediated Communication in Education

CMC can be described as a technology that uses computers and telecommunication networks to enable interpersonal communication in a synchronous or asynchronous fashion between parties who may or may not be separated by space and time. Common forms of CMC are email messaging between individuals or mailing list group members, electronic bulletin board systems, and computer conferencing systems.^{108,109} This study employed the medium of text-based electronic mail used in an asynchronous fashion between individuals and among groups through mailing lists. Following Harasim, I conceive of CMC as a online environment for social and intellectual amplification,¹¹⁰ and also as a tool for mediating meaning through discussion:.

Meaning is created between people as they take up various positions in discourse. The extent to which they can transcend their different private worlds and create a shared social reality, no matter how fleeting, is the stuff of human interaction. We feel that the challenge for designers of computer-based learning environments is to create mediating tools which will not only respect this form of human interaction but facilitate a reflection on the whole meaning making process.”¹¹¹

The setting for this study was virtual—the global web of computer networks known as the Internet. Users think of these computer networks as *social space* or as

¹⁰⁸ Matthew Rapaport, *Computer Mediated Communications: Bulletin Boards, Computer Conferencing, Electronic Mail, and Information Retrieval* (New York: John Wiley & Sons, Inc.), 1991.

¹⁰⁹ Alexander Romiszowski and Robin Mason, “Computer-mediated communication,” in *Handbook of research for educational communications and technology*, ed. David H. Jonassen (New York: Simon & Schuster Macmillan), 1996, 438–456.

¹¹⁰ L. M. Harasim, “Online education: An environment for collaboration and intellectual amplification,” in *Online education: Perspectives on a new environment*, ed. L. M. Harasim (New York: Praeger), 1990, 39–64.

¹¹¹ Harry McMahon and William O’Neill, “Computer-mediated zones of engagement in learning,” in *Designing environments for constructive learning*, ed. Thomas M. Duffy, Joost Lowyck, and David H. Jonassen (Berlin: Springer-Verlag), 1993, 55.

meeting places. Harasim explains that “computer networks are not merely tools whereby we network; they have come to be experienced as places where we network: a networkd.”¹¹²

The use of CMC to support adult learning in many disciplines is well established in the literature.^{113,114,115,116,117,118,119,120,121,122,123,124,125,126,127} Nurses have become aware of

¹¹²Linda M. Harasim, “Networks: Networks as social space,” in *Global networks. Computers and international communication*, ed. Linda M. Harasim (Cambridge, MA: The MIT Press), 1994, 15.

¹¹³Elizabeth J. Burge, “Students’ perceptions of learning in computer conferencing: qualitative analysis” (Ed.D. Thesis, University of Toronto, Toronto, Ontario, 1993).

¹¹⁴L. E. Davie and R. Wells, “Instructional design in CMC: Maximizing the potential of the learner and the medium,” *The American Journal of Distance Education* 5, no. 1 (1991): 15–23.

¹¹⁵L. Davie, “Facilitation techniques for the on-line tutor,” in *Mindweave: Communication, computers and distance education*, ed. R. Mason and A. Kaye (Oxford: Pergamon), 1989, 74–85.

¹¹⁶L. Davie, “Learning through networks: A graduate course using computer conferencing,” *Canadian Journal of University Continuing Education* 8, no. 2 (1987): 11–26.

¹¹⁷L. Davie, “Facilitating adult learning through computer-mediated distance education,” *Journal of Distance Education* III, no. 2 (1988): 55–69.

¹¹⁸L. M. Harasim, “Teaching and learning on-line: Issues in computer-mediated graduate courses,” *Canadian Journal of Educational Communication* 16, no. 2 (1987): 117–135.

¹¹⁹L. E. Davie and R. Wells, “Instructional design in CMC: Maximizing the potential of the learner and the medium,” *The American Journal of Distance Education* 5, no. 1 (1991): 15–23.

¹²⁰Elizabeth J. Burge, *Computer mediated communication and education: A selected bibliography* (Toronto: Distance Learning Office, Ontario Institute for Studies in Education), 1992.

¹²¹Rosalie Wells, *Computer-Mediated Communication for Distance Education: An International Review of Design, Teaching and Institutional Issues*, Research Monographs, 6 (University Park, PA: American Center for the Study of Distance Education), 1992.

¹²²Elizabeth J. Burge, *Computer mediated communication and education: A selected bibliography* (Toronto: Distance Learning Office, Ontario Institute for Studies in Education), 1992.

¹²³M. D. Waggoner, ed., *Empowering networks: Computer conferencing in education* (Englewood Cliffs, NJ: Educational Technology Publications), 1992.

¹²⁴Morten Flate Paulsen, *From Bulletin Boards to Electronic Universities. Distance Education, Computer-Mediated Communication, and Online Education*, Research Monographs, 7 (University Park, PA: American Center for the Study of Distance Education), 1992.

¹²⁵R. Mason and A. Kaye, eds., *Mindweave: Communication, computers and distance education* (Oxford: Pergamon), 1989.

¹²⁶S. R. Hiltz, “The virtual classroom: Using computer-mediated communication for university teaching,” *Journal of Communication* 36, no. 2 (1986): 95–104.

¹²⁷L. M. Harasim, ed., *Online education: Perspectives on a new environment* (New York: Praeger), 1990.

the potential for CMC to increase access to university programs, especially for learners with jobs and other responsibilities.^{128,129,130} Much of the CMC literature is not directly useful for a study where adult learners are interacting in a one-to-one apprenticeship format with a mentor; even Romiszowski and Mason's recent review excluded forms of one-to-one educational CMC.¹³¹ The bulk of the current writing is concentrated on reporting the use of computer conferencing systems for educational events with groups. Email has also been used in this way; Wells¹³² lists several examples of the use of email for course delivery, and some educators, for example, Romiszowski and de Haas,¹³³ have reported the use of mail distribution software such as LISTSERV[®] for educational events with groups of students.

Until recently much of the educational CMC literature has been anecdotal in nature; for example, in a 1991 bibliography containing 400 references, only 10% to 15% were research studies.¹³⁴ The important areas of focus, such as comparisons with face-to-face classrooms, collaborative learning, group dynamics, rates of participation, information overload, information organization, gender, status and power relations, and

¹²⁸L. Atack, "Learning by computer: Putting continuing education within reach of busy nurses," *Canadian Nurse* 84, no. 3 (1988): 24–26, Mar.

¹²⁹Ann L. Lyness and others, "Social Learning and Electronic Communication: Development of a Conceptual Framework," (1992), Paper presented at the Annual Conference of the Association for Educational Communications and Technology (Washington, DC, February 7, 1992).

¹³⁰Beth J. Sleightholm Cairns, "Computer-mediated conferencing: An application to distance education in nursing," in *Proceedings of The Twelfth Educational Computing Organization of Ontario Conference and the Eight International Conference on Technology and Education, Toronto, Ontario, May 1991*, ed. G. McKye and D. Trueman (Toronto: ECOO), 1991.

¹³¹Romiszowski et al., "Computer-mediated communication," 438–456.

¹³²Wells, *Computer-Mediated Communication for Distance Education: An International Review of Design, Teaching and Institutional Issues*.

¹³³A. Romiszowski and J. de Haas, "Computer mediated communication for instruction: Using e-mail as a seminar," *Educational Technology* 29, no. 10 (1989): 7–14.

¹³⁴Romiszowski et al., "Computer-mediated communication," 438–456.

moderator skills provide little direction for this study. The extant research on email was also not useful as it has been concerned mainly with organizations or office environments and has focused primarily on group dynamics and social context variables.^{135,136,137,138,139} As well, the many disciplines that contribute to research about computer-supported cooperative work have produced a large body of literature about email that was not applicable to this research.¹⁴⁰

Educational CMC With Individual Learners

Three forms of educational CMC that have been used in a one-to-one approach are: teletutoring, telementoring, and teleapprenticeship. These are not well-defined entities; some authors have used these terms interchangeably, or to mean very different things. Each of these terms has been used to describe one-to-one, one-to-many, or many-to-many structures in situations that have involved the use of email as a supplement to various face-to-face class formats or as the primary method of instruction. In some literature the application is referred to only as interaction by email between teachers and students. As example, one-to-one email communication between teacher and learner has

¹³⁵ Jolene Galegher, Robert E. Kraut, and Carmen Egido, eds., *Intellectual Teamwork: Social and technological foundations of cooperative work* (Hillsdale, NJ: Lawrence Erlbaum Associates), 1990.

¹³⁶ Starr Roxanne Hiltz, *Online communities. A case study of the office of the future* (Norwood, NJ: Ablex Publishing Corporation), 1984.

¹³⁷ L. Sproull and S. Kiesler, "Reducing social context cues: Electronic mail in organizational communication," in *Computer-supported cooperative work: A book of readings*, ed. Irene Greif (San Mateo, CA: Morgan Kaufmann Publishers, Inc.), 1988, 683–712.

¹³⁸ Lee Sproull and Sara Kiesler, *Connections: new ways of working in the networked organization* (Cambridge, MA: MIT Press), 1991.

¹³⁹ Lee Sproull and Sara Kiesler, "Computers, networks, and work," in *Global networks: Computers and international communications*, ed. Linda M. Harasim (Cambridge: The MIT Press), 1993, 105–119.

¹⁴⁰ See as example: I. Greif, ed., *Computer Supported Cooperative Work: A book of readings* (San Mateo, CA: Morgan Kaufmann Publishers, Inc), 1988.; Ronald M. Baecker, ed., *Readings in Groupware and Computer-Supported Cooperative Work: Assisting human-human collaboration* (San Mateo, CA: Morgan Kaufmann Publishers), 1992.; Saul Greenberg, ed., *Computer-supported Cooperative Work and Groupware* (London: Harcourt Brace Jovanovich), 1991.

been described by D'Souza,¹⁴¹ who used the medium as an instructional support aid. In her study, students who were required to send a weekly message to the instructor scored significantly higher than a control group in four performance measures of written assignments, course projects and examinations, but as the experimental group was also interacting informally with classmates by email, it is unclear what effect that may have had on the performance measures. Welsch¹⁴² also used personal electronic mail as an adjunct to instruction for their face-to-face classes. Both reported satisfaction with the convenience of email communication and increased interaction with their students.

Next I will provide an introduction to the inconsistent body of literature concerned with various conceptions of teletutoring, telementoring, and teleapprenticeship.

Teletutoring

The notion of tutoring implies intensive support given to learners, and may involve a broad range of styles, techniques, and levels of learner responsibility. The objective is to “nurture, to encourage, and to minister to processes that are already going on within each student.”¹⁴³ One-to-one tutoring can complement online or face-to-face courses, or can be the primary mode of interaction with a learner.¹⁴⁴ Most of the online tutoring literature concerned with adult learning is about tutoring in adult literacy and writing programs; the form is particularly effective in these domains. Describing his experience as a tutor in a writing center, Coogan writes about the ways his relationship

¹⁴¹ P. D'Souza, “The use of electronic mail as an instructional aid,” *Journal of Computer-based Instruction* 18, no. 3 (1991): 106–110.

¹⁴² L. Welsch, “Using electronic mail as a teaching tool,” *Communications of the ACM* 23, no. 2 (1982): 105–108.

¹⁴³ Philip Waterhouse, *Tutoring* (Stafford, UK: Network Educational Press), 1991, 8.

¹⁴⁴ Linda Harasim, Starr Roxanne Hiltz, Lucio Teles, and Murray Turoff, *Learning Networks. A field guide to teaching and learning online* (Cambridge, MA: The MIT Press), 1995.

with students changed when he became an online tutor. He found that he was interpreting the student's text rather than the student: "both the tutor and the student become their texts online."¹⁴⁵ By conducting a writing tutorial through writing, they are situated (writer to writer) as equals: he writes, "...her paper was not simply a paper to me. It was communication. And I read it like a letter."¹⁴⁶ In these horizontal relationships, the goal is "to engage meaning in a dialectic." Email tutorials "work when we somehow negotiate a "scene of learning" where "ambiguity is a must, as are open texts."¹⁴⁷

Stephenson and Mayberry believe that online tutoring has the potential to create a greater degree of support than can be attained in classrooms or tutoring labs, particularly in long-term tutoring relationships. They note the "profound learning which occurs when tutoring takes place between the same two people over a long period of time."¹⁴⁸

Telementoring

In a paper that explored the potential for a telementoring program within an educational network, Wighton defined the concept of telementoring as "a mentoring relationship or program in which the primary form of contact between mentor and mentee is made through the use of telecommunication media such as e-mail, listservers, etc."¹⁴⁹ Telementoring can take many forms from supportive penpal arrangements to more formal educational relationships.

In the last five years, there has been a burgeoning of opportunities to mentor or be

¹⁴⁵ David Coogan, "E-Mail tutoring, a new way to do new work," *Computers and Composition* 12 (1995): 171.

¹⁴⁶ Coogan, "E-Mail tutoring, a new way to do new work," 180.

¹⁴⁷ David Coogan, "Towards a rhetoric of on-line tutoring," *ERIC Document Reproduction Service* ED370102 (1994).

¹⁴⁸ Denise R. Stephenson and Bob Mayberry, "Electronic tutoring: Long distance and long term," *ERIC Document Reproduction Service* ED377486 (1994): 2.

¹⁴⁹ David J. Wighton, "Telementoring: Examining the potential for an educational network," *Telecommunications in Education News* 4, no. 3/4 (1993): 13.

linked with subject matter or resource experts through the Internet. This was envisioned by Ivan Illich in 1970 when he proposed “Learning Webs”; he called for a match-making system where persons interested in serving as models for others could list their skills and the conditions under which they are willing to help. In his model, learning takes place outside of schools; the learners are self-motivated, and they are assisted and sustained in their educational adventures by professional educational leaders.¹⁵⁰

The World Wide Web has become an excellent place to seek mentoring relationships. For example, Hewlett Packard’s Email Mentor Program pairs HP employees with students and teachers for the purpose of motivating “students to excel in math and science and improve communication and problem solving skills.”¹⁵¹ The Electronic Emissary is a telementoring project which matches teachers with experts in different disciplines “for purposes of setting up facilitated curriculum-based, electronic exchanges among the teachers, their students, and the experts.”¹⁵² Nurses can mentor or be mentored by signing up at a virtual mentoring project¹⁵³ that was created as a surrogate for the traditional nurse-to-nurse mentoring opportunities that have been lost through downsizing.

Examples of more formal telementoring projects with adults (one-to-one or one-to-many) described in the literature are a pilot project by Gregory¹⁵⁴ involving the use of electronic mail and conferencing to support novice librarians in their conduct of research;

¹⁵⁰ Ivan Illich, *Deschooling society* (New York: Harper & Row), 1970.

¹⁵¹ HP Email Mentor Program: <http://mentor.external.hp.com/>

¹⁵² The Electronic Emissary: <http://www.tapr.org/emissary/>

¹⁵³ The NursingNet Mentoring Project: <http://www.nursingnet.org/mentoring.htm>

¹⁵⁴ Vicki L. Gregory, “Electronic mentoring of research”, Paper presented at the American Library Association ACRL Research Committee Program (Atlanta, GA, July 1, 1991).

mentoring of virtual librarians during training for accessing electronic based information;¹⁵⁵ mentoring of preservice teachers by a professor,¹⁵⁶ and examples where telementoring was used to link beginning teachers to experienced teachers. As well, there are several accounts of how online mentoring relationships were conducted between experts and children or high school students.¹⁵⁷

Teleapprenticeship

Through analyses of instructional messages in CMC environments, Levin and associates^{158,159} observed patterns that resembled interactions in face-to-face apprenticeships. They termed this pattern “teleapprenticeship” and declare it to be an emerging instructional model with the potential “to become a major element of the education of students.”¹⁶⁰ But these authors describe teleapprenticeships where novices in a domain would be added to a mailing list where experts were engaged in problem solving. The apprentices would initially monitor the messages and in time would gradually move toward active participation. One-to-one teleapprenticeships are not discussed.

¹⁵⁵ Roy Tennant, “The Virtual Library Foundation: Staff training and support,” *Information Technology & Libraries* 14, no. 1 (1995): 46–49.

¹⁵⁶ G. Robert Moore, “Computer to computer: Mentoring possibilities,” *Educational Leadership* 49, no. 3 (1991): 40.

¹⁵⁷ For example: O’Neill et al., “Online mentors: Experimenting in science class,” 39–42.

¹⁵⁸ J. A. Levin, H. Kim, and M. M. Riel, “Analyzing instructional interactions on electronic message networks,” in *Online education: Perspectives on a new environment*, ed. L. M. Harasim (New York: Praeger), 1990, 185–213.

¹⁵⁹ J. A. Levin, M. Riel, M. Miyake, and M. Cohen, “Education on the electronic frontier: Teleapprentices in globally distributed educational contexts,” *Contemporary Educational Psychology* 12 (1987): 254–260.

¹⁶⁰ Levin et al., “Education on the electronic frontier: Teleapprentices in globally distributed educational contexts,” 259.

Numerous articles¹⁶¹ have appeared from researchers working in a funded project at the University of Illinois, Urbana-Champaign where investigations are underway to explore models of “teaching teleapprenticeships” for teacher education students.¹⁶² Levin and colleagues envision that teleapprenticeships will have features that are both like and unlike traditional apprenticeships, and they will be of distinct types. For example, students could apprentice to “educationally oriented instructional contexts, “ or with practicing teachers, or could themselves mentor others. Individuals could “participate in multiple apprenticeships via multiple roles, virtually simultaneously.”¹⁶³ Online instructional settings could range from collaborative activities to one-to-one mentoring, and could augment or support other activities with students’ teacher education courses and practicums.

Writing about teleapprenticeship within a cognitive apprenticeship framework, Teles states that “online apprentices can build and share knowledge through goal-oriented learning interactions with peers, experts, and mentors, and through full-time access to specialized sources of information.”¹⁶⁴ This author distinguishes online cognitive apprenticeship as *peer collaboration* or as *apprenticeship through mentorship*, which he

¹⁶¹ For example: Michael L. Waugh and Alex Rath, “Teleapprenticeships in an elementary science methods class: A description of students’ network experiences,” *Journal of Computers in Mathematics and Science Teaching* 14, no. 1/2 (1995): 77–92; Laurie Thomas, Ann Larson, Renee Clift, and Jim Levin, “Integrating technology in teacher education programs: Lessons from the Teaching Teleapprenticeship Project,” *Action in Teacher Education* XVII, no. 4 (1996): 1–8; Ray F. Boehmer and Michael L. Waugh, “Developing a distributed learning community: Undergraduate education majors use the Internet to engage in early teaching experiences in biology,” *Journal of Computing in Teacher Education* 13, no. 2 (1997): 7–15. See also the list of publications from this project at: <http://www.ed.uiuc.edu/tta/eval.pubs.html> and conference presentations at: <http://www.ed.uiuc.edu/tta/eval.conf.html>

¹⁶² See the Teaching Teleapprenticeship Project homepage at: <http://www.ed.uiuc.edu/tta/tta-home.html>

¹⁶³ James Levin, Michael Waugh, David Brown, and Renée Clift, “Teaching teleapprenticeships: A new organizational framework for improving teacher education using electronic networks,” *Machine-Mediated Learning* 4, no. 2 & 3 (1994): 150.

¹⁶⁴ Lucio Teles, “Cognitive apprenticeship on global networks,” in *Global networks: Computers and international communication*, ed. Linda M. Harasim (Cambridge, MA: The MIT Press), 1993, 271.

defined as occurring when “a professional or a knowledgeable person shares knowledge with apprentices of the trade.”¹⁶⁵ Hence, the potential exists for professionals to engage in individual online learning with a mentor or in a variety of other teleapprenticeship formats. I found no evidence in the literature that there has been a systematic investigation of one-to-one teleapprenticeship.

TERMINOLOGY

The term *mentor* is used by the Parse scholars to refer to the supportive role in the one-to-one relationship that has been reported to facilitate learning Parse’s theory; in practice it is very like the Tao mentoring relationship described above. These relationships are informal and ongoing—mentees seek the counsel of their mentors as the need arises. The teachers in this study reported that they had consulted with their mentors about questions their own students had asked.

The term “mentoring” does not adequately describe the learning events because they were time-delimited, less casual, and involved certain expectations of the participants. For this reason, the learning events were deemed to be apprenticeships, and because they were conducted online, they were called “teleapprenticeships.” The teachers acted as mentors to the learners in the teleapprenticeships. I usually refer to the teachers as *teachers*, although the learners most often called them *mentors*. I have tended to refer to the learners as *learners*; the teachers used the terms *learners*, *students*, and occasionally, *mentees*.

SUMMARY AND RESEARCH QUESTIONS

One-to-one teaching and learning is inherently different from group situations; it

¹⁶⁵ Teles, “Cognitive apprenticeship on global networks,” 273.

is a shared learning process between teacher and learner, and is essentially natural in that one-to-one teaching happens in the same way as our daily communication. Educational mentoring in professional practice can happen as mutually respectful social situations where both parties are learners and mentors gently guide learners to construct their own knowledge through experiential learning and reflective practice. Online dialogue journaling is a powerful tool for engagement and introspection that could assist participants to construct meaning. The literature provided direction to conceive of CMC for this study as an online environment for social and intellectual amplification and as a tool for mediating meaning through discourse. The teletutoring, telementoring, and teleapprenticeship literature, although sparse and inconsistent, encouraged my belief that one-to-one online forms could be used as “scenes for learning” where professional nurses could engage in meaningful transformative online learning projects. I found no evidence in the literature that there has been a systematic investigation of the nature of one-to-one teleapprenticeship. Therefore, the primary question this research addressed was: What is the contexture of a teleapprenticeship?

An opportunity presented to study teleapprenticeship with clinically-based nurses who wanted to learn the practice methodology of Parse’s theory of human becoming. Nurses who choose to learn Parse’s theory take on a learning project that is by nature intentional and transformative. The process has been reported to involve challenge, struggle, frustration, uncertainty, and the possibility of collegial censure for practicing outside the dominant paradigm. Perspectives acquired within the prevailing nursing culture become untenable as the nurse moves to new ways of thinking and living. Those who have made the transition have reported that personal mentors have been crucial to

support their learning.

Growing numbers of nurses are seeking ways to learn the theory, but many are physically distant from centers where the theory is taught. In considering ways to accommodate their learning needs, it seemed possible that nurses could “teleapprentice” with a person who had more expertise in the theory. In order to explore teleapprenticeship as a way to support nurses’ learning of the practice methodology of the theory, the secondary research question this study addressed was: What is the experience of studying Parse’s theory online with a mentor?

Chapter III

METHODS

I will begin this chapter with a brief description of the pilot study conducted in preparation for this research. Subsequently I will explain the design of the study: I will discuss why I chose narrative inquiry as the approach to the research questions; the use of narrative in nursing; the compatibility of narrative methods with Parse's theory, and the two types of narrative inquiry I used for the analysis. I will then provide a description of the participants, strategies for the protection of participants, data collection methods, and initial data sorting procedures. Finally, I will address evaluative criteria for the goodness of the study, and will identify some limitations of the study.

THE PILOT STUDY

Between February and April 1994 I conducted a pilot project¹⁶⁶ for the purpose of testing the technical and pedagogical of the proposed thesis project. An eight-week learning event was conducted as a one-to-one online educational mentoring relationship between an experienced teacher of Parse's theory of human becoming and a post-basic baccalaureate nursing student learning to practice the theory during a clinical practicum. An analysis of the electronic transcript revealed that most of the elements of the cognitive apprenticeship framework were present. I concluded that the cognitive apprenticeship framework was an appropriate way to conceptualize a study of nurses learning Parse's theory in an online mentoring relationship.

The transcript was also coded using selected portions of Henri's¹⁶⁷ analytical

¹⁶⁶ Judy Norris, "Learning Parse's theory of human becoming in an online mentoring relationship: A trial of theoretical, technical, and pedagogical aspects", Unpublished manuscript, 1994.

¹⁶⁷ France Henri, "Computer conferencing and content analysis," in *Collaborative learning through computer conferencing. The Najaden Papers*, ed. Anthony R. Kaye (Berlin: Springer-Verlag), 1992, 117-136.

model which highlights five dimensions of the learning process that can be exteriorized in CMC messages. Even in the short transcript, there was abundant evidence of the use of cognitive and metacognitive skills, processing of information, and interactivity. There was evidence that the mentee had progressed in her understanding of the theory, and the mentor felt that she had also gained new knowledge. Both participants participated in a face-to-face interview at the conclusion of the learning event. Their recommendations for the planned research project were to ensure that the participants were comfortable with the computer technology before beginning the learning event; to clearly articulate the expectations of the participants; and to have mailing lists available for both mentor and mentee groups.

FINDING A METHOD

Although I knew I would be conducting a qualitative data analysis, in the proposal for the pilot project I had been unable to specify which method of data analysis I would use. My previous experience had been with grounded theory, but the research questions were not the process problems this method is customarily used for. I scoured the library for methods; I looked at ethnography, ethology, ethnology, phenomenology, phenomenography, and various interpretive methods, but nothing seemed quite right. I then decided to conduct the pilot project to see what the data would look like.

An examination of the electronic transcript of the pilot project revealed that most of the teacher-learner dialogue was in the form of stories. The teacher told illustrative stories from her experiences in practice, and the learner related stories about nursing situations as well as about her struggle to understand Parse's theory within the context of her current practice. It appeared that within the participants' stories was the essence of their personal experience of teaching and learning Parse's theory in an online

environment as well as the changing representations of their knowledge and how they knew their nursing practice. There was a memorable day in the library when I made the connection between stories and narrative, and then remembered having seen literature on narrative inquiry. Most of this literature was by Connelly and Clandinin,¹⁶⁸ and I was astonished to discover that not only was Michael Connelly right in the building, but that a great deal of early narrative work had been done at OISE by Connelly's students.¹⁶⁹ I had stumbled upon a goldmine of resources pertinent to my study.

Connelly and Clandinin have written extensively about the history, scope and

¹⁶⁸See as example: M. Connelly and D. Jean Clandinin, "Narrative inquiry," in *The international encyclopedia of education*, 2nd ed., ed. Torsten Husen and T. Neville Postlethwaite, vol. 7 (Oxford: Pergamon Press), 1994, 4046–4051.; D. Jean Clandinin and F. Michael Connelly, "Personal experience methods," in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publications), 1994, 413–427.; F. Michael Connelly and D. Jean Clandinin, "Narrative inquiry: Storied experience," in *Forms of curriculum inquiry*, ed. Edmond C. Short (Albany, NY: State University of New York Press), 1991, 121–153.; F. Michael Connelly and D. Jean Clandinin, "Stories of experience and narrative inquiry," *Educational Researcher* 19, no. 5 (1990): 2–14.; F. Michael Connelly and D. Jean Clandinin, "On narrative method, biography and narrative unities in the study of teaching," *The Journal of Educational Thought* 21, no. 3 (1987): 130–139.

¹⁶⁹The narrative theses supervised by Dr. Michael Connelly were a treasured resource for my learning. Some of the doctoral dissertations that were particularly helpful were: Mary Beattie, "The making of relations: A narrative study of the construction and reconstruction of a teacher's personal practical knowledge" (Ed.D. Thesis, Ontario Institute for Studies in Education, University of Toronto., 1991).; Jill Sinclair Bell, "Becoming aware of literacy" (Ph.D. Dissertation, University of Toronto, Toronto, Ontario, 1991).; Olive Chapman, "A narrative case study of personal experiences in the learning and teaching of mathematics" (Ph.D. Dissertation, University of Toronto, Toronto, 1992).; D. Jean Clandinin, "A conceptualization of image as a component of teacher personal practical knowledge in primary school" (Ph.D. Dissertation, University of Toronto, Toronto, 1983).; Carola Conle, "Learning culture and embracing contraries: narrative inquiry through stories of acculturation" (Ph.D. Dissertation, University of Toronto, Toronto, 1993).; Carol Elizabeth Dietrich, "Narrative of a nurse-educator: the interconnected beginnings of a daughter, a teacher, a friend" (Ed.D. Thesis, University of Toronto, Toronto, 1992).; Freema Luwisch Elbaz, "The teachers' 'practical knowledge': A case study" (Ph.D. Dissertation, University of Toronto, Toronto, 1980).; Loretta Dolores Furlong, "A song of love: a narrative inquiry into caring in teacher-learning relations" (Ph.D. Dissertation, University of Toronto, Toronto, 1994).; Georgina Hedges, "A narrative inquiry into intuition: a personal development growth process" (Ed.D. Thesis, University of Toronto, Toronto, 1994).; Jessie B. Lees, "Educators and computers: visions and images" (Ph.D. Dissertation, University of Toronto, Toronto, 1993).; Jacqueline Scholes Eldridge, "Teachers who care: a narrative journey into the development of the safe place" (Ed.D. Thesis, University of Toronto, Toronto, 1996).; Mary June Simonson, "My mother, my teacher: a narrative inquiry into the relationship of mother as teacher" (Ed.D. Thesis, University of Toronto, Toronto, 1994).; Gila Strauch, "Lifting a veil of silence: teachers and doctors talk about death: a narrative approach to death" (Ph.D. Dissertation, University of Toronto, Toronto, 1994).

approaches to narrative in education and other disciplines.^{170,171} These educational researchers have used narrative methods to study teachers' experience as expressed through stories. Following Dewey¹⁷² for whom the study of experience is the study of life, they believe that people record their experience in storied form. For them, narrative is both phenomenon and method:

Narrative names the structured quality of experience to be studied, and it names the patterns of inquiry for its study. To preserve this distinction, we use the reasonably well-established device of calling the phenomenon *story* and the inquiry *narrative*. Thus we say that people by nature lead storied lives and tell stories of those lives, whereas narrative researchers describe such lives, collect and tell stories of them, and write narratives of experience.¹⁷³

Clandinin and Connelly state that methods for the study of personal experience involves the researcher (and ultimately the reader) "experiencing the experience" simultaneously in a multifaced way through asking questions in four directions: *inward* (internal conditions of feelings, hopes, etc.), *outward* (the environment), and *backward* and *forward* (temporality, past, present, and future).¹⁷⁴

Narrative is particularly useful for incorporating "multiple voices and contradictory stances." The universal nature of story allows audiences to connect "through both the familiar framework of the narrative and common experiences within it." For this reason Hollingsworth believes that our research "may take its broadest reach

¹⁷⁰F. Michael Connelly and D. Jean Clandinin, "Narrative inquiry: Storied experience," in *Forms of curriculum inquiry*, ed. Edmond C. Short (Albany, NY: State University of New York Press), 1991, 121-53.

¹⁷¹F. Michael Connelly and D. Jean Clandinin, "Stories of experience and narrative inquiry," *Educational Researcher* 19, no. 5 (1990): 2-14.

¹⁷²J. Dewey, *Democracy and education* (New York: Macmillan), 1916.; J. Dewey, *Art as experience* (New York: Capricorn), 1934.; J. Dewey, *Experience and education* (New York: Collier Books), 1938.

¹⁷³D. Jean Clandinin and F. Michael Connelly, "Personal experience methods," in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publications), 1994, 416.

¹⁷⁴Clandinin et al., "Personal experience methods," 417.

when cast in story form." Narrative makes experience available to others in a personal and satisfying way.¹⁷⁵

USE OF NARRATIVE IN NURSING

A review of the nursing literature shows that narrative has been used as a way of organizing and communicating nursing knowledge,¹⁷⁶ of making apparent elements of nursing practice,^{177, 178} and of facilitating learning for nursing teachers and students.^{179,180}

We are accomplished storytellers, and as Maeve assures us, our stories capture the "knowledge, meanings, and essences of our practice"; the scholarship of the bedside nurse is made visible through stories:

Our campfire is often the nurses' station, where we whisper our fears and sorrows and giggle over triumphs. In doing this, we are doing more than socializing; we are telling the story of who we are, what our fears are, what our successes and failures are like, what we wish for, how we resolve conflicts, how we care, and how we create practice knowledge. In our commitment to care for the future of nursing and to achieve excellent practice, we must attend to these stories and narratives.¹⁸¹

Various forms of narrative inquiry have also come to be accepted as a method for

¹⁷⁵ Sandra Hollingsworth, "Narrative analysis in literacy education: A story of changing classroom practices," ERIC Document Reproduction Service ED334174 (1991): 8.

¹⁷⁶ Anne Boykin and Savina O. Schoenhofer, "Story as link between nursing practice, ontology, epistemology," *Image: Journal of Nursing Scholarship* 23, no. 4 (1991): 245–248.

¹⁷⁷ P. Benner, "The role of experience, narrative, and community in skilled ethical compoment," *Advances in Nursing Science* 14, no. 2 (1991): 1–21.

¹⁷⁸ Margarete Sandelowski, "We are the stories we tell. Narrative knowing in nursing practice," *Journal of Holistic Nursing* 12, no. 1 (1994): 23–33.

¹⁷⁹ N. L. Diekelmann, "The emancipatory power of the narrative," in *Curriculum revolution: Community building and activism* (New York: National League for Nursing), 1991, 41–62.

¹⁸⁰ Maude R. Ritmann, "Preceptor development programs: An interpretive approach," *Journal of Nursing Education* 31, no. 8 (1992): 367–370.

¹⁸¹ M. Katherine Maeve, "The carrier bag theory of nursing practice," *Advances in Nursing Science* 16, no. 4 (1994): 15.

conducting nursing research.^{182,183,184,185} This is important because the knowledge and value claims resulting from a research project must pass the test of warrant or acceptability by the scientific community for which the research was conducted. This research was conducted for nurses, but specifically for the community of nurses whose practice and research is guided by Parse's theory of human becoming. Conceptual and methodological warrant were strengthened by having ensured that the philosophies, theories, research orientation, procedures, goodness criteria and educational activities are congruent with this theory.

ANALYSIS OF NARRATIVE/ NARRATIVE ANALYSIS

To address the two research questions, I have used each of the two types of narrative inquiry distinguished by Polkinghorne,¹⁸⁶ who used Bruner's designation of paradigmatic and narrative types of cognition.¹⁸⁷ For the first question, *What is the contexture of a teleapprenticeship?*, I used the paradigmatic-type of analysis, which Polkinghorne terms "*analysis of narratives*." Here, the objective is to find commonalties and general knowledge about a collection of stories. That analysis is presented in Chapter IV. Polkinghorne's second type of narrative inquiry, termed "*narrative analysis*," was used to address the second research question: *What is the experience of studying Parse's*

¹⁸²Margarete Sandelowski, "Telling stories: Narrative approaches in qualitative research," *Image: Journal of Nursing Scholarship* 23, no. 3 (1991): 161–166.

¹⁸³Patricia E. Stevens, "Protective strategies of lesbian clients in health care environments," *Research in Nursing and Health* 17 (1994): 217–229

¹⁸⁴Patricia E. Stevens, "Marginalized women's access to health care: A feminist narrative analysis," *Advances in Nursing Science* 16, no. 2 (1993): 39–56.

¹⁸⁵David Gregory and Alice Longman, "Mothers' suffering: Sons who died of AIDS," *Qualitative Health Research* 2, no. 3 (1992): 334–357.

¹⁸⁶Donald E. Polkinghorne, "Narrative configuration in qualitative analysis," *Qualitative Studies in Education* 8, no. 1 (1995): 5–23.

¹⁸⁷J. Bruner, *Actual minds, possible worlds* (Cambridge, MA: Harvard University Press), 1986.

theory online with a mentor? The purpose of this method is to portray the uniqueness of each individual case. Eisner differentiates these approaches in this way: In the paradigmatic mode “you mean what you say,” whereas in the narrative mode “you mean more than you say.”¹⁸⁸ A detailed account of the procedures I used, and the stories developed to portray each learner’s teleapprenticeship journey are presented in Chapter V.

COMPATIBILITY OF NARRATIVE METHODS WITH PARSE'S THEORY

For an inquiry method to be compatible with Parse's theory, it would need to be located within the human science rather than the positivistic natural science tradition. Mitchell and Cody examined Wilhelm Dilthey's and Amadeo Giorgi's writings on the human science tradition in order to further specify the ontology and epistemology of this paradigm. They identified these criteria as:¹⁸⁹

Ontology	Epistemology
<p>Human beings are unitary wholes in continuous interrelationship with their dynamic, temporal, historical, cultural worlds.</p> <p>Human experience is preeminent and fundamental, and reality is the whole complex of what is experienced and elaborated in thinking, feeling, and willing.</p> <p>Human beings are intentional, free-willed beings who actively participate in life continuously.</p> <p>The researcher is inextricably involved with any phenomenon investigated.</p>	<p>Research and practice focus on the coherent experience of the person's meanings, relations, values, patterns, and themes.</p> <p>Lived experience is the basic empirical datum, as gleaned from the participants' description free of comparison to objective realities or predefined norms.</p> <p>The person's coparticipation in generating knowledge of lived experience is respected, and no more fundamental reference than what is disclosed by the person is sought.</p> <p>The researcher seeks knowledge and understanding of lived experience and is cognizant of the other's lived reality as a unitary whole.</p>

These authors then examined Parse's theory in light of the criteria and concluded that

¹⁸⁸Elliot W. Eisner, "The new frontier in qualitative research methodology," *Qualitative Inquiry* 3, no. 3 (1997): 264.

¹⁸⁹G. J. Mitchell and W. K. Cody, "Nursing knowledge and human science: ontological and epistemological considerations," *Nursing Science Quarterly* 5, no. 2 (1992): 56.

Parse's theory "accurately reflects the ontology and epistemology of human science philosophy."¹⁹⁰

Parse considers nursing practice to occur within the situation of nurse-person (or nurse-family) relationships.¹⁹¹ Boykin and Schoenhofer (who were influenced by Parse, but who remain theoretically distinct) see story as the link between nursing practice, ontology, and epistemology. They hold that the nursing situation is the unit of nursing knowledge: "all nursing takes place within nursing situations," and "the content of nursing knowledge...is generated, conserved and known through the lived experience of the nursing situation."¹⁹² Stories about nursing situations "convey the essence of the lived experience...a moment in time caught forever, and available for study."¹⁹³

THE PARTICIPANTS

Morse states that in qualitative research sampling "is determined according to the needs of the study, and not according to external criteria, such as random selection."¹⁹⁴ In this type of sampling, called *purposeful*, researchers intentionally select cases "from which we feel we can learn the most,"¹⁹⁵ that is, "information-rich cases whose study will illuminate the questions under study."¹⁹⁶ Recruitment of participants was accomplished by soliciting volunteers. This type of sampling is appropriate to use when potential

¹⁹⁰ Mitchell et al., "Nursing knowledge and human science: ontological and epistemological considerations," 61.

¹⁹¹ Parse, "Human becoming: Parse's theory of nursing," 35–42.

¹⁹² Boykin et al., "Story as link between nursing practice, ontology, epistemology," 246.

¹⁹³ Boykin et al., "Story as link between nursing practice, ontology, epistemology," 246.

¹⁹⁴ Janice M. Morse, "Designing funded qualitative research," in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publishers), 1994, 229.

¹⁹⁵ Robert E. Stake, "Case studies," in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publishers), 1994, 243.

¹⁹⁶ M. Q. Patton, *Qualitative evaluation and research methods*, 2nd ed. (Newbury Park, CA: Sage), 1990, 169.

participants are not known to the researcher and must be solicited.¹⁹⁷

Six volunteer teachers for the study were located through announcements at meetings of the International Consortium of Parse Scholars. The teachers agreed to mentor more than one learner if necessary. The dyads were formed by the teachers selecting the learners; at the beginning of the study I posted a list of learners and their clinical areas to the teachers' private discussion forum (PARTEACH), as example, "Mary, RN working in an ICU; James, master's student working in community health." Teachers then wrote back to me indicating which learner they would take. For learners who were recruited after the initial wave, I found teachers for them by posting a note to PARTEACH asking if anyone was able to take another learner (e.g., "Sue, RN working in chronic care").

Twelve volunteer learners were solicited through a request for volunteers placed on the discussion forum, PARSE-L. Few of the learners were PARSE-L subscribers, but they were told about the study by people who did subscribe. Criteria for selection were that the learner would: be a nurse or nursing student; express a desire to learn to practice nursing guided by Parse's theory; be willing to devote time to active study of the theory over a 10–12 week period; have access to some kind of clinical setting; have access to an Internet email account; be willing to interact with a mentor by email (at least two notes a week); be willing to do reflective writing about their practice; and be willing to be interviewed online at the close of the learning event.

Protection of Participants

I sent each potential teacher and learner a document by email (Appendices A and

¹⁹⁷ J. M. Morse, ed., *Qualitative nursing research: A contemporary dialogue* (Newbury Park, CA: Sage), 1991, 131.

B) that explained the purpose of the study, the benefits and risks of participation, what was required of them, and how the data transcript would be stored and used. After they had read it, I conducted an asynchronous email discussion with each of them to answer any questions and to ensure that they understood what their participation would entail. I then sent each of them by postal mail a consent form (Appendices C and D), and a stamped (Canadian participants only), self-addressed envelope with which to mail back the signed and witnessed consent form. Once I had received the consent form from both members of a dyad, that dyad's teleapprenticeship could begin. The pseudonyms I have used to disguise the participants were chosen by them. Potentially identifying information about the participants and other persons have been removed or altered.

Benefits to the teacher included the opportunity to test and gain experience with another way of teaching and to retain the transcript for study. Although precautions were taken, risk to the teacher included the potential for unauthorized distribution of the data by any of the parties with access. Benefits to the learner included the opportunity to study Parse's theory of human becoming in a one-to-one relationship with a more expert practitioner, and to retain the transcript for study. Although precautions were taken, risk to the student included the potential for unauthorized distribution of the data by any of the parties with access.

Twelve learners agreed to participate in the study and returned the signed consent form. Of these, eleven participated in the teleapprenticeship to some degree (see Table 1), and one could not be contacted again. Five learners were considered to have "completed" their teleapprenticeship, that is, they actively engaged in studying the theory for a period of at least twelve weeks, and each of these learners and their teachers completed an

online interview. Only these five learners are profiled in Chapter V, but all eleven transcripts were analyzed. The six learners who participated to some degree without completing the teleapprenticeship gave various reasons for withdrawing: two who were master's students found they could no longer afford the time; one left the clinical setting to take a management job; one decided that the theory was incompatible with her beliefs about nursing; and one who had participated irregularly eventually said she did not wish to continue. Another learner stopped responding to email messages.

DATA COLLECTION

I had intended that data would be obtained from three sources: 1) the electronic transcript of each dyad's dialogue during the learning events, 2) the electronic transcript of separate learners' and teachers' discussion groups, and 3) online interviews with each participant. It ensued, however, that the learners' and teachers' discussion groups were never used by them for discussion. The teachers all knew each other and consulted by private email rather than using the list. One learner attempted to elicit conversation from the others on the learner's list, but the learner did not receive any responses. All participants had the opportunity to interact with other Parse Scholars on PARSE-L, and some had access to meetings of the International Consortium of Parse Scholars; but these were not data sources. The two data sources (teleapprenticeships and interviews) are discussed below.

The Teleapprenticeships

The teleapprenticeships were conducted entirely online using email and LISTSERV[®] mail distribution software. Each teacher-learner dyad was provided with a private LISTSERV[®] list accessible only to those two participants and myself. This software automatically archives every note posted to a list, and these electronic

documents comprised the data set.¹⁹⁸ The teleapprenticeships were conducted between December 1994 and October 1995.

Each teleapprenticeship dyad was comprised of an expert practitioner of Parse's theory and a nurse in a clinical setting who is learning to practice nursing guided by Parse's theory. Learners beginning the learning event were at various levels of expertise with the theory. No teaching instructions were given to the teachers—they were asked to teach the theory as they wished, individualizing their instruction to the learner's level. Each learner was given as reference material a set of prepared learning modules¹⁹⁹ that address the basic concepts of Parse's theory, but there was no requirement to use them during the learning event.

Each learner was in a clinical setting endeavoring to use Parse's theory in practice. They were asked to write dialogue journals with their mentors about theoretical and practice issues—at least two email messages a week. Both teachers and learners were given information about the definition, attributes, purpose, benefits and methods of dialogue journalling (See Appendices A and B). I provided this information because the learner in the pilot study had been very unsure about what she was expected to do in her email notes. As none of the participants in the study had previous experience with learning by CMC I felt that information about dialogue journalling would provide a framework for them.

Online Interviews (Concluding Narratives)

At the conclusion of the learning event, my intention was to interview each

¹⁹⁸ I usually refer to the electronic files that comprised the data set as “electronic transcripts” or “transcripts.” I use this term to mean “a record of the proceedings.”

¹⁹⁹ Christine M. Jonas, Beryl Pilkington, Patricia Lyon, and Glenna E. MacDonald, *Parse's Theory of Human Becoming Learning Modules* (Toronto: St. Michael's Hospital), 1992.

learner and teacher privately and asynchronously by email using a set of open-ended questions that I hoped would elicit stories about the participants' experience of the teleapprenticeship. In preparing the questions, I was guided by Clandinin and Connelly who proposed that experience is experienced simultaneously in four ways: inward, outward, backward and forward. Methods for studying personal experience focus in these four directions—to elicit the multifaceted nature of the participants' experience I needed to ask questions pointing each way.²⁰⁰

I had planned to ask and receive the answer to one question before going on to the next. But early in the first interview, it was apparent that this strategy was not going to work—the participant's answers were factual, succinct, and uninteresting—I had invited a *report* rather than a *story*. Polanyi explained the difference: “Stories are told to make a point, to transmit a message,”²⁰¹ and the burden of the telling is on the narrator. “A report, unlike a story is most typically elicited by the recipient...or in response to circumstances which require an accounting of what went on”²⁰²:

Any parent who has ever received a dreary “report” of the day’s happenings instead of a “story” in response to a cheery “Well, dear, what happened in school today?” will testify to the difference.²⁰³

Further, it was painfully obvious that this participant was enduring rather than enjoying the online interview process. For months during the teleapprenticeship, I had observed her generously writing volumes of vivid text, but now her terse answers to my questions

²⁰⁰D. Jean Clandinin and F. Michael Connelly, “Personal experience methods,” in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publications), 1994, 413–427.

²⁰¹L. Polanyi, *Telling the American story: A structural and cultural analysis of conversational storytelling* (Norwood, NJ: Ablex), 1985, 12.

²⁰²Polanyi, *Telling the American story: A structural and cultural analysis of conversational storytelling*, 13.

²⁰³Polanyi, *Telling the American story: A structural and cultural analysis of conversational storytelling*, 12–13.

told me that something was very wrong. Susan Chase summarized her frustration on one occasion when she was an interviewee: “These questions felt like work.”²⁰⁴ She writes:

If we want to hear stories rather than reports then our task as interviewers is to *invite* others to tell their stories, to encourage them to take responsibility for the meaning of their talk. A successful interviewer manages to shift the weight of responsibility to the other in such a way that he or she willingly embraces it.²⁰⁵

Once I became aware of what was happening, I stopped the interview process and discussed the situation with the participant. From that point, following Chase’s suggestions, I used the following guide to *invite* her and subsequent participants to tell their story; this strategy was successful—most participants wrote elaborate and passionate accounts of their experience.

What I would like you to do is to write the story of your teleapprenticeship with [name], keeping in mind the following three important aspects of any experience:

1. TIME: your past, present, and future
 - what is important in your personal and nursing history that brought you to this learning event?
 - what is the meaning of the learning event for your present and future life?
2. INTERNAL CONDITIONS: your feelings
 - what were/are your feelings about the teleapprenticeship event?
3. EXTERNAL CONDITIONS: The situation or environmental conditions surrounding the learning event.
 - what was going on around you that relates to your experience of the learning event?
 - what was the meaning of your experience of learning online?
 - what was the meaning of your relationship with your online mentor?

Please include in your story anything else you feel is important to the story of your teleapprenticeship experience.

At the beginning of the study, in the information I had sent the teacher and learner participants (Appendices A and B) and in the consent forms (Appendices C and D), I had told the participants that after the narrative interpretations of their teleapprenticeship

²⁰⁴Susan E. Chase, “Taking narrative seriously: Consequence for method and theory in interview studies,” in *Interpreting experience*, ed. Ruthellen Josselson and Amia Lieblich (Newbury Park, CA: Sage Publications), 1995, 1–26.

²⁰⁵Chase, “Taking narrative seriously: Consequence for method and theory in interview studies,” 3.

experiences had been constructed, that I would ask each of them to respond to it; this ongoing participation was understood to be optional. In practice this did not happen as planned; the learners' narratives were not completed until two years after the event, and by this time most learners could no longer be located. The narrative of one learner's teleapprenticeship was sent to her and she responded that she was satisfied with the rendition, but offered no other comments about the document.

In retrospect, I am not convinced of the wisdom or value of participant validation of analyses for this project. Pointing to the inherently revisionist nature of stories, Sandelowski has questioned the merit of this process: "Research participants often change their stories from one telling to the next as new experiences and the very act of telling itself cause them to see the nature and connection of the events in their lives differently."²⁰⁶ I believe this may be especially true where data sources are educational learning events, and particularly those involving transformative learning situations; within a learning event we expect people to be inconsistent (they are learning).²⁰⁷ While the transcripts have caught the teleapprenticeships in freeze-frame, two years later, these participants' views may have changed. Nespor and Barber state that in accounts "where the texts stay in the contexts of their production...the datedness of texts is jarring to those whose experiences they describe."²⁰⁸ This idea was validated by one learner who commented to her mentor that "it seems as a person grows and learns with the theory,

²⁰⁶ Margarete Sandelowski, "Rigor or rigor mortis: The problem of rigor in qualitative research revisited," *Advances in Nursing Science* 16, no. 2 (1993): 4.

²⁰⁷ Margaret Wetherell and Jonathan Potter, *Mapping the language of racism: Discourse and the legitimation of exploitation* (New York: Columbia University Press), 1992.

²⁰⁸ Jan Nespor and Liz Barber, "Audience and the politics of narrative," *Qualitative Studies in Education* 8, no. 1 (1995): 49–61.

there is a moving away from previous thoughts and almost an embarrassment that those thoughts were ever part of your belief system.” On the other hand, revisiting dated texts could show participants how far they have come; while reading her own words and stories, one of the teenage girls Bach studied over a period of three years told her: “I’m sure glad I’ve moved on.”²⁰⁹

One teacher reviewed the narratives of the two learners she had mentored, and was satisfied with my account of their learning events. I made no attempt to seek validation of my analysis from the other teachers (although all but one could have been located) because ultimately, the narratives had become stories of the learners’ experiences, not theirs. Prior to the analysis I had not known that the teachers would be virtually invisible in the data. I was baffled by my inability to write about the teachers when I could so easily construct stories about the learners’ experience. The teachers had engaged with the learners as needed, but then seemed to recede from view until called forth again. As I will discuss later, this unobtrusive way of being with the learners was similar to the nurse-person relationship in Parse’s practice methodology.

INITIAL DATA SORTING

To accomplish an initial sorting of the data,²¹⁰ I engaged in a series of successive readings of the transcripts:

²⁰⁹ Hedy Bach, *A visual narrative concerning curriculum, girls, photography etc* (Edmonton, AB: Qual Institute Press), 1998, 215.

²¹⁰ The qualitative data analysis program QSR NUD*IST® 4.0 (Non-numerical Unstructured Data Indexing Searching and Theorizing) was used to support the coding, sorting, and questioning of the data. Throughout the analysis, I used NUD*IST for ongoing exploration, coding/re-coding, and manipulation of the transcript data. The program can search for words, strings, and patterns in documents and codes, allowing the user to ask questions of the data. With this tool I was able, for example, to find all the questions the learners had asked and all their self-referencing statements. These search results can then be subjected to further analysis. Another tool, the information storage and retrieval software program, Folio VIEWS™ 4.0, was used to facilitate other analysis activities, particularly the organization of text and writing for the narrative analysis that is presented in Chapter V.

1. To get a sense of the participants' way of organizing the teleapprenticeship, I began with an analysis of the structure of the email message activity patterns. Day of week, frequency, response time, and spacing of the messages were examined for the five complete teleapprenticeships, but the analysis revealed no discernible patterns and was not informative when considered in the context of the participants' lives. For example, for some who were students or teachers, message activity decreased during the end-of-term rush; others had a hiatus during holiday periods, and some participants became temporarily unavailable due to travel or the pressure of other commitments. Usually, they notified each other when they would not be responding to messages for a time.
2. Next, working one at a time with each dyad's transcript, each message was read in sequence using Adler and Van Doren's²¹¹ method of finding the structure of a text and what it is about. I asked, What kind of note is this? What is it about? What are its major parts? What problem is the participant trying to solve by writing it?
3. Continuing with the Adler and Van Doren method, I then examined each note for various types of content. First, all teaching acts and learning acts were coded using gerunds that answered the question: "What is s/he doing?" Examples of codes for teacher acts were: requesting clarification, providing encouragement, confirming, offering resource, explaining, and directing attention to a point. Some codes for learner acts were: seeking feedback, asking question, discussing theory with friend, expressing concern, reading article, reporting progress, citing practice example, disagreeing, and practicing true presence.

²¹¹Mortimer J. Adler and Charles Van Doren, *How to read a book*, 2nd ed. (New York: Simon & Schuster), 1972.

4. Analysis of the content continued with the coding of the issues, tensions, dilemmas, and complexities that arose in the teleapprenticeship. The issues were related to practice, to Parse's theory, to learning and teaching, and to several aspects of the context of the participants' lives. Episodes of discussion regarding the subject under study (Parse's theory) were also coded at this time. These included text about the principles, concepts, philosophical assumptions, and the dimensions and processes of the practice methodology.

Following these initial sortings, I engaged in the more focused analyses detailed in Chapters IV and V.

GOODNESS OF THE STUDY

An evaluation of the goodness of this study must employ evaluative criteria consonant with the nature of the research; and as Connelly and Clandinin write, "Like other qualitative methods, narrative relies on criteria other than validity, reliability, and generalizability."²¹² Blumenfeld-Jones believes that criteria for the evaluation of narrative inquiry should be considered to be emerging, fluid and interpretive:

I am arguing for a fluid set of criteria that reflects the fluidity of that which the criteria elucidate, which is rigorous in being well thought-out but which still accounts for individual readings and understandings of both texts and the consciousness of an individual. In short, if narrative inquiry is a type of hermeneutic act, then the criteria which we apply to it also ought to be hermeneutic in character.²¹³

These are my criteria:

1. The account is trustworthy if:
 - a) the researcher has made the process visible and auditable, so the reader has been

²¹²F. Michael Connelly and D. Jean Clandinin, "Stories of experience and narrative inquiry," *Educational Researcher* 19, no. 5 (1990): 7.

²¹³Donald Blumenfeld-Jones, "Fidelity as a criterion for practicing and evaluating narrative inquiry," *Qualitative Studies in Education* 8, no. 1 (1995): 33.

persuaded that good science has been practiced.²¹⁴ I do not mean this in the harsh, rigid “rigor mortis”²¹⁵ sense where there has been an “appeal to procedures for establishing formal and empirical proof;”²¹⁶ and

b) the community of researchers for whom the study is relevant considers the results “sufficiently trustworthy to rely on them for their own work,”²¹⁷ that is, the research can and should contribute to subsequent work by others. This form of validity called, “catalytic validity,” entails “a responsibility to others who follow, to give them as clear an account of the research as possible...to help them with their research”;²¹⁸

c) the work is invitational.²¹⁹ As Vezeau writes:

A story is trustworthy if it provides a place to live that is not predetermined. Story allows me to bring myself into it, changing the story altogether at times. A story maintains the ambiguity and complexity of life. A true story changes me and my world, but with my eyes open: it is not ideology.²²⁰

2. the account is plausible:

a) “A plausible account is one that tends to ring true. It is an account of which one might say ‘I can see that happening’”;²²¹

²¹⁴ Margarete Sandelowski, “Rigor or rigor mortis: The problem of rigor in qualitative research revisited,” *Advances in Nursing Science* 16, no. 2 (1993): 1–8.

²¹⁵ Sandelowski, “Rigor or rigor mortis: The problem of rigor in qualitative research revisited,” 1–8.

²¹⁶ Bruner, *Actual minds, possible worlds*, 11.

²¹⁷ Elliot G. Mishler, “Validation in inquiry-guided research: The role of exemplars in narrative studies,” *Harvard Educational Review* 60, no. 4 (1990): 417.

²¹⁸ Jan Reed and Sue Procter, *Practitioner research in health care* (London: Chapman & Hall), 1995, 191.

²¹⁹ Connelly et al., “Stories of experience and narrative inquiry,” 2–14.

²²⁰ Toni Marie Vezeau, “Narrative inquiry and nursing: Issues and original works” (Ph.D. Dissertation, University of Colorado, Denver, 1992), 88.

²²¹ Connelly et al., “Stories of experience and narrative inquiry,” 8.

- b) The work is satisfying and appeals to our hearts;²²²
- c) The work is compelling;²²³ and
- d) There is “lifelikeness” or “verisimilitude” rather than “formal and empirical proof.”²²⁴

3. the account is useful:

- a) The account has the potential for emancipatory and ephipanic moments and the ability to promote self-recognition and critical reflection.²²⁵
- b) The account is persuasive, tempting “the reader to consider the usefulness of alternative meanings attributed to certain phenomena by the story’s characters.”²²⁶
- c) The account has explanatory power,²²⁷ without taking a problem-solving or prescriptive approach.

LIMITATIONS OF THE STUDY

The study was limited to a convenience sample of nurses interested in a nursing theory that is situated outside the dominant paradigm of nursing practice. By this fact alone, the participants are unconventional nurses, and as voluntary self-selected participants, they may have differentially possessed traits or characteristics that may have

²²² Margarete Sandelowski, “The proof is in the pottery: Toward a poetic for qualitative inquiry,” in *Critical issues in qualitative research methods*, ed. Janice M. Morse (Thousand Oaks, CA: Sage Publications), 1994, 46–63.

²²³ Thomas E. Barone, “A narrative of enhanced professionalism: Educational researchers and popular storybooks about schoolpeople,” *Educational Researcher* 21, no. 8 (1992): 15–24.

²²⁴ Bruner, *Actual minds, possible worlds*, 11.

²²⁵ Thomas Barone, “Persuasive writings, vigilant readings, and reconstructed characters: the paradox of trust in educational storysharing,” *Qualitative Studies in Education* 8, no. 1 (1995): 63–74.

²²⁶ Barone, “A narrative of enhanced professionalism: Educational researchers and popular storybooks about schoolpeople,” 20.

²²⁷ Connelly et al., “Stories of experience and narrative inquiry,” 2–14.

made their learning events unusual in some way.

The participants are an elite professional group with access to computer technology and the Internet. The teachers, six women and one man, are all North American Caucasian university-educated employed nursing professionals. At the time of the study, two had PhDs, three had Master's Degrees, and one had a Baccalaureate degree in nursing. Except for the one nursing student, the eleven participating learners, nine women and two men, were all employed registered nurses. The learners resided in North America. The one learner I have met is Caucasian; I do not know the racial identity of the others.

The audience for the narrative components of this study may be limited. The expected outcome from narrative inquiry is greater understanding and personal knowledge as readers connect with the stories to better know their own lives. Because the content under study is esoteric, and the stories that carry the participants' experience so situated in practice, it may be that few readers other than nurses will be able to find common experiences in this account.

SUMMARY

This study was conducted within a human science perspective using both types of narrative inquiry approaches (*analysis of narratives* and *narrative analysis*) distinguished by Polkinghorne. The research was conducted for nurses, particularly a community of nurses whose practice and research is guided by Parse's theory of human becoming. Conceptual and methodological warrant were strengthened by having ensured that the philosophies, theories, research orientation, procedures, goodness criteria and educational activities are congruent with this theory. Three evaluative criteria were proposed for this research: The account must be trustworthy; plausible, and useful. The limitations of the

study are that almost all of the participants are from an elite group of North American employed nursing professionals with access to computer technology and the Internet. The esoteric content the learners studied, and the participants' narratives of their nursing practice may limit the usefulness of this research to groups other than nurses.

Chapter IV

UNDERSTANDING THE TELEAPPRENTICESHIPS

In this chapter, I address the first research question: *What is the contexture of a teleapprenticeship?* In this phase of the analysis, I wanted to understand the teleapprenticeships from a pedagogical perspective. What did the teachers and learners do? How did they structure the online environment? What sort of relationships did they have with each other? How did they experience the computer technology? In designing this study, I envisaged the online learning events as teleapprenticeships—authentic apprenticeships in a professional practice discipline conducted online. Was this realized in practice? Did the participants feel that teleapprenticeship offers an effective way to learn Parse’s nursing theory?

Presented first is an analysis of the participants’ experience and the learning environment. Then, to determine if there was a fit between the data and the cognitive apprenticeship model²²⁸ I contrast the coded teaching and learning actions and incidents from the transcripts of the teleapprenticeships with elements of this model. In the last section, I introduce the model I have used to portray these learning events, and discuss five terms that bring forth the essence of the teleapprenticeships.

THE PARTICIPANTS’ EXPERIENCE OF TEACHING/LEARNING ONLINE

In the next section, I discuss how the participants in the five dyads that completed the teleapprenticeships experienced teaching and learning online, the computer technology, and their relationships with each other.

²²⁸ A. Collins, J. S. Brown, and S. E. Newman, “Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics,” in *Knowing, learning, and instruction: Essays in honor of Robert Glaser*, ed. L. B. Resnick (Hillsdale, NJ: Lawrence Erlbaum Associates), 1989, 453–494.

The Learners

Overall, the learners described their teleapprenticeship as having been a positive learning experience not only for the opportunity to study Parse's theory, but also as a first exposure to a distributed learning environment. They found that learning online was not without problems, but as one nurse said, "It certainly is better than trying to work on your own or just learning it in a great big group, or learning with someone who is not an expert with the subject." One learner summarizes her teleapprenticeship experience:

I started my learning experience with Parse on my own, reading information from the books and articles. I watched some videos and learned about the recording piece. For four months I worked on this on my own not knowing if what I was doing was in any way correct, appropriate etc. Once I was linked up via computer with a mentor and began to share what I had been doing, I started to receive confirmation regarding what I was doing and was able to move forward with my learning. Working online provided me with the opportunity to have questions posed to me which I had never considered. I was much better able to learn the theory because my thoughts were validated by an expert. I was able to communicate actual practice and have it analyzed so I could change my practice. I was given verbal (via computer) reinforcement that what I was experiencing was okay and that I was progressing along the learning curve effectively. I was given suggestions on how to change my practice but also given permission to be as I was.

The learners noted that online learning had removed the barrier of distance, allowing even those who lived far away to access this unique learning experience. They were thoroughly appreciative of the opportunity to study with an expert in the theory. They enjoyed being able to communicate with their mentors at times that suited them, and some found the transcript of the learning event to be of value:

One very positive aspect to the computer learning is that the discussions are captured on paper so I can continuously return to the discussions and not just rely on what I remembered the teacher saying. Even now as I review this experience I am continuing to learn as I review the comments and interactions which occurred online.

They liked having time to think about what they would write. One said, "The mentor was able to pose questions to me, which I had time to reflect on before

responding. This can't happen when you meet face to face." These stated advantages of online learning (participation from anywhere at any time; time to think before responding; and the ability to review the transcripts of the learning event) are found consistently in studies of asynchronous CMC events.²²⁹

Some found that writing as the sole way of communicating was somewhat limiting: "Since one is not face to face with your mentor/teacher it is sometimes hard to get an obscure point across." But writing also held the potential for growth. One nurse said,

I found it difficult at times to explain myself clearly and to understand what [mentor] was trying to say due to the limitations of written language. It was a good experience to have to try to explain my thoughts in writing for others to understand and then get a response indicating whether that had happened or not.

Others felt they benefited from writing about their practice. One learner said, "I found that I REALLY liked writing about the things I was doing in my work. This was a very valuable experience from that perspective." Another discovered that writing about her practice was a reflective exercise that allowed her to see how she could have done things differently.

Due to busy schedules, holidays and travelling, some dyads had infrequent episodes where communication was not as immediate as the participants would have liked. For the learners, this sometimes meant that they felt stalled as they waited for responses to questions about pressing situations with clients. One said, "When you meet in person there is the opportunity to have immediate response to questions which allows

²²⁹ See, for example: Elizabeth J. Burge, "Students' perceptions of learning in computer conferencing: A qualitative analysis" (Ed.D. Thesis, University of Toronto, Toronto, Ontario, 1993); L. Davie and R. Wells, "Empowering the learner through computer-mediated communication," *The American Journal of Distance Education* 5, no. 1 (1991): 15-23; L. Davie, "Facilitating adult learning through computer-mediated distance education," *Journal of Distance Education* III, no. 2 (1988): 55-69. Robin Mason and Tony Kaye, "Toward a new paradigm for distance education," in *Online education. Perspectives on a new environment*, ed. Linda Harasim (New York: Praeger), 1990, 15-38.

the teacher and student to have immediate flowing communication...the computer doesn't allow for this." The learners had some suggestions that would have made the teleapprenticeship better for them. One said that writing about actual nurse-person dialogue was difficult; she wished she could have talked with her mentor by phone for this aspect of her learning. Two said that they would have liked to have observed a Parse nurse in practice and to have had their practice observed.

Teachers

The teleapprenticeships were a first-time experience with distributed learning environments for all of the teachers. They are all extremely busy people, and they found teaching online to be very time consuming. One said, "My online learners were very active and this was wonderful but it was exhausting with everything else on my plate at work." Another found that

it was difficult at times to keep the flow of the mentoring relationship going...tight schedules, computer breakdowns, illness, my own leaving the country, made the time span in which [learner] and I spent in our mentoring relationship a lengthy one. However, while there were definitely great gaps, I feel confident that the time spent together was most valuable.

Each of these experienced teachers of Parse's theory missed physically "being there" with the students. One said, "I find that I have realized the importance of presence in my relationship with students. I missed that presence." One dyad, whose members felt strongly about this, tried to bring some synchronicity to the experience by arranging to be online at the same time so that they could chat in almost-real time:

In a modified online chat we were able to be in the moment and to go with the way things were unfolding in the moment. I think that is so important when one is mentoring. I missed at times the actual being there with [learner], I wished for that as though for some reason I believed that would make a difference in our working through whatever it was at the time. I think one's presence makes a difference; never was that made clearer to me than during this time of mentoring. If there was anything that frustrated me it was the inability to get to the person.

Like the learners, the teachers sometimes found written communication to be somewhat limiting, and more than one said that they feared that using written dialogue by itself could lead to misunderstandings. One speculated that the missing nonverbal component might cause “a shift in perception [so that] the actual meaning attributed to words becomes much more important.” Some noted a trade-off in that CMC eliminates other problems that can be present when meeting students face-to-face. One teacher recommended that online learning be supplemented with face-to-face meetings:

I believe that it neither will (nor should) ever totally replace the face-to-face interaction between student and teacher. If possible it should be combined with occasional meetings, particularly initially and at the end of the experience. I cannot help thinking that I could have dealt better in personal meetings with the problems and doubts that arose through the concurrent discussions and interpretations of the theory that often infuriated [learner]. Whenever I talked about these same issues with others on a personal basis it seemed much more fruitful and immediate. There is some dimension that is lacking in the electronic medium; perhaps it is the expression of emotions and sincerity.

The teachers also commented on the convenience of being able to respond at times that suited their schedules and about the luxury of having time to think before responding. One teacher describes this experience:

At times it seemed easy to just sit down and respond immediately to a message, to write down my thoughts and feelings spontaneously. In some ways the barriers that might be there in a face-to-face confrontation seemed absent. It is almost like talking to yourself; there were few thoughts about how it would be perceived, that make us sometimes hesitant when we are in presence of each other. At other times I would think about my answer for a day or two, while driving along, before going to sleep. I would mull over things in my head if it was a more complex situation, perhaps consult my resources of the learning modules, Parse’s book, *Man-Living-Health*, or some other article before I would respond. The medium provided this flexibility. It was up to me to give my answer when I was ready, without needing explanations like I would in a face-to-face situation.

Overall, the teleapprenticeship experience was perceived as being *different* from what the teachers had experienced in teaching the theory in face-to-face situations. One teacher commented that the teleapprenticeship experience was “not as intense” as

teaching face-to-face. It seemed more comfortable in that the online environment seemed to shield her from the inevitable anger that learners experience when working through changes in their belief system, but it also prevented her from seeing their joy upon discovering the difference a new approach can make. She said,

Before the teleapprenticeship event I was looking forward to mentoring [learner], and yet I anticipated some of the same extreme challenges that I had experienced in other situations of more direct, in person teaching. Actually these more difficult situations did not occur on the email system. Perhaps the distance and the convenience of being able to send messages and answer questions at one's own pace eased the tensions. I did not have the same sense of leading people to this really difficult place where they didn't really want to go—and yet they insist you take them—with all the anger and so on.

The Teacher-Learner Relationship

The participants took their relationships with each other very seriously, and in the process, forged strong connections with each other. They felt they had gotten to know each other personally. One teacher said,

I wanted to know what my mentee looked like; I wanted to meet her in flesh and blood. I tried hard to develop a mental image of her and was very appreciative whenever she included personal information. I still do not know what she looks like, but I think I came to know her ways of thinking quite well. I see her as a very dynamic person who searches for knowledge and growth, personal as well as professional.

They described the relational aspect of the teleapprenticeship experience as “inspiring,” “uplifting,” and “gratifying.” One teacher said,

This experience was very important to me in that the three things that I hold to be very important in life were embraced here in this teleapprenticeship relationship. Those being: developing relationships, working with others in ways that they see as being valued and important in their living their lives, and thirdly, contributing to the growth and development of fellow professional nursing colleagues.

Their personal valuing of each other was very evident throughout their dialogue, and it was also revealed in their interviews. One teacher said, “She was so authentic in her intention to learn, and she conveyed her love and concern for her patients.” Another

revealed that she missed her student's great sense of humor as well as their online conversations. The teachers related that they thought about their students a lot:

I found myself often wondering how [learner] was, wondering what questions she would be thinking about today...when you commit to the working with another to reach their goal, whatever that might be, there is a closeness that you cannot explain on paper.

After the teleapprenticeship was over, each of the participants expressed the desire to keep in touch somehow. A learner said, "I feel that my mentor and I became online friends. I would like to meet her in person one day, maybe at a conference sometime." A teacher wrote:

The relationship with my online learners is very important to me, so much so that I hope to meet them some day and stay in contact if possible. I feel a connection with students, and my teaching experiences are woven in my quilt of life. It is critically important to me that the students felt they had a valuable experience, and I am open to learning how I might have been different and how I can enhance my teaching skills.

The teachers were concerned that the learners have ongoing support if they chose to continue learning the theory. Most offered themselves as future resources:

I think I would like to be available to her on an on-going basis as someone she can call or email to ask questions about the theory and to offer support during those difficult times when the theory and your commitment to it calls you to take an unpopular stand with colleagues.

THE TECHNOLOGY

The teleapprenticeships were conducted entirely online using LISTSERV® mail distribution software. Each dyad was provided with a private LISTSERV® list, accessible only to the two participants and myself. All had access to email accounts and had used email before, although skill levels varied. Some needed to learn how to post notes to the list, and others required instruction on how to transfer files between their computer and their online account.

Recommendations from the pilot project, the literature and practical experience with educational CMC events all led me to presume that the participants' ability to use the technology would be an important issue in this online learning event. From harsh personal experience I knew that until learners are at ease with the required technology, they can not devote themselves to addressing the content under study or participate fully in planned activities.²³⁰ When I began my first CMC course I had been online for seven years; I typed around 100 words per minute, was skilled with email and file transfer, had been an ardent BBSer²³¹ for years, and had even held an online job. Yet by the second week into the CMC course, I was distraught and in tears over my inability to figure out the conferencing system being used. Hillman and colleagues liken this situation to being unable to figure out how to use the headlights or windshield wipers of a rented car.²³² Whatever problem presents, it must be solved before participants will be able to attend to the business of teaching and learning.

In my assumption that there would be problems with the technology, I had defined a "Technology" node when laying out the base node structure for coding the teaching/learning aspects of the study. But as the other nodes filled with text and "Technology" remained empty, it became apparent that technology had been an issue only in the very few instances when something went wrong. One technology-related incident that might have proved disastrous occurred when I realized that I was receiving

²³⁰Daniel C. A. Hillman, Deborah J. Willis, and Charlotte N. Gunawardena, "Learner-interface interaction in distance education: An extension of contemporary models and strategies for practitioners," *The American Journal of Distance Education* 8, no. 2 (1994): 30-42.

²³¹One who calls and interacts on bulletin board systems. BBSs have declined in popularity with the advent of the World Wide Web.

²³²Hillman et al., "Learner-interface interaction in distance education: An extension of contemporary models and strategies for practitioners," 33.

only the teacher's notes on one dyad's list. The learner had been posting her notes directly to the teacher rather than to the list. Although she had not kept copies, the teacher had, so all the notes were retrieved. One learner lost a note during a download (easily replaced from the list archives), and one learner initially had trouble posting to the list. Two participants were on what they described as an overloaded unstable system. Not only did it frequently crash, resulting in the loss of work, but it was difficult for these participants to dial in from home except during late night hours: "Here I am at this unearthly hour!" There were no other comments related to technology in the transcripts or in personal communication with the participants.

The relative absence of problems with computer technology found in this study was initially puzzling because it is atypical; reports of studies of online learning events have consistently described some participants' frustration and anxiety with the technology and the need for training and support, particularly in the initial stages.²³³ As I pondered this finding long after the learning events were finished I remembered that at the start of each teleapprenticeship, I had personally attended to whatever technology or learning-needs problem the participants presented with and continued to provide support throughout the teleapprenticeships as the need arose. Technology problems were not a significant issue in this study because I had provided the necessary training and support. It had certainly been in my interest to do so.

EVALUATING WHAT WAS LEARNED

Evaluation of the teaching was not an objective of this study nor had I planned an

²³³See, for example: James Levin, Michael Waugh, David Brown, and Renée Clift, "Teaching teleapprenticeships: A new organizational framework for improving teacher education using electronic networks," *Machine-Mediated Learning* 4, no. 2 & 3 (1994): 149–161; Linda Harasim, Starr Roxanne Hiltz, Lucio Teles, and Murray Turoff, *Learning Networks. A field guide to teaching and learning online* (Cambridge, MA: The MIT Press), 1995.

attempt to assess what had been learned. Learning to practice guided by Parse's theory involves a monumental change in a nurse's values and beliefs about health, nursing, and human beings; such a personal transformation occurs slowly in a painful back and forth struggle to let go of the old ways. In three evaluation studies where Parse's theory was implemented on nursing units as a practice model and where nurses received months of instruction in the theory as well as continuous support by Clinical Nurse Specialists, it was suggested that much longer than 12 weeks is required to see consistent evidence of change in nursing values and practice. One of these investigators found meaningful change after eight months²³⁴; another in 10 months²³⁵; while a third recommended a 12-month interval elapse between implementation and evaluation.²³⁶ One of the teachers described the extent of her struggle to learn to practice guided by the theory:

It took me at least a year to be able to practice the theory comfortably without slipping back to old ways. I had to unlearn first. I had to let go of 12 years of coming to know practice in the traditional, biomedical, people-are-problems way. I realized that many of the things I did and said with patients were automatic, verbal technologies, and I would say things without even thinking about them. For instance, Parse guides nurses to go with persons if they say they are sad or fearful, instead of trying to reassure them or fix them (what I was previously taught to do). When I first tried to just go with people and for example ask, "tell me about your sadness or your fear," I could not do it. I would have the reassurance or cliché said before even thinking: "Oh, you shouldn't be sad, you have a lot to live for....think of your children and grandchildren," I'd say. Then I would smile, pat the person's hand and walk out. Ouch!

Although it is patently unrealistic to expect to see indicators of change after a 12-

²³⁴Gail M. Mitchell, "Evaluation of the human becoming theory in practice in an acute care setting," in *Illuminations: the human becoming theory in practice and research*, ed. Rosemarie Rizzo Parse (New York: National League for Nursing Press), 1995, 367–399.

²³⁵Christine M. Jonas, "Evaluation of the human becoming theory in family practice," in *Illuminations: the human becoming theory in practice and research*, ed. Rosemarie Rizzo Parse (New York: National League for Nursing Press), 1995, 347–366.

²³⁶Marc D. A. Santopinto and Marlaine C. Smith, "Evaluation of the human becoming theory in practice with adults and children," in *Illuminations: the human becoming theory in practice and research*, ed. Rosemarie Rizzo Parse (New York: National League for Nursing Press), 1995, 309–346.

week teleapprenticeship, some of these learners' struggle to change was very apparent, and there was some anecdotal evidence that subtle shifts had occurred. This was particularly evident in the area of learners' growing consciousness of how they were in nurse-person relationships. For instance, one learner told her teacher, "Words like non-compliant now are harsh to my ears." Some indications of change can be seen in the learner profiles in Chapter V; readers are invited to compare their observations of change with themes from two of the above-mentioned evaluation studies:

Jonas²³⁷

1. Nurses described enhanced satisfaction and meaningfulness in practice
2. Nurses reported how they became focused on time to listen.
3. Described a heightened awareness of the person's perspective.
4. Nurses clarified new benefits of being with clients.
5. Nurses reported struggling with living the different beliefs of Parse's theory.
6. Nurses indicated changed relationships with co-workers that were more nurturing and understanding.

Mitchell²³⁸

1. Changed nurses' perspective of patient from problem to patient as human being.
2. Changed morale in nurses.
3. Less judging and labeling of patients.
4. More talking and listening to patients.
5. Respecting the patient's right to choose.
6. Enhancing quality of nurse-person relationship.

THE LEARNING ENVIRONMENT

At the beginning the study, I suggested to both teachers and learners that dialogue journal communication might be an effective way to structure their online conversations; no other suggestions or instructions related to teaching or learning methods were given (see introductory information sheets, Appendices A and B). I was surprised to discover, therefore, that each teacher/learner pair was working in remarkably similar constructivist learning environments using methods common to certain instructional design models,

²³⁷Jonas, "Evaluation of the human becoming theory in family practice," 354-357.

²³⁸Mitchell, "Evaluation of the human becoming theory in practice in an acute care setting," 388.

particularly Cognitive Apprenticeship.²³⁹ I began to wonder if teleapprenticeship participants (particularly teachers) who hold philosophical views consistent with constructivism create constructivist learning environments, not as an intentional design strategy, but simply because they relate to others that way.

I thought about what this might be saying about instructional design. If teachers are constructivists with the intent to be with learners in a certain way, does all else follow? Is it redundant, for example, to specify five (Lebow)²⁴⁰ or eight (Savery and Duffy)²⁴¹ instructional principles for the design of a constructivist learning environment? Do such teachers need to be told the six teaching methods designed for cognitive apprenticeships, or do they just naturally do these things as a way of relating? And conversely, are those who are not constructivists able to teach this way from a set of instructions?

Endeavoring to resolve this “puzzlement,”²⁴² I examined the primary characteristics of the teleapprenticeships from a relational and situational perspective. By this I mean how the participants were with each other and the situations²⁴³ they created for learning. Following that, I compared the participants’ teaching and learning actions and incidents to the cognitive apprenticeship model.

How the Teleapprenticeships Were Conducted

Analysis revealed that the teleapprenticeships in this study were conducted as

²³⁹Collins et al., “Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics,” 453–494.

²⁴⁰Lebow, “Constructivist values for instructional systems design: Five principles toward a new mindset,” 4–16.

²⁴¹Savery et al., “Problem based learning: An instructional model and its constructivist framework,” 31.

²⁴²Savery et al., “Problem based learning: An instructional model and its constructivist framework,” 31.

²⁴³David Carr, “Cultural institutions as structures for cognitive change,” *New Directions for Adult and Continuing Education* 53, no. Spring (1992): 21–35.

collegial social relationships between a teacher and learner. The process was learner-centered as to content and approach to learning. The teleapprenticeships were manifest as processes of mutual engagement within the situation-specific context of the learner's professional practice. There, various dimensions and processes of the practice methodology were tried out and sometimes appropriated for practice if they were found to be useful. These elements will be discussed below.

A Learner-centered Process

About half the learners initiated practice-specific discussions about the theory almost from the first message, but in the other dyads the participants conversed briefly about how they would proceed with the teleapprenticeships. For example, one teacher inquired: "Maybe we could begin with my asking you to tell me where you are with Parse's theory and what you hope to have happen over next 12 weeks." And a learner asked: "Do you think I should go through the modules in order or do you have other ideas of how I should move through this process? I would probably benefit from some kind of plan, even a loose one." Another wrote: "Judy has informed me about the journalling part of this project. I could use some guidance as to what else we will be doing."

The teachers encouraged the learners to use instances from their practice as their primary guide to learning. For example, when one learner suggested, "As we will be working from the Pink Book,²⁴⁴ let's start from page one and have you lead," his mentor suggested:

About me leading...well, Glenn, there is nowhere to lead, for there is no predetermined destination. While I am committed to working WITH you as you are learning to practice nursing guided by the human becoming theory, we are here for

²⁴⁴The "Pink Book" the learners refer to is the learning modules booklet each of were given: (Christine M. Jonas, Beryl Pilkington, Patricia Lyon, and Glenna E. MacDonald, *Parse's Theory of Human Becoming Learning Modules* (Toronto: St. Michael's Hospital), 1992.)

you and what it is that you would like to learn. I cannot tell you what it is that you need to know. I think that as you continue to read about the theory and as you continue to integrate the Parse theory into your practice, then your questions will come.

Some teachers suggested that the learning modules would be a good place to start:

What I think will help you is probably if you familiarize yourself with the concepts—starting with the learning modules and perhaps try to think about situations that arise from the perspective of the theory. Whatever you think will help you to learn—discussion of concepts, or situations—it is all right with me.

I am willing to discuss whatever you think will help your learning (and mine). I believe that we will both benefit from this arrangement. If you have questions I will try and answer them or steer you towards other resources besides the learning modules. But they are an excellent start, simple and clear.

In practice, except for some of the opening messages, content was entirely determined by what the learners wished to discuss relative to a current or prior clinical practice situation. For some teachers, this was consistent with their beliefs about adult learners:

The reason I left the format of the mentorship up to [the learner] rather than employing a structured teaching approach comes from my own beliefs in the learner's knowledge about his/her learning style and what works for them. From the feedback I received from students in the past, I learned that most adults like to apply theoretical learning to their practice situations. This allows them to make sense of the new material by connecting it to their known world. It also lets them explore the fit of the theory with their own values and ways of doing things. I trusted that [she] would read the material herself and ask questions, when necessary. My role was to facilitate understanding and application of the theory to practice. I personally came to enjoy our discussions a lot and felt challenged by the unfolding of the situations.

For others, this learner-determined approach was a change from teaching-learning relationships that the teachers had experienced before. One teacher with extensive experience teaching the theory reflected on the meaning of this difference for her:

Because I kind of felt she was initiating and shaping the teaching-learning process, I was much more comfortable as the teacher; every time before I have taught the theory at nurses' request, I have always ended up in a situation of feeling like I am pushing them and taking them someplace they do not want to go. Now, I know they are going because they also want it at some level, but I am not comfortable with teaching when

it seems initiated by me instead of the student. This is interesting to me because Parse's theory guides nurses NOT to be teachers in the traditional sense of an expert who tells others. But a teacher has to teach—that is the mandate, is it not? To influence the thinking of a learner? The tele-event was more comfortable because I felt that when [learner] wrote to me she wanted to and she knew what she wanted to ask, and I felt much more at ease with that knowing, or that approach. If the outcomes could be the same, and that is what I do not know, meaning the effectiveness or meaningfulness of the change for the nurse learners, if the outcomes on the email equaled those of in-person teaching, I would be more comfortable with tele-mentoring.

Several dyads began their teleapprenticeship by engaging in discussions about the material on values and beliefs contained in the first section of the Learning Modules. Although this provided a structured starting point and an impetus for beginning dialogue, very soon their dialogue began to reflect their exploration of Parse's theory within the context of their own practice situation. As the theoretical content they addressed arose from specific nursing situations, some learners covered more of the central ideas of the theory than others; none addressed all aspects of the theory. (See Table 3 for a list of content topics discussed by all the dyads, and by the five dyads profiled in Chapter V.)

Rogoff writes that “information and skills are not transmitted but are transformed in the process of appropriation”; individuals “transform what is available to fit their uses.”²⁴⁵ The learners in this study were discriminating about which aspects of the theory and practice methodology they deemed suitable for their practice setting. Even though they had expressed their desire to learn Parse's theory, they had to be convinced of the workability of the theory for their practice. Nurses' overriding concern in practice is the safety of their patients,²⁴⁶ and this surfaced as a critical issue for each of these learners: if

²⁴⁵ Barbara Rogoff, *Apprenticeship in thinking: Cognitive Development in Social Context* (New York: Oxford University Press), 1990: 197.

²⁴⁶ J. M. Hibberd and J. Norris, “Striving for safety: Experience of nurses in a hospital under siege,” *Journal of Advanced Nursing* 17 (1992): 487–495.

their practice was guided by Parse's theory, would their patients be safe? Other practical considerations involved learners' expressions of concern about the time and staffing levels required "to do Parse," and some who perceived that Parse nurses were elitist had fears that a staffing mix of Parse and non-Parse nurses might adversely affect the cohesiveness of a nursing unit. Nursing practice is not only contextual, but relational; a strained atmosphere on a unit can compromise patient care.²⁴⁷

In Canada, where theory-based practice has been proposed by the Canadian Nurses Association as a standard for practice, many hospitals and other institutions that employ nurses have adopted one or more nursing theories ostensibly to guide nursing practice within that institution. These implementations, which required a considerable expenditure for training, policy revision, and evaluation,²⁴⁸ have in the main failed dismally, even when staff nurses were involved in the process. Practicing nurses in their wisdom have been notoriously reluctant to embrace theories or practice models that are not useful to them in practice.²⁴⁹

A Relationship Between Colleagues

The teleapprenticeships were conducted not as a content delivery system, that is, a conduit for transmitting knowledge, but as an egalitarian professional social relationship between respectful colleagues. The teachers enacted their roles as coaches, guides, models, and resource providers. The teachers were clearly co-learners; all of the teachers said that teaching the theory advances their own understanding of it. One said,

²⁴⁷ Martha MacLeod, *Practising nursing - becoming experienced* (Edinburgh: Churchill Livingstone), 1996.

²⁴⁸ L. K. Hardy, "The implications of jumping on nursing bandwagons—the case of nursing models in Newfoundland hospitals," *Canadian Journal of Nursing Administration* 7, no. 1 (1994): 21–30.

²⁴⁹ T. Kenny, "Nursing models fail in practice," *British Journal of Nursing* 2, no. 2 (1993): 133–136; B. J. Jacono and J. J. Jacono, "A holistic exploration of barriers to theory utilization," *Journal of Advanced Nursing* 21, no. 3 (1995): 515–519.

I knew that by being a mentor I would also advance my own learning since I would have to explore concepts of the theory further, apply them to practice situations and (hopefully) receive stimulating feedback. The teacher is always a learner, too. At the least it would help me with the process of refining my methods in how best to explain the theory.

Several of them specifically informed the learners that they were learning through the teleapprenticeship experience. One said to her student, “It has been a real growing experience for me. I have learned a lot from you. Thank you for sharing your questions and your stories and your thoughts.” Another wrote to me in an interview:

[Learner] taught me a lot! I was often reminded during our mentoring relationship of why I entered nursing and of the deepest and most memorable moments in practice. [Learner] encouraged and inspired me to take my practice and what I was bearing witness to, to new horizons. Sometimes I wondered who really was the teacher in this relationship!

COMPARING THE TELEAPPRENTICESHIPS WITH THE COGNITIVE APPRENTICESHIP MODEL

In the next section, I will examine the fit between the categories that developed from coding the teaching and learning actions and incidents in the transcripts of the teleapprenticeships with the features of the cognitive apprenticeship model. For each section of the model, I will present exemplars from the data. Last, I will provide a summary comparing the teleapprenticeships with the cognitive apprenticeship model.

The Cognitive Apprenticeship Model

In the next section, the elements of cognitive apprenticeship that were present in the participants’ dialogue will be illustrated with exemplars from the transcripts. Unless other citations are provided, the cognitive apprenticeship theory was derived primarily from Collins et al.²⁵⁰ and Wilson and Cole.²⁵¹

²⁵⁰ Collins et al., “Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics,” 453–494.

²⁵¹ Wilson et al., “Cognitive apprenticeships: An instructional design review”.

Content

Cognitive apprenticeships are designed to teach not only domain and procedural knowledge, but the tacit knowledge experts access in order to make use of domain and procedural knowledge. Four categories of expert knowledge are defined and illustrated below: *domain knowledge*, *heuristic strategies*, *control strategies*, and *learning strategies*.

Domain knowledge. This refers to conceptual, factual or procedural knowledge related to the subject matter. Domain knowledge tended to be discussed relative to a practice situation, and as would be expected, most of the learners' questions were requests for this type of information.

For example:

Is there a way to ask questions that is congruent with practice using Parse's theory? I realize that it is important not to interfere with the rhythm set by the person but is there a way to be with him through the asking of questions?

Where does the family enter the picture according to Parse?

How do I become in true presence with him when he doesn't communicate?

<i>Learner examples: domain knowledge</i>	<i>Teacher examples: domain knowledge</i>
<p><i>Fact:</i> In the totality paradigm people are viewed as a sum of their parts. They are looked at with respect to separate parts, and these are then put together to create a whole.</p> <p><i>Concept:</i> I am not sure if I told you that I find the descriptions of the paradoxes very helpful in my work with those who are living with dying. Recently one woman told me that she was ready to die, but in the next breath asked me if I would help her stay awake as she thought that she might die if she fell asleep. Another wonderful woman who was near death said that she was tired of living with her disabilities but then wondered if she should get the flu shot.</p> <p><i>Procedure:</i> I do have some questions about the practice methodology. When "dwelling in true</p>	<p><i>Fact:</i> Choices from the human becoming theory are viewed as being made both explicitly and implicitly.</p> <p><i>Concept:</i> Also it will help with your interpretation of concepts like revealing-concealing to consider this. All human beings reveal-conceal themselves continuously in everything we do.</p> <p><i>Procedure:</i> As you center yourself on the person and push everything else out of your mind, you are receptive to their languaging of comfort/discomfort through body signals, synchronizing rhythms with them</p>

presence” it is difficult to synchronize rhythms without appearing to direct or redirect the person. During clinical this week I cared for a patient who went for a pseudoaneurysm repair. While he was in the OR I spent over an hour with his wife. She started talking about her husband and moved on to talk about herself, her history of hypertension, and her autistic son, her daughter, grandchildren etc. If I had not asked her a question or two along the way I don't think she would have felt comfortable enough to continue. If I didn't interject occasionally, might this woman have thought that I wasn't listening, or that I didn't really care?

Heuristic strategies. This refers to effective techniques and approaches: “tricks of the trade” made explicit by the teacher or learner’s accounts of approaches that worked in practice. The teachers provided abundant tips and how-to information about techniques and methods. When the learners discussed “this worked for me” practice approaches, it was usually in relation to having tried out suggestions the teacher had given them. For example:

Thank you for the answer to my first question around communication. I am very comfortable with the two questions that you suggested: “What is most important to you now?” and “What is this situation like for you?” I believe that before I became aware of Parse’s theory, these questions were what I wanted to ask but may not have always been able to ask because old ways of communication got in the way.

<i>Learner example: heuristic strategies</i>	<i>Teacher examples: heuristic strategies</i>
<p><i>I did not make any suggestions to him, just stayed with him, and after an hour he said that he needed twenty-four hours to think and asked me to come back.</i></p> <p><i>It was great for me in that I did not have an agenda and listened to the person as the expert in their own life.</i></p>	<p><i>I think that it was some time...before I actually learned that the best way to present the person's perspective was to do just that: present it, not defend it, not advocate for them, not speak to their issues on their behalf even though I had a good idea of what they were about.</i></p> <p><i>When a person tells me about their hopes and dreams another question I often ask is “can you picture yourself doing that.” As people picture their hopes and dreams they move towards them.</i></p>

Control strategies. This type of knowledge is often termed *metacognition*.²⁵² It is related to a learner's ability to select among problem-solving strategies. In Parse's theory where nursing situations are not seen as problems, this will mean selecting among approaches to the situation. Keeping in mind the learner's goals, current learning difficulties, and remedial strategies available, the teacher assists the learner to learn to choose an approach. Control strategies may be related to *learning*: teacher monitors, diagnoses and suggests remedial strategies related to learning, and learner monitors own learning process, or to *practice*: teacher or learner discuss choosing among practice approaches.

<i>Learner examples: control strategies</i>	<i>Teacher examples: control strategies</i>
<p><u>Learning:</u> <i>I should also tell you that this Pink Book is not enough for me to learn the theory. I need to read more about the underpinnings, values, beliefs and interrelationships of the concepts of the theory. I cannot learn the theory and live it through practice without getting a deeper understanding of it. I feel like I only have part of the picture, and I'm one of these people who needs the whole picture. Could you suggest some reading material and perhaps tell me (if you can) where I could find Parse's book (not the new one)?</i></p> <p><u>Practice:</u> <i>I really listened to myself this week and specifically to the responses to my questions, i.e., whether they were open-ended type questions that maintained the conversation or ones that encouraged yes/no answers. In fact they most frequently required yes no answers. Mr. L. is not a talkative person and doesn't easily give lengthy answers. This is an area I will really</i></p>	<p><u>Learning:</u> <i>I thought that it might be interesting for you to sort of plug your own scenario into the example so as to better understand, or to create a clearer picture of what this rhythm is about and how this rhythm changes bringing new possibles to light.</i></p> <p><u>Practice:</u> <i>With Parse's theory we do believe the person is the expert. Pain is what the person says it is. Could you spend time with this person to talk with her about her situation? What life is like for her, what is it like to live with chronic pain? What helps her live with this pain, what helps relieve the pain?</i></p> <p><i>The issue of what Mr. L wants with respect to getting in and out of bed and being lifted and the pain he experiences, I would try the following. First, when Mr. L said that he wants to be up for one hour only, you could explore what it is like for him to be left up longer than an hour and</i></p>

²⁵²S. G. Paris and P. Winograd, "How metacognition can promote academic learning and instruction," in *Dimensions of thinking and cognitive instruction*, ed. B. F. Jones and L. Idol (Hillsdale, NJ: Lawrence Erlbaum Associates), 1990, 15-51.

work on next week.

I have a good relationship with both the clients, but am phrasing my questions and talking in a way which prevents or hinders true presence, cotranscendence, rhythmicity and meaning. It is not flowing yet.

how he might feel if he knew the nurses would put him back when he requested.

Learning strategies. Teacher or learner discuss strategies for learning how to learn the other three kinds of content.

<i>Learner examples: learning strategies</i>	<i>Teacher examples: learning strategies</i>
<p><i>I have been working through my thoughts on choice with regard to people making a choice to be in the situations they are in. I have been trying to think about this as I relate with the community people at [facility].</i></p> <p><i>I would like to participate in dialogue journaling. I have many questions and more keep surfacing. For now, I will probably be using the journal more for examination of world views, values, beliefs etc., than for concrete examples of interactions.</i></p>	<p><i>Would it help you if you and I practiced here on this list with some questions and answers?</i></p> <p><i>Now maybe picture yourself speaking differently and see if you can practice, even with another nurse or a friend.</i></p>

Methods

In cognitive apprenticeship, six teaching methods are proposed that would give the student the opportunity to discover expert strategies in context. The core group (*modeling, coaching, and scaffolding*) helps learners acquire cognitive and metacognitive skills in the context of practice. *Articulation* and *reflection* allows them to gain conscious access to their own strategies. *Exploration* teaches techniques for moving into new areas. Learners are encouraged to problem-solve on their own, but also to learn how to frame questions for inquiry.

Modelling. Modelling is a central quality of mentoring.²⁵³ It is important that the

²⁵³ Eugene M. Anderson and Anne Lucasse Shannon, "Toward a conceptualization of mentoring," *Journal of Teacher Education*. 39, no. 1 (1988): 38–42.

learner realize that the teachers sometimes struggle rather than seeing them always in situations where they easily succeed. The purpose of modelling is to make the internal processes and activities explicit. The learners often expressed how helpful it was when the teachers and others revealed their own past and ongoing struggle to learn the theory. One learner, referring to a PARSE-L discussion, said,

And [they] discussed this at some length, working through their own struggle and giving me hope that there were others who didn't already know everything. [Mentor] also gave me the sense that she still had to work through questions about her practice and about the things she teaches. Thank goodness for them.

Teacher examples: modelling

I am glad that you continue to ask your question because it really helps me work through this. I am finding it difficult, so maybe we can work through this together.

Regarding your continuing to suggest things to patients and the feeling that you are not yet living true presence—I went through this for months when starting to learn the theory. I knew that I did not want to offer advice or make judgements, but I had been doing that for so long it was like automatic. Each time I would offer an opinion or say something inconsistent with Parse's theory, I would just think about it and how I could have done it differently and then I would try again. Eventually I felt so comfortable in true presence and in trusting that the person knew the way. It takes time to unlearn what the traditional model has taught.

It took me about six months of this reflective knowing/action inconsistency to finally let go of old beliefs. The old beliefs are very deeply embedded, and some do not even show themselves until months into the learning.

Coaching. The teacher directs the learner's attention to a point. The focus is on skills and how-to.

Teacher examples: coaching

I find you are still speaking about clients from your own view.

I would just be with her without any expectations, if she was wishing you to sit with her. Being open to her in a way where she may or may not speak but just open to her and honoring her.

I sometimes ask what would help the person get through this time. When the woman talked about speaking to her stepfather but he was in another city, could there have been ways to explore how she might speak to him? Or if not, explore what she might ask him or what it would be like to talk with him?

Scaffolding. Some authors use this term to refer to a situation where a teacher

does part of a task until the learner is able to do the whole task alone. Obviously, this is unsuitable for online learning. Referring to teleapprenticeships, Teles states that

scaffolding refers to the intellectual support provided to the learner in the form of comments, suggestions, feedback, and observations.²⁵⁴

Similarly, Harley²⁵⁵ refers to scaffolding in terms of the role of the teacher being supportive rather than directive. In this study, the teachers' provided intellectual support in the form of commenting, expanding on content matters, and providing encouragement.

Teacher examples: scaffolding

Commenting

Your comments about the totality and simultaneity paradigms are accurate.

The lady who called her husband in the morning rather than sleeping: you helped her towards health by letting her live her value priorities. In the totality paradigm, the nurse might have decided that sleep is best for her.

To meet with persons to try to calm or quiet the screaming and yelling would be to meet with an agenda...a plan of how things should be and should unfold.

Providing encouragement

Do not be too hard on yourself.

Your example of enabling-limiting was excellent.

You are doing a wonderful job. Keep up the good work!

Your examples are wonderful.

With respect to your charting...what a great start you have made.

Articulation. The teacher leads the learner to articulate knowledge or processes surrounding the domain.

Teacher examples: articulation

How does thinking about paradox help you in your practice?

What do you think made him confide into you?

What would be the basis for this difference in approach?

I wonder if you could tell me what implications in practice you would have to consider differently from the two views.

Reflection. The teacher or learner conducts a postmortem to replay the process of their practice. They may compare their own performance with that of an expert, another

²⁵⁴ Lucio Teles, "Cognitive apprenticeship on global networks," in *Global networks: Computers and international communication*, ed. Linda M. Harasim (Cambridge, MA: The MIT Press), 1993, 276.

²⁵⁵ S. Harley, "Situated learning and classroom instruction," *Educational Technology* 33, no. 3 (1993): 46-51.

person, or an internal model of expertise.

Learner examples: reflection

I also find I am advocating for the clients as opposed to allowing them to express their desires.

I do revert back to thinking in the totality paradigm but am working through this with your help.

I have heard you and Dr. Parse say they will ask for the information when they are ready to receive it. I believe this but in reflective analysis see how I am not practicing this.

Exploration. With this method, the teacher sets broad goals and then encourages the learner to branch out, trying things out on their own. This is the outcome of the fading of support, not only in problem solving, but also in problem setting. Perhaps because the learners had so little time to gain expertise, the method of exploration was rarely used in this study. In one example, the teacher asks the learner to think of other ways to be in true presence; in another, the teachers asks the learner if she could facilitate a meeting between a provider-focused board and her clients who felt they were not being well served.

Teacher examples: exploration

Try to think of ways to be with persons in true presence, as much as the situation allows.

I am thrilled to hear how the theory of human becoming has also helped you as an administrator. Have you ever considered writing about this?

Sociology

The sociology of the learning environment refers to critical features of the social context and the ways they affect learning. These characteristics are: *situated learning, the culture of expert practice, intrinsic motivation, and collaboration* (termed “exploiting co-operation” when used with child learners).

Situated Learning. Situated learning occurs within the ordinary practices of the culture. In this online study, the context of learning was each learner’s practice setting.

There were abundant instances where both the teacher and learner related the theory to examples from practice.

<i>Learner examples: situated learning</i>	<i>Teacher examples: situated learning</i>
<p><i>This woman has over the years requested increasingly higher doses of morphine for her pain. The nursing staff are very distressed when administering the morphine to this woman—they see her as being addicted to the drug and wonder if she is coming to the hospital for the sole purpose of gaining access to the morphine. The nursing staff have a great deal of empathy for the woman but feel that they are harming her by giving her the morphine that she requests. The woman has information regarding pain clinics and alternative methods of pain control, and she declines to see a family therapist. The nursing staff do not have a great deal of confidence in the physician who is treating her and prescribing the morphine. How would a Parse nurse be in this situation? I do believe that the woman has a right to make her own decisions regarding the use of morphine, but do the nursing staff have a right not to give it if they believe that they are harming her?</i></p>	<p><i>When persons have pains that are deep and have not surfaced in years, I believe that the person will know when they can surface them and be with them and when they cannot. A person may wish to see someone again to continue to discuss their situation and they may not. Sometimes to know I may never see this person again may open a door to tell a deep painful experience and not have to talk about it again. To trust the person with knowing best is in this situation as well. I was with a young woman as she described horrors she experienced. In trusting her and being with her where she was in true presence was my intention. Nursing practice happens in that moment, and true presence lingers on in both the nurse and person. Seeing the familiar in a new light is the changing of change, and this ripples on in persons.</i></p>

Culture of expert practice. It is important that learners are enabled to feel part of a community of practice where the relevant processes of practice are made explicit to them and where they can observe expertise in action. Collins et al. write that “drawing students into a culture of expert practice teaches them to ‘think like experts.’”²⁵⁶ In a computer-based learning module, Wilson, Heckman and Wang used the technique of having the learner listen in on a discussion among three experts. Learners began identifying with the experts “as if the experts were ‘in the computer.’”²⁵⁷ In a similar way, online

²⁵⁶ Collins et al., “Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics,” 490.

²⁵⁷ Wilson et al., “Computer-based cognitive apprenticeships: An example from weather forecasting,” 10.

environments have been designed so that students in CMC courses are afforded exposure to practitioners of the discipline under study through the use of “e-guests.” For example, in one graduate program evaluation course, practicing program evaluators were invited to interact with the students during a designated week.²⁵⁸ In another graduate program, the potential for electronic guest lectures to stimulate thinking among students and to induce their interaction was explored by Cotlar and Shimabukuro, who concluded that this strategy can improve the quality of instruction.²⁵⁹

During the study, all the learners subscribed to the Parse Scholars’ discussion forum, PARSE-L, where they were privy to discussions and story telling among the experts in the theory, including Dr. Parse herself. In this way, they were somewhat able to observe a culture of practice. They found discussions on the list to be interesting (especially the practice stories) and said that they learned a lot, and some planned to continue to subscribe after the study was over. They frequently rehashed PARSE-L discussions with their teachers. One learner said,

PARSE-L formed the basis for some of our discussions but also supplemented ideas that we were discussing and helped to clarify some of my thoughts. Teleapprenticeship would have been a different experience without the addition of PARSE-L.

Another who found PARSE-L particularly valuable said,

I truly found it very beneficial to also be part of the PARSE-L where there were dialogues about many issues and how they relate to the theory I was trying to learn. Other peoples’ questions, comments, struggles, and explanations about situations I was not part of were very beneficial and assisted my learning immensely. It was through this medium I learned better how this true presence occurs, and I felt that I was able once to achieve this with one client because of what I had experienced

²⁵⁸L. E. Davie and R. Wells, “Fantasy and structure in computer mediated communication courses,” *Journal of Distance Education* 7, no. 2 (1993): 31–50.

²⁵⁹Morton Cotlar and James N. Shimabukuro, “Stimulating learning with electronic guest lecturing,” *Interpersonal Computing and Technology: An Electronic Journal for the 21st Century*. 1, no. 1 (1993).

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through all these dialogues. I was then able to communicate this to my specific mentor and have this verified.

Unfortunately, the climate on PARSE-L at the time of the study was such that most of the learners were afraid to post their own questions. Some, including teachers, felt that the environment was intimidating and somewhat elitist:

Why do I always feel like messages on PARSE-L, unless they agree and praise, are met with a “rap over the knuckles” response? Sends me back to elementary school and Sister Louise.

I have been following the dialogue on PARSE-L ever since I have been subscribed to it. There have been wonderful discussions that have really enhanced my understanding of the theory. However, I have been bothered by the sense of US and THEM (Parse nurses versus all other nurses) that permeates through some of the discussions. I have perceived certain questions to be acceptable and others not. Questions that are not acceptable seem to be ignored or elicit responses that are sometimes sarcastic or even nasty.

I am going to be very honest by telling you that I am intimidated by the discussion on PARSE-L and hesitate to post a question about ideology and philosophy. I do not believe that I have enough background information on either subject to begin a conversation with people at the PhD level. I would not be intimidated about introducing discussion of the word “interaction” but I would about the ideas of ideology and philosophy. I don’t believe that I could enter this discussion on an equal basis and fear that I would feel talked down to by those with more advanced education.

One learner thought that only those who were confident with the theory would use PARSE-L; others would be too intimidated to post. To her, this was a most unfortunate situation since “sometimes more is learned from those who are learning than from those who have learned.”

Both teachers and learners expressed distress over the environment on PARSE-L; they longed to be able to engage in open uncensored dialogue about the theory relative to their practice. Some felt the problem to be partially a function of email: “I find the email way difficult in that it seems more abrupt when it is not meant to be.” The participants discussed the matter at length on their teleapprenticeship lists as well as by private email

to me since I was the listowner of PARSE-L at the time of the study. "What do you think we can do to change the fear of going on PARSE-L?" they asked, "to make it different?"

<i>Learner examples: culture of expert practice</i>	<i>Teacher examples: culture of expert practice</i>
<p><i>I particularly appreciated it when you showed that you were puzzling through some of the issues that I presented and tried to get a better understanding of what it was like for me through the asking of your questions. I would think this was a Parse-like way of being with others as they learn.</i></p> <p><i>I read the discussions by [Parse nurses on PARSE-L] about the "Ah Ha," and this helped me very much to hear them describe their struggles. It gave me courage to keep going.</i></p> <p><i>When I communicated [learning difficulty] to my mentor, I was given some suggestions on how to move away from this practice but was also given permission to not be able to do this right off the bat. [She told me] that this is very difficult and that [she] also had many months or years also experiencing exactly what I was going through. This was very helpful.</i></p>	<p><i>I remember the time that I was with [Parse nurse] at a community centre for persons who lived on the streets. It was quite interesting to watch the changing, unfolding rhythms as [she] was with different members of the group in true presence. At first everyone sort of just sat there and did not really talk much amongst themselves or to us at all. Conversation was what I would call difficult to get going. At first it was difficult to go with the rhythms I think because there were so many and they were so different. I witnessed a change though when [she] went with one person and interestingly enough another group member went with [her] and, well...how can I best describe this? Okay...it was like a whole bunch of really neat notes just floating about...so [she] went with a note, another joined, and she went with that, and the first note joined the second co-created note...and wow...melody!</i></p>

Intrinsic motivation. In cognitive apprenticeship, learning is not considered a response to teaching, but the result of the learner taking responsibility for the learning process. Harley writes:

The role of learners within authentic, situated learning activity is one whereby they are encouraged to recognize that they themselves are intentional agents creating their situated experience within a culture of activity, as opposed to being simply external observers or incidental actors.²⁶⁰

Brown and Duguid write that learning environments must be designed in ways

²⁶⁰ Harley, "Situated learning and classroom instruction," 49.

that “make it possible for learners to ‘steal’ the knowledge they need.”²⁶¹ This has usually been difficult to accomplish in formal institution-based courses because students expect the familiar structure of being *taught* teacher-selected content.²⁶² Mason notes that

attempts to devolve the teacher from stage centre and hand over responsibility for learning to the student are not met with cheers and grateful thanks. In most cases far from it! Students have for years been conditioned by teachers, by the system, by the educational milieu to accept the role of passive, dependent, competitive learner.²⁶³

In this study, perhaps because the content was something they wished to learn, and because evaluation and grades were not an issue, the learners were active and persistent in seeking the knowledge they wanted and in determining the manner in which they would learn it.

Other evidence of intrinsic motivation was the willingness to risk some degree of censure while learning to practice in a different way. Only two of the learners worked in an environment somewhat supportive of Parse’s theory. While this is always difficult, it is especially so for those new to the theory who do not yet have the confidence and words to explain their practice. They mentioned tensions that had developed with other nurses, other disciplines, a supervisor, an employer, and a family, and one learner described the difficulty of being required to use a systems approach in a graduate course she was taking:

I must say that I am having some difficulty in living, working and studying in one world, that of the totality paradigm, and thinking in the simultaneity paradigm. One of

²⁶¹ John Seely Brown and Paul Duguid, “Stolen knowledge,” *Educational Technology* 33, no. 3 (1993): 11. The notion of “stealing the knowledge” is a familiar one in the skilled trades; a stone mason once told me, “Nobody is going to teach you this trade—you have to steal it.”

²⁶² Martha L. P. MacLeod, “What does it mean to be well taught? A hermeneutic course evaluation,” *Journal of Nursing Education* 34, no. 5 (1995): 197-203.

²⁶³ Robin Mason, “Computer conferencing: Its contribution to self-directed learning,” in *Proceedings of The Second Guelph Symposium on Computer Conferencing, University of Guelph, Guelph, Ontario, Canada, June 1-4, 1987*. (Guelph, ON: University of Guelph), 1987: 33.

my courses that I am taking is about families and illness and is based on a systems approach. In this approach, nurse are to assess, and intervene, and I do find the interventions that are prescribed to be quite intrusive and do not practice them. However, I do have to use the language of the course while I am a student in it, but I must say that learning the human becoming theory has really caused me to see the language of nursing in a new light. I find the traditional language very harsh and abrasive, but yet how do you communicate in a world that still uses that language?

There was considerable evidence that learners were persistent when they were not satisfied with their understanding of something. They pressed their teachers to explain further, sought other resources, and tried other strategies.

Learner examples: intrinsic motivation

I will continue to dwell with this thought during my practice in order to further understand the situations and my beliefs surrounding them. However, I am not giving up because I know I will figure it out. I really do believe in the principles.

This is an area I will really work on next week.

I searched the state library system for some of the articles that have been mentioned in discussions and in the bibliography in the module, but we have none of the articles close by. I will take a bib to the hospital education department this week and have them get the articles from wherever they get them.

Cooperative Learning. This is termed “exploiting cooperation“ by Collins et al.,²⁶⁴ who see interaction with other learners as both motivating and as another learning resource. It is another way to foster articulation and can provide an additional source of scaffolding. Constructivist educators encourage collaboration among learners because they “believe that motivation to learn cannot be separated from the social context in which it is embedded.”²⁶⁵ One of the drawbacks of individual learning experiences can be the absence of a rich learning environment where learners can participate in a more advanced learning activity than they would be capable of if they were working alone.²⁶⁶

²⁶⁴ Collins et al., “Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics,” 453–494.

²⁶⁵ Lebow, “Constructivist values for instructional systems design: Five principles toward a new mindset,” 8.

²⁶⁶ L. S. Vygotsky, *Mind in society: The development of higher psychological processes* (Cambridge, MA: Harvard University Press), 1978.

Harasim²⁶⁷ states that the online environment is particularly appropriate for this type of learning, although this potential is not always realized. In the pilot for this study, the learner strongly recommended the provision of a discussion forum where learners could interact with others who were at different levels of understanding about the theory:

If you could have that opportunity for them...especially for people that don't know anything about Parse, because for me with [friend]—she had a nice grounding in it, so to be able to ask [her] some different things and hear her side of it was very helpful, whereas with [another friend] it was different learning with her...she didn't know anything, so I could tell her what I thought, and in telling her, I learned.

On that recommendation, the learners were introduced to each other and were provided with a discussion forum accessible only to them and myself, but other than one learner's failed attempts to elicit conversation from the others, it was never used. PARSE-L might have served this function, but as was reported above, during the period of the study, that list was not conducive to beginners' dialogue about the theory. Nonetheless, some managed on their own to locate others with whom they could discuss the theory. They found them online, at work, at a Parse Chapter meeting, and two learners who were attending the same graduate school met for lunch to discuss the theory. As well, at the time of the study, a lengthy thread on the topic of ontology was underway on NURSENET (a large international discussion forum for nursing issues.) As several Parse scholars were participating, some learners said that this provided them with another source of information and personal contacts.

Learner examples: cooperative learning

As far as external events goes, the one event that really influenced my learning was the participation of one of my classmates in this experience. [Classmate] and I spent many lunch hours discussing our teleapprenticeship experiences as well as our experience with the human becoming theory, and this was very helpful. We talked a lot about presencing and practiced with each other. We used the language with each other,

²⁶⁷L. Harasim, "On-line education: A new domain," in *Mindweave: Communication, computers and distance education*, ed. R. Mason and A. Kaye (Oxford: Pergamon), 1989, 50–62.

and this helped us to become used to it, and we used it in our seminars when we talked about our experiences.

I attended the [city] Chapter meeting yesterday and found some answers (through listening) to other questions that I had.

Model Elements Not Found in the Data

Component by component, the cognitive apprenticeship model as described by Collins et al. is a fairly good fit with the teaching and learning actions and incidents identified in the teleapprenticeships transcripts. Of the 18 characteristics of ideal learning environments specified in the model, 14 were present (see Table 2). Those that were absent were *exploiting competition* and the three sequencing principles: *increasing complexity*, *increasing diversity*, and *global before local skills*. Three of these may well have appeared in teleapprenticeships concerned with a different subject matter.

Exploiting competition is a strategy where the comparison of students' work (ideally problem-solving processes, not products) is supposed to motivate them to improve. This strategy is inappropriate for adults and possibly for all learners at the individual level; Collins et al. themselves have noted considerable problems with this approach. They suggest instead a blending of the cooperation and competition strategies; individuals could work and learn within supportive groups, and these groups, not the individuals, could be competitive.²⁶⁸

The three sequencing strategies have to do with the teacher structuring the presentation of information or activities in stages, levels, or differing contexts according to the learner's needs. There are several possible reasons why the sequencing principles did not occur in this learning event. First, except at the very beginning, the teachers did

²⁶⁸Collins et al., "Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics," 490.

not determine the presentation of the content; it was the learners who decided which topics would be explored in light of situations in their practice. The one-to-one situation may have fostered greater learner-directedness than would have occurred in a group situation.

Second, task *complexity* is not germane to the study of this theory. Parse's practice methodology does not consist of linear, ordered steps or staged progression toward the mastery of tasks, nor does it comprise a problem-solving approach. Rather, the methodology involves the nurse being truly present as persons "uncover the meaning of their situations. The nurse's participation with the person, as she or he explores thoughts, feelings, hopes, and dreams, moves the person beyond."²⁶⁹ While growth in knowledge about the theory and the practice methodology is ongoing for Parse nurses, movement toward greater understanding tends to happen in situational "ah ha!" moments rather than in a sequenced or deliberate way. As well, sequencing of instruction is not consistent with constructivist learning environments which are more process- than product-oriented.²⁷⁰ Some constructivists, arguing from the basic proposition that "understanding is indexed by experience," point out that the notion of increasing complexity would mean removing complexities from the environment so that a learner begins in simplified circumstances. Not only would this produce an inauthentic context and different learning outcomes,²⁷¹ but it is not possible to achieve in nursing practice.

Deliberately employing the strategy of *increasing diversity* was not suitable for

²⁶⁹ Pilkington et al., *The human becoming theory: a manual for the teaching-learning process*, 30.

²⁷⁰ David H. Jonassen, "Thinking technology: Toward a constructivist design model," *Educational Technology* 34, no. 4 (1994): 34-37.

²⁷¹ Peter C. Honebein, Thomas M. Duffy, and Barry J. Fishman, "Constructivism and the design of learning environments: Context and authentic activities for learning," in *Designing environments for constructive learning*, ed. Thomas M. Duffy, Joost Lowyck, and David H. Jonassen (Berlin: Springer-Verlag), 1993, 94.

this domain; Parse's theory can be used in any nursing situation. Parse nurses do, however, expand their repertoire for practice through experience, study and research. In this study, the teachers did not act deliberately to increase diversity, knowing that each nursing situation the learners considered in light of the theory moved them toward increased understanding of the human experience.

The sequencing principle of *global before local skills* allows learners to construct a conceptual model of the overall activity. This helps them to make sense of the domain and acts as a guide for performance. While the model is chiefly concerned with skills and processes, this principle could be interpreted to mean that learners would be given theoretical information before being introduced to a practice methodology. Parse's theory is often taught this way, especially in group situations.²⁷² The values, beliefs, and concepts of the theory are often presented first to give nurses a chance to think deeply about each of them in relation to the traditional way of nursing. To practice the theory, nurses must struggle to change their belief system about human beings and health. As this begins to happen, the practice methodology tends to make sense, and they can then begin to learn to change their way of being with patients. Their theoretical knowledge will help them to monitor their practice performance.

It had been my expectation that the teleapprenticeships would play out somewhat in this familiar fashion. The Learning Modules were given to the learners so that they could begin to study the theory in this semi-structured way. But as we have seen, this is not what transpired. In this learning event, the nurses learned the theory that was relevant to each nursing situation that presented. This is similar to Action Learning, where

²⁷²See Mitchell, "Evaluation of the human becoming theory in practice in an acute care setting," 370–374.

knowledge is sought in a just-in-time way based on felt needs.²⁷³

Data That Were Not Accommodated Within the Model

Stories

Learning from stories is deemed important by Brown, Collins, and Duguid²⁷⁴ but was not included in the modified cognitive apprenticeship model of Collins and his colleagues. In a discussion about the role of narrative as an essential component of social interaction and learning, Brown, Collins, and Duguid state that narratives “must be promoted, not inhibited”: “Learning environments must allow narratives to circulate and ‘war stories’ to be added to the collective wisdom of the community.”²⁷⁵

War stories allow “peripheral participation” for people entering the culture; it is important that learners are able “to observe how practitioners at various levels behave and talk to get a sense of how expertise is manifest in conversation and other activities.”²⁷⁶ In this study, the teacher or learner continuously related stories from practice to illustrate aspects of the theoretical content under study:

<i>Learner example: stories</i>	<i>Teacher examples: stories</i>
<i>I did have a good experience with a patient who was dying at home. The family and the home care nurses needed to know what his wishes were in regards to calling 911 when he died. Did he want a resuscitative effort? As soon as that number is called the paramedics are obligated to try to resuscitate the individual. I decided to use Parse’s theory to guide my practice and introduced the topic to this man and then just let myself be with him as he thought</i>	<i>A person who had a heart attack and seemed stable at the time, once told me that he was going to die. I laughed it off, ‘reassuring’ him that he was doing just fine. Five minutes later he arrested, and we were unable to resuscitate him. Had I just listened, perhaps he would have given me a last message for his wife and family. However, my reassurance prevented him ‘living his dying’ as he would have liked it.</i>

²⁷³ See Linda H. Lewis and Carol J. Williams, “Experiential learning: past and present,” *New Directions for Adult and Continuing Education* 62, no. Summer (1994): 11.

²⁷⁴ Brown et al., “Situated cognition and the culture of learning,” 32–42.

²⁷⁵ Brown et al., “Situated cognition and the culture of learning,” 40.

²⁷⁶ Brown et al., “Situated cognition and the culture of learning,” 40.

<p><i>about the issues. He talked and talked and asked some questions, both of myself and of his wife and family, he asked his wife what it would be like for her not to call 911, he did a lot of reminiscing. I did not make any suggestions to him, just stayed with him, and after an hour he said that he needed twenty-four hours to think and asked me to come back. I came back the next day, and he had firmly made up his mind—he did not wish a resuscitative effort.</i></p>	
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Resources

Offering, seeking, recommending, asking about, commenting on, and evaluating different kinds of resources were prominent themes in the dialogue of both teachers and learners. The participants made reference to bibliographies, books, chapters, articles, videos, television programs, newsletters, conferences, Internet resources such as websites and discussion forums (PARSE-L and NURSENET), groups such as the International Consortium of Parse Scholars, and various people.

There is no specific mention of *resources* as a component in the model. This may be because the model was designed for children's learning events or because Collins et al. consider resources to be a commonplace of learning environments that requires no mention. But for adults, especially professionals like nurses who are responsible to remain current in their area of practice, *resources* and knowing how to access and use them are of paramount importance in learning. The notion of resources for learning is not easily incorporated into the model. Aspects of *resources* as it was manifest in the teleapprenticeships can be found in *domain knowledge*, *learning strategies*, and *collaboration*, but none of these components fully accommodates it. Illich's notion of "educational objects" most closely approximates the *resources* theme in this study. He

considers access to “things” such as computers, books, materials, and experiences as one of the three or four essentials for learning.²⁷⁷

Summary of the Teleapprenticeships’ Fit With the Model

As noted previously, a component-by-component comparison of the teleapprenticeships with the cognitive apprenticeship model revealed a good fit. Only a few elements were missing, and these were for the most part either inappropriate for adult learners or not relevant to the subject matter under study. Two prevalent themes from the data were missing from the model: *stories* and *resources*. This degree of fit was remarkable given that none of the participants was familiar with the cognitive apprenticeship model, and no instructions or recommendations related to teaching methods were given to them. These nurses seem to have created a cognitive apprenticeship learning environment naturally, not by following an instructional design model, but by relating to each other in a certain way.

Although a *component-by-component* analysis proved to be a good fit, the *gestalt* of the teleapprenticeships was not captured in the model. As is often the case with instructional designs, the cognitive apprenticeship model is very much a set of instructions for teaching, while these teleapprenticeships are more accurately described in a relational, situational way.

Teleapprenticeship: A Situation where Learning Could Happen

These teleapprenticeships are best described as social situations where learning could happen. The teacher-learner relationship was one of collegial, mutual engagement in real nursing situations. The integrity of the practice situation was the nurses’

²⁷⁷ Ivan Illich, *Deschooling society* (New York: Harper & Row), 1970, 79.

predominant concern; theoretical and methodological aspects of Parse's theory were appropriated only as they were deemed safe and workable in the practice setting. The participants' life context, other people and events, and resources (things, people, processes) also comprised the milieu. All of the teaching methods of the cognitive apprenticeship model were used, but these were manifest simply as a way of being with the learner in dialogue. Thus, teleapprenticeship was a situation for learning within the nurse's context of practice; practice was paramount. Five key terms can be used to bring forth the essence of these teleapprenticeships: *situation*, *self-directed learning*, *teaching as "being with,"* *resources*, and *collateral others and events*. I have depicted these in Figure 1 and will discuss each below.

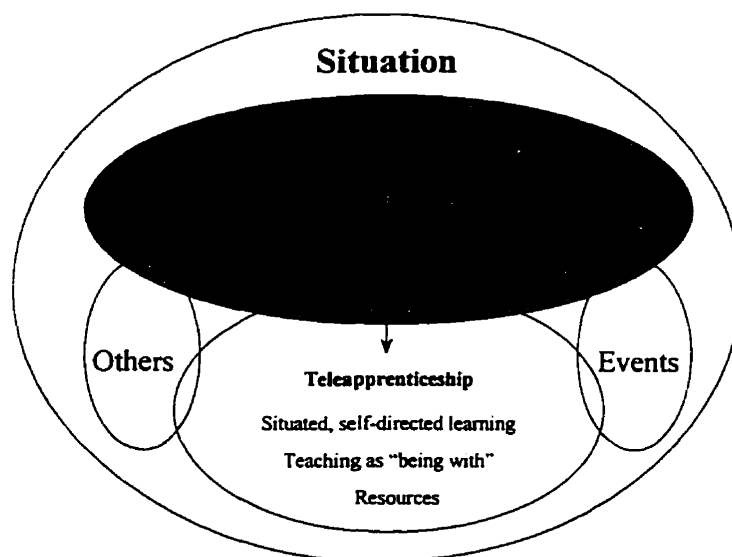


Figure 1. Teleapprenticeship as a situation where learning could happen.

Situation

Carr writes that cultural institutions such as libraries, museums, or aquariums are "ideal settings for the realization of situations where cognitive apprenticeship becomes

possible.”²⁷⁸ In this sense, the online environment along with the nurse-learner’s practice milieu served as a setting where a situation for teleapprenticeship could be realized. For Connelly and Clandinin, “curriculum is something experienced in situations.” They define situation as being “composed of persons, in an immediate environment of things, interacting according to certain processes.”²⁷⁹ In the teleapprenticeships, the key persons were the learner, his or her patients, and the teacher. Unlike a traditional classroom, these immediate environments were virtual; they reflected the participants’ shared nurse culture²⁸⁰ and aspects of the participants’ off-line life. The learners’ immediate practice situations were brought into the environment through narrative as were the teachers’ practice examples. Nonvirtual environmental “things” were the numerous resources the participants discussed. The processes comprised the participants’ online dialogue and relationship.

For Carr, “the situation is an example of learning in a creative social relationship involving experience, information, and skills.”²⁸¹ Following Rogoff²⁸² he conceives of situations of cognitive apprenticeship as themselves being creative processes.

The situations most favorable for learning and change are characterized by:

- (1) the transmission of trustworthy data, (2) contexts and spaces for pausing to expand and connect the information given, (3) an assisting voice who provides appropriate, expansive discourse, (4) confirmation of emerging expertise, and (5) the

²⁷⁸Carr, “Cultural institutions as structures for cognitive change,” 28.

²⁷⁹F. Michael Connelly and D. Jean Clandinin, *Teachers as curriculum planners* (Toronto: OISE Press), 1988, 6.

²⁸⁰For the most part, nurses are immediately “at home” with other nurses anywhere in the world. Because we have had similar professional socialization and experiences, we share language, rituals, customs, history, and a body of knowledge. Florence Nightingale’s influence on nursing education has been felt worldwide, and the historically standardized organizational structure of hospitals has also contributed to a universal nurse culture.

²⁸¹Rogoff, *Apprenticeship in thinking: Cognitive Development in Social Context*.

²⁸²Carr, “Cultural institutions as structures for cognitive change,” 28.

opportunity to recognize and savor critical or insightful moments.²⁸³

All of these elements are characteristic of these teleapprenticeship situations.

Self-directed Learning and Teaching as “Being With”

The learners alone had knowledge of both the practice and teleapprenticeship situations. They seemed to act as a filter or semi-permeable membrane between the practice situation and the teleapprenticeship. Essentially, everything that took place in the teleapprenticeship was determined by the learner and emanated from the practice situation; only those aspects of Parse’s theory that they deemed safe and useful were tried out in practice.

The learner was so central to the organization, process, and content of the teleapprenticeship that even though the teachers’ notes were fairly comparable in number and volume to the learners’ (see Table 1), their presence seemed low key or backgrounded in comparison. Each teacher truly did act as a “guide on the side” rather than as a “sage on the stage.”²⁸⁴ In an early telling memo to myself, I wrote: “This is all about the learners. I am having trouble getting a fix on the teachers. They seem to be just one of several resources that the learners use.” At first I had trouble understanding why I was unable to write about the teachers when I could so easily construct stories about the learners’ experience. The teachers were engaged and wholly present in response to the learner’s needs but then seemed to recede from view until called forth again. They seemed to be acting as assistants to the learners’ self-learning.²⁸⁵

The learners, though, experienced the teachers in a very different way. They felt

²⁸³ Carr, “Cultural institutions as structures for cognitive change,” 29.

²⁸⁴ Alison King, “From sage on the stage to guide on the side,” *College Teaching* 41, no. 1 (1993): 30-35.

²⁸⁵ Hilary McLellan, “Evaluation in a situated learning environment,” *Educational Technology* 33, no. 3 (1993): 39-44.

personally connected with them and wanted to stay in touch. One learner said that her mentor had had a profound impact on her life. How could the teachers have been so present to the learners, yet paradoxically, so invisible in the data, despite the volumes of text they had written? This could be because, as Lave and Wenger have noted, there is actually little direct teaching in most apprenticeship situations.²⁸⁶ But also, skillful teaching and nursing are often invisible;^{287,288} in fact modern practice in many professions is only partially visible.²⁸⁹ Von Laue writes that good teaching should be invisible so students don't know they are being taught. It "...means playing your role pianissimo."²⁹⁰ This way of being with the learners is reminiscent of the nurse-person relationship in Parse's practice methodology. In this approach, the nurse (*quietly, unobtrusively*) dwells with persons in true presence as they find meaning in their situations and mobilize to move beyond. The nurse believes that persons know the way and follows where they lead, being open to their unfolding.²⁹¹ While true presence pertains to nursing situations, the nurses' values and beliefs about people do not change in other situations. Hence, the teachers would be open to the learner's way of working to come to an understanding of the theory.

Constructivism assumes that learners "construct their own understanding"; they

²⁸⁶ Jean Lave and Etienne Wenger, *Situated learning: Legitimate peripheral participation* (Melbourne, Australia: Cambridge University Press), 1991.

²⁸⁷ See for example: Rosanne DeFabio, "Classroom as text: Reading, interpreting, and critiquing a literature class," *ERIC Document Reproduction Service* ED315761 (1989).; P. Marck, "The problem with good nursing care...it is often invisible," *AARN Newsletter* 50, no. 5 (1994): 10-11.

²⁸⁸ Laurence J. Coleman, "The invisible world of professional practical knowledge of a teacher of the gifted," *Journal for the Education of the Gifted* 14, no. 2 (1991): 151-165.

²⁸⁹ Sue E. Berryman and Thomas R. Bailey, *The double helix of education and the economy* (New York: Teachers College/Columbia University), 1992, 81.

²⁹⁰ Theodore H. Von Laue, "In honor of teaching," *ERIC Document Reproduction Service* ED236949 (1983): 4.

²⁹¹ Pilkington et al., *The human becoming theory: a manual for the teaching-learning process*.

do not “acquire new knowledge through a passive process of transmission, where knowledge is passed unchanged from teacher to students.”²⁹² But this way of being in a teaching-learning situation does not mean that “anything goes” regarding content. Jonassen notes that a common misconception of constructivism is the fear of anomie—that if we each construct our own reality, this must lead to intellectual anarchy. He contends that, “constructivist environments are not the unregulated, unsupported, anarchic, sink-or-swim, open-discovery learning cesspools that many fear.”²⁹³ As one of the teachers in this study said, “When any theory is taught, a teacher I believe is responsible to clarify what is consistent and inconsistent with the theory and be open at the same time to the student’s own way of growing and learning.”

Parse’s theory comprises definite assumptions and principles as does mathematics, so teaching Parse’s theory is not unlike teaching mathematics; the issue for the constructivist mathematics teacher is how good the students’ constructions of mathematics concepts will be. The teaching emphasis is on the creation of learning environments that will help the learners create good schemas of understanding.²⁹⁴ The teacher recognizes that a learner’s initial constructions may be less adequate than later ones, and for this reason, there must be motivation for ongoing inquiry.²⁹⁵

Collateral Others and Events

In contrast to more traditional learning environments these learners integrated discussions of the people and events in their complex lives into the teleapprenticeships.

²⁹² George Gadanidis, “Deconstructing constructivism,” *Mathematics Teacher* 87, no. 2 (1994): 91-97.

²⁹³ Jonassen, “Thinking technology: Toward a constructivist design model,” 35.

²⁹⁴ Gadanidis, “Deconstructing constructivism,” 91-97.

²⁹⁵ Noddings, “Constructivism and caring,” 35-50.

Because this type of learning involved fundamental changes in their belief systems, the learners may have needed to consider how the philosophy would fit with other aspects of their lives. Some who were students discussed Parse's theory in relation to other things they were learning, and several engaged in "what if" scenarios regarding their family lives. If they were Parse nurses, how would their changed belief system play out in the family? For instance, a learner wrote to her teacher, "I've been a bit quiet lately, thinking about Parse in relation to a couple different things. First on a personal level. My daughter-in-law is pregnant...and I started thinking about her, me and Parse's theory." The learners discussed many people in their lives whom they saw as relevant to the teleapprenticeships or Parse's theory. This included other people in the work settings (patients, other nurses, people in other disciplines, administrators); other people at their schools; their families; people from other online communities; and even their pets. Connelly and Clandinin have described this phenomenon as a process through which we integrate new theory into our beings: we "work the idea into us. We gnaw it around. We think about what it means in things that we do. We relate it to our private life. We drum up examples. We play with the idea."²⁹⁶

The attention the participants gave to simultaneously occurring events surfaced as a prominent theme in the teleapprenticeships. The most prevalent example involved the aforementioned discussions about the theory that were running concurrent to the teleapprenticeships on PARSE-L. One teacher mentioned this phenomenon in her online interview: "The [period] online in which I mentored [learner] was interesting. While she was working through her own set of issues in the work place, she, along with others were

²⁹⁶F. Michael Connelly and D. Jean Clandinin, *Teachers as curriculum planners* (Toronto: OISE Press), 1988, 90.

working through a whole other set of related/unrelated issues on the PARSE-L.”

Also important were events occurring in the participants’ life situations relative to the learning event. All the participants were extremely busy people, and the teleapprenticeships had to be accommodated within the demands of their personal lives and their hectic teaching, working, volunteering, and studying schedules. Workplace events, particularly administrative and policy decisions that affected nursing practice in general (and Parse-guided practice in particular), were often the topic of discussion. There were incidents (some are related in the learner profiles in Chapter V) where the learners’ growing client-centered perspective incited them to become activists in their work settings. Mezirow notes that “the decision to act upon a new perspective is an essential part of the transformative learning process.”²⁹⁷

Resources

As discussed above in relation to the cognitive apprenticeship model, dialogue about diverse kinds of resources was a pervasive theme throughout the transcripts. The teachers frequently offered resources (primarily articles and books) as an supplement to their discussions about the theory in relation to the learner’s clinical situation. The teachers discussed the many resources they used in the teleapprenticeship. Besides continually referring to articles and books about the theory, the teachers often conferred with other Parse scholars about the best way to answer a learner’s questions: “I am awaiting a response from one of the Parse scholars...re: testing the theory. I think though, that my answer is on track but want to be sure.” The luxury of time to think about a clinical situation was the teacher’s most frequently mentioned resource. They wanted so

²⁹⁷ Jack Mezirow, “Conclusion: toward transformative learning and emancipatory education,” in *Fostering critical reflection in adulthood*, ed. Jack Mezirow and Associates (San Francisco: Jossey-Bass Publishers), 1990, 361–362.

very much to “get it right” for the learners:

It is Friday, and I have thought so much about your questions and concerns over the week.

I am going to give this more thought and get back to you on this.

I am thinking about the person who experiences pain and has been coming to your unit for five years.

The learners’ active approach to seeking out resources further demonstrates their motivation and self-directedness. Clearly, the learners did not consider the teacher to be their only resource for learning.

SUMMARY

The teachers and the learners described their teleapprenticeship as having been a positive learning experience, not only for the opportunity to teach and learn Parse’s theory, but also as a first exposure to a distributed learning environment. They felt they had come to know each other personally and expressed a desire to keep in touch. Most of the teachers offered themselves as resources should the learners continue to study the theory. The teachers found teaching online to be very time consuming, and each of them sorely missed being physically present with the students. The learners felt they had benefited from writing about their practice; for some it was a reflective exercise that offered the potential for growth. But representatives of each group felt limited in depending solely on written text for communicating; some feared that using written dialogue by itself could lead to misunderstandings, and several wished there could have been supplementary phone or face-to-face contact. As is typical in asynchronous CMC events, all the participants enjoyed the advantages of online learning: participation from anywhere at any time; time to think before responding; and the ability to review the transcripts of the learning event. Because it had been in my interest to personally attend

to whatever technology or computer learning-needs problem presented during the teleapprenticeships, technology problems were not an issue in this study.

Although no instructions related to teaching or learning methods were given, the participants structured remarkably similar constructivist learning environments. They seem to have created a cognitive apprenticeship learning environment naturally, not by following an instructional design model, but by relating to each other in a certain way. The teacher-learner relationship was one of collegial, mutual engagement in real nursing situations. The integrity of the practice situation was the nurses' predominant concern; theoretical and methodological aspects of Parse's theory were appropriated only as they were deemed safe and workable in the practice setting. The participants' life context, other people and events, and resources also comprised the milieu. The teleapprenticeships were compared with the cognitive apprenticeship model, and although a *component-by-component* analysis proved to be a good fit, the *essence* of the teleapprenticeships was not captured in the model. I have developed a model portraying these teleapprenticeship as "a situation where learning could happen," and have used five terms to bring forth the essence of these teleapprenticeships: *situation*, *self-directed learning*, *teaching as "being with," resources*, and *collateral others and events*.

Chapter V

LEARNING JOURNEYS

In this chapter I address the second research question: *What is the experience of studying Parse's theory online with a mentor?* To bring to the reader something of the “experience of the experience,” I constructed stories about the teleapprenticeship of each learner in the five dyads that “completed” their learning event. The stories of Maria, Glenn, Alice, Ethel, and Hoppy (pseudonyms) begin on page 120, but in a preface to that section I describe the process by which I found a way to represent these learners’ experience. I discuss how the conformation of the data (complex, multi-layered, discontinuous, disorganized, incomplete, provisional stories in progress) and my evolving philosophy about research led to the choice of creative nonfiction as both form and as a method of analysis.

THE RESEARCHER’S JOURNEY

In the process of rendering the accounts of the learners’ teleapprenticeships, I was presented with some challenges I had not previously encountered. First, the data were far more complex than the more situation- or topic-focused research I had previously conducted. In addition to the participants’ theoretical and philosophical discussions, the transcripts were a many-layered complexity of people and events; the five “complete” transcripts alone contained discussions about the nursing care of 25 patients and their families, incidents involving healthcare workers from several disciplines as well as events from the participants’ own complex worlds of work, study and family. Many of the practice situations were “live action stories” happening nearly in the moment rather than being recalled from a more distant past. Further, while these practice stories tended to

have the familiar beginning-middle-end narrative structural properties,²⁹⁸ stories about the phenomenon of concern—the learners’ attempts to integrate Parse’s theory into their practice—usually did not take this linear form. In many instances, the story was not yet finished—the participants were still engaged in the struggle. Narratives like these do not lend themselves to resolutions or conclusions. As Nesor and Barber write: “Instead of having end points, such narratives describe situations as portions of complex journeys that continue to unfold. Their incompleteness and contingency is critical to their meaning.”²⁹⁹

Ironically, while the participants’ narratives seemed incomplete, the transcripts had a fixed and final quality; they were archival data in that they were a record of a learning event that had reached its conclusion. The teleapprenticeship participants had engaged with each other for a time, but like a university course, when it was over, they dispersed. Thus, like historical research, the analysis of the learning event was limited to the existing data. My relationship with the participants had been different from researchers who interview or otherwise interact directly with their informants; I had been

²⁹⁸ Many researchers have used variations of Labov’s narrative structural properties (abstract, orientation, complicating action, evaluation, resolution and coda) to delineate the unit of analysis or as an approach to analysis. Labov’s approach was not useful for this analysis; his work was with oral narrative, and written stories in email messages may take different forms. (See W. Labov, “The transformation of experience in narrative syntax,” in *Language in the inner city: studies in the Black English vernacular*, ed. W. Labov [Philadelphia: University of Pennsylvania Press], 1972, 354–396.; W. Labov and J. Waletzky, “Narrative analysis: oral versions of personal experience,” in *Essays on the verbal and visual arts*, ed. J. Helm [Seattle: University of Washington Press], 1967, 12–44).

²⁹⁹ Jan Nesor and Liz Barber, “Audience and the politics of narrative,” *Qualitative Studies in Education* 8, no. 1 (1995): 49–62.

a silent observer—a “fly on the wall”—during the learning events,³⁰⁰ corresponding with them only in response to questions about the teleapprenticeship or the technology.

Afterwards I had only brief contact at the time of their concluding narratives.

To further complicate matters, in the course of my doctoral studies, my philosophical stance toward research had moved to a more postmodern perspective.

Elsewhere³⁰¹ I had described my new worldview:

Postmodernism encourages us to examine our need for imposing order and structure,³⁰² and the way that our structuralist orientation leads us to think in competitive false dualisms like quantitative/qualitative, science/art, objective/subjective, ‘normal’ science/new paradigm science.³⁰³ Postmodernism celebrates diversity and plurality; multiple voices, perspectives, truths, and meanings; tolerance for paradox, contradictions, and ambiguity; and the blurring of boundaries between research and everyday life. Unlike Kuhn’s³⁰⁴ concept of “paradigm shift” where one paradigm eventually replaces another, postmodernism “insists on the co-existence, juxtaposition, and interaction of multiple paradigms.”³⁰⁵

Postmodern research tends to feature dialogue, self-disclosure, and process rather than goals such as theory generation or direct applications for practice.³⁰⁶ As the nature of all knowledge is considered to be transient, partial, provisional, situated, and constructed, new understandings are reported in open-ended instructive accounts that contain no “story of stories” nor a “synthesizing allegory.” “At best, we make do with a collection of indexical anecdotes or telling particulars with which to portend that

³⁰⁰ I am very aware that although my role during the teleapprenticeships was limited to that of eavesdropper and computer helpdesk technician, my silent presence had an modifying effect on the data; the participants knew that their every word was being preserved as research data. On two occasions, participants requested that I not include certain paragraphs as data, several told me that they had private (off-list) discussions between them, and one dyad chose to use the telephone to discuss a sensitive matter.

³⁰¹ Judy R. Norris, “Meaning through form: Alternative modes of knowledge representation,” in *Completing a qualitative project: discussion and dialogue*, ed. Janice M. Morse (Thousand Oaks, CA: Sage), 1997, 88–89.

³⁰² Jane Flax, “Postmodernism and gender relations in feminist theory,” *Signs* 12, no. 4 (1987): 621–643.

³⁰³ Denis Hlynka, “Postmodern excursions into educational technology,” *Educational Technology* 31, no. 6 (1991): 27–30.

³⁰⁴ T. Kuhn, *The structure of scientific revolutions* (Chicago: University of Chicago Press), 1970.

³⁰⁵ Hlynka, “Postmodern excursions into educational technology,” 28.

³⁰⁶ John Shotter, “‘Getting in touch’: The meta-methodology of a postmodern science of mental life,” in *Psychology and postmodernism*, ed. S. Kvale (London: Sage), 1992, 58–73; Stephen A. Tyler, “Post-modern ethnography: From document of the occult to occult document,” in *Writing culture: The poetics and politics of ethnography*, ed. James Clifford and George E. Marcus (Berkeley: University of California Press), 1986, 122–140.

larger unity beyond explicit textualization.”³⁰⁷

Previously, using grounded theory or quantitative methods, my research ended far more quickly and definitively with “findings,” a “conclusion,” and sometimes a prescriptive model for practice. But with this study, I wanted to offer a text that allows the audience to experience the experience, one that is “primarily concerned with evocation rather than ‘true representation’” and where “learning about” has to do with “participating with rather than describing for.”³⁰⁸ Eisner calls this “productive ambiguity”: by this he means “that the material presented is more evocative than denotative, and in its evocation, it generates insight and invites attention to complexity.”³⁰⁹ I had come to feel uncomfortable predetermining meaning so that “the reader remains an outsider to the story,”³¹⁰ and I had learned about the power of story to elicit personal knowledge.

Following Jardine, I saw the goal of this inquiry as pedagogic in that it was “not the simple accumulation of new objective information” to be passed on in a definitive way; instead, I needed to find a form to represent the participants’ experience in a way that had the potential to evoke in nurses and perhaps others “a new way of understanding themselves and the life they are living.”³¹¹ Stake maintains that “researchers assist

³⁰⁷ Tyler, “Post-modern ethnography: From document of the occult to occult document,” 131.

³⁰⁸ Carolyn Ellis, “There are survivors,” *The Sociological Quarterly* 34, no. 4 (1993): 726.

³⁰⁹ Elliot W. Eisner, “The promise and perils of alternative forms of data representation,” *Educational Researcher* 26, no. 6 (1997): 8.

³¹⁰ Toni M. Vezeau, “Narrative inquiry in nursing,” in *Art and aesthetics in nursing*, ed. Peggy L. Chinn and Jean Watson (New York: National League for Nursing Press), 1994, 166.

³¹¹ David W. Jardine, “The fecundity of the individual case: considerations of the pedagogic heart of interpretive work,” *Journal of Philosophy of Education* 26, no. 1 (1992): 60.

readers in the construction of knowledge.”³¹² He cites Eisner who believes that a researcher is a teacher who uses two pedagogical methods: teaching didactically as well as arranging for discovery learning. With this in mind, I wanted to present the learners’ experience so that the reader is afforded an opportunity to learn what I have learned, and also to provide material for discovery learning and vicarious experience. This is termed *naturalistic generalization*:³¹³ “The reader comes to know some things told, as if he or she had experienced them. Enduring meanings come from encounter, and are modified and reinforced by repeated encounter.”³¹⁴

FINDING A WAY

Analysis of narrative/narrative analysis

In order to understand more about the structure of the teleapprenticeship learning environment and the pedagogical aspects of the participants’ experience, I had coded and then aggregated instances of teaching and learning behaviors and happenings (see Chapter IV). But this approach was not appropriate for addressing the second research question: “*What is the experience of studying Parse’s theory online with a mentor?*” Each participant’s experience of the teleapprenticeship was unique and individual case study portrayals would best represent their experience. These two approaches represent the two types of narrative inquiry distinguished by Polkinghorne³¹⁵ using Bruner’s

³¹² Robert E. Stake, “Case studies,” in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publishers), 1994, 240.

³¹³ R. E. Stake and D. J. Trumbull, “Naturalistic generalizations,” *Review Journal of Philosophy and Social Science* 7 (1982): 1–12.

³¹⁴ Stake, “Case studies,” 240.

³¹⁵ Donald E. Polkinghorne, “Narrative configuration in qualitative analysis,” *Qualitative Studies in Education* 8, no. 1 (1995): 5–23.

designation of paradigmatic and narrative types of cognition.³¹⁶

Polkinghorne terms the paradigmatic-type of analysis an “*analysis of narratives.*” Here, inductive or deductive methods are used to categorize narrative data. For the analysis reported in Chapter IV, I used both: first, the data were coded inductively to derive categories; and then in a deductive way, these categories were examined to determine the fit with the components of the cognitive apprenticeship model. The objective of this type of analysis is to find commonalities among the data: “The strength of paradigmatic procedures is their capacity to develop general knowledge about a collection of stories. This kind of knowledge, however, is abstract and formal, and by necessity underplays the unique and particular aspects of each story.”³¹⁷

In Polkinghorne’s second type of narrative inquiry, which he terms “*narrative analysis,*” the researcher seeks to develop an integrated “emplotted narrative” from “eventful data” that “will reveal the uniqueness of the individual case”; the data may not be in storied form, but one or more time-bounded stories is the outcome of the research.³¹⁸ “The power of a storied outcome is derived from its presentation of a distinctive individual, in a unique situation, dealing with issues in a personal manner”,³¹⁹ it is this type of analysis that is presented in this chapter.

Procedure for Narrative Analysis

In this study, I wanted to use narrative analysis to provide a story that would depict what had occurred for each learner during his or her teleapprenticeship. Narrative

³¹⁶ J. Bruner, *Actual minds, possible worlds* (Cambridge, MA: Harvard University Press), 1986.

³¹⁷ Polkinghorne, “Narrative configuration in qualitative analysis,” 15.

³¹⁸ Polkinghorne, “Narrative configuration in qualitative analysis,” 15.

³¹⁹ Polkinghorne, “Narrative configuration in qualitative analysis,” 18.

is a “telling” which makes it possible for us to gain understanding about the lives of others.³²⁰ For Polkinghorne, narrative analysis involves creating a text by working in a “to-and-fro movement from parts to whole” to refine a plot that will serve “to configure the data elements into a coherent story.”³²¹ As “the function of narrative analysis is to ask how and why a particular outcome came about,”³²² the first step is to identify the dénouement and then to arrange the data elements chronologically, identifying which contributed to the outcome. Thus, not all data elements are included. The next step is to construct the plot outline and begin to link the data elements to the whole. If the plot is not strong enough to unite the data, it must be adjusted. Because the story is a scholarly explanation, the researcher draws on disciplinary expertise to make sense of what has happened.

For several reasons, certain aspects of Polkinghorne’s procedure were not useful in constructing accounts of the learners’ experience. First, because there was often an ambiguous outcome, the data did not easily lend themselves to organization around a definitive plot; the learners’ stories were about their back and forth struggles with a theory within the context of rapidly changing practice situations. Most often there was no distinct beginning, middle or end to the story, perhaps because the learners were living the story in the present and were still open to possibilities.³²³

³²⁰ Elliot W. Eisner, “The new frontier in qualitative research methodology,” *Qualitative Inquiry* 3, no. 3 (1997): 264.

³²¹ Polkinghorne, “Narrative configuration in qualitative analysis,” 16.

³²² Polkinghorne, “Narrative configuration in qualitative analysis,” 19.

³²³ Mattingly writes that applying narrative theorists’ notion of emplotment to the analysis of lives in progress is problematic. In her opinion, Paul Ricoeur’s notion of emplotment in his essay “Narrative Time,” “focuses upon texts rather than social actions. His use of the term emplotment is developed through considering the narrative structures of fiction and history rather than the more chaotic and improvisational realm of everyday life.” Cheryl Mattingly, “The concept of therapeutic ‘emplotment,’” *Social Science & Medicine* 38, no. 6 (1994): 812.

A similar structure was found in the narratives of persons in Turkey who were suffering from epilepsy. The structure of these illness narratives lacked coherence and completeness, perhaps, as the authors speculate, because of the coherence lacking in the experience of illness. Those who told the stories seemed to be situated in the midst of the stories; endings were hypothetical, and story beginnings were subject to reevaluation as events unfolded. These authors contend that reader response theory³²⁴ is somewhat useful for understanding this situation. The storytellers “were akin to readers part way through a story, rather than omniscient narrators who already know the outcome...and they were still actively engaged in ‘emplotting’ the condition from which they suffer, in seeking a plot open to a desired outcome.”³²⁵ Endings and conclusions are expected components in Western narrative, but some narratives, like the teleapprenticeships are still unfolding; “their incompleteness and contingency is critical to their meaning.”³²⁶

Second, the actual chronology was relatively unimportant to these stories. The learners did not learn aspects of the theory in a linear or incremental way; rather, they considered the theory in light of their current clinical situations, so “eventful data” tended to be a series of situated and relatively discrete incidents.³²⁷ Finally, a linear approach to the construction of the stories would increase the likelihood that the resulting text would predetermine meaning for the reader, while my aim was to offer a potential for optional,

³²⁴W. Iser, *The act of reading. A theory of aesthetic response* (Baltimore: The Johns Hopkins University Press), 1978.

³²⁵Byron J. Good and Mary-Jo Del Vecchio Good, “In the subjunctive mode: Epilepsy narratives in Turkey,” *Social Science & Medicine* 38, no. 6 (1994): 838.

³²⁶Jan Nespov and Liz Barber, “Audience and the politics of narrative,” *Qualitative Studies in Education* 8, no. 1 (1995): 60.

³²⁷Blumenfeld-Jones (following Ricoeur) points out a narrative need not be true to the real chronology, but only to the logic of its own organizational system (Donald Blumenfeld-Jones, “Fidelity as a criterion for practicing and evaluating narrative inquiry,” *Qualitative Studies in Education* 8, no. 1 [1995]: 25–35).

personal readings. As Eisner writes, “The open texture of the form increases the probability that multiple perspectives will emerge. Multiple perspectives make our engagement with the phenomena more complex. Ironically, good research often complicates our lives.”³²⁸

Barthes³²⁹ differentiates between “readerly” text—an authoritative text that aims to govern the reader’s experience by offering a single meaning—and the more ambiguous, plural, open, “writerly” text³³⁰ where the reader is given space to write him- or herself into the story, that is, “the reader ‘receives’ it by composing it”.³³¹ As Vezeau writes:

A true story, as opposed to lie or propaganda, has the power to lead me to focus on my own life experience. It is inescapable to do otherwise; it is why I attend. I continue to read because I need to know how *I* will turn out as well as the story. In this way the story invites me to include personal knowledge with the content of the text, in essence, re-writing the story. As I read *The Color Purple* it became not only a story of Miss Celie in a particular place and time, but it became a story of my own voicelessness and acquiescence to the slavery of my world. The story is so deeply powerful to me, the shock of recognition so strong, I could not avoid co-writing the story. Any story that prevents my voice from entering, my introduction of personal life experience, is dangerous and suspect.”³³²

Creative Nonfiction

Barone³³³ and Zeller³³⁴ have each alerted qualitative researchers to a powerful

³²⁸ Eisner, “The promise and perils of alternative forms of data representation,” 8.

³²⁹ Roland Barthes, *S/Z*, (Translated by R. Miller). (New York: Hill & Wang), 1974.

³³⁰ For an excellent discussion and application of the notion of “writerly” text, see Dennis J. Sumara and Rebecca Luce-Kapler, “Action research as a writerly text: locating co-labouring in collaboration,” *Educational Action Research* 1, no. 3 (1993): 387–395.; Dennis J. Sumara and Rebecca Luce-Kapler, “(Un)Becoming a teacher: negotiating identities while learning to teach,” *Canadian Journal of Education* 21, no. 1 (1996): 65–83.

³³¹ Iser, *The act of reading. A theory of aesthetic response*, 21.

³³² Toni Marie Vezeau, “Narrative inquiry and nursing: Issues and original works” (Ph.D. Dissertation, University of Colorado, Denver, 1992): 86–87.

³³³ Thomas E. Barone, “A narrative of enhanced professionalism: Educational researchers and popular storybooks about schoolpeople,” *Educational Researcher* 21, no. 8 (1992): 15-24.

narrative model for research writing that is called (among other things³³⁵) “the New Journalism.”³³⁶ Ronald Weber, quoted in Cheney, surmises that this form, which began appearing in the mid-1960s, may have come about as a literary response to a new college-trained audience—one that wanted factual information but in an entertaining way.

Describing the form, he writes:

Creative nonfiction requires the skill of the storyteller and the research ability of the reporter. Creative nonfiction writing doesn’t just report the facts—it delivers the facts in ways that move people toward a deeper understanding of the topic. Creative nonfiction writers must become an authority on the subject of their article or book. They must not only understand all the facts, but also must see beyond them to discover their underlying meaning. And then they must dramatize that meaning in an interesting, evocative, informative way.³³⁷

Tom Wolfe identified four writing devices that define the form:

“*scene-by-scene construction*, telling the story by moving from scene to scene and resorting as little as possible to sheer historical narrative”;

establishing and defining character through *full recording of dialogue*;

“*third-person point of view*: the technique of presenting every scene to the reader through the eyes of a particular character”; and

detailing of the “*status life*” (character’s position in the world): “everyday

³³⁴Nancy Zeller, “Narrative rationality in educational research,” in *Narrative in teaching, learning, and research*, ed. Hunter McEwan and Kieran Egan (New York: Teachers College, Columbia University), 1995, 211–25; Nancy Zeller, “Narrative strategies for case reports,” *Qualitative Studies in Education* 8, no. 1 (1995): 75–88.

³³⁵Ronald Weber, quoted in Cheney, wrote: “What is this genre of writing labeled various as *personal journalism*, *literary journalism*, *dramatic nonfiction*, *the new journalism*, *parajournalism*, *the new nonfiction*, *the nonfiction novel*, *the literature of fact*, etc? My feeling is that since it is nonfiction, and since everyone agrees that it is written *creatively*, it can best be labeled *creative nonfiction*” (Theodore A. Rees Cheney, *Writing creative nonfiction* (Cincinnati: Writer’s Digest Books), [1987], 2–3). I will use this term.

³³⁶For classic examples of this form, see the anthology in Tom Wolfe’s *The new journalism* and his book *The right stuff*; Gay Talese’s *Fame and obscurity*; Truman Capote’s *In cold blood*; Susan Krieger’s *Hip capitalism*; and a more recent example, Alex Kotlowitz’s *There are no children here: The story of two boys growing up in the other America*.

³³⁷Cheney, *Writing creative nonfiction*, 3.

gestures, habits, manners, customs, styles of furniture, clothing, decoration, styles of traveling, eating, keeping house, modes of behaving...and other symbolic details that might exist within a scene.”³³⁸

This form, with its scene-by-scene constructions, gave me a way to represent the learners’ teleapprenticeship experiences in a way true to the transcripts’ relatively discrete instances, events, and happenings.³³⁹ Zeller writes about creative nonfiction as form, but through the process of writing, I have used it as both as a form and as a method of analysis. In research, writing has commonly been thought of in the context of reporting, but it can also be a method. Richardson tells us that “...writing is not just a mopping-up activity at the end of a research project. Writing is also a way of “knowing”—a method of discovery and analysis. By writing in different ways, we discover new aspects of our topic and our relationship to it. Form and content are inseparable.”³⁴⁰ Besides writing and rewriting, my procedure involved numerous iterations through the data wearing “different hats,” as example, I engaged in successive readings to get a sense of the whole and the themes; to extract available information about the character’s status life; and to identify the scenes. Scene-by-scene, I then constructed each small story using as much detail as was available in the transcript,³⁴¹ and eventually these were incorporated into the larger story.

³³⁸ Tom Wolfe, *The new journalism* (New York: Harper & Row), 1973, 31–32.

³³⁹ Barthes’ notion of *lexias* and Derrida’s *morceau* are conceptions of text in discrete reading units that evoke the discreteness of the stories in the participants’ email messages. Before settling on creative nonfiction, I considered several forms to more precisely represent these data, including letter-writing models such as the plays *84, Charing Cross Road* and *Love Letters* and Thomas and Znaniecki’s *The Polish peasant in Europe and America*.

³⁴⁰ Laurel Richardson, “Writing: A method of inquiry,” in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publications), 1994, 516.

³⁴¹ Cheney writes that creative nonfiction writers engage in “saturation reporting and immersion research,” persisting sometimes for years until they have the story. My data was archival and was thin in places—some participants wrote with much more color and detail than did others. This was a limitation to using this form.

In this way, stories were constructed for the five learners who completed the teleapprenticeship. Three of the stories (Glenn, Maria, and Ethel), while making liberal use of the participants' own words, are written as third-person narratives. The two others (Alice and Hoppy) are comprised largely of segments chosen from the transcript. Although many authors, among them Janesick,³⁴² and Clandinin and Connelly,³⁴³ caution that the researcher must not let the field texts (no matter how compelling) speak for themselves, there are instances where nothing can speak as powerfully as the data themselves. The researcher's interpretive act is in the selection and arrangement of the data for the purpose of conveying certain meaning, and this is an issue of form; following Langer, form is "...the configuration, or *Gestalt*, of an experience."³⁴⁴ Form, as Eisner tells us, is usually thought of as a noun: "the products made by both artists and scientists,"³⁴⁵ but thinking of the word as a verb helps us to recognize that knowledge is made, or *formed*. When through our research we have come to understand something about a phenomenon, we choose some medium to carry the experience,³⁴⁶ to give it public form, thus *making* it into something else. Once this has been done, Alice and Hoppy's narratives are no longer field texts.

Further, the very configuration of some data presents opportunities to convey meaning. For example, data from Alice's teleapprenticeship offered a way to depict

³⁴²Valerie J. Janesick, "The dance of qualitative research design. Metaphor, methodolatry, and meaning," in *Handbook of Qualitative Research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publications), 1994, 209–219.

³⁴³D. Jean Clandinin and F. Michael Connelly, "Personal experience methods," in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publications), 1994, 413–427.

³⁴⁴Susanne K. Langer, *Problems of art* (New York: Charles Scribner's Sons), 1957, 165.

³⁴⁵Elliot Eisner, "Aesthetic modes of knowing," in *Learning and teaching the ways of knowing. Part II*, Yearbook of the National Society for the Study of Education, 84, ed. Elliot Eisner (Chicago: University of Chicago Press), 1985, 27.

³⁴⁶John Dewey, *Art as experience* (New York: Capricorn), 1934.

segments of actual practice process and how the participants used this as a learning situation. Hoppy's journaling about her practice produced a text with the power to evoke (at least for nurses) a vivid image of her work setting. By selecting and displaying this text, I have used its unique characteristics to include aspects of the phenomenon of inquiry that could not otherwise have been brought forth. This is an example of how representational form is integral to a work, and arises from it. As Tyler notes, "questions of form are not prior, the form itself should emerge..."³⁴⁷ Form carries the experience "not as vehicles carry goods but as a mother carries a baby when the baby is part of her own organism".³⁴⁸ Form is not superimposed, or merely associated with a work - it is *of* it.³⁴⁹

What follows now are the five learners' stories. I hope to have given readers, particularly nurses, multiple entrance points and space within which to rewrite these stories to include their personal experience.

Writing stories is not a fact-finding activity. It is the open-ended exploration of ideas enlarged by the reader. Stories are co-created as some research is, but it is not completed even after it is read. The reader brings to the story a unique background even in multiple readings resulting in an endless number of interpretations. We read our own lives into a story.³⁵⁰

³⁴⁷ Stephen A. Tyler, "Post-modern ethnography: From document of the occult to occult document," in *Writing culture: The poetics and politics of ethnography*, ed. James Clifford and George E. Marcus (Berkeley: University of California Press), 1986, 127.

³⁴⁸ Dewey, *Art as experience*, 118.

³⁴⁹ See also: Judy R. Norris, "Meaning through form: Alternative modes of knowledge representation," in *Completing a qualitative project: discussion and dialogue*, ed. Janice M. Morse (Thousand Oaks, CA: Sage), 1997, 87-115.

³⁵⁰ Toni Marie Vezeau, "Narrative inquiry and nursing: Issues and original works" (Ph.D. Dissertation, University of Colorado, Denver, 1992), 270-271.

THE LEARNERS' JOURNEYS

Maria

Many years ago, as a very green first-year nursing student, Maria had an experience that revealed to her in an incontrovertible way that what is truly important in nursing is the relationship between the nurse and the patient or family. On this day in a large downtown Toronto teaching hospital, her patient was undergoing a bone marrow biopsy; a registered nurse was assisting the physician doing the procedure. Typically, a crowd of student physicians surrounded the woman's bed, so Maria was prevented from getting near her patient. Relegated to the end of the bed, she persisted in an effort to provide comfort for the woman: she reached over to the patient and held her feet during the procedure. Afterwards, the woman told her that it had made all the difference to her to know that someone was there with her, touching her, during the procedure. In her subsequent nursing practice, Maria found that being there—*just being there*—is what patients and families find helpful. When her own father was dying, the one nurse who sat with her family was the only nurse she would remember from that time.

Maria said that she had never been able to articulate this personal knowledge in a meaningful way. When she went back to university to do a Master's degree, she found that many nursing theories had emerged, the human becoming theory being one of them. As she read more about the theory and had the opportunity to hear one of the Parse scholars speak, she realized that Parse had put into words many of her own beliefs. She saw her own philosophical perspectives reflected: "Parse had given me words to express my ideas about what I think that nursing is about." When Maria heard about the teleapprenticeship, she saw an opportunity to further her knowledge about the human

becoming theory.

Maria is a student in a Master's in nursing program, and she is employed as a nurse administrator. In the months before the teleapprenticeship, she had been reading about Parse's theory and was using it in her workplace as a way of being with patients, families, and also the staff she supervises. As an administrator, she fosters a client-focused rather than a provider-focused unit culture, but at the time of the teleapprenticeship, bed closures were threatening the cohesiveness of Maria's unit. New nurses with different philosophies of nursing had bumped³⁵¹ into the unit. Maria explained a particular instance to Michelle, her mentor:

For one of these nurses, the transition has been very difficult, and it is obvious that she is grieving for her former workplace where the culture of the unit was quite different from ours. We perceive the culture on our unit as one where the patient and family come first, and we at times disregard rigid policies and procedures that do not seem to be appropriate for our particular patient population. This nurse comes from a culture where every policy was rigidly followed, and she makes ongoing negative remarks about her new unit and her new coworkers. I talked to her at length the other day about how she is alienating her new coworkers from her and listened as she talked about how difficult it is for her to try to live within the new unit. It seems that she really valued adhering to strict policies and now she is being asked to live some slightly different values. As I was sitting talking with her and being with her, I tried to think of how a Parse nurse would approach this dilemma: Should I continue to be with her on a periodic basis until she finds her own way through this? Is it right to ask people to change? In this case, it is my perspective that this nurse's negative remarks are adversely affecting the care on the unit as many of the nursing staff are distressed by these remarks, and I do think that when the staff are distressed there is a carryover to the patients in a subtle way.

Maria felt caught in the middle. In the Pink Book, it said that "the nurse guided by Parse's theory does not judge a person's choices as good or bad, right or wrong." She was

³⁵¹When beds or units are closed in unionized hospitals, nurses "bump" less senior nurses (by date of union membership) from their current positions. Bumping continues until the most junior nurses are laid off. Nurses may be bumped out of the area of their clinical interest and proficiency; in specialized areas, patient care may be compromised if there has been an extraordinary loss of nursing expertise specific to the patient group served on that unit. Morale and the culture and dynamic of a unit are often affected.

adamant that the client must always come first, but if she is to live Parse's theory, she did not feel right judging other nurses and then requesting those who do not subscribe to a client-centered perspective to change their practice to be congruent with her own (and the other unit nurses') point of view. She thought perhaps that she could ask the nurse to image herself putting the patient ahead of the rule and to describe what that was like for her.

Michelle assured Maria that she could practice Parse's theory by being with staff members as they struggle with change while at the same time upholding the unit values of being client-focused:

I think it is important to have client-focused standards of care and evaluate nursing care in light of this. Being with the nurse and finding out what her barriers are to giving this care— what it is like to break the strict policies, what it means to follow the rules, what this change has been like for her, and so forth—is also important. However, I believe as nurses we need to be more accountable to how we are client-focused rather than how we can follow rigid policies.

Maria related a gratifying experience she had with the theory in a practicum experience for her Master's program. A man was dying at home, and the home care nurses needed to know what his wishes were in regards to calling 911 when he died—did he want a resuscitative effort? If the number is called, the paramedics are obligated to try to resuscitate the individual. She tells the story:

I did have a good experience with a patient who was dying at home. The family and the home care nurses asked me to find out what this man's wishes were. I decided to use Parse' theory to guide my practice and introduced the topic to this man and then just let myself be with him as he thought about the issues. He talked and talked and asked some questions, both of myself and of his wife and family; he asked his wife what it would be like for her not to call 911, and he did a lot of reminiscing. I did not make any suggestions to him, just stayed with him, and after an hour he said that he needed twenty-four hours to think and asked me to come back. I came back the next day, and he had firmly made up his mind—he did not wish a resuscitative effort. I found this to be a very satisfying experience for me, and I would like to transpose this to the hospital. In hospital, the patients are asked by their physicians to answer this question—do they wish a resuscitative effort?—and they find it difficult to find the

time to be with the patient for the time it takes for them to think it through. Perhaps this is something that we nurses should be more involved with within the hospital—perhaps we could be more helpful to patients and families as they think about this issue. I am looking at ways to integrate this into my hospital-based practice.

Another clinical situation arose on Maria's unit that created a dilemma for the nursing staff and tested their belief that persons are the experts in their own lives. A woman who had been living with diabetes for many years was admitted to the unit for another reason. Although the woman was very well informed about glucose monitoring and had used it in the past, she now relied on her body sensations to determine her insulin dosage. The woman was administering her own insulin while in hospital, but the nurses who knew that body sensation is not a good indicator of insulin needs were worried that she might be harming herself with this practice. They believed that they were unable to safely care for this patient without knowing her blood sugar level.

Maria spent considerable time with the woman and listened to her as she told about her experiences with blood glucose monitoring devices. In the end, the woman agreed to allow the nurses to do blood glucose monitoring while she was in hospital, but Maria was not sure if that had been the best solution:

I could see it from the nurses' perspective—we always like to know the patient's present status before administering insulin—but I could also see it more from the patients' point of view—she knew her own body and had been making decisions about her insulin based on her sensations. This woman had been practicing this for some time, so who were we to try to convince her to change? As you can see, I was pretty confused by this dilemma.

Michelle said that being with staff as they talk about what it is like to care for persons who have values different than those of the nurses would be another way to live the human becoming theory as a manager. She thought that Maria's having gone to be with the woman as she described her situation was important. "If you require the blood glucose level as the indicator for insulin dosage given by the staff then that might be a

limitation the person lives with while in hospital. To be with her as she describes what that is like or what would help her with that is one way to be with her.”

Like her mentor, Maria believed that care within hospitals could be very much improved if health care providers listened more to the clients’ wishes, but some situations seemed to pose a dilemma for the nurses. She asked Michelle:

If an individual wishes to stay inactive, say after a stroke, do you respect these wishes or do you try to encourage this individual to be active so that he or she will not lose any function. We had a recent example of a patient who did not wish to be active but the rehab team was trying to “get him going.” After some time, it was learned that he also had another condition that he will probably die from within a few months. All of a sudden, the view changed—it seemed okay for him to be inactive then. My thoughts were: why do we encourage those who wish to be inactive, who are not dying, to be active? What if the person is inactive for a long time and loses function and then wants to be active and can’t? What would be the Parse perspective on this?

Michelle answered:

With regard to the person who has had a stroke and does not want to be active—once again, we choose in the moment how we are with someone. If we choose to try and “get him going” through various ways is one way. An alternative is to be with the person and explore what life is like for them and what is most important and what are their goals, hopes and dreams. Parse’s theory is not magic but rather offers another way to be with someone in a given situation. I remember one man who said that he needed his rest after his stroke and everyone kept pressing him on and on when he needed rest in order to go on. I think sometimes we might not know the fears, concerns and meanings that persons live after having a stroke. To be with someone as they are without expectation and explore their meanings and wishes can open new doors to understanding someone and what would help them get through this time.

Maria had an experience that enabled her to answer her own question to Michelle about whether a nurse should make suggestions to patients and families, for example, that they spend time with a pastoral care counsellor. She related a story of being with a dying woman who had said that her faith was being shaken by her experience with her illness. Maria did stay with the woman while she explored that but then suggested that perhaps she should talk to a pastor about that topic. The woman thought that she would like to talk to her stepfather who was a pastor, but he lived elsewhere and could not be with her.

Maria then suggested another pastor who was in the city, but the woman did not follow up on that suggestion. Reflecting on these events, Maria told Michelle: “This experience confirms for me that individuals know what is going to help them and that we need to wait for them to make their own suggestions and then help them to actualize these rather than make suggestions for them.”

The more she learned about the human becoming theory, the more Maria found herself being guided by it. This was particularly evident in regards to the language of nursing, which she was now seeing in a new light. The traditional language of the nursing world was starting to sound harsh and abrasive, and she was finding ways to not use the causal language of the totality paradigm, even in her courses, which used systems theory. It was, however, somewhat confusing to be living, working and studying in the traditional paradigm while thinking in the simultaneity paradigm of Parse’s theory.

Maria felt she had learned a lot from the study, although she still felt like a novice. She was having good experiences with the theory in her nursing practice with patients and in her role as an administrator. She had become convinced that although Parse practice would probably be easier in the home where there are fewer interruptions it was certainly possible to practice this way in acute care on a busy surgical unit. She related another satisfying experience from her practice:

I had a wonderful experience this week; I was going around to visit the patients, as I often do as the head nurse on the unit, and one patient, a 56-year-old woman was in behind her curtains crying. I sat down on her bed and listened as she told me that she was waiting to go for her surgery and the doctor had told her that cases like hers were most often malignant. I took her hand and listened as she told me that she had just retired and was looking forward to spending time with her husband and family. She talked at great length about the history of her illness and how it had affected her. I believe that I was with her in true presence, and even though we were interrupted a couple of times, once when I had to go to the phone and once when a nurse came to give her a pill, we had a wonderful connection, and she thanked me for helping her

and asked me to come to see her after her surgery. I did go to see her after her surgery, and she was so relaxed, even though her worst fears were confirmed, she seemed able to deal with it. Two days later, just before she went home, she sought me out to again say how helpful I was for her.

Maria was also finding satisfaction in using the human becoming theory in her nursing administration practice with the nursing staff. She said that the theory had enhanced her practice and had created greater joy in it for her:

When I need to discuss some issues with the nurses, I try to be present with them, to hear their story of the situation, and to sort it out from there. I recently had to speak with a nurse about a complaint that a patient had—the patient requested that she not have this particular nurse look after her. I had to tell this to the nurse and explore with her the circumstances surrounding this situation. I tried to be with the nurse who was obviously deeply hurt by this patient's rejection of her, and I listened as she talked about her nursing career and what it meant to her. I spent quite a long time with her, about an hour, but I do think that this nurse learned a lot about herself during this discussion and I think found meaning in this situation. I feel a difference in this nurse's attitude towards patients now and think that she changed as a result of this situation.

Michelle was very inspired by Maria's stories of how she had used the theory in nursing administration, and as there was very little in the literature on the topic, she encouraged Maria to write an article for publication about her experience as a manager living the human becoming theory in acute care.

Through her reading and discussions with her mentor, Maria believes that she has become a better practitioner and that the theory has helped her to articulate her beliefs about what constitutes nursing. Writing about experiences with the theory helped to illuminate the meaning of these experiences for her. Maria had a classmate in her graduate program who also participated in the study, and this was advantageous for both of them: "We talked a lot about presencing and practiced with each other. We used the language with each other, and this helped us to become used to it, and we used it in our seminars when we talked about our experiences." She also found Parse's book,

Illuminations, to be a valuable resource—it became available just as she was starting the teleapprenticeship. As the teleapprenticeship ended, Maria had accepted a new position as a nurse educator; she believes the human becoming theory will be helpful to her in this role.

Glenn

Glenn had worked in hospitals since 1969: six years as an orderly and the rest as an RN. Almost all of his experience had been in psychiatry. He had become very good at the job. He was an excellent assistant to the doctors, helping to train the new docs when they came to the hospital and occasionally saving the ass of some older ones. He knew what he was doing and felt good about it. But over the years as the docs came and went, Glenn started to feel like he was in an executive secretary role. It occurred to him one day that he was not functioning as a professional nurse, but as a helper to the medical model. He was also getting burned out at work; there was no challenge, no problem that could not be solved, nothing that he had not already seen. Nursing felt so much like assembly line work that Glenn often thought that he may as well have been working at GM or Ford. The patients were slotted into a diagnostic mold and were labeled noncompliant if they didn't listen to the doctors and nurses; they were expected to "get with the programme" so they could be changed or modified. Rather than being with patients, the nurses spent most of their time discussing them, either in meetings or in the nursing office. Glenn said, "I did not know what to say to them outside of the DSM-III³⁵² or the nursing diagnosis model." He was ready to quit, but the money kept him there.

Glenn heard of the NURSENET and PARSE-L discussion forums on the Internet, and after subscribing he was exposed to different views of what a nurse and nursing could be: "At first I laughed at Parse's theory but came to see some nurses that I respect start to dabble in it. I needed a change, and this was the only one being offered to me at the time. Once I started to learn about the human becoming theory, I suddenly realized

³⁵²The 3rd edition of the *Diagnostic and statistical manual of mental disorders*. Published in Washington, DC by the American Psychiatric Association, 1980.

that there was an option.” Around this time, three advanced practice nurses at Glenn’s hospital had also become interested in the theory and had begun offering study sessions for interested staff nurses. After weeks of deliberation, the nurses on Glenn’s unit had decided to study Parse’s theory, and by the time Glenn started the teleapprenticeship with Alex, the group had worked through the basic concepts in the Pink Book. Most of the nurses had attended all the learning sessions, and some, like Glenn, were changing the way they practiced.

Glenn works permanent night shift: “Working nights makes me feel like an old hippie; I love it.” On his shift, even though there were people on the unit whose minds were racing, he opened up the kitchen and lounges so people were able to keep busy: “Psych hospitals are really terrible places to live; the rules are so dehumanizing that you can feel that you are in a jail. I thought at the time that a level playing field was necessary if I were to embrace and grow with the theory.” Although some people were argumentative and constantly pushing the limits, Glenn did not intervene much unless someone turned the radio up too high or started calling 911. He would try the Parse approach first, but he found that he tended to revert back to the totality approach when things were really getting out of hand:

This is causing me great concern. This is night shift on a 20-plus bed psych unit, and if one person is awake and has a racing mind with resulting yelling and screaming, I try to be with them. I realize that their life is unfolding and I try to be with them. I do not try to change them. The problem, however, is that there are twenty other people under my trust. Societal and institutional rules dictate that I also have to serve them. If I have to leave my practice and put limits on this person, then where have I gone? What is this other place called, as I am no longer using my nursing model to base my actions. And for my next question, how do they get the caramel in the Caramilk® bar?

Although he had not yet found answers to some of his questions related to conflicts in the practice setting, Glenn noticed that things were going well on the unit and

he was proud to have been part of the change. The people were living their lives, and in the back room during Kardex, the nurses were giving the person's view. In the past, even team members who had seldom talked to the people believed they knew what was best for them.

Then, a few weeks into the open unit experiment, a woman accused Glenn of having raped her two years before on night shift. Although Glenn was not worried about the outcome of the charges since he was not working nights at the time, and the woman later changed her story to say that she had awakened to find him standing over her bed and had frightened him away with her screams, he nonetheless was required to answer the charges:

I feel like a victim here. This charge will linger for some time. It hurts and I feel the theory has let me down. If I had been working in the totality mode, I do not think this would have happened. I would have medicated anyone who was up. I feel like chucking the whole theory and working like a prison guard again.

Glenn said that the reality of practice is not like the Pink Book where after a five-minute interaction everyone lives happily ever after.

Even though Glenn had doubts about how the theory could work in the reality of the practice situation, he had been sufficiently intrigued to sign up for the teleapprenticeship. I introduced Glenn and Alex a few days before Christmas, and they made plans to begin after the holidays. Glenn informed Alex how far he had worked through the Pink Book in the group sessions held on his nursing unit. He said he had read many articles from NSQ,³⁵³ and found the answers to some of his questions while attending Chapter³⁵⁴ meetings. He felt that he understood some of the theory, especially

³⁵³NSQ refers to the journal, *Nursing Science Quarterly*. Dr. Parse is the editor and much of the literature about Parse's theory that the participants refer to was published there.

³⁵⁴Glenn attended meetings of his local chapter of the International Consortium of Parse Scholars.

“that the person knows what’s best for themselves as their life unfolds and that the face we see is one that no one else will truly ever know.” Glenn said, “I’m looking forward to this process. As we will be working from the Pink Book, let’s start from page one and have you lead. I have a thick skin, so do not worry about putting me in my place. Let the games begin! Happy holidays!”

Like the other learners in this study, Glenn subscribes to PARSE-L where there has been vigorous discussion about how the concept of advocacy and the venerated image of nurse as patient advocate fits with Parse’s theory. One day, Dr. Parse posted a note saying,

The whole notion of advocacy is inconsistent with the ontological base of the human becoming theory. The Parse nurse does not act on behalf of the person. Advocacy arises from a totality view.

Glenn expressed annoyance to Alex about the note: “Is Parse saying that we simply stand back and allow terrible things to happen? If we all have to follow dictates such as that advocating in all cases is part of the totality mode, then I am afraid as nurses we are not progressing but simply following another leader who knows best.” It seemed like a paradoxical situation: to practice in this nonconformist way, a nurse needed to become a conformist! Glenn says that he has always been a nonconformist:

There is safety in conforming with the masses; however, I have always gone to the beat of a different drummer. I have been to more marches and happenings than I can remember from saving whales to banning nuclear weapons, have fought for union rights, the California grape growers, etc. I like to raise shit but like to think the world is a little better because of it.

Glenn is sufficiently annoyed about Dr. Parse's advocacy post that he talked about dropping out of the teleapprenticeship. Autonomy and power issues in nursing are old prickly points for Glenn:

While working for the Teamsters Union, I used to handle Labour Board cases for the organization. That meant going against a corporate lawyer. I come back to nursing and find myself described as a C+ high school grad. Only in nursing do we put each other down so much. In the private sector, I could make a call and hire a \$250/hour attorney without authorization. In nursing, you at times need a masters degree to order a taxi cab. I think you see my drift.

Glenn: At times I was upset with the terse and slightly arrogant posts on PARSE-L. I realize that they have territory to protect, but I found on private e-mail that the idea about only Masters' people being able to understand the theory was considered to be a put-down by some of the students. I feel that a diploma grad could understand the theory.

For the next five weeks, Glenn did not seem to be participating in the teleapprenticeship. Alex had been out of the country for part of this period, but when there was no response to her messages, she finally called out through the void: "If you are out there and can read this message, please respond." She asked him to let her know if he was still committed to the teleapprenticeship and their agreed upon time frame: "I need your help with this. I am feeling like I have been stranded on an isolated island." Within an hour he responded:

Hi Alex, I am out here and received your message. Was on-line yesterday and downloaded your post. While you were away, I have been reading NSQ as well as the good Doctor's [Parse] books. Will have a reply for you in one or two days. Yes, the time frame looks reasonable. Don't feel like you are stranded—consider yourself like the Skipper and myself as Gilligan. I guess that makes Judy The Professor. Talk to you on Tuesday.

Alex said, "Great to be at this again, and I'll be looking for the bottle with the message in it. One question though, who then is the movie star?" Glenn replied: "Rosemarie of course."

If Glenn had in fact been absent, he is now back, but on his own terms; he tells Alex: "Let's keep going. You have filled me with vigor and we shall face the beast. The

raw red meat of the beast”:

We will go to the bowels of psychiatric nursing and start from there. At \$15 the pink book was a rip off in my opinion. We will talk about street women who were sexually abused as children, drug addicts in love with alcoholics, cross dressers, frustrated married men and women, prostitutes, a woman married to a hit man, a woman worth a million dollars whom the trustee has living on an allowance, and frustrated hookers. Ready to go and looking forward to it.

Glenn tells Alex that through his reading during her absence he has learned to “spout off” a lot of Parse jargon. He feels, though that this information doesn’t reveal much about his progress. “I think instead that I should talk about how I feel about the theory. After months of reading, the most important aspect of the theory as I see it so far is to drop that darn agenda and admit that people are the expert in their own lives. This is the hardest thing to let go of”:

My old hound dog died a few years ago when he was 17. Old for a dog but too soon for me. After three years, I still miss him. In fact hardly a day goes by that I do not think of him. I spent almost \$1000 trying to pull him through his last crisis, but at that age I would have had better luck trying to revive the Progressive Conservatives. My dog was with me when I was single. and we used to drink beer together on Friday nights. He only drank a certain beer from Japan and no other, could never figure that one out. After he died, I had him cremated. All in all, most people would say foolish, but it worked for me. Screw anyone who tells me that I can’t still miss my dog, we had a lot of great times together.

“This is not the post I was going to send you yesterday. It was too clinical, too medical and white, this one is more from the soul.” Glenn then related an example from his practice where the nurses had honored the person as being expert in her own life:

The Story of the Street Woman

There is a young street woman who gets brought into my hospital each winter by the police. Their actions are kind since as you know [city] can be as low as -50 with the wind chill some nights. This woman refuses to stay in shelters because when brought there she becomes combative. As a result she is sent to us as a dangerous person.

One night I asked her with complete attention (easier to do this on nights) how she felt about being in our hospital. She said that it made her afraid. She had been abused as a child in the shower at the family home and for her to be forced to shower brought back all those memories. She went on to say that she had the same problem with shower policies at the shelters. I asked her what she could see herself doing in regards to this situation. She decided that it was best to live on the streets than to be forced to shower as the memories of abuse were more painful than any living situation she could encounter on the streets.

The team placed her in one of our two private rooms so that other people would not be bothered by smells of body odor. She had no problem accepting medications as long as she did not have to shower. After a number of weeks, the medications were able to dull her demon thoughts (schizophrenic by history), and she did in fact shower on a few occasions. She was eventually discharged to a group home but some day will be back on the streets. At least next time we will know her personal history. We may be ahead of the times, but community workers are being told for her, life is better on the streets than a clean and warm place to sleep.

Shortly after the advocacy discussions on PARSE-L, the issue of advocacy, or “speaking for persons,” arose in an example from Glenn’s own practice. In this context, he also confronted the issues of choice and his intention or agenda as the nurse in the situation.

The Story of Claude

Claude is a 55-year-old man who worked in a bank until 1980 when his chronic depression prevented him from working any longer. Claude moved here from Winnipeg a few years ago hoping that a geographic change would help his depression. He used IV cocaine after all the bills were paid; if there was no money left at the end of the month then there was no coke. He is slated for an out-patient addictions program starting next month. Cocaine is not Claude’s problem, but he is so eager to please the docs that he will say he is an addict, although to me he says he is not. Glenn asks Alex: “Should I go and see the Director of Addictions and do a PHD [Personal Health Description]?”

Alex advised Glenn, regarding the PHD, that he should be charting Claude’s concerns, his chosen meanings and the ways that he chooses to live on in his situation, always from his perspective:

but Glenn, going to the Director to me would be advocating for this man, and as we know, this is not consistent with the human becoming way of nursing. This man has shared with you the meaning of his situation...and while he has shared that he is only saying that he is an addict to please the doctors...that is not for you to deal with or to

change. This man has chosen a way of being in this situation based on his value priorities. How about inviting this man to speak about what his choice means for him—what it will be like—keep in mind, Glenn, that your intent is not to try to get him out of the addiction program that he has chosen to enter into but to explore what that means for him in choosing to do that and how that will be for him. Who knows—he may decide to back out, but he may also decide to stay. Our goal is not to have him align himself with what we think would be best, but our goal is always quality of life from the perspective of the person living the life...what is his perspective?

Glenn says he knows this is right: “I have probably done more harm than good by advocating from the established models and not really listening to the person. Clients on my floor are starting to pick this up and are telling me that I am a good listener, be it ambivalence about meds or possible demonic possession.” He reflects that learning to let go of his own agenda in a nursing situation has been the most troublesome aspect of learning the theory; years of working in the totality mode have made it difficult for him to let go completely. But he wonders if he should chart this incident “to cover my butt.” He mentions the case of a dock worker who is afraid to go back to work so he is going to go ahead with a spinal fusion, even though he says the pain is in his head, not in his back. “What would the College of Nurses [CON] say if they knew a nurse silently watched as a person went through unnecessary surgery?”

Glenn: I do not think that there is another theory which requires so much risk taking.

Alone on my unit while trying to live the theory I find myself in conflict with just about everyone. I keep trucking and see myself letting go the more we talk. I AM STILL CONCERNED ABOUT THE COLLEGE and if something untoward should happen. The theory

Glenn: The [CON] discipline committee is probably more Fascist than nursing in general, judging by their opinions. This is my concern.

has never been tested. I feel this is a legitimate concern. Last night a woman wanted to sign out AMA [against medical advice]. She said she could no longer deal with the place and just had to go. I asked her what leaving would mean for her, and she said. “Fuck off and just open the doors.” Most nurses would have called for male staff and told her she had to be seen by the doctor. First—a violation of rights but happens all the time. I opened the doors, and she left. This was 0500, a strange and weird time to be leaving the hospital by most perceptions. She came back by 0630 and went directly to bed. In the morning, the first question was “What did the Doc say?” I

replied that she chose to leave and was voluntary [on a voluntary commitment]. Now if she had jumped off a bridge, there would have been a lot more questions. In my area the Docs depend on staff nurse input to manage their people. Instead of charting on pathology, I chart on what the person said and what it meant to them—different criteria than the DSM-III. To chart a persons choosing and becoming is quite radical. I know of what you have said and slowly it is emerging, push-pull, push-pull.

At one point, Glenn considered that he may have blown this incident a little out of proportion: “Email seems to do that.” But he finds he cannot let the CON issue rest: “With about perhaps fifty nurses in the world really using the theory, how would poor little Gilligan defend himself at the College when I based my actions on a theory that is smaller than the Flat Earth Society?”

Glenn: I have a family to support and... legal concerns are a reality. I have enough union experience to know this. NO, I will not let this go and if that means I can't "become" then so be it.

I realize that it is the person who chooses and becomes, but sitting in front of a board in [city] is another thing. We have talked about the push/pull that a lone disciple feels on their unit. We have talked about risk taking, we have talked about many things. After almost 20 years of psych nursing and putting all my “patients” into a predefined model, I have stopped that. I look at each person as one whose life is unfolding at the moment, a living unity. This brings me to the College: “He left his ‘pt’ unclean; he did not try to persuade him to take medications; he worked against the doctor’s wishes in having him take medications, etc., etc., etc.” See what I mean? I could see a panel of totality trained people saying tisk tisk. Get my drift, Skipper?

Alex had said several times that when we are with patients differently they are with us differently, and so what unfolds is different. Glenn experienced the power of this approach as the story of Bob played out across the unit and beyond.

Glenn: The feeling of true presence is remarkable. It was great for me in that I did not have an agenda and listened to the person as the expert in their own life. To be with a person while they guide themselves is a humbling experience.

The Story of Bob

Glenn describes Bob as a 61-year-old man who has been divorced since 1980. He has no children, but a brother and sister who live in [city] visit him about once every two weeks while in the hospital. He has been on a disability pension since 1975 for schizophrenia. Until May of last year, Bob lived on his own in a little apartment. Due to

problems with bladder and bowel control as well as aggressive acts towards members of the family, he was sent to Glenn's unit. Bob is also having minor strokes, which causes confusion. He also experiences voices in his head, which tell him he is "no good." He thinks that these voices are coming from some government agency. He wakes up early every morning, and Glenn has time to be with Bob, sometimes engaging in true presence with him. Glenn says that Bob only wants to leave [city] and find a place to stay somewhere else in Canada. He says he has never been ill in any other place but [city]. By this he is talking about poor memory, bowel and bladder problems, and government voices telling him that he is this and that. He values his independence and wants to live on his own again and feels all will be well once he can escape [city] again. He does not know how to make this move, but he constantly thinks about it.

In the early morning when he wakes, he is incontinent of urine and sometimes stool. He wears a pad under his pants. He refuses to be changed at that time of the morning and denies being incontinent. He will blame damp pants on going fishing in Newfoundland or else the forces in [city]. Most times on first glance no one could tell that he was in need of changing. When asked if he would like to be changed, he will yell and scream at the orderly. Glenn's approach has been to be truly present with Bob, focusing on his choices and the meanings of his situation rather than trying to convince him that the nurses' plans to change him would be a better choice than his own. Bob said he worries about the fact that he has little or no control over his bowels and bladder, but he feels the problem will go away once he can leave [city]. "I was never sick before I came to [city]; I will get better when I leave." When asked what it is like for him to be changed by people and to also have to wear heavy pads under his clothing, Bob replies, "I don't like people touching my privates. I am not a baby."

But although Bob's incontinence is scarcely perceptible to others, and if left alone for a couple of hours he will either change himself or asked to be changed, there is a longstanding tradition among nurses that the offgoing shift will leave patients clean for the oncoming shift. Glenn's shift leaves at 0715, sometimes before Bob has been changed, and this has created tension among the nurses; Glenn said, "I am taking flak from a few of the nurses." When the day staff come in and find that Bob has been incontinent, some of the nurses demand that he be changed immediately, and they have the male staff take him to the washroom to do the job. Alex pointed out that most of the nurses probably believe that it is in Bob's best interest to get changed right away, even if it means forcing him. They would see him as having impaired functioning with respect to making care decisions for himself. To leave Bob unclean "would be going against their values and beliefs about humans, health, and nursing. Provider focused care versus client focused care. Welcome to the battleground, Glenn!"

Bob's family members have expressed their unhappiness about his appearance at times when he refused to be shaved or had a slightly messy room. Glenn said he was sad because he knew that Bob would someday be transferred to some sort of home where he will face restrictions: "He will not be allowed to roam the halls at night; he will be bathed at a certain time, and when he objects (which is in quite a forceful way), he will be medicated and possibly restrained. He will have a neat room, neater appearance and so forth, but I suspect in about a three-month period when they see him medicated like a zombie because of noncompliance, the family will realize that he had a better life on our unit."

Glenn said that over time the staff lightened up a bit about Bob, but sometimes when giving the rationale for his practice, he has gotten what he perceived to

Alex: I think that it was some time for myself before I actually learned that the best way to present the person's perspective was to do just that: present it, not defend it, not advocate for them, not speak to their issues on their behalf, even though I had a good idea of what they were about. Presenting their perspective as they have shared with me and have told me to calls for very different responses from staff.

be a "so you think you are better than us" response. He has asked for a team meeting supported by the advanced practice nurses to explain his practice. He says,

I have learned not to use the P word in explaining or defending my actions but rather to just explain things from the person's perspective....If we truly believe that the person is making the best choice for themselves at that time, then I do respect what other nurses are saying. My job is to quietly keep working at the learning of this theory while respecting where my peers are coming from and watch the wonders of the theory unfold.

Alex said she has found this to be an effective way to be in these situations; when we are with persons differently, they are with us differently.

Glenn said that the care plans on the unit were being done using nursing diagnosis labels such as "altered this, ineffective that." He said, "I would rather see a snapshot of my situation as told and felt by myself than told all those negative things which no one really understands in the first place." Glenn had observed that the way he and the other Parse nurses were charting and giving report differently, that is, from the person's perspective rather than the nurse's, was having an effect not only on the nursing staff, but on staff from other disciplines:

I have seen meds changed as per the person's request. I have seen people decertified after I wrote their perspective in report. I come into work at 2300 and sometimes find two or three people wanting to talk with me. The unit below me has opened up the smoking lounge and kitchen on nights. My skin is thick, and I just don't use the P word anymore. I plod along and wait to see what happens with the rest of the team.

He had begun to practice writing Personal Health Descriptions (PHDs) and had charted: “Bob said that he does not trust drugs and does not like to take them. He said, ‘They do terrible things to me. I get stiff and can’t think.’” Glenn was elated when the physicians had adjusted Bob’s drug profile based on this charting. With Alex’s ongoing commentary on his work, he rewrote Bob’s PHD several times, each time writing more from Bob’s perspective and eliminating more of his own judgments, assessments, and labels. He recognized that his first PHD had not been solely for Bob’s benefit: “The PHD was in part an agenda to change the other staff, although I did not realize it at the time.”

Bob was transferred to a nursing home for a short time, but he came back to Glenn’s unit because staff there were unable to “manage” him. Glenn said, “I would have told them just respect his right to live his life; it is really as simple as that.” He smiled to himself but did not say anything when he heard Glenn: This theory is a beautiful and powerful thing. nurses on the unit saying that Bob “*should* be back here; they just do not know how to handle him, he has to be able to do his own thing; these nursing homes are *too rigid*.” Glenn’s practice with Bob had been a satisfying experience:

I feel so good about my job now. I see a reason to go to work. The human becoming theory has in essence given me back my practice that admin, the docs, and apathy had tried to take away. I have a hard time accepting other modes of practice at the moment but am learning to keep my mouth shut and respect my peers. But it is hard when I know of such an alternative.

Glenn tells Alex that he likes the way they are talking about real patients now rather than just discussing cases from the Pink Book: “I think we are on the right course now.” The next story from his practice is an account of how he was with a man during a potentially explosive situation.

The Man Who Asked for Codeine

I came on duty at 2330 and there was a man (38) pacing up and down in the hallway crunching a coke can. This was making a lot of noise and keeping people up. In the nursing office, the three staff were just as agitated. It turned out there was a power struggle going on between the four of them. The man was wanting codeine for his back pain, and the doc has refused to order it. Staff had basically told him it was not available and to go to bed. The cocreation of an angry situation was interesting to see develop. Since there are only two of us on night duty, they were asking if we wanted male staff to come over to the unit to help deal with the problem. I declined, and the three went home. The evening nurse had charted that he had been following her at a close range in a threatening manner, was verbally hostile, and had the potential to explode.

I went into the hall and started walking with him. Asked him what the problem was, and he told me that he was in severe pain and no one would help. As a result, if he could not sleep then no one else should either. This fellow has a long history of drug abuse. I told him that I could not order drugs but that I was here for him and wanted to hear what he had to say. He again reported the pain problem and then went on to say that no one cared. I asked him to explore other ways he could deal with this problem at this late hour and how I could be of help. In silence. I continued to walk with him for about 15 minutes when he decided that a walk on the grounds would be of help. He also wanted to call his daughter at home. Evening staff had refused to let him use the phone since no calls should be made after 2200. True, hospital policy states that no one can leave the ward after 2100, but I could see no reason for not allowing him to go for his walk. He called his daughter first before leaving the unit. When he returned, he apologized for giving me "a hard time" and went to bed.

I knew that I was with him during our walk in the hall and that he illuminated the meaning that "no one cared." In dwelling with him (in silence in this case), he felt a phone call and a walk would help. He then did this and by 2400 was in bed. It was an easy solution, but staff the next day felt I was feeding into him and also broke hospital policy by allowing him to leave the unit. There was a certain amount of risk on my part in opening the door I suppose, but what I find interesting is that I could now explain my reasons for doing so if asked instead of blindly following rules which are in fact illegal in the first place. The "phone policy" is also interesting in that it is not written down anywhere but considered to be gospel. Glenn said that the theory has led him to think about the rules and sometimes take risks when challenging them. He has had to defend his actions with peers and administration, but "it is worth the hassle."

True Presence With Groups

One night in the smoking lounge, there was time to talk through a disagreement that had arisen among the clients: "We talked about the problem and what the argument meant to each one." Glenn asked Alex if a nurse could be in true presence with more than one person because it seemed to him from what had happened in the smoking lounge that it was possible. Alex said,

Yes, Glenn, you are right in thinking that you can be in true presence with more than one person; for when we are truly present with persons, we are in whatever the setting of the situation...In fact, I would venture to say that I think that it is our responsibility to be truly present to each person who has chosen to be present....I know that this takes a centeredness yet openness and a knowing that how you are with each person reflects how each person is with each other and how each person experiences each other. Does this make sense?

Alex: I remember the time that I was with [nurse] at a community centre for persons who lived on the streets. It was quite interesting to watch the changing, unfolding rhythms as [she] was with different members of the group in true presence. At first everyone sort of just sat there and did not really talk much amongst themselves or to us at all. Conversation was what I would call difficult to get going. At first it was difficult to go with the rhythms I think because there were so many and they were so different. I witnessed a change though when [she] went with one person and interestingly enough another group member went with [her] and, well...how can I best describe this? Okay...it was like a whole bunch of really neat notes just floating about...so [she] went with a note, another joined, and she went with that, and the first note joined the second cocreated note...and wow...melody!

In the grip of GRASP

Toward the end of the teleapprenticeship, Glenn's hospital instituted a workload measurement system called GRASP, which is a widely used tool for staffing and budgeting. GRASP is primarily concerned with predicting and measuring the number of minutes a nurse requires to do a technical task. "Being with" a person in a

Glenn: I know your concern about having feet planted in two camps [practicing from two paradigms simultaneously] but my hospital will not let me lift that other foot out of the mud.

nurse-person relationship does not count unless the nurse is performing a task at the same time. The nurses on the unit have been told to ration the time spent with people. Glenn was apoplectic:

The beast of work load measurement has struck at my hospital. It is called GRASP. Tasks come before people. Such things as putting labels on doors count, while nurse-person interactions do not. To spend an hour with someone on night shift does not count if I could be doing a task. I would appreciate replies to this post since I will not accept this definition of work. I realize the 90s are a strange decade, but this is asking too much.

Alex said that she once worked in Emerg under the "grip of GRASP," and in her opinion, adherence to the tool actually roboticized nurses:

We did what we were allotted time to do, and that meant go in and "do" to people what they were in Emerg to have done—the medical somethingnesses. I can remember a man who was suffering through a MI, and he asked me to stay with him because he was scared. I can remember looking at him, looking at the clock above him and then back at him and basically telling him that it was not possible (I had so much to do). That man died later in CCU, and I regretted not choosing to be with him.

She urged Glenn “to stand up and shout”—to educate management about why GRASP is not patient centered as the new accreditation standards call for hospitals to be and how it does not measure nursing practice. After three memos, the coordinator of GRASP agreed to meet with Glenn: “And I plan to go to the Service Director as well as the Executive Director to tell them how silly the ratings are, e.g., putting labels on doors is more important than talking to someone who is fearful. And this in a psych hospital. Hard to believe.”

Gilligan Leaves the Island

At this point, Glenn said, “What do you think about putting a formal end to the tutorial and continue this relationship as friends. Gilligan would like to leave the Island.” After the closing of the teleapprenticeship with Alex, Glenn wrote this account of his experience:

Clients who have been readmitted have started to tell me that I have changed. I now feel good about going to work again, I am being with people while they worry, suffer, contemplate, and plan all without telling them that this is right or this is wrong. I feel liberated, and many of the people I talk with feel the same way. When I arrive at work, I often find people wanting to speak with me; they know I am valuing their choices when after being told all day what should and should not be. This is a wonderful feeling for me. I now go into work looking forward to the next shift. To be with people as they choose and become in their lives. This tutorial was a wonderful gift and without the Internet would not have been possible.

My main problem in the tutorial was that when I had seen an alternative I wanted to let everyone else know. I had to learn to be careful about using the P word. People are comfortable in the old ways and do not want to upset the routine. My mentor taught me to let the sprouts grow. Regarding the online experience, it was a little difficult. Since one is not face to face with your mentor/teacher it is sometimes hard to get an obscure point across—it may require many posts to do so. With a theory like this which is rather small, I see no other way though. It worked for me. I also work nights, and so posting at 0900 or so is like 0200 for some people. At least at this time the children were off to school and my wife out of the house, so I had some privacy.

At first I did not like my mentor but grew to not only understand her but to also admire her. I am so grateful to her for allowing some of my crazy ideas at first as well as having the tenacity of a bulldog to get the point across. She had to break down a lot

of old barriers before I got the point, and sometimes I would be upset at the nagging, but it suddenly started to come together. This theory has not only touched my work but also my life: What can you say to a person like that? There are so few people that have such a profound impact on your life.

Alice

For many years, Alice had felt most comfortable with the Roy Adaptation Model as a guide for her nursing practice. But the final course for her post-basic baccalaureate degree in nursing was a clinical practicum where the students could elect to work with any nursing theory. She chose the human becoming theory after hearing Dr. Parse speak at a conference.

Alice had never used Parse's theory before, and set about trying to learn it on her own, mostly by reading books and articles. She had no access to other Parse nurses in the small rural town where she lived, so there was no opportunity for her to be mentored in her learning of the theory. She plodded on in this fashion, but after four months, she was becoming discouraged; she felt like she did not know what she was doing.

Alice heard about the teleapprenticeship study at school, and fortuitously, the second term of her clinical practicum coincided neatly with the teleapprenticeship. She was able to negotiate with her university instructor that the journaling she did for the teleapprenticeship could be used as part of the reflective analysis component of her university course. I introduced Alice and Sophie just before each of them started a short vacation. After they had agreed on a date to start the teleapprenticeship, Alice said, "Between now and then, I will reread Parse's book because I really feel at a loss with this theory and really need a lot of help. However, I am not giving up because I know I will figure it out. I really do believe in the principles."

For her course requirement, she needed to develop an understanding about the two major paradigms in nursing and to be able to discuss in depth the theory she had chosen for the course. Throughout the term, Alice would also be working with clients in a chronic care setting and would be using her chosen theory to guide her practice. Over the

22 weeks of her teleapprenticeship, Alice journalled about her developing understanding of various nursing theories, particularly those in the simultaneity paradigm where Parse's theory is located. Sophie, Alice's mentor, responded with feedback and thought-provoking questions. Most of the dialogue, though, was about Alice's study of Parse's practice methodology as she worked through clinical situations with clients. Below are some excerpts from her practice.

Mr. L.

<i>October 31 Nurse-Person Dialogue</i>		<i>Commentary</i>
Alice What is most important to you?	Mr. L Seeing my family.	Alice Tears came to his eyes as he looked at a picture of his niece and nephew.
How could this happen?	It can't because they live too far away.	
Is there anything we could do to help ?	I'd like to have someone to talk with.	Alice Mr. L. wants people to talk with, especially his family, but if they are not available, anyone will do.
What is this situation like for you?	I just want to die if I have to live this way.	Sophie When people do speak about things, it changes the meaning of those things because it brings it up close (kind of) and because hearing oneself say something is different than thinking about it. This does not mean that when people say something like "I want to die" that they do not want to die just because it is said out loud in the presence of the nurse. Saying something out loud may also affirm or strengthen one's beliefs and desires. Saying something out loud for some people is a way of unburdening and that might be the changing that comes with the explication of meaning.
What about this situation is unhappy for you?	Getting up in the chair and being left too long is the greatest problem.	
What would you be doing if you were at home right now?	I would be watching TV in my lazy boy and having a beer.	
Would you like to do that here?	No, I don't watch TV, but I would like to have a beer.	Sophie When exploring possibles, ask persons what they would like to do, or how they would like to proceed with issues. You did a good job of asking Mr. L what he might be doing if he were home, but then you said you asked if he would like to do the same thing here. Instead of suggesting things like that, just ask, what would you like to be doing here? Now the person might indeed identify the same thing, but you did not limit his answer to yes and no as your question did.

Alice	<i>Documentation</i>
<i>Nurse-Person Activities</i>	
Arrange for volunteers to visit and to have the client moved to another room where there can be more interactions with other clients. Arrange to have his family bring in a beer so he could have one when he wanted to.	

November 7 Nurse-Person Dialogue		<i>Commentary</i>
Alice	Mr. L	
What are your hopes and dreams?	To get a comfortable chair.	
How could that happen?	One has been ordered. It cost \$2,000.00.	
What would make things better for you?	Let me stay in bed.	<u>Alice</u> When we got him up, he immediately started to call for the nurse to put him back to bed
What is it like for you up in the chair?	It is very painful.	
How could we make this better for you?	Don't leave me up so long.	

Alice	<i>Documentation</i>
<i>Nurse-Person Activities</i>	
Spend time talking to Mr. L. when he is up in the chair to determine why he wants to go back to bed.	

Sophie
 Try not to ask "why" questions, Alice. Many people have trouble with them and many choices people make are at the tacit level, so people do not know why. The Parse nurse would not explore why Mr. L wants to go to bed.

November 7 Nurse-Person Dialogue		<i>Commentary</i>
Alice	Mr. L	
What's it like to stay in bed all day?	It's great. I move around in bed by myself.	
What if you get bedsores?	It's the doctor's job to treat them if they come.	<u>Alice</u> He knows the possibility of bedsores and is willing to deal with these when they come.
Do you want some more information on bedsores and the treatment?	No. I just want to be an invalid. You probably think bad of me thinking like that.	<u>Alice</u> We both feel better now knowing exactly what his wishes are.
No, I respect your wishes and will help you any way you want.		
What will happen if you stay in bed?	The nurses and doctors will take care of me and	

that would be better than what is happening now. What is happening now is terrible, just terrible.
--

Alice (reflecting)

I probably was asking Mr. L. if he wanted to know more about what would happen if he stayed in bed so that I could teach. I really wasn't thinking I could sway his decisions, but I would feel more comfortable that he was making an informed choice. I have heard you and Dr. Parse say they will ask for the information when they are ready to receive it. I believe this but in reflective analysis see how I am not practicing this.

Sophie

It is okay, Alice, that you have the experience of dissonance and inconsistency between what you know in reflective analysis and what you are still living. This is exactly the process required to make a paradigm shift. If we were already practicing the theory, or if you just had to read and understand it to live it, many more people would be guided by human becoming. It took me about six months of this reflective knowing/action inconsistency to finally let go of old beliefs. The old beliefs are very deeply embedded, and some do not even show themselves until months into the learning. Do not be too hard on yourself.

You bring up a complex issue with "informed choice." You know, it used to be that I thought people did need to know more when they made a decision about care that was not consistent with what the experts wanted. At that time I would feel it was my responsibility to tell people what is expected, normal, best, possible, desirable, and so on. Once I gave the information I also thought, "Well I have done my part. If s/he chooses that is his/her business." Now I wonder, what does informed choice mean, anyhow? Does it mean I as an expert have made sure that you know what my opinion is regarding the matter? I don't know. I mean, there is no certainty when it comes to human choices and life. Parse reminds us that every choice is both enabling-limiting, each choice is pregnant with possibilities. So from Parse's view there is no best way to move on. And if the nurse trusts that the person will find their own way, then the nurse will be open to ask, "What is it that you would like to have happen in this situation," or "What is it you would like to know about this situation?" and then respecting the person's choice.

November 7 Nurse-Person Dialogue		Commentary
Alice	Mr. L	
How is your new chair?	They took it away.	
Why?	I'm not sure, but I want a chair.	
Was the new chair better than the old one?	The old one doesn't work; anything is better than a broken chair.	Alice It is documented in the nurse's notes that he either refused to use the new chair or refused to stay up.

Alice - December 15

Mr. L is refusing to get up, and if the nurses force him, he becomes very aggressive. He's deteriorating: pressure ulcers, muscle wasting, lack of appetite. What would you do?

Sophie

What we do not know in this situation or in many others like it is what might have happened if nurses had been different with this man from the beginning.

What does he see life like now?
 What does he think will happen if he stays in bed?
 Does he hope to die?
 If so, is that okay with you?
 What is it like for him to get out of bed?
 What would he like to do?

I cannot tell you there will be different outcomes with Parse's theory, and yet I know there have been great differences when nurses showed their valuing of the person.

I personally have been involved in situations just like you describe and have been told by patients that fighting with the nurses and demanding to be left in bed is the last thing patients can control. And the harder the nurses and other staff pushed, the more determined the patient became to fight.

In the moments of being with persons, we as nurses make choices that show who we are. I can be directive and rationale, angry and punitive, and these actions and attitudes will cocreate my relationship with the person. Or I could be respectful and loving, attentive and caring, unconditional and accepting, and these too will change what happens between me and a person.

Alice - January 8

Mr. L. is not getting up. I could see last week how truly happy he was not getting up. I find it difficult to understand why anyone would want to stay in bed all day, but that is what makes him happy. I did not judge him.

Alice - January 22

I noticed a complete difference in him when his wife was in to visit. I have noticed it before but am now observing the consistency. All the stress/anxiety/lack of feeling/ whatever he is feeling dissipates when his wife visits. He smiles and is very relaxed when she is there. He continues to articulate his wish to remain in bed, even if she is there, but is much less anxious in the discussion.

Sophie

Alice, you are still "assessing" in your discussion of Mr. L and his wife. Note, you said, "I noticed a difference in him...all the stress, anxiety... and so on. Your description would sound like this with Parse:
Mr. L said he feels at peace when his wife is around. He says she is most important to him, and when she is gone, he feels ill and upset. When asked what might help him when she leaves, Mr. L said...and so on.

Alice - 22 January

Sophie, is it contrary to Parse's theory to assess the client for possible depression, anxiety, fear etc. and suggest treatment based on the observations of the nurse? I am used to validating treatment with the client but very used to making some sort of diagnosis based on nursing knowledge and expertise.

Sophie

It is contrary to Parse to assess and label depression or anxiety. These labels are about human experiences, and they reduce lived experience, that is remember, multidimensional and paradoxical, into a label that is restrictive and judgmental. When you ask Mr. L how he would describe himself or how he is feeling in the moment, that is what you accept without judging or comparing to normal.

The knowledge base of the old paradigm is hard to let go of initially because it is all we have, and what will we know with Parse? But there is a whole new knowledge base that is grounded in the theory and its roots that will guide you in other ways. It just takes a long time to learn it.

Alice - February 14

I'm still struggling, mostly with what questions to ask to keep the conversation going. I really listened to myself this week and specifically to the responses to my questions, i.e., whether they were open-ended type questions that maintained the conversation or ones that encouraged yes and no answers. In fact they most frequently required yes or no answers. Mr. L. is not a talkative person and doesn't easily give lengthy answers.

This is an area I will really work on next week. I also do ask for responses for very obvious things. Thus the clients just don't respond. I also find I am advocating for the clients as opposed to allowing them to express their desires. However, Mr. L did express his wishes to be part of his family conference after our discussions about what would happen there, and he had expressed a desire to be part of it and followed up on it himself.

Sophie

Your struggling is part of a process, Alice. The fact that you are aware that your questions are still limited, sometimes to yes and no, is a sign of growth. It took me about three months of wanting to speak differently

and then either getting stuck or relying on old habits of speech that I did not want to use—but they came out of my mouth anyway.

Your being aware that you do it is a first step toward changing it. Now maybe picture yourself speaking differently and see if you can practice, even with another nurse or a friend.

Alice

I really like your idea to visualize myself speaking differently, and I will try this, but best I like the idea of practicing with another nurse. One problem is that I'm not sure we will know if we are progressing in the right direction but this will probably reveal itself in my discussions with you.

February 14 Nurse-Person Dialogue		Commentary
Alice	Mr. L	
What are your hopes and dreams?	I don't have any dreams or hopes. I have been the same for seven months and will be the same seven months from now.	
What do you think we should do for you?	I want to be left alone. It is the doctor's and nurse's job to take care of me, to prevent the bedsores. I don't want to get up—it is too painful.	
How could you make sure this happened?	Just get me up for one hour. I want to go back to bed right after lunch. I want to get up at 1115 and go back to bed at 1315.	
	They won't do it. They get me up at 1000 and put me back at 1330. The physiotherapist lets me stand to get back to bed. She is very strong. The nurses can't do this, they are not strong enough. I would like to not use the lifter, it hurts my legs when I am being lifted out of bed. The nurses can't do this.	Alice I asked the nurse when he was present if it would be possible to get him up just before the staff lunch and put him back right after he finished his lunch. Of course, the nurse agreed. We also discussed using a two person transfer and for the staff to learn from the physio.

Sophie

The issue of what Mr. L wants with respect to getting in and out of bed and being lifted and the pain he experiences, I would try the following: First, when Mr. L. said that he wants to be up for one hour only, you could explore what it is like for him to be left up longer than an hour and how he might feel if he knew the nurses would put him back when he requested. The issue of the mechanical lifter can be approached similarly, which you obviously did since he spoke with you about the pain. As one of his nurses, you can share what he has said and wished could happen with other nurses, you can chart it, and you could have a conference with nurses to share Mr. L.'s perspective. This is not advocacy. Mr. L. has shared his views, concerns, and wishes about his care and you can share that with others because you are part of a large system where patients have multiple caregivers. Advocacy is about my rescuing you

based on what is “best” without explicit requests.

Alice - 14 February

Sophie, you asked me how I became respectful of Mr. L.’s feelings. In reading Parse’s theory and relating it to myself and my own thoughts and feelings which are not the same as everyone else, I came to realize that no matter what others may think I still feel the way I do. This, therefore, is true of others. The way they feel or think is their reality for them. I am not here to judge them but to assist them to understand how they are feeling and to find meaning in their feelings and to move beyond them to move them in the direction they want to go. I still feel I am failing when they don’t move on with our discussions. I am probably very impatient. I expect miracles. When they are ready to move on or make decisions or reveal things, they will. I just need to be there when I can.

Sophie

Your insights into one’s own reality and your intent to be there for the other’s sake as s/he discovers meanings, clarifies thoughts is right on. This is so important. As people speak and are with you in the moments they ARE moving on, Alice, and unfolding. Every time meaning is spoken, it changes in some way. The moving on does not necessarily mean a change that we would be able to witness. I think you are saying that you are still wanting certain outcomes. That takes time to let go of too. When Mr. L. says he has no hope, just to stay the same, what did you say? Might have asked him what it is like not to have any hope, what he can do to stay the same, can he picture himself staying the same? What helps him to go on day to day?

Alice - January 20

I did a presentation about Mr. L and Parse’s theory for the staff today.

Alice - February 27

I went back in today, and the staff were charting on the nurse’s progress notes using Mr. L.’s exact words as opposed to the third person narrative typical of nurses’ charting. I see this as a very positive evolution for the staff and the patients.

One concern I do have though was a discussion I had with the CNS who attended the discussion re Mr. L. last week. Her response was that the caregivers goal was to ambulate Mr. L. This to me is contrary to Parse’s theory and not an effective way of caring for clients as we need to be working with the clients towards their goals and assisting them to reach their goals not our goals.

Alice - April 9

I asked the staff how Mr. L was doing. They said that he is good as long as you let him decide what he wants to do. If he doesn’t want to get up, there is no point to getting him up. This is quite a change as they were forcing him to get up every day and to stay up for three hours. I have also noticed that following the presentation about Mr. L and his responses the staff are now charting in his words instead of interpreting his words and appearance.

I spoke to Mr. L. I asked how he was. He said, “Good. I am only getting up when I want. It still hurts. I only get up on Tuesdays and Thursdays for Physio. I don’t go to computers any more. I quit. I didn’t like it any more.” We talked on about the other clients in the room and his family and the weather. He said, “I don’t like the summer. It reminds me of the cottage.” Tears filled his eyes, and he turned his head away. I said, “Marilee said she would take you fishing in the summer.” He said, “I have lost interest in it, it’s just not the same. I like spring the best.” I asked him how he would be next spring. He said, “I will be just the same, right here.”

I have more to follow later in the week; it is also very exciting. I am feeling much more comfortable working with the theory but have a long way to go.

Sophie

Nice to hear of the staff changes. Are they seeing Mr. L differently, do you think?

Alice

Thanks for your comments. I see what you mean about staying with what Mr. L was saying about spring etc. In reflecting on what I did, I think I assumed I knew what he would say because we had talked about this before. I can see how important it would be to stay on the subject and not to change it. I will continue to try this.

Sophie

When Mr. L said he didn't like the summer because it reminded him of the cottage, remember go where the person is and seek depth. You could have said, tell me about the cottage. What was it like to be at the cottage in the summer? What is the worst thing about not being able to be at the cottage? Something like that. When he said, "I like the spring the best," stay there: "Tell me what you like best about it?" You asked how he would be next spring, which is another issue. It takes a lot of practice to acquire the skill of these flowing questions, Alice, so please keep trying.

Alice's university term had ended, which meant she would soon be losing her email access. She described the teleapprenticeship as a positive experience that had provided her with a mentor who was an expert in the theory—an opportunity that she would not otherwise have had. She had struggled so long alone, but "once I was linked up via computer with a mentor and began to share what I had been doing, I started to receive confirmation regarding what I was doing and was able to move forward with my learning."

Alice was grateful to her mentor for always accepting her feelings as "okay." She was pleased with the progress she had made and realized that "changing the way I have been over so many years of practice can't happen overnight." The integration of the theoretical and philosophical aspects of the theory with her practice was particularly helpful for her understanding:

My mentor went back and asked questions about the theory itself, which allowed me to explain my understanding of the theory. It allowed me to reflect my understanding of what I was trying to put into practice and allowed the mentor to instruct me on the actual meanings of the theory.

Alice told Sophie that she planned to continue to study the theory and would like to keep in touch if possible: "I am finished my degree so should have more time to concentrate on the theory. I plan to do this, as it does create quality for people."

Ethel

When Ada Martin got her February government check, she spend it all on a room at the King's Hotel. It was a rundown old place, but it was right next door to the street people's health center (The Center) where she was one of the regulars. When she slept on the street, she came there to relax and keep warm, and sometimes she was able to score a few cans of a nutritional supplement called BOOST. Ada did not talk much to the other community people—she had been hearing the other people tell about their lives for years, both here and in other cities, and these stories just depressed her. In her opinion, there was no use talking about things.

Ada's government check was big enough to cover food or shelter, but not both. Although she had been homeless for years, at 63, she occasionally needed to buy some sleep time out of the Canadian winter. It meant she could not purchase food that month, but she could get lunch and supper at places downtown that provide free meals. But last week, she was so sick that she could not get out to eat. After several days, although extremely weak, she managed to drag herself next door to The Center where Ethel, who was on duty as a referral worker, managed to find a case of BOOST for her. She helped her carry it home, and Ada appreciated that. Ethel found she could not stop thinking about Ada.

Ethel is a public health nurse whose interest is in working with marginalized populations, particularly urban aboriginal families. She is presently on study leave from her job and is in the last semester of a masters in nursing program. She is working at The Center in two capacities: for a student practicum in administration, she has the task of determining how to get the users of The Center to participate more in the running of the

place; and in order to have more direct contact with the community people (as the clients who use the services are called) she volunteers as a referral worker. In this role, she attempts to meet the basic needs of food, shelter, and clothing for clients like Ada. Ethel wanted to gain a better understanding of the people's experiences and situations in a noninvasive way: "If I had decided it would be appropriate to just hang around and talk with the community people while they used the lounge area of The Center, I would be invading their space without their permission. This way, our interactions are at their request." She hopes she will be able to keep her student learning needs separate from her role as a volunteer referral worker. She told her mentor, Michelle, that even though she would not be in a nursing situation, it seemed to her that since a person could not step in and out of a belief system, she felt she could be with the people at The Center as a Parse nurse would. The Center would serve as her clinical situation for the teleapprenticeship.

Like many nurses, Ethel knew virtually nothing about nursing theory until she went to graduate school. She heard about Parse's theory from her faculty advisor who suggested she look at the theory because it seemed to be congruent with the way she talked about nursing. By coincidence, one of the Parse scholars was visiting her school at that time, and Ethel attended her seminar and was also able to talk with her. In Ethel's words, "I was sold. This is what I had been looking for. I recognized that there was a lot to learn and gathered all the reading materials that I could. When the opportunity arose to be involved with this study, the timing was perfect for my learning needs." With all her commitments to family, school, and The Center, she worried she might be overcommitting by taking on the teleapprenticeship, but she did not want to pass up the opportunity to learn more about Parse's theory.

Ada's situation disturbed Ethel, and she thought about her as she worked through the first learning module in the Pink Book: "Responsibility and Choice." She said, "When I think about choice I just cannot accept that she chose to be where she is. I do not know her story, and it is not my place to make any judgements whether I know her story or not. I see her as a very lonely lady, and I wonder what would give her meaning and purpose in her life." A few days later when Ada came into The Center, Ethel had the opportunity to talk with her a bit, but it was not very satisfying; she had wanted to be "truly present with her in a Parse-like way," but Ada does not like to talk about her circumstances because it makes her feel very sad and guilty. In fact, she tries very hard not to think about her circumstances at all.

Michelle said that she had found it was not easy to truly believe that persons are expert for their life and quality of life. She had been thinking about Ada:

To go with someone means just what you did when she did not want to talk about her circumstances. We all reveal and conceal all at once and choose that which we wish to reveal and conceal. Her choice not to speak about her situation is one you have respected and one that a nurse guided by the human becoming theory would. She is living her meanings of life now. We all live our meanings and reveal them in different ways. We can not know hers but we can respect her and her choices. Offering true presence to someone through discussion, music, art, or silence is something that a person may wish to have or not. I believe this person will sense your intention to respect her and her wishes not to speak. I would just be with her without any expectations, if she were wishing you to sit with her. Be open to her in a way where she may or may not speak, but just open to her and honoring her.

Ethel believes that with support Ada "has what it takes" to move beyond where she is now, but recognizes that it is up to Ada to choose whether or not she wants to dwell with her thoughts in order to move beyond. She is concerned that if she is with Ada in true presence that she might do harm: "I think that I have no right to be involved with this process because she is very vulnerable and has a lot of pain in the past to deal with, and I may not have the skills, support, and opportunity to help her through this. It is like

playing with someone's life, and that is not fair." Ethel was also afraid that if she were not able to be available to Ada consistently, then it was not right to offer true presence:

"If a process is begun with her, there needs to be an assurance and commitment that the nurse will be there with her throughout, with no established time limit on the process."

Although Ethel almost immediately recognized her own agenda of having Ada move beyond, she continued to worry that in true presence Ada might open up pain and wounds that she had long suppressed in order to survive. Wouldn't she need ongoing help?

When Ethel asked this question Michele thought of Parse's description of lingering true presence. She wrote:

When we are with persons, and are truly present, that lingers on with the person and in us. There is a rippling of the true presence that is woven into our quilt of life. Even if the offering of true presence happens only once I believe it can be important. Sometimes when I am asked to see someone who is dying it may be when death is imminent and I have only been in true presence with the person and family once. The family often call and thank me for that time with them and tell me how much it meant.

Ethel had ordered a copy of Dr. Parse's edited book *Illuminations*, and when it arrived, she devoured most of it at a sitting: "I have to make myself stop in order to do what I need to do for my classes this week." The book made the theory come alive for her. Still, she told Michelle how acutely she wished she could have direct contact with a Parse mentor: "I envy your opportunity to learn directly (in person) from someone who had reached a higher level of ability to use this theory in practice." She wondered if it would be possible to learn without this kind of contact, observation, and feedback. So far, the stories that had been shared on PARSE-L were the most useful resource for her learning about the theory.

The part-time volunteer referral worker role at The Center did not provide Ethel with as many nurse-person opportunities as she would have liked. She worried that she

would not have adequate situations for discussion with her mentor. She felt awkward and unsure when she attempted true presence on her own—she seemed to be holding herself back, and the conversation felt so unnatural. She felt particularly dissatisfied with the way she had been with one man, Alfred; he had been very inebriated, and when she could not meet his many demands, he left, and she has not seen him since. Ethel was not sure how a nurse working within the Parse framework would relate to a person who is under the influence of alcohol.

Michelle had told her that wherever the person is the practice method is the same. What was important in the nurse-person relationship was her presence and going with the person's flow. She related something Dr. Parse had said at a conference that had been helpful for her own understanding: "It is like you are a boat on the ocean, and your anchor is true presence, and the person is the ocean. The boat goes with the waves and rhythms of the ocean as it is anchored just as you go with the person's rhythms while being anchored in true presence." Ethel remembered going with the rhythms when she was with a brain-injured adult at The Center; she tried to follow his rhythms as they talked, but then found it difficult not to provide information or introduce a new thought:

I believe that I did that reasonably well, but I had great difficulty knowing how and when to ask questions during our conversation. Is there a way to ask questions that is congruent with practice using Parse's theory? I realize that it is important not to interfere with the rhythm set by the person, but is there a way to be with him through the asking of questions? I found it difficult to not introduce a new thought or idea rather than have him develop his own ideas. He was very interested in helping handicapped children learn to ski (he was an avid skier and was injured in a skiing accident at the age of 19—he is now 34 and skiing again). To be consistent with Parse's theory in practice, is it possible to explore options available to him such as "have you been in contact with Canadian Disabled Skiers Association?"

As a public health nurse, it felt strange to Ethel not to give information; telling people about resources is a big part of community nursing. She knew that sometimes

people don't know what they don't know: What if they are not aware that there is information available and therefore cannot ask for it? Could she follow the rhythm of the person and still offer information? She was not sure even how to get herself into the conversation. She felt like she needed some examples of things to say.

Michele assured her that there are questions that are congruent with the practice method. She provided some examples:

What is life like for you now?

What is most important to you now?

What or who brings you comfort?

What is your situation like for you now?

What helps you get through the day?

What are your hopes and dreams?

These are just examples. During the discussion you may stay with the person and dwell with the meaning. For example if someone said, "that was a horrible time," you might say, "can you tell me more about what that was like for you"? Or if someone said, "My family is most important," you might dwell with them and ask what their family means to them. Again it is not the intention for us to know this information but rather for us to be with the person as their meanings unfold while going with them where they go; then the familiar may be seen in a new light. When the gentleman talked about helping handicapped children you could ask, "What would this mean to you"? "What can you do to make this happen"? "What are your plans"?

Ethel told a classmate at school how with Parse's practice methodology she was feeling restricted in the nurse-person relationship—the need to hold herself back—and how strange it felt not to be giving information. The classmate told her that she preferred to work with Margaret Newman's theory for that very reason. Ethel began to wonder if she could pick and choose the parts of Parse's theory that worked for her while filling in the gaps from other theories. She definitely perceived gaps:

I have heard other masters students in the development of their conceptual frameworks say that they found gaps in Parse's theory and needed to add other pieces to it for their practice. I think that part of the reason may be a lack of an opportunity (such as I have) to examine the theory in greater depth, but I also have found that I need to add Participatory Action Research philosophy, beliefs and values to Parse's theory to make it more complete for my nursing practice. Is it possible that I can agree with the major portion of Parse's theory but disagree with small parts (such as use of the word advocacy) that cause me to make some changes and additions for my own practice? I am concerned about consistency in philosophical background of the

pieces, but I think it may be possible to make changes and still have congruency.

Michele responded by saying that she didn't think it was possible to be rooted in both paradigms at the same time, that is, to believe in human beings as both biopsychosocial spiritual beings and unitary beings all at once. She wrote:

With any theory of nursing I understand the phenomenon of concern to be the human-health-universe process. Nursing theories are not for everything but for nursing practice and research. For theory based practice and research I believe that consistency is very important. Theories are very broad and offer different views of the central phenomenon of the human-health-universe interrelationship. I used various of the totality models before I changed paradigms and moved into Parse's theory. To use a bit of another theory from another paradigm would be inconsistent.

As a master's student, Ethel was being exposed to new theories at every turn. She reveled in the opportunity to discuss theory and philosophy in relation to nursing practice and her own beliefs. Over the course of the teleapprenticeship, she used dialogue journaling to explore Parse's theory in relation to chaos theory, critical theory, change theory, sociological theories about subjectivity/objectivity and conflict and order, other nursing theories, and the notion of congruence and dissonance with philosophies. She explained her theoretical explorations to her mentor:

What I am learning...is that there is more than one way of viewing the world and that it is very easy to get caught up in believing your own view is "right" or the only way. As I become familiar with different theories, I tend to immerse myself in those that "speak to me" in order to understand the ideas at a greater depth. Then, in time, I put the learning into a larger perspective and resurface with a more balanced picture.

The thing that Ethel found most difficult to understand was the apparent inconsistency between "the person is the expert in their own life" and the way Parse nurses seemed to be so rigid about how to practice using the theory:

Once a nurse discovers Parse's theory and agrees with the underlying philosophy, then it seems to me that she/he needs to evolve in her/his own way within the philosophy as each person is the expert in their own lives and need to evolve within their own philosophies. My reaction to some of the comments on PARSE-L, I think, is related to a sense that once a person becomes experienced at the practice of Parse's

theory that there is only one way to practice and the answers to questions seem almost restricting at times. Does not the individual nurse need to remain expert in her own way of using Parse's theory?

She was getting a sense that there are right and wrong answers: "Parse herself said to one of the participants that as she learns more she will understand—implying that there is only one way of viewing nursing and situations if this theory is truly understood." Ethel said she needed to dwell with how that related to the word *expert*:

If an expert is someone who "knows it all," I think there may be a problem with expertise. However, if an expert is someone who has advanced knowledge about something, I find this more acceptable. It seems to me that it is necessary to remain open to new ways of viewing beliefs and values in order to continue growing. Or is it that people have become so used to defending their views and the use of Parse's theory that they have removed the possibility of doubt from their minds?

Michele said that with regard to being an expert in Parse's theory, she thought of it as Ethel had put it— someone who has advanced knowledge about something. She explained:

I find I am always learning and growing. I think that we can never come to a place where we know all and the knowledge we learn from studying human experience is ever growing. The theory then expands in light of the new knowledge gained from studying human experience.

Learning the theory is a process of coming to know. There is a struggle with being open to new ideas and thoughts yet there is a need to be consistent with the values and beliefs about the theory. With teaching the theory the teacher on one hand is with the student where they are, and yet on the other hand when a student is learning and is inconsistent with the values and beliefs of the theory it needs to be addressed. I struggled with that and continue to. I appreciated when Dr. Parse and others would ask me about what I meant when I described something in a way that might have been inconsistent. For example when I was first learning, I remember saying I had a nurse-person interaction to Dr. Parse. She pointed out to me that interaction was from the totality paradigm and causal in nature. Nurse-person discussion or interrelationship was more consistent with Parse's perspective.

I found that helpful and learned how language did make a difference to how I thought about things. I think whichever theoretical perspective a nurse chooses there are values and beliefs that are consistent with one and inconsistent in another. I view the differences as being different and not: one is right and the other wrong. For example the concept of "ineffective grieving" is consistent with one theory and not another. As

a person learning about Parse's theory I found it helpful when people pointed those out to me so I could reflect and learn.

To discuss what is consistent and inconsistent with any theory can sound like correcting since a student is learning something new. However, if someone would choose to live another set of values and beliefs it would not be considered wrong or right, just different.

Ethel was reading everything about Parse's theory that she could lay her hands on and occasionally discovered the answers to her own questions before Michelle could respond. When she gained a new insight, she sometimes suppressed her urge to dash off a message so that there would not be a pile-up of notes for her mentor: "I have some further comments and questions to your response to the January 20 entry, but I will wait (if I don't get too excited and have something I have to say) for your response to the entry around choice before I ask the questions." Reflecting on her learning, she said, "It seems as a person grows and learns with the theory, there is a moving away from previous thoughts and almost an embarrassment that those thoughts were ever part of your belief system."

Throughout the teleapprenticeship, Ethel was provoked to critically examine the meanings behind some everyday words nurses use. The process was often difficult and unsettling, but conscientization about language was a significant area of growth for her. With some words, especially the ones that are used to label, it was immediately obvious to her why, as her mentor had said, they "carry the harm...and...can limit our view of persons and change how we are with them in health care." Early in the teleapprenticeship, she discovered that "words like noncompliant now are harsh to my ears."

But with some other words it was not so easy; from the discussions about advocacy on PARSE-L, it seemed to Ethel that the interpretation of word meanings was such a sensitive area that it could cause enormous difficulties between nurses familiar

with Parse's theory and those where were new to it. She said that even though "the discussion [on PARSE-L] has expanded my thoughts and beliefs about advocacy, and I have learned to re-examine the motives in an advocacy situation" she would continue to interpret the word slightly differently:

I fear that some definitions of words presented by those who have been involved with Parse's theory for longer than I have may have become ideology in that there is now only one way of seeing things and that way is the right way. The discussion on advocacy is a case in point. Dr. Parse gave a black and white answer that stated that advocacy does not fit with the paradigm. I would say that only her interpretation of the word advocacy does not fit with the paradigm and that if others interpret and use the word differently that it may indeed be congruent.

Ethel and her mentor engaged in lengthy dialogue about the meaning of other words such as interaction, expert, and empowerment. Michelle told her that for Parse the idea of empowerment is inconsistent with the human becoming theory since the nurse cannot empower another; the person powers him- or herself. Ethel said that once again, language seemed to be getting in the way of understanding:

My interpretation of empowerment is just what you said happens in a nurse-person relationship using Parse's theory—"the person powers themselves on." I agree that one person does not have the power to empower another, and that thought is not acceptable to me. However, the nurse can "enable persons to take control of the factors influencing their health" (WHO³⁵⁵ Health Promotion definition) through being aware of the power structures in relationships and society. Sometimes, as in relating to aboriginal people, empowerment means getting out of the way so they can begin to work through their own situations and problems rather than having someone else do it for them.

In another of Ethel's roles at The Center, she was a member of a Task Force that was examining the structure of The Center from the mission statement, to the organizational structure, to the programs and evaluation. She functioned as an unpaid external consultant with access to knowledge and information at the University and also as a representative of the volunteers. As she neared the end of the teleapprenticeship and

her time at The Center, she realized that her growing client-centered perspective and greater knowledge of the community people's situation had created a predicament for her. She discovered that the church people who had started The Center had a different view of the mission of The Center than did the clients it served: "The president of the Board indicated that because The Center was started by the people of the churches they were the ones who could make the decision about the mission statement and necessary changes. He believes that the needs of the community members does not influence the mission of The Center."

If she were following Parse's theory, how could she be judgmental about the Board members' view of the situation while at the same time making them aware that the community people were not being given the input that recognized their expertise about their own situation? How could she be an advocate for the community people and the volunteers? She said she wanted to use Parse's theory on two levels: "First at the level of the individual in my position as volunteer referral worker and second within a group and organizational setting in my role on the Task Force." Could Parse's theory be used at other than the individual level? This is what she wanted to do when she returned to work as a public health nurse at the end of the term:

I will be using Parse's theory on a different dimension than the one most often represented in the literature where nurse-person relationship is usually individually focused (or individuals in families/groups). I will be attempting to use Parse's practice methodology in community settings where community is client rather than context. I will attempt to view the community as a whole and explore the paradoxical rhythms within a community at the same time as working with individuals, families, and groups who are part of that community and its rhythms. I will be using Parse's practice methodology as a basis for reflection on the process of community health promotion where the community is being enabled to take control of the factors affecting the health of that community (e.g., poverty, illiteracy, or whatever the

community members identify as factors affecting their health). I believe that illuminating meaning, dwelling with, and moving beyond are fundamental to the community health promotion process, just as it is in nurse-person relationship.

The time had gone quickly. As she began writing her last paper for the last semester of study in her masters program, Ethel said she was ready to move on. She knew the end was near because she could feel herself withdrawing from the relationship with her mentor in the same way as she had when her other practicums were ending. She hoped she would meet her mentor someday in the future and would be continuing her subscription to PARSE-L. She told Michelle:

I very much appreciate your time and thoughtful answers/comments to my questions. As I think I have said, I have saved all of our communication and will refer to it again in the future as I try to put Parse into practice in public health nursing. I cannot think of any suggestions of things that would have enhanced my experience. I particularly appreciated it when you showed that you were puzzling through some of the issues that I presented and tried to get a better understanding of what it was like for me through the asking of your questions. I would think this was a Parse-like way of being with others as they learn.

Hoppy

Hoppy has been a nurse for 28 years, but right now, she needs to find a job that doesn't make her bones hurt at the end of the day. Critical care, where she has spent most of her career, is simply getting to be too much work. A few years ago, with the intention of getting out of nursing, Hoppy returned to school, got a bachelor's degree in English, and then tried law school for a year but found she hated everything about it:

I spent that year in law school learning how much I needed to be a nurse. After returning to nursing I noticed a difference in the way I practiced. The biggest change I perceived was in the closeness I felt to my patients. I sensed that I was spending my time with people a bit differently, with a greater willingness to give something of myself, as well as a greater appreciation for the things they were telling me.

Hoppy now works night shift in an ICU where she is a charge nurse who also teaches critical care skills. She thoroughly enjoys teaching as well as the hands-on patient care.

Hoppy is not sure what she expects to get from Parse's theory and the teleapprenticeship. She became interested in the theory from discussions on the NURSENET list: "The only folks who seemed to use a theory and talk as though it made some difference in their patient care were the Parse nurses." One nurse in particular had written about the theory in a particularly compelling way, and Hoppy said that it had been her writing that brought her to the teleapprenticeship learning event. The nurse wrote about the way that Parse's theory made her feel connected to her patients and had given meaning to her practice, and Hoppy wanted to know more about that:

I spend a lot of time working with people, listening to them, trying to respond in ways that are meaningful to them (and to me). If there is something I can learn that will help me to listen better, to respond better, to connect better, then I would like to be able to use it.

When the teleapprenticeship began, Hoppy was in the middle of finals week. She is enrolled in a master's program, still working towards her goal of getting out of

hospitals and patient care and finding a way of life that will be less physically taxing as she gets older. She wrote her dialogue journals for the teleapprenticeship in the morning after coming home from a 12-hour night shift. Her office faces east, and sometimes she falls asleep at the computer in the morning sunshine.

“Do Parse nurses always speak in Parse jargon?” Hoppy asked. She had been reading the Pink Book and said that as an English major she had been turned off by words like “languaging.” To her, this seemed a lot like nursing diagnosis where a whole new language was invented to talk about something for which we already had perfectly adequate names. She said, “I have a favorite Calvin and Hobbes[©] cartoon that I turned into a bookmark a couple years ago. Calvin is talking to Hobbes”:

Calvin: “I like to verb words.”

Hobbes: “What?”

Calvin: “I take nouns and adjectives and use them as verbs. Remember when “access” was a thing? Now it’s something you do. It got verbed.”

Calvin: “Verbing weirds language.”

Hobbes: “Maybe we can eventually make language a complete impediment to understanding.”

“That’s what the term “languaging” does for me. I start thinking in terms of psycho-babble.”

Hoppy found that she could agree with the Parse approach in all the Pink Book scenarios, but then she thought about the patients she had been caring for that week: the Pink Book patients seemed to have a much easier time communicating than her patients. Most of Hoppy’s ICU patients have long-term critical illnesses and serious

communication problems due to intubation, neuro injuries, or confusion. She wondered how the theory could help her do more for the patient who goes for long periods with an inability to communicate. She felt she was already “being with” people:

I spend lots of time at my patients’ bedsides, touching, talking, listening if they can talk to me. I think that people in beds are frequently spoken to as though they are deaf, or stupid, as though their illness renders them incompetent. Worse than that, I think they are usually touched for procedures, not often enough for simple human contact. I sometimes sit at a bedside holding hands with someone if that is what makes them feel comfortable/secure. I think (from what I have read) that this may fit into the “being there” part of Parse nursing.

Hoppy’s practice

When reading the transcripts from Hoppy’s teleapprenticeship, I was continually reminded of parts of the movie *Don Juan DeMarco*,³⁵⁶ where the Johnny Depp character relates stories to his psychiatrist, who is played by Marlon Brando. As soon as Don Juan (Depp) begins a story, we are transported into the scene—usually a small Mexican town with vivid colors, music, scenery, and a cast of characters. We feel as if we are there. So it was with Hoppy’s journalling about her practice: I was transported to the bedside of her patients in the ICUs. In order to bring this experience to the reader, I have edited very little in the transcript excerpts I have chosen to represent Hoppy’s teleapprenticeship experience. The text preserves the working language of this clinical setting and offers a glimpse into the complexity of nurses’ work life.

The Saga of Edna

HOPPY: The night ended badly for Edna. She’s 74, a long-time smoker, and a woman with a mind of her own. She came to us from home with chest pain, was worked up and found to have three-vessel disease, which was treated with a three vessel coronary artery bypass graft. The surgery was done about two months ago now, and Edna has been with us for all but one overnight on the medical floor since that time. She has been respirator dependent, and worse than that, she has dreadful decubiti.³⁵⁷ The decubiti are improving,

³⁵⁶ Francis Ford Coppola, Fred Fuchs, Patrick Palmer (Producers), & Jeremy Leven (Director), “*Don Juan DeMarco*”. [Film]. (Available from New Line Productions, Inc., 116 N Robertson Blvd, Los Angeles, CA 90048), 1995.

³⁵⁷ A decubitus ulcer is a bedsore or pressure sore.

but consider that about two weeks ago the one on her coccyx was large enough to accommodate a dressing the size of my fist. The decub developed in the post-op period when Edna refused to stay off of her coccyx. No matter how often she was turned, she would scoot to her back again as soon as the nurse left the room. In addition to the decub on her coccyx, there are areas on her thighs where the graft sites (from the CABG) broke down from Edna's flinging her legs across the side-rails. Her wounds are healing now with Dakin's soaks and packs.

She has been extubated after long weaning processes at least twice that I know of, plus she has extubated herself at least twice. She is now trached— or at least she was at the beginning of last night. She was in the final stages of weaning from the vent and doing pretty well when we came in to work. Edna has, because of her penchant for extubating herself, been restrained nearly all of the time. When I am in the room working I leave her restraints off, exercise her arms as much as she will allow, and massage her arms and hands with lotion. She seems to enjoy the massage and will sometimes just grab hold of my hand and hold on for a few minutes. She doesn't communicate a lot except to ask for water or indicate that she is in pain. She won't write notes, possibly because she is too weak to write. I don't talk a lot with Edna since this seems to bother her. So mostly, my relationship with her is based on performing tasks, explaining what I am doing, and touching. Edna is a big woman and can be a serious handful if she doesn't want to do something. But when she can/wants to, she helps to move herself and participate in her care. I always end up apologetically re-applying her restraints before I leave the room, but she doesn't seem to be bothered too much by this—at least she is accepting. Lots of the tasks we perform for/to Edna are quite painful—particularly the Dakin's packs which are getting more painful as her wounds heal. We give her Dilaudid³⁵⁸ before doing the painful procedures; sometimes this is very effective, and she sails through the dressing change, and sometimes nothing helps much.

Last night around midnight I went into her room in response to a ventilator alarm. Her nurse had left her hands unrestrained, and she had disconnected the vent. No big deal except that she seemed really angry and wouldn't let go of the tubing so I could hook her back up. She was down to an IMV of 2³⁵⁹ and doing very well with the weaning process, but she wouldn't let go of the tubing. We restrained her and put her back on the vent. Now, the idea of Edna being able to decide that she wants the vent discontinued is a fine idea. In fact, when she came to the hospital she brought her advance directives with her. Yet, every time she has come off the vent and tired of breathing as her CO₂ increased, she has insisted on being put back on the vent. Her family also has insisted on this. So even if I agree that she can dc her vent whenever she chooses to do so, I am also looking at a process that is going well and may end with us able to get her off the vent in the next 12 hours. If she does this though, before she is physiologically ready, I can see us going down the same road over again. She went back on the vent. She did fine with weaning and was on CPAP³⁶⁰ at 6 this morning. I was finishing up my I & Os³⁶¹ when her nurse called me to the room. "She's got her trach about 1/2 way out." (While he was standing there!) I try to put it back, but when I meet resistance I don't try any more. We call the ER. The doc can't get it back in, and when her pulmonologist comes in, he can't pass the tube either.

During all of this Edna is quite vocal about what she wants: "This is not a cardiac arrest. Get off of me." Presumably if it were a cardiac arrest it would be all right to "get on her." I left when the trach had not yet been replaced. The surgeon who did the trach procedure was going to come in and try to replace a tube. I hope he will be able to place a Shiley in case we have to reconnect the vent. In the meantime, the longest Edna has gone before completely pooping out (CO₂ in the 70s) is 12 hours. I expect she will want the vent back on when she gets tired. I expect I will be her nurse tonight.

³⁵⁸ A narcotic analgesic.

³⁵⁹ ventilator setting: Intermittent Mandatory Ventilation at a rate of 2 per minute.

³⁶⁰ Continuous positive airway pressure.

³⁶¹ Intake and Output. Fluid balance calculations.

I don't foresee a whole lot of upward mobility here. I don't mind working with/being with Edna if she isn't going to get well. I can care for her as I have been doing without the necessity of her getting well. I have no problem with giving her what she needs to be comfortable, whether that be the medication for pain, touch, just being there or even just leaving her alone. I don't know, though, what it is that she wants. This morning what she wants is for us to get off of her—and we did. Tonight it will be something different and completely opposite (possibly). It is difficult enough to take care of someone as sick as Edna is, but when there is no clear message, or even a reasonably good way of communicating a message it is completely frustrating to try and understand what it is she wants from any of us.

Well, after much work and with the skill of the surgeon who first trached her, Edna had her trach replaced—not with a Shiley for vent support, but with a good old metal trach for secretion gathering. She has now been doing well on a 40% trach mask with high humidity since Friday morning. Last night she was a different woman. She now is feeding herself (pulled her feeding tube out and nobody had the heart left to replace it), sitting on the side of the bed for very brief periods and was due to start getting up on the tilt table today. She is willing and ready to start doing things but not willing to relinquish controls. Good for her! Yesterday Ann (my day shift counterpart) asked her about the restraints since we are still seeing the need for trach access. Edna told her: "I'll leave the tube alone if you leave me with my coffee. Mess with my coffee, though, and everything else is fair game." She had been without restraints and doing a great job of working. Given choices she makes fine ones now, even though she is still not completely oriented. She will probably move off the unit later in the week (after a secondary wound closure of the greatly granulating decubitus on her coccyx).

I expect that once she's home she will have her cigarettes at hand soon. Fine. She's an old lady who has decided what gives her pleasure. If she wants to smoke okay—she certainly has evidence of the consequences and evidence of her own survival instinct. Now that she's talking, it's really neat to get her slant on things. She's a crusty old lady, and she will go on in the way that suits her. The entire time she's been with us we have been talking to her cousin in Atlanta, Georgia who calls about two or three times a week at 0500: "Well honey, I just thought it's not so busy this time of the day." (If she only knew.) This morning she asked me to hold the phone up to Edna's ear so she could tell her she loves her. Edna held the phone herself, and while I occluded the trach, she talked first and last and most of the time in between. Her cousin hung up the phone crying. I said, "Edna, she was crying pretty good there. I think you made her very happy today." Edna was cool: "She's just like a faucet" (making a motion as if to turn it on.) I guess Edna was our Christmas present this year.

Now for how Parse's theory fits into all of this saga. I'm not terribly certain. It seems that it is a theory well suited to communicating between folks (e.g., Edna and me). If we are looking at Edna in her sickest, most obstreperous (confused?) stage, then I have to say that I wouldn't change anything that I do. I will still be with Edna talking, touching, doing what I can do to get her beyond that stage. If we are looking at the New Woman Edna, I guess I can still do the same things. I would be talking and listening and perhaps knowing that once she's home Edna will be herself. If that means she'll be a "pack a day woman," that's what she will be. Maybe what a Parse's theory perspective can do for me is alleviate the frustration that goes with relinquishing control over the way she moves on from here. Of course I'm not naive enough to think I would have had any control over her future habits a year ago either. But I think maybe I would be a bit resentful to think that I worked very hard to "make her well" so she could go back to doing the same old destructive things. I'll have to think about this for a while. I don't think I have that/any resentment about this now, even though I think it is highly probable that she will do exactly that. I picture her at home watching the soaps on TV with a cigarette and a cup of coffee to pass her time.

IRENE: The biggest impact and benefit Parse's theory has, I believe, is the initial shift of "the nurse as the expert" towards "the person as the expert" of his/her own health. That seems to change the nurse's perception. Instead of carrying out and imposing all the nursing interventions designed to make the person conform to the normative model of health, the nurse helps the person illuminate meaning (the meaning that the situation holds for them), synchronizes rhythms with the perception of the person as she/he languages the meaning, and thereby allows the person to mobilize transcendence and to cotranscend with the possibles. From a study a co-researcher and I did, teaching 4th year baccalaureate nursing students Parse's theory, we found that students felt liberated from not having to judge and label persons, which they always

had felt uncomfortable doing, when trying to come up with a nursing diagnosis doing traditional careplans. They also were liberated from feeling they had to fix everything. Going with the persons allowed them to accept them as they were, e.g., Edna going back to her smoking habits. Unless Edna wants to change her value priorities and quit smoking, nobody can make her do it. Human beings, after all, are uncontrollable.

You could probably explore the meaning smoking holds for her. More likely it will make you understand why she smokes rather than change her habit. For me one of the biggest benefits of the theory is the recognition of the paradoxical patterns that emerge when persons try to make sense of the world. Instead of viewing it as negative ambivalence on the part of the person, paradoxical patterns are recognized as parts of everyday life that are always present and constitute the rhythmical patterns of life. Edna wanting to pull the trach tube, yet wanting to stay intubated, seemingly wanting to live, yet wanting to die are good examples. She made her choices pulling out the feeding tube and wanting to eat, which shows she is an expert of her own life—she knew she was ready. Her family too are experts; they “knew” their Mom. I think it is a wonderful story. As we try and relate it to the themes and concepts of Parse’s theory, using the learning modules, the theory becomes real.

HOPPY: Edna is ready to move out of ICU. I expect she will be on the skilled nursing facility within a week and from there will probably move quickly to home. Some things that made it possible for her to reach this point seem worth considering. Probably first in importance is the fact that she wasn’t ready to quit. As we all look at her and feel really great about her present state several things have come up. It’s interesting that nobody is talking about how much nursing effort went into keeping her alive. Rather, now that she is pretty much the “feisty old lady” who reluctantly agreed to surgery, the discussion is centering on just how feisty she is. This morning someone was discussing the fact that she was really quite apprehensive going into the whole thing but felt like she didn’t have a lot of options. Perhaps her sense of no option (or few options) is related to the way things were presented to her. Perhaps they are more related to the attitude that we have in our culture that makes medical treatment a god. Edna has a living will. It has remained prominently on the front of her chart throughout the time she has been with us. Her living will, as most do, says she doesn’t want to have extraordinary means used to treat her if there is no chance for her recovery (or some such wording). Well, Edna has agreed to everything that has been done to her in terms of her surgery and ventilator support. She believed, and was led to believe, that she had a chance for recovery. Apparently this is the case since she seems to be recovering.

Which brings me to the way the nurses are talking about her now. Nobody is talking about the plain old hard work that went into getting where we are today. Until the last week, there was no way to begin her A.M. care without setting aside at least a two hour block of time. I’m not sure she ever really understood what was going on after she came back from her CABG. Some of her problem was no doubt related to the drugs we gave her for pain. But I would argue that most of her problem throughout her stay has been related to an inability to communicate. The biggest difference in her during the last week has come as she has been able to tell us what she wants and how she wants it. The surprising thing after all this time is that she wants really very little. The more she is able to communicate with us, the better oriented she becomes. She has never wanted to write notes, in fact has refused to write whenever we have given her paper and pencil and asked her to write what she needs. I wonder now if she has been unaware that we couldn’t hear her when she thought she was talking. She always has moved her mouth and tried to talk, getting really disgusted with us when we didn’t know what she was talking about.

IRENE: I am really happy for Edna and you! Yes, as you identified, and I agree, Edna had her hopes and dreams and was not ready to quit, and that is why she got better. She made her choice—opening one door and closing another. The question is how well informed she was. For me, that is why I believe that we, as nurses, have to be knowledgeable in order to present the choices to persons. Usually persons expect us to be knowledgeable. Leaving information up to the doctors, in my opinion, is often too biased by either the medical model or the doctors’ own vested interest. (On this point some Parse experts might disagree with me.) The more I think about Parse’s theory, the more I believe that it is expressed in the process, how we go about doing things, rather than what we do. We do what is expected from us by the person to help them transcend the present situation.

Mr. S. and his family

HOPPY: I don't know if Parse says anything about the role of family but have realized once again the importance of family support with Mr. S. He came on Christmas from a hospital about 100 miles west of here. He had been having chest pain for about two weeks and got much worse on Christmas. He's only 62, with bad three vessel disease diagnosed by heart cath on Monday. This man has recently retired from a job in California and moved back to the mountains where he grew up. By Monday morning most of his California family had arrived here, with the rest of them coming in on Monday eve. He has several sons, all of them as delightful as he is. He went for a three vessel CABG yesterday and had to be taken back for bleeding last night. I have watched this man and his sons and been absolutely impressed by the effect they have on each other. The boys have stayed at night, sometimes staying at the bedside, sometimes in the waiting room with frequent visits. They have seen that their mother is taken care of and that she sleeps at night away from the hospital.

Mr. S. is a bright man, but pretty apprehensive, so even though he has been receptive to explanations and to pre-op teaching and the like, he hasn't asked many questions. He talked the first night he was here about retiring at the ranch he bought: "110 acres so if the boys want to get out of LA they can each have a piece of land to build on." This is the closest and most supportive family I have worked with in a while. Mr. S. needs the true presence of his family. The boys ask lots of questions, and being bright guys themselves, use the information they get to be really helpful to their dad. I have really enjoyed the last three nights with these folks. If I've worked with anybody recently who has put lots of thought into what is important in their lives, these folks may be the best examples. They will take care of each other and make sure that the important stuff gets taken care of.

I think that what we have done by working with this whole family fits into a Parse model. I can identify several Parse principles in the way we are dealing with these folks, including the need to deal with Mr. S. as the expert in his own life and the role that his family plays in that life. I think that the true presence that is most important to Mr. S. is the presence of his family, so that even when I am at his bedside for twelve hours when he is post-op, my presence meets a different need than the presence of the two oldest sons. As far as being with Mr. S. versus instructing or prescribing, I have done some of each. Once again, tasks can't be ignored. So when I am teaching him preop how to do breathing exercises, I have to explain to him that even though he doesn't feel the need to take deep breaths while he is just lying in bed, that he needs to do the deep breathing to prevent certain complications. He can understand about expanding his lungs, and the goal of preventing complications fits right in with his goal of getting back to the ranch (and the good life) ASAP.

So here are the questions:

Where does the family enter the picture according to Parse?

Is it accurate to portray this great family support system as true presence?

Since Parse wouldn't call the tasks I do as "nursing" (that's probably not articulated very well), would she also not call my pre-op teaching that parallels Mr. S.'s own goals as considering him the expert in his own life?

IRENE: Parse's theory includes the family when they are in the picture. The persons can be a family unit. I do not think that how the family are in true presence with each other is the same as the nurse in true presence. The nurse in true presence is centering herself on the person and puts her own thoughts about herself and her life situation out of the way in order to synchronize rhythms with the person. Hence it is a professional relationship with the intent to help the person illuminate meaning etc. Family members tend to have an emotional relationship, where their own feelings are also at play. But persons and their families can be seen as a unit, as experts of their own lives; I do not think that you could separate them. They form part of the integrity of the person with his/her universe. They constitute what is unique to the person.

Parse does not object to "medical somethingnesses" like preop teaching. This is part of what we do as nurses. She only warns us not to think of nursing as a series of tasks. It is not nursing, but still part of what we do. As I said before, I think the theory is lived more in the how we do things than what we do. How do you feel about it? Do you feel that you are thinking more about what you do and in a different way?

HOPPY: Yes. I still look at labs and assessments when I'm caring for patients. I look at these things first since these are things that I will have to be aware of to answer questions (my own and those of others). Since I think I have been person centered in my nursing for as long as I've been a nurse, it doesn't seem that I am doing anything particularly new when I start thinking in terms of what my patient is about and what is important to him/her, but I probably come to this with a slightly different perspective and come to thinking of what is important to them sooner. I think as I work with these things I will notice their personal needs/goals earlier in our caring relationship (I hope so), and perhaps I will someday be able to bring some creativity into incorporating the patient goals into the things I do with/for them.

Tasks rule

HOPPY: We have a two-unit critical care area, with ten beds in MICU and eight in SICU.³⁶² Our units are right next to each other, sharing everything from staff to equipment to the coffee pot. Last night we started with 16 patients and ended with 17. We had 7 nurses and two monitor techs. Two patients were on balloon pumps, one of these a fresh post-op heart who was done as an emergency when a coronary artery ruptured following a PTCA.³⁶³ In addition, we had four other ventilator patients, two fresh MI³⁶⁴ patients, two PTCA patients who had just had their sheaths removed at the beginning of our shift, and assorted other fine and busy people. On the surgical unit, we had three nurses for eight patients; on MICU, they had five nurses with nine patients, three of whom should have been 1:1. It seems we have more and more nights like this all the time. I usually work on SICU, last night being now exception. So I had three patients of my own, then was asked if I could help a less experienced nurse with his CABG on a IABP³⁶⁵ patient. I did this gladly, helping with the Swan-Ganz³⁶⁶ insertion, advancing and retaping the endo-tracheal tube, and just helping him get organized. All of this stuff was task oriented and time consuming and took place in MICU. So with all this task oriented stuff, and with my three patients all wanting to sleep and be left alone, when do I do the things that Parse says are my real nursing duties?

IRENE: The issue you are mentioning is precisely my argument. We do need more time and less work if we want to do a good job. There are limits to everything. I think that is part of the problem between some theorists and the people who are actually working on the front line. They develop beautiful theories, but we don't have time to put them into practice. That is why I believe we need some political action to gain more recognition and value for our work. It is not just "the nurse's unwillingness to change their practice." When you talk to young students, they show a high degree of idealism, but then it gets lost along the way. Why?

HOPPY: And here is where I see a big problem with Parse's theory. The old paradigm is what we base our staffing patterns on. It is what JCAHO³⁶⁷ bases its accreditation survey on. If, God forbid, I should ever wind up in court, the old paradigm is what I will be judged on. (And the fact that I have just ended three consecutive sentences with prepositions will no doubt have an impact on my perceived credibility or virtue or something also.) So, it comes down to this—in the real world we have to live the old paradigm. We don't have a lot of choices here because our paradigm has not yet shifted. If we can do the new paradigm, that in a sense is the icing on the cake, and we should be happy to be able to do it. But without the cake, we aren't going to need any icing. We will not simply be judged on the cake we provide, but we will be required to provide the cake if we are to be allowed to practice—no cake, no license. So how do we reconcile these two competing paradigms in a time when everybody is looking at costs and seeing nursing

³⁶²MICU, SICU: Medical, Surgical Intensive Care Unit.

³⁶³Percutaneous Transluminal Coronary Angioplasty

³⁶⁴Myocardial infarction: a heart attack.

³⁶⁵Intra-Aortic Balloon Pump.

³⁶⁶A catheter passed into the heart for the purpose of obtaining various pressure measurements and other data.

³⁶⁷Joint Commission on Accreditation of Healthcare Organizations.

as 1) the biggest unbillable/unreimbursible cost in the hospital and 2) therefore the first place we will look to make cuts when we are “forced” to cut costs? A simple little question, this. Who has the answer?

IRENE: The answer is probably rather complex, not simple. However, I believe that if our clients are satisfied with the treatment they receive, e.g., Mrs. G. who made her informed decision with the help of caring hospital personnel, I doubt there will be a court case. People sue because they feel they were wronged or neglected. In Canada, a trend is starting to look at client-focused caring due to consumer demand. That is, I believe, where the new paradigm can make a difference, whereas the old paradigm is inadequate. Several hospitals in Canada are starting to introduce Parse’s theory; some nursing schools are based on a Caring Curriculum based on Watson’s theory—there are pockets where change takes place. We nurses have to be there, showing the values of our care, showing how this approach makes a difference in client satisfaction and *prevents* costly law-suits as well as prolonged hospital stays due to client’s inability to deal with the situation. Research and publication should help.

HOPPY: I agree with you completely when you say that the old paradigm is not effective. There are things about it that are necessary, but being based in the “medical somethings” makes it a paradigm that makes the medical view the most important view (I would go so far as to say the only view) that matters. So we look to the medical experts for all the answers and sometimes even for all the questions that we will count as important. This is why it is the paradigm that will assume the superior position when we are looking at questions of staffing, licensing, and all those things that are important issues for hospitals. I don’t see any indication (at least in this country) that the medical someones are going to willingly let anyone introduce a new paradigm.

Patients who might be in another realm of the universe

HOPPY: In some ways it seems that ICU and nights is just the place to be doing Parse nursing. I often have more time because of the staffing ratios and the lack of bothersome interruptions from other departments to be with my patients and actually get to know what sorts of things are important to them. Then there are nights like the other night when there is so much going on that patients are lucky to get the bare necessities. And there are patients who, for all I know, have no awareness of my presence or anyone else’s. It seems like these patients, no matter what I give, might not be on the receive mode at any but the barest necessity level.

IRENE: But we don’t know how much some of these people are aware. I was once involved in the care of a patient who had tetanus. Everybody had given up hope on him. He spent two months in the ICU, pavulonized³⁶⁸ to control his tetany. Anyway, he recovered against all odds, and I met him again after he left the ICU. This patient could remember what he had heard while he was “comatose”; he told me many things he had overheard. He also remembered faces of the nurses, including mine. And we had thought that he was brain dead. Other patients who had clinically “died,” e.g., a young mother who had an embolus after delivery and had been resuscitated, she too could remember the things we said and did, while she was “dead.” She also said: “I was dead wasn’t I?” And other patients who had had cardiac arrests knew what had happened. They were at a different realm of the universe; however, they were still there. So even with them, one can be truly present, centering oneself and directing all our attention towards the person.

The Vietnam veteran and the Vietnamese nurse

HOPPY: We had an interesting situation develop last night that I certainly never would have anticipated. We admitted a man during the night who has liver failure from Hepatitis B that he contracted from a blood transfusion. He received the transfusion over 20 years ago when he was treated for an injury he received in Vietnam. The nurse who admitted him is Vietnamese. I was a little concerned that he might have a problem with her based on her obvious ethnic identity and almost changed assignments with her to avoid a problem.

³⁶⁸The drug Pavulon is a neuromuscular blocking agent used to temporarily paralyze a person. In this case it was used to control tetany (continuous tonic muscle spasms).

I'm glad I didn't. She is a very good nurse (not to mention being a pretty terrific person); he seems to be quite a neat man. They got on very well, and I needn't have concerned myself. I am glad this morning to have seen them work together.

IRENE: You just gave a good example of the uniqueness of each person. The Vietnam veteran, whom you assumed might be uncomfortable with the Vietnamese nurse did not feel that way at all. It just shows how we are so used to trying to predict behavior and how our predictions are usually wrong. Being present with the person and listening to them is the only way to find out about their feelings and thoughts. Remember also they are revealing/concealing at the same time, so we will never know everything.

Value priorities

HOPPY: Had another nice experience with a lady who is with us for the third time since September. She's delightful but unfortunately has bad cardiovascular disease. She comes in fairly frequently, this time for a carotid endarterectomy.³⁶⁹ She tries very hard to do the things that will give her the most time with her family. Actually she does very well, and they are very supportive of her—she just has bad disease. Played with Nitroprusside³⁷⁰ all night trying to keep her BP in a decent range—the level the doc wanted was one that she didn't tolerate well. Finally had her pretty well knocked out with drugs this morning and had to wake her at her request to call her husband at 0615 so she could tell him Happy Birthday. She went back to sleep shortly after her call, but the call was more important than her sleep this morning.

IRENE: You helped her towards health by letting her live her value priorities. In the totality paradigm, the nurse might have decided that sleep is best for her.

The Story of Mrs. S.

HOPPY: Mrs. S. came to us on Saturday. She had been driven to her local hospital during the night on Friday when she awoke with chest pain and probably a bradyarrhythmia.³⁷¹ Her daughter got stopped by a cop on the way to the hospital because she was speeding. The cop wanted her to stay put and wait for the ambulance to meet them. She got back in the car and took off, leaving the cop sitting there at the roadside. A very good move on her part since her mom was about to crash. So after their roadside adventures, Mrs. S. got to the hospital where she was given TPA,³⁷² and was sent on to us the following morning. Nice lady. Nice family. (I'm not entirely sure about this, but I may be enjoying my relationships with patients more since I am tuning in to what these relationships involve—is that Parse at work? Or just serendipity?)

Mrs. S. was REALLY anxious. She joked about her situation, laughed nervously, admitted that "I'm always a nervous kind of person" and just generally seemed ready to bolt and run if she only had the energy. Her daughter was very interested in all the educational material we could give her, but Mrs. S. didn't want to know—at least the first night she didn't. The cardiologist explained all the things he wanted to do to diagnose and treat her, and she seemed fairly overwhelmed by the whole thing. Then on Sunday day shift Barb took care of her. When Barb went in the room with breakfast Mrs. S. was pretty weepy, so Barb stayed and talked/listened/reassured. She spent the rest of the day answering questions, giving explanations, using the printed material and pictures to answer all of Mrs. S's questions. Barb's background includes about 10 years working in a cath lab, so we couldn't have had a better person (this combined with the fact that she is inherently a kind and sensitive person) to do the pre-cath teaching.

³⁶⁹ Surgical removal of material that is occluding the carotid artery.

³⁷⁰ An antihypertensive drug.

³⁷¹ Slowness of the heartbeat.

³⁷² Tissue Plasminogen Activator (Activase).

Sunday night when I took care of her, Mrs. S. was feeling pretty well-informed but still nervous. Happily, we had a quiet weekend and could give her the things she wanted. Sunday night what she wanted was a shampoo and to be pampered. She wasn't having any chest pain but was still so anxious and there wasn't anything we could put our fingers on. She wanted her feet rubbed, so she got them rubbed. Wanted her hair washed, so she got it washed.

Monday she got her heart cath and a PTCA. She did fine—until Tuesday when she re-occluded and did not do well at all. They tried to do another angioplasty without any luck. So they took her for a bypass. Happily (again) she did very well following the bypass. When I came back to work on Wednesday night, she was still a little nervous but had all of her lines out and was doing very well. The first thing she wanted from me was an autograph on her heart pillow. Then she talked about what she had been through, about how scared she had been, and finally “Did you know my husband died in this hospital?” About ten years earlier.

I don't know if it would have made a difference to us or the way we responded to her if we had known this earlier. I know that until she was ready to talk about that experience we weren't going to know about it. She didn't talk about it in any detail, but once she said it out loud, she seemed to relax a little. I listened for a while to her perceptions about all that has gone on in the last week and about her concerns for her future. She is 62 years old and does janitor work. She won't be able to return to that work—at least not any time soon and is concerned about how she will support herself. We hooked her up with social services on Thursday morning to get her on disability benefits. At bedtime she asked, “Could you give me a rubdown?” Of course! and she was out for the night. Slept great, felt good in the morning, moved out to telemetry in the morning.

When I think about Mrs. S., I can't think of very much that we (Barb and I) did that was technically oriented. We spent a lot of time listening and responding to the things that Mrs. S. wanted us to take care of. On our days off, Mrs. S. got into big trouble and had lots of technical interventions that she probably won't remember much about. I think she will remember the nurses who were able to spend the time and help her while she was going through so much stress and distress. I like that.

Now, I think that the way Parse's theory applies here is:

Being with vs Fixing/telling—even though all of our pre-cath and pre-op teaching has to fall under the fixing/telling category, the things we taught were in response to her questions and in the time that she decided was right to ask the questions. We spent lots of time just being with her, letting her daughter stay with her, doing the things she told us were important.

Rhythmicity: Especially revealing/concealing. All the nervousness and the “admission” that “I'm always a nervous kind of a person.” Then two days later finding out that her husband died in our hospital. It must have been terrifying to leave her town knowing that she was coming to the same place where he died. Then to have all the extra added attraction of bypass surgery after she thought the PTCA had taken care of her problem.

There's probably more here that I'm missing. Probably something about languaging (aaargh!).

IRENE: I agree that what you did was mostly “being with.” The fixing/telling part was on the person's request, hence I believe is responding to her languaging (arrgh...sorry!) that need for knowledge. In my experience that is what people expect from us as healthcare professionals to whom they have come for help. The revealing/concealing was on my mind as it unfolded through your story, just like you interpreted it.

Just one word of caution about “reassurance.” You referred to Barb having listened and reassured. In Parse's theory, reassurance is false as one presumes to know more than the person. It also leads to premature closure; it closes the door to further dialogue. When reassuring, we are effectively saying to the person that what s/he perceives is false and we, as the experts, know better. A person who had a heart attack and seemed stable at the time, once told me that he was going to die. I laughed it off, “reassuring” him that he was doing just fine. Five minutes later, he arrested, and we were unable to resuscitate him. Had

I just listened perhaps he would have given me a last message for his wife and family. However, my reassurance prevented him “living his dying” as he would have liked it.

The second point I want to make is about the person remembering the nurse who listened and did things she wanted her to do. We have to ask in whose interest is true presence, the person or the nurse. True presence is witnessing the unfolding of the person’s becoming, the nurse’s interest or personal satisfaction should not be a factor. The intent should be to be with the person as she moves beyond the present towards her hopes and dreams in co-creation with the universe. However, feeling more personal satisfaction is definitely a by-product since the nurse is relieved of the pressure to “fix” everything and to reach perfection through her professional “expertise” (medical or totality paradigms). However, keep in mind, the nurse centers her attention on the person without any intrusion of personal interests.

HOPPY: Interesting point, and one I hadn’t considered before. Is there some point at which reassurance is positive under Parse? Or is it always seen as false? For instance, if I am explaining about a procedure that the patient sees as a very frightening experience, and I tell him/her things about the procedure that are inherently reassuring things . (Of course this could backfire when things go wrong.) I will have to think about this for awhile. It just seems that at times a realistic reassurance about some aspects of care ought to be an acceptable thing.

I guess that in addition to my personal satisfaction (and this experience was definitely satisfying) I think that if the patient remembers a particular part of her hospitalization in a positive way that she has also felt some satisfaction. Perhaps if someone in this lady’s family, or if she herself, has to come to the hospital again she will feel less anxious than she did with this hospitalization.

The Story of Smitty

Smitty is an old man. He and his wife have been married for fifty years, as she has told me several times in the last few days. They moved here recently to be near their son. Wednesday evening, shortly after having dinner, Smitty had a cardiac arrest, was resuscitated very quickly, first by a family member and within about five minutes by the fire dept. EMTs. Smitty arrived in the ER unresponsive, intubated, and with a stable cardiac rhythm (on Lidocaine³⁷³). He had a Swan-Ganz catheter inserted in the cath lab, and an arterial line. I’m not sure why, but he was heparinized³⁷⁴ before he came to the ICU. He arrived in our unit with pupils fixed and dilated (Atropine was given during the code), bleeding from his mouth and nose maybe from a traumatic intubation . He did not respond to any stimulus. Vital signs were pretty good, with a normal sinus rhythm and a BP in the 110—116 range on 10mics of Dopamine.³⁷⁵

The son and daughter-in-law seem to understand the gravity of his situation and feel the need to support their mom through all this. She is staying at their home while her husband is so ill. Her daughter-in-law told me that she had fixed the room for her mother-in-law, telling her: “Sleep if you can, or if you are too worried to go to sleep I’ve put a comfortable chair in here for you.” She made sure there was a phone in the room in case Mrs. G. wanted to call us and check on her husband. And she made sure that Mrs. G. knew she could wake her if she needed anything. They went home around 11 that first night, and Smitty started seizing around midnight (he has cerebral edema, most likely from cerebral hypoxia according to the CT scan we did the following morning). I spoke with his doc, and we started him on medication (Dilantin and Valium) for his seizures. We got a neurology consult for the following morning.

I half expected that Mrs. G. would be on the phone every hour during the night, but she didn’t call till around three. She just sobbed when I told her he wasn’t awake yet and that there was really nothing new to tell her (judgment call on the seizure activity, couldn’t see that it would change anything to tell her). She

³⁷³ Cardiac antiarrhythmic drug.

³⁷⁴ Heparin is an anticoagulant drug.

³⁷⁵ A drug that increases cardiac output.

told me that they had been married fifty years, that he is a good man, that she loves him and doesn't know what she will do if he doesn't wake up. I couldn't say too much back to her.

She called again around five. I told her then that a neurologist would be seeing him in the morning, that he still had not begun to respond, but that now his pupils had started to get smaller, so perhaps they had been so big earlier because of the drug he had received (had explained about Atropine and big pupils while she was in the room with him). She told me she would be in early and hoped she would not miss the neurologist.

Around seven the daughter-in-law called, and I explained a little more to her. I told her that I had told Mrs. G. about the neuro consult but that I hadn't mentioned the seizures. She told me that the doc had called them around one in the morning to tell them that Smitty was seizing. She said Mrs. G. had been listening on the phone but that she hadn't said anything. She thanked me for not saying anything about the seizures to Mrs. G. But I don't know how much credibility I have lost with Mrs. G. for not mentioning something as important as seizures. By the time I went home, his pupils were sluggishly reactive.

On Thursday night Mrs. G. was at the bedside when I arrived. She stayed there until about nine when the kids took her home for the night. Smitty is still not responding. I keep talking to him while I am doing things, explaining what I am about to do. His wife and his daughter-in-law want to believe that he squeezes their hands. He has no gag or cough reflex, so I doubt that he is doing anything that we could call a squeeze even by the furthest stretch of the imagination. I explain to them that this squeeze may be possible, but that if he moves his fingers, it is more likely a reflexive response to their touching of the palm of his hand. The son and daughter seem to understand this. Mrs. G. wants very much to believe that he is going to wake up and talk to her. I explain that he might do that, but that if he does they shouldn't expect it to be like it is on TV. At this point, I tell them progress only happens very slowly. If they think he is squeezing tonight, they shouldn't be too disappointed if they can't see him do it again the next time they are in. I am trying to walk the fine line between skepticism and hope—I doubt that he is doing this, but I have seen people wake up when I never thought they would, so what else can I do?

Her family takes Mrs. G. home around nine or a little after. They go out to the hallway and wait while she says good night to Smitty. While she stands there she begins crying. I walk in the room as she is leaving and find her sobbing again; she looks totally bereft. She hugs me and tells me that she doesn't want to cry in front of the children because she doesn't want them to worry about her. I tell her that if she needs to cry she should and tell her that I expect the kids know she is crying even if she doesn't do it in front of them. (I would have said that I reassured her, but now I don't know if reassure is the word I want to use. Arrrgh! Parse language!)

Smitty doesn't have any more seizure activity. Tonight he begins to breathe spontaneously, but it really is brain stem kind of breathing, and he uses every possible accessory muscle (sometimes it even looks like his kneecaps are working) with every breath he takes. I give him a little Valium p.r.n.³⁷⁶ because he is working so hard. Mrs. G. calls twice during the night. I can't tell her anything new except that he is sometimes breathing on his own. She is still a little weepy, but tonight when she calls the first time she tells me that she just woke up. This is the first time she has slept since Smitty came in.

I'm back to work tomorrow night. Smitty will most likely still be there. I guess I'll just have to see where Mrs. G. is. By the way, lest I seem too offhanded and condescending here, the family has asked us to call him Smitty as everyone else always has.

IRENE: Thanks for the story about Smitty and his family. Yes, I think you are starting to get the idea about true presence. I believe that your main concern seems to be Mrs. G. while she is living Smitty's illness and tries to illuminate the meaning of it. Like you said, we never know the other person, all we can do is bear witness to the struggle. True presence would mean listening to what meaning it holds for her. You can ask questions, e.g., "what is it like to experience such and such" rather than "giving reassurance," which denies

³⁷⁶ Latin: *Pro re nat'ra*: as needed; according to the circumstances.

the person being the expert of her life. True presence with an anxious person (e.g., anxious about a test) means exploring the nature of her anxiety, what is it she is frightened about. Reassurance cuts this process short, you might reassure about the wrong thing, while the person's anxiety remains. You can give information as the person desires; hence, it evolves out of the dialogue rather than assuming you know the cause of her anxiety. The same with Mrs. G. We don't know what she is really sad and anxious about unless she tells us. It could be that she worries about Smitty feeling pain, or Smitty having brain damage, whereas you might assume that she does not want to lose him.

Advocacy

HOPPY: I have been thinking about advocacy as it applies to my nursing practice and about the way it has no place in Parse nursing. The fact is that sometimes I DO know more about what will help and harm the patient than the patient knows. I am put in this position daily because I work in a high-tech environment where the technology can help a great deal—or hurt a great deal. So when the patient communicates a desire to live but then tries to extubate himself before his flail chest³⁷⁷ has a chance to stabilize, I am the one who will do the best I can to keep him intubated as long as it is necessary. I believe that this is just one of the things a patient expects of me when I care for him—in the same way that he counts on me to give him the right drugs, the care that will help him recover, the respect he deserves.

I have always been told that part of nursing is patient advocacy. I believe that it is part of what I do in caring for patients. Parse says there is no place for advocacy in her theoretical approach. This leaves me in something of a quandary as to my role when I have patients who don't know what questions to ask or who wouldn't dream of questioning a physician because of cultural forces that don't allow them to question authority. I care for a significant number of patients who are from such a culture. In addition to cultural forces, I care for people who are not legally in this country and for whom it is of primary importance to keep a low profile to avoid immigration problems. Often these people are afraid to ask for anything more than is offered—they need someone to advocate for them. If I try to teach them I am placing myself in the position of dictating to them—taking away their own expertise in their lives. If I advocate for them with the physician or with “the system,” I run afoul of Parse principles a second time. It seems that Parse pretty much leaves these people in the lurch in our medical system.

On another subject: I guess I didn't talk about Smitty and Mrs. G. in my last post. He died, as we all expected he would. She had the time she needed to make the decisions she needed to make, e.g., deciding that he wouldn't have wanted to be on life support for an extended period and that we ought to wean him from his vent to let what would happen, happen.

Dividing nursing into piles

HOPPY: This division of my work between what is and what isn't nursing still bothers me a lot. I haven't accepted that if I do task “A” it is not really nursing, but my true presence with an individual is. To me this is still a false dichotomy. No matter how I try thinking about Parse's theory, I cannot simply divide my job into what is nursing in Parse terms and “medical somethings” that are really not nursing. You see, when a patient comes to my unit, sick, perhaps unconscious, they might be in a condition that allows them the luxury of choosing or exercising their authority as the expert in their own life. On the other hand, they may be comatose with a ventriculostomy.³⁷⁸ When they come to me like that, then I had better be able to deal with monitoring their ICP³⁷⁹ and treating it when it is high. There is no way that I will believe that this is not nursing. In fact, the only place I have ever seen nursing dissected with true presence in one pile and everything else I do in the non-nursing pile is in Parse's theory. It just doesn't ring true to me.

³⁷⁷ A loss of stability in the chest wall which results in abnormal respiration.

³⁷⁸ A surgically created channel in the brain to relieve excessive accumulation of fluid.

³⁷⁹ Intracranial pressure.

Maybe the big problem I have with this is that when I go to work these days (nights) I am lucky to be able to get the “medical somethings” done. In the last three weeks, I have had barely a moment for spending with any of my patients in any kind of presence that didn’t involve the performance of a task. It hardly seems that distracted, task-filled presence can be called true presence by anyone’s standards. If this is the basis of my real nursing, then I haven’t done much nursing lately. Yet, I have done some pretty serious life saving stuff. Certainly this doesn’t make me a doctor. I have done all these things in the course of my job as a nurse—it is nursing that I have done.

IRENE: The question you are posing is the one I am struggling with. What is the essence of nursing. I like the way you described the “piles,” one for medical somethingness, the other for nursing. And yet, paradoxically, Parse nurses will insist that you cannot just take off being a Parse nurse, like a costume, that you live the theory. Why can we not live the theory in any context, any nursing situation, be it in intensive care or a community setting? I think that is where the rupture occurs between theory and practice; yet that is where continuity should exist. Why can I not be proud of my other knowledge, which I believe includes considerable skills and challenges? Why do I believe that by teaching nursing students physiology, assessment skills, problem-solving skills, they will become better all round nurses? I see Parse’s theory as the core of nursing, where my intent emanates from, with many layers of knowledge added on. It is the base for my practice, even if the patient is unconscious and needs the life saving interventions. I still see the person as central; hence, living Parse’s theory lies in my intent, my attitude towards the person.

HOPPY: I too see the person (I will probably always say patient) as central to my practice. Without the person, there would be no need for my practice. And even though I may have once believed that I could save the world if I only had the opportunity to show everyone the proper way to live their lives, the things to do that would bring them health and happiness, I have grown up enough to realize that my way is my way, just as yours is yours. I will work with patients wherever I find them, on their terms, to achieve what they believe to be important in their lives. But I can’t do that if I can’t do the Medical Somethings that I see as nursing. I won’t throw Parse’s nursing onto the trash heap. I believe it to be an important part of my nursing practice. I also won’t throw my skills onto the trash heap where Parse would relegate them to some non-nursing role. After all, you won’t be able to co-transcend anything if I don’t know how to use the defibrillator when you need it. Why this total rejection of medically based skills in Parse? What is there to fear in this part of my nursing practice?

I have worked hard and long to gain this knowledge, these skills. Of course it is my interest in working with people that brings me to a place where I have learned the things I do to help them. When I am working with patients, being present with them, I am usually doing those medical somethings that may be the thing that saves their lives so they can go on to co-transcend into the unfolding possibilities of their lives. My understanding of Parse is that these things, though they may be important, are not nursing.

IRENE: I think that Parse would say: these things are not unique to nursing, yet are part of what we do. They can be done by other professionals, e.g. , MDs, RTs etc. She wants to say that true presence is unique to nursing practice, only nurses see the human being as unitary. Yet the knowledge required includes precisely an understanding of their physiological and pathological functions in interaction with the universe, which includes the bio-medical hospital environment.

HOPPY: My argument is that if they are not nursing, then why are they exactly the things that everyone else in nursing requires of me if I am to practice as a nurse? The licensing exam doesn’t test me on nursing in the Parse sense but in the physiologic, medical, skill-based sense. I must know about the physiological implications of diabetes (or MI or COPD³⁸⁰) in order to even pass an exam that allows me to enter the market place as a nurse. When I am working in my ICU, or a community health setting, I better be able to do those skill-based things. I am not only ethically, but legally liable for my lack of skill when the patient suffers as a result of my lack.

³⁸⁰ Chronic obstructive pulmonary disease.

IRENE: I think it depends on the practice environment of the nurse. Most nurses work in hospital environments, hence need the knowledge for safe practice. There are other nurses, working in the community, who need, perhaps besides the above type of knowledge, also knowledge of sociology, politics and how to negotiate the social system. That knowledge is shared by social workers. What remains unique to nursing is the comprehensive understanding of the human and his/her interaction with the universe and the possibilities and choices they have. After all, they are seeking my help when they enter the hospital or community center.

Reassurance

HOPPY: I understand what you are saying about reassurance but would like to explore something. When you are talking about me, the nurse being truly present, asking questions that encourage the patient/family to explore their feelings, (rather than offering reassurance); I think you consider only a part of the equation. In offering reassurance, I may make a mistake, say the thing that makes me feel “useful” or helpful to the patient. The patient is not just a vessel, there to receive whatever right and wrong things I can pour into him/her, but is a reacting individual who can tell me that I am missing the point.

IRENE: I believe that reassurance emanates from the nurse’s own discomfort to deal with a situation where she feels helpless. In the old paradigm, we want to “fix” things, predict and control. Reassurance allows us this control by denying any other possible, less favorable outcome.

HOPPY: So when Mrs. G. says to me, “Have you ever seen anyone like Smitty wake up?” I think she is looking for reassurance. And I have to tell her “yes,” not because I want to give her that reassurance falsely, but because a month ago we had a patient who had severe cerebral hypoxia following a cardiac arrest and now he is awake. I also have to tell her that we have no way to predict if that will happen with Smitty or how awake someone might eventually be even if they do wake up. It seems that Mrs. G. is asking me a couple of things: 1. Can Smitty wake up? and 2. Is it likely? I have to answer both of the questions I think she is asking, leaving myself available to talk and to listen. But to behave as if I have the entire responsibility for clearly responding to her verbal and non-verbal communication is a mistake for me. She has some responsibility in this communication process also. And, regardless of how right or wrong I am, one of the things she will look to when she is giving meaning to this whole difficult experience is whether or not the nurses were caring. Letting her cry—feel like it’s okay to cry here—may be the most important thing I did with her. But while these things are going on I may not know what is going to be what she needs. So she has to participate just as I do.

IRENE: Perhaps she is not looking for reassurance but rather to explore her hopes. I would deal with the situation in exactly the same way as you described. I think what you describe here is true presence on the part of the nurse. The nurse in Parse’s theory is not the expert, the person is. Hence s/he alone can illuminate meaning in the experience within the complexity of his/her life situation. The nurse bears witness to his/her struggle by synchronizing rhythms, expressed in true presence. It seems that Mrs. G. mobilized transcendence successfully and came to her decision after having explored her choices.

Bean counters won’t pay for idealism

HOPPY: I have been busy with work, with school, with family, even with politics. I have also been wondering about Parse’s Theory and my nursing practice. I still have serious doubts about the way that Parse divides the tasks I perform from what she calls the real nursing. In the last week or two, I have taken care of some patients who required both my skills and my presence. I admitted the neatest guy about a week and a half ago who had been seen over a period of time by a quack in the military system. The guy walked into the ER in fulminating pulmonary edema. Said he had this pain that started between his shoulder blades, radiated down his arms and into his chest. He said he has been having this pain, on and off, for several years and that the doc at the base told him it was from a pinched nerve in his back. Usually the pain goes away after about half an hour, but tonight it stayed and developed into difficulty breathing. Right. 40 of Lasix got 4 liters of urine, and he felt a bit better.

The next day he went for a heart cath and came back on the balloon pump. I took care of him again two nights later when he came back from his four vessel bypass, still on the balloon pump. Quite honestly, he pretty much coasted through his first post-op night since he was used to the pump and had been stabilized pretty well pre-op. Mostly what he wanted that night was a hand to hold onto whenever he woke up. He was extubated in the morning, came off the pump two days later and went to the floor yesterday. Now this man did very well because of his care, both medical and nursing. He was able to deal with all of his procedures because he had lots of confidence in his nurses, basically four of us, who were with him to listen, to answer, to support, to hold his hand, and when he started to recover, to laugh with him. Okay, so we did a lot of just plain caring, but we also did a lot of medica' somethings. I cannot separate the two, thinking of one as nursing and one as "something."

Then there was the letter in Dear Abby from the woman whose husband had a medical problem that he chose to ignore. Abby was so supportive of the woman in advising her to get her husband to the doctor and have the doctor "lay down the law." "Whoa!" I said. "Bill Cody would have a stroke. Maybe Dr. Parse would have one, too." I wonder how much the public expects the medical community to lay down the law. Not that this is a sensible, desirable, or even an expectation that the medical community wants any part of.

Then someone on the list in the ontology discussion talked about the desirability of having one or two nurses on a unit who did none of the medical somethings but practiced only Parse nursing. Whoa again! This strikes me as a way to really divide not only the nursing, but the nurses. How much more effective to have enough staffing that all the nurses would have time for both the medical somethings and the practice of nursing according to Parse's principles. This suggestion by a Parse disciple made me feel that Parse practitioners see themselves as both evangelists and elitists. This sense of the Parse practitioners/the practice according to Parse puts me off.

Does all of this make any sense or tie together logically? I think that I am trying to accept Parse's theory on my terms. I can see it as A theory of nursing, but certainly not as THE theory of nursing. I see it most clearly as a theory of caring. There are too many places where differert parts of my practice overlap to eliminate any of them as "nursing." I cannot function without caring, nor without performing tasks. As far as the place of Parse based practice in the current health care climate, it seems to be a theory with no future. Why? Because the health care providers (illness care providers) want to pay the least they can pay to have specific procedures performed. The nature of Parse based theory is too elusive to expect any of the bottom-liners who run our systems to pay for it. I believe they would allow that one or two nurses per unit to be present with patients—they would refer to them as volunteers. Then again I could be wrong.

IRENE: I, too, am a little incensed about the elitist attitude of some theorists. It sounds like they want to promote a hierarchy between physical and mental caring. A division of labor that has alienated humans from their work and will result in the exact thing that Parse's theory is critiquing: The division of the patient/person into parts. If Parse's theory is changing the approach, the way the person gets viewed by the practitioner, why then can I not do any type of procedure or care in any setting from this theoretical base? Why should I deny the persons in a physical crisis who need a professional nurse to be with them in true presence at this time because the medical somethingness is divided from true presence? As you described your last patient: he needed both: technical and nursing, a perfect example. Put a technician in your place: he will get only technical care. Put one or two Parse nurses who only do true presence in the setting: he has to get used to and learn to trust one more professional. It is a good thing that the discussion is out in the open. I still believe that it is the best theoretical base that a nurse can practice from, regardless of the setting.

HOPPY: I think you are absolutely correct. As I mentioned in a post to you, the idea of a unit having nurses who do only true presence with the patient while being responsible for no medical somethings seems to divide not just the nursing, but the nurses. Now, reading your message I see that it also divides the patient.

Smoke and your thumb will fall off

HOPPY: Had a 71-year-old guy in the unit this weekend who got his thumb destroyed while he and a friend were pulling a stump. Somehow he got his hand caught in the chain. He now has his big toe transplanted to his hand. I haven't seen anyone with this procedure before. His situation made me think of things I haven't really considered before. He has been a smoker for the last 50 plus years, a habit he will have to give up if he hopes to keep his thumb. The doc told him this, and I had the impression he was stewing about it a lot. He chewed the daylight out of gum all night. At about five in the morning, he looked at me and said "no mas cigarros?" Not only that, but no caffeine either. He really was pretty cool about it. There were none around, but I think even when he gets where there are cigarettes he won't smoke. He has no doubt heard all the stories about the dangers of smoking, but the damage one thinks of is not something that is right out there in front of your face all day long. If I think about lung cancer I am not so impressed with quitting smoking, but if I see something that tells me about the direct effect of nicotine (my thumb falls off), I will be more impressed and perhaps more likely to succeed in quitting.

IRENE: It sounds like your patient/person is ready to quit smoking because it is now a value priority for him. He wants the graft to work. As the expert of his health, he made the choice. A good example of a human being moving beyond the present.

HOPPY: Thanks for putting that in Parse terms. I can describe what is going on in a lot of instances, but certainly don't think in Parse language at this point. When I read the message this evening, it occurred to me to wonder what if anything in this experience had to do with Parse's theory. Now I think I see where to begin.

Jerks don't get brain tumors

HOPPY: I had an interesting discussion the other night with our neurosurgeon. I'm taking care of a woman who went on Saturday for a stereotactic localization and biopsy of her mass. Alas, her mass was a glioblastoma. That was what they expected to find, and even though I prayed for pus, they found the glio. I have always believed that we have an inordinately high number of brain tumors in this town, a thought that was confirmed by the neurosurgeon. He says that most neurosurgeons see about four tumors a year. We've had three glios in the last month. The other thing I notice is that folks with brain tumors are without exception nice people. Some of the most memorable people I have ever taken care of are the ones who have just had their brain CA diagnosed. I mentioned this quality when we were talking the other night, and the doc said that this has been written about in the literature. For some reason, jerks don't get brain tumors.

My lady this weekend talked a little on Friday, but on Saturday she came back much more aphasic³⁸¹ than she had been preop. That will most likely improve over the next few days, but for now, she is pretty silent and hemiparetic.³⁸² Saturday night she had the look of a "deer in the headlights" in her eyes for most of the night. By morning she seemed to have figured out what was going on again, and by Sunday evening, I'm sure she understood everything that was going on. Funny, she could laugh appropriately but couldn't get out a yes or no when I asked about headache—but she got a look of great relief when I brought her a pill because she looked like she was hurting. She has a great face that takes little talent to read—I just hope I'm as literate as I thought I was at the time.

I tried to think about true presence the other night when she kept holding onto my hand. I don't know if I can say I was with her in any different way than I would have been before hearing about Parse nursing. She couldn't talk, so she held on. After she went to sleep, I let go. I would like to hear her story some day, partly because it would be good to hear her talk again, partly because I think it would be interesting. And where does that fit with the theory? Does my wish to hear her have any bearing on the way I nurse?

³⁸¹ Loss of speech or other powers of expression such as writing, signs or comprehension of spoken or written language.

³⁸² Slight or incomplete paralysis affecting one side of the body.

IRENE: She seems to language in many ways, e.g., body languaging through expressions on her face, in her eyes etc. It is interesting that you would want to hear her life story. I think enjoying people and learning about complexities of life is what makes nursing so rewarding. Meanwhile you seem to be able to be in true presence, facilitating her illuminating of meaning by synchronizing rhythms (tuning into her needs) and mobilizing her transcendence hopefully.

Like peeling an onion

HOPPY: Oddly, last night out of six patients, three were elderly women (74, 75, and 67) with MI or unstable angina. Two of these women were my patients last night, both scheduled for cath this morning, both preferring not to go through the whole thing, but acceding to family wishes. One was very clear that at her age she isn't about to quit smoking, drinking coffee or enjoying her fried chicken. She almost went AMA³⁸³ in the Emergency room, but her husband insisted on calling in a cardiologist. I mentioned that her husband seemed a lot quieter than she was (this was after she told me about dancing on a table at a party). She told me that he was being very quiet because he knew he had overstepped his bounds by insisting that the ER doc call the cardiologist. Oddly enough, this feisty old woman who resists everything let herself be talked into the cath by her grandson. He is a college student taking a philosophy class and sold her a bill of goods about Utilitarian Ethics and the greater good for the greater number (the whole family) that would be accomplished by her heart cath. Right! If I didn't want a procedure, my discomfort would never be perceived as accomplishing any utilitarian objective by making the rest of the family happy. This lady was pretty cool. Spending the night with her was like peeling an onion. Every layer revealed just a bit more, until by this morning it was beginning to be pretty plain that the heart cath was less disturbing to her than was the idea of lying on a table having the doc poking around in her groin. She is incontinent, wearing adult diapers all the time, and had no interest in "being mortified by wetting all over myself while they're poking around down there."

She also has chronic lung disease and was worried that she wouldn't be able to quit coughing long enough, or hold still long enough, or one thing or another. In the end she didn't mind too much if they did the cath, just so long as she didn't have to be embarrassed or feel like she was being uncooperative. Her daughter is a CCU nurse, and part of the patient's concern was that she would be going against everything her daughter stands for (her words) by refusing. She was going to bargain for MAJOR sedation and get a Foley cath before going to the cath lab. I expect she did well once she had some control of what would happen (or at least the circumstances under which it would happen.) I don't know what I hope for this lady. I can't imagine her changing her lifestyle, so to even consider surgery seems really foolish to me. If it is offered though, I expect her family will talk her into it.

I'm not sure if I managed any true presence with this lady or if I merely hung around at the right time while she ran these things through her mind (out loud). I certainly didn't feel like I said much therapeutic, just a "How do you feel about that?" question now and again. Sometimes (most times?) timing is everything. And I suppose I've said that before. Is it because people's defenses are lower when they are dropping off to sleep or being awakened for inane things like pills and vital signs in the middle of the night? Somebody ought to study that. As for me, I'd rather just listen. This lady also told me about doing her one important thing this year that makes it all right if she should die now. She and her daughter rode the Orient Express last fall!

Hoppy sums up

HOPPY: The way I see the theory working in my own practice is probably very basic. I see it helping to describe or explain the things I do, many things I have done for years, and some that I now do differently. I think I have become a better listener since I have begun paying closer attention to the things that (a) I do and (b) the patients seem to respond to. I was much more eager to jump in and offer a solution rather than listen while the patients work out their own responses to a situation. It's okay to be there, to let them know

³⁸³ Leaving a hospital against medical advice.

that I am willing to help, and then to let them decide what they need. I would have not thought it comfortable to wait for them a few months ago. In a sense, this takes a lot of pressure off me since I don't have to solve everyone's problems.

And yet—I still can't see the position that says when I am doing CPR I am not truly present with my patient. If I am doing compressions or pushing drugs, I think I am just as truly present as anyone can be under those circumstances. What else would I be doing? Could I be more effective comforting a family member, being truly present with them, helping them to co-transcend? Co-transcend what? The loss of their loved one when I might have been able to help prevent that loss by doing some medical something? I guess I probably won't get to the point where I can see that position. I still have the sense that dividing what I do into nursing and not-nursing piles is creating a false division.

More than that, I can't see a health care system that is into downsizing and cutting staff paying for the presence of a nurse or two on each unit who will have the job of being truly present with patients. That's the practical argument—or at least one part of it. I think there is another part that has to do with the Parse nurse: how long, how much, how well can a person be truly present with a patient helping them to develop their human-universe-health relationship, to co-transcend and move on as their lives unfold? Do these one or two nurses in a 40-bed nursing unit work around the clock? Do they spend as much time as the patient needs, or are they, like the rest of us, subject to the constraints of the staffing policies? It is often the case that patients have needs that do not fit into a schedule. When Mrs. Jones needs the Parse nurse at 0300, will that nurse be there? Or will Mrs. Jones depend on the technical nurse, also understaffed, just as she does now? Will Mrs. Jones be disappointed and frustrated in her needs? Or will she find herself talking to a nurse who has responded to her need in the best way she can? Will that nurse be a Parse nurse or a technical nurse who has succumbed to the belief that she must be all things to all people? Sometimes those nurses can actually find the time to be with patients as well as to deal with their technical needs.

One semester later...

The teleapprenticeship ended as it started; a whole semester had passed and Hoppy was once again studying for end-of-term exams. She found it had been a good experience: she had really enjoyed writing about her nursing work, and greatly valued the relationship with her online mentor:

Irene opened doors for discussion, certainly never closed any. Her responses were to the point, sometimes finding points of agreement, sometimes directing me in ways that I hadn't thought of looking. The fact that she was willing to question herself was very reassuring to me.

Hoppy does not think she will be able to call herself a Parse nurse, although there are things about the theory that she values:

Probably the most valuable aspect is that of true presence (at least for my practice). I can see true presence as a means of being with people while they work out their own meanings, mobilize transcendence and perhaps become healed. I still have problems with the piles of technical versus "real" nursing. I still see part of my role in patient advocacy.

Some of the discussions on PARSE-L had been very disturbing to Hoppy. It seemed to her that some questions people asked had “stirred up the dogmatism”:

Question the dogma (and after a while the theory began to feel like a dogma for precisely this reason) and risk excommunication/shunning. Like a religion that is accepted or rejected, Parse’s theory cannot be taken piecemeal. This all or nothingness presents a big problem for me.

For Hoppy, the most meaningful part of the teleapprenticeship had not been the content, the study of a nursing theory, but the opportunity to participate in a distance learning event. In her graduate course work, she had been encouraged to use the Internet and to explore what could be done with distance education. The online experience led her to think about other ways that online resources could be used for nursing. And the Internet had broadened Hoppy’s own world:

One thing that I have come to value is the accessibility of opinions and thoughts from communities other than the small one in which I am a member. I have come to appreciate the idea of the world as my community.

Chapter VI

REFLECTIONS ON THE JOURNEY

The purpose of this research was to contribute to our understanding about a one-to-one educational form that I termed teleapprenticeship. I also wanted to know if teleapprenticeship was an appropriate way to support nurses in their study of Parse's theory of human becoming and to learn more about how nurses went about learning the theory online with a mentor. While not the purpose of the study, I surmised that through the process of answering the research questions new knowledge would be gained about the analysis of email transcripts. Eleven learners and six teachers generously gave of their time by engaging in teleapprenticeships for varying periods up to 12 weeks. Although we all learned a great deal, as many questions were raised as were answered. In this chapter, I will begin with an account of how my life experience has contributed to this study. Then I will relate what I have learned in this journey and will discuss implications for education and suggestions for further research.

THE CONTRIBUTION OF MY EXPERIENCE

Ultimately, all research is autobiographical. I did not always know this; once upon a time I believed that if I followed procedures carefully I would have no effect on a research study. I think I saw myself as a sort of high-fidelity recording instrument—a medium “channelling” the participants’ experience. Hollingsworth writes that “the researcher must be placed in as critical a perspective as the researched.”³⁸⁴ Our personal participation is part of anything we understand,³⁸⁵ as researchers, we must begin with

³⁸⁴Sandra Hollingsworth, “Narrative analysis in literacy education: A story of changing classroom practices,” *ERIC Document Reproduction Service* ED334174 (1991): 9.

³⁸⁵M. Polanyi, *Personal knowledge* (Chicago: University of Chicago Press), 1958.

ourselves,³⁸⁶ becoming attuned to and acknowledging the contribution of personal experience to the knowledge we have constructed.³⁸⁷

Now the contribution of my experience is much more apparent to me: all aspects of why and how this study was conducted are simply a function of who I am. Peshkin explains that our subjectivity both enables and disables us:

My subjectivity is *the* basis for the story that I am able to tell. It is a strength on which I build. It makes me who I am as a person *and* as a researcher, equipping me with the perspectives and insights that shape all that I do as a researcher, from the selection of topic clear through to the emphases I make in my writing.³⁸⁸

Peshkin searched for his own subjectivity, creating an incomplete map of himself. I will do the same, discussing those aspects of myself that seem pertinent to this study.

Personal Self. During my course work in narrative inquiry, I discovered that the pervasive theme in my life is “knowing how”; I spend inordinate amounts of time learning how to do things—I seem driven to do this because I feel uncomfortable until I “know how.” This trait has served me well as a survival strategy, and I have learned that know-how is marketable.

Nurse Self. I have been a Registered Nurse for 38 years, and nearly two decades of that time was spent as a staff (bedside) nurse in various clinical areas. I have also worked in nursing administration and as a nurse educator. Fairly recently, while in an administrative position, a nurse working as a computer systems consultant said derisively, “You think like a staff nurse!” I took the intended slight as a great

³⁸⁶ David E. Hunt, *Beginning with ourselves* (Cambridge, MA: Brookline Books), 1987.

³⁸⁷ Donald E. Polkinghorne, “Narrative configuration in qualitative analysis,” *Qualitative Studies in Education* 8, no. 1 (1995): 5-23.

³⁸⁸ Corrine Glesne and Alan Peshkin, *Becoming qualitative researchers* (White Plains, NY: Longman), 1992, 104.

compliment. I am very fond of nurses, deeply respectful of their work,³⁸⁹ and in awe of what they have to know—they are my heroes. My current job in an academic setting is much easier than theirs. I may still be an RN, but I no longer think of myself as a Real Nurse.

I believe in the primacy of practice. Because I value “know-how” (practical knowledge), I am of the opinion that as a practice discipline nursing knowledge resides with the clinicians. MacLeod notes that nursing has devalued nurses’ practical knowledge³⁹⁰—which she defined as “know-how in everyday situations, [which] is part and parcel of ongoing, everyday action.”³⁹¹ Practical knowledge reminds us of an inglorious time:

Practical knowledge appears to symbolize a real and perceived nursing past characterized by subordination to physicians (as physicians’ handmaidens), guided by obedience, habit, tradition or women’s intuition. It recalls a time when nurses knew only how and not why.³⁹²

Maeve notes with sorrow that “bedside nurses are not encouraged to behold themselves as experts.”³⁹³ She attributes this travesty to the chasm between the academic and practice worlds of nursing. Clinical practice has not been seen as scholarly, but Boyer (cited in

³⁸⁹The public has a disturbingly inaccurate picture of what nurses do. See Suzanne Gordon, “What nurses stand for,” *The Atlantic Monthly* 279, no. 2 (1997): 81-88; or Suzanne Gordon, *Life support: Three nurses on the front lines* (Boston: Little, Brown and Company), 1997.

³⁹⁰A parallel situation exists in education. See Connelly and Clandinin’s work in “personal practical knowledge”: F. Michael Connelly and D. Jean Clandinin, “Personal practical knowledge and the modes of knowing: Relevance for teaching and learning,” in *Learning and teaching the ways of knowing. Part II*, Yearbook of the National Society for the Study of Education, 84, ed. Elliot Eisner (Chicago: University of Chicago Press), 1985, 174-198.; F. Michael Connelly and D. Jean Clandinin, *Teachers as curriculum planners* (Toronto: OISE Press), 1988.; D. J. Clandinin and F. M. Connelly, “Personal knowledge in curriculum,” in *The international encyclopedia of education, research and studies*, ed. Torsten Husen and T. Neville Postlethwaite, vol. Supplementary Volume I (Oxford: Pergamon Press), 1989, 577-580.

³⁹¹Martha MacLeod, *Practising nursing - becoming experienced* (Edinburgh: Churchill Livingstone), 1996, 20.

³⁹²Gordon cited in MacLeod, *Practising nursing - becoming experienced*, 20.

³⁹³M. Katherine Maeve, “The carrier bag theory of nursing practice,” *Advances in Nursing Science* 16, no. 4 (1994): 14.

Maeve) proposes valuing ways of scholarship that do not involve research and publication: Scholarship within practice “is serious, demanding work, requiring the rigor—and the accountability—traditionally associated with research activities.”³⁹⁴ It is to their credit that even the greenest nursing student instinctively recognizes the value of the Real Nurses’ practical knowledge.

Teacher/Learner Self. Since I value “know-how,” one of the ways I like to learn and teach is in apprenticeships. Like most nurses of my generation, I learned how to be a nurse through apprenticeship; and like many adults, I continue to seek opportunities to learn in this way for my personal learning projects. For example, I apprenticed for several years with a succession of teachers to learn general and breed-specific dog conformation; I have also learned knitting, dog grooming, and aspects of qualitative research by apprenticeship, and I have taught by apprenticeship methods in clinical nursing settings. I value this way of acquiring practical knowledge, even though this stance is contrary to prevailing nursing thought (see discussion on page 14).

Nursing Theory Self. At one time, the mention of “nursing theory” made my eyes roll heavenward. Like many nurses, I was of the opinion that nursing theory was completely irrelevant to practice. Periodically, hospitals would try to “implement” a nursing theory, but the nurses typically paid no attention; they knew that this latest wave of university nonsense would recede with time. Connelly and Clandinin write about these kinds of implementations where the goal is to “squeeze” practice into theory;³⁹⁵ later,

³⁹⁴ Maeve, “The carrier bag theory of nursing practice,” 16.

³⁹⁵ F. Michael Connelly and D. Jean Clandinin, *Teachers as curriculum planners* (Toronto: OISE Press), 1988, 93.

they use a funnel metaphor to describe how policy may be “poured” into a school.³⁹⁶ This phenomenon, a familiar one to nurses, assumes that practice is applied theory and also that theory is more important than practice. Clandinin and Connelly have noted the “the universality and taken-for-grantedness of the supremacy of theory over practice”³⁹⁷ in education.

Through bell hook’s chapter on “Theory as Liberatory Practice,”³⁹⁸ I came to a new understanding about the relationship between theory and practice in nursing. Suddenly I was able to see that (among other things) theory can be social practice— theory gives us a place from which to figure out what is going on around us. By looking around, seeing and then naming and making sense of our lives, we “formulate theory from lived experience.”³⁹⁹ Eventually, I came to see theory as a container for our thoughts and experiences and to realize our practice and our theory are not distinct: “practice *is* our theory in action,”⁴⁰⁰ although not as an application; theory disappears when it blends with practice in our actions.⁴⁰¹

For me, discovering Parse’s theory has been about liberation—setting me free and giving me a way to understand the years of daily dissonance in my nursing practice. Parse’s theory has been a place of healing for my nurse self. I had felt that if I were a “good” nurse, then I must judge and label people, take the stance of expert in their lives,

³⁹⁶D. Jean Clandinin and F. Michael Connelly, *Teachers' professional knowledge landscapes* (New York: Teachers' College Press), 1995, 3.

³⁹⁷Clandinin et al., *Teachers' professional knowledge landscapes*, 8.

³⁹⁸bell hooks, *Teaching to transgress: Education as the practice of freedom* (New York: Routledge), 1994.

³⁹⁹hooks, *Teaching to transgress: Education as the practice of freedom*, 75.

⁴⁰⁰Connelly et al., *Teachers as curriculum planners*, 95.

⁴⁰¹Connelly et al., *Teachers as curriculum planners*, 93.

and cajole them to conform. I think that like many other nurses who find out about the theory I was hurting in the way that hooks describes:

I came to theory because I was hurting—the pain within me was so intense that I could not go on living. I came to theory desperate, wanting to comprehend—to grasp what was happening around and within me. Most importantly, I wanted to make the hurt go away. I saw in theory then a location for healing.⁴⁰²

Through hooks' work, I gained insight about why sometimes, when Dr. Parse or one of the Parse scholars speak to a group of nurses about Parse's theory, that some of those hearing about it for the first time burst into tears. One of the learners wrote:

[A Parse Scholar] came to our class to speak and what I remember most about that day was the incredible beauty, creativity and love in her practice. I can remember my eyes filling with tears as she shared about the different way of being that she had come to know and live with her clients. I can remember thinking of all the missed opportunities in my own nursing practice to be truly "with" persons during their hospitalizations. It was then that I admitted that focusing on unfolding health and quality of life from the person's perspective was in fact what I valued and I decided that this was how I wanted to practice.

I had had a similar experience upon first hearing about the theory but did not understand why until nearly seven years later. This is from my journal, 8 April 1996:

I'm grieving my nursing career tonight. I was a nurse who didn't know how to fix people—didn't know how to say exactly the right words to fix things, so I solved it by hiding behind machinery in ICUs and trying to learn more medicine. I even read medical textbooks. I'm damn mad. I didn't know there was another way until Parse came along. I could have been a NURSE!

I became aware of Parse's theory when I was no longer a staff nurse, so although I have studied the theory for the past eight years, I am not proficient in the practice methodology. This research came about because of my interest in finding ways to accommodate the many nurses seeking ways to learn the theory.

Computing Self. I love computers and have been online for 12 years. I recognized

⁴⁰²hooks, *Teaching to transgress: Education as the practice of freedom*, 59.

the potential of CMC for connecting nurses distant from the centers where Parse's theory is taught and practiced with the Parse scholars. The focus of my doctoral course work has been on educational CMC. I enjoyed the online courses I have taken more than most face-to-face classes. Given a choice, CMC is my preferred medium for educational events.

Researcher Self. I came to the university and to research late in my work life, so as the above-mentioned consultant correctly noted, I am a practitioner at heart. Not only do I need to “know how,” but I am interested in conducting research that helps us know more about how things work in practice. Those with a penchant for “knowing how” are more comfortable with research methods that have procedures attached to them—especially when we are beginners. Oldfather and West explored the similar discomforts of being inducted into the cultures of both jazz and qualitative research. Newcomers must become accustomed to “ambiguities, unexpected freedoms, and new ways of thinking....[They] may search for the sheet music, or the instructions, and finding none, may be quite uncomfortable until they develop an intuitive sense of the guiding deep structures.”⁴⁰³

Many nurse researchers are uncomfortable with a lack of structure. One explanation for this may be that we are practitioners, and knowledge of and for practice tends by its nature to be procedural rather than declarative.⁴⁰⁴ Nurses are accustomed to the step-by-step “policy and procedure” manuals, which are usually required to be on every nursing unit, and many of us received our initial research training in structured

⁴⁰³ Penny Oldfather and Jane West, “Qualitative research as jazz,” *Educational Researcher* 23, no. 8 (1994): 23.

⁴⁰⁴ Robert J. Sternberg and David Caruso, “Practical modes of knowing,” in *Learning and teaching the ways of knowing: Eighty-fourth yearbook of the National Society for the Study of Education, Part II*, ed. E. Eisner (Chicago: University of Chicago Press), 1985, 134.

positivistic research approaches. When we can not find structure, we tend to create it. Until nurse researchers began using grounded theory, it lacked structure; now it is an approach with detailed techniques and methods.⁴⁰⁵ Furthermore, it has long been the view in nursing that research in practice disciplines should ultimately produce theory for professional purpose.⁴⁰⁶ This background and the five research studies I have conducted using grounded theory or quantitative methods has reinforced my proclivity for structure. This will always linger in my bones, but now I am aware that it is there.

My journey with this project has paralleled the learners' struggle to transform their practice. Haltingly, with unfamiliar words, I spoke *of* (not yet *from*) my new more postmodern perspective⁴⁰⁷ while trying to suppress the desire to code, classify, and write propositional statements about my "findings." I continue to search for rules, models, and sheet music. The learners spoke of their awkwardness when attempting true presence or asked their mentors for a list of words to say to their patients. Our identities relative to our new learnings are still "fictive," that is, not yet unified with and still in conflict with our lived identities⁴⁰⁸ as nurses and researchers.

Like the learners, I invariably found myself "slipping back" —a process familiar to anyone who has studied Parse's theory. Giving up old beliefs is not easy, as Donmoyer writes: "Giving up sacrosanct notions is a slow and painful process, and time is inevitably

⁴⁰⁵ June S. Lowenberg, "Interpretive research methodology: Broadening the dialogue," *Advances in Nursing Science* 16, no. 2 (1993): 57-69.

⁴⁰⁶ J. Dickoff and P. James, "Researching research's role in theory development," *Nursing Research* 17 (1968): 197-203.

⁴⁰⁷ Toulmin writes that "the adoption of a new theory involves a *language-shift*, and one can distinguish between an account of the theory in the new terminology—in 'participant's language'—and an account in which the new terminology is not used but described—an account in 'on-looker's language'. See Stephen Toulmin, *The philosophy of science* (London: Hutchinson & Co Ltd), 1953, 13.

⁴⁰⁸ Dennis J. Sumara and Rebecca Luce-Kapler, "(Un)Becoming a teacher: negotiating identities while learning to teach," *Canadian Journal of Education* 21, no. 1 (1996): 65-83.

required to develop new ways of talking and thinking about the ideas that have guided our thinking and our actions in the past.”⁴⁰⁹ The learners and I still have a lot of difficult (un)learning work to do. Rockhill got it right when she wrote: “Learning has always been depicted as this wonderfully positive experience...it’s not always. It can be downright wrenching, and move us into long periods of chaos and crisis.”⁴¹⁰

NEW UNDERSTANDINGS

Learnings: About One-to-One Teleapprenticeships

I learned that

1. the teleapprenticeships were co-created social situations for mutual learning (pp. 65; 75);
2. the teleapprenticeships offered the potential for transformative learning (pp. 68);
3. professional collegiality and practice situations were accommodated within the teleapprenticeships (pp. 71; 75);
4. participants’ life context, other people and events, and resources (things, people, processes) also comprised the milieu of the teleapprenticeships (p. 97);
5. component by component, the teleapprenticeships looked a lot like cognitive apprenticeship, but that model did not capture the essence of teleapprenticeship (p. 97);
6. content and approach to learning was primarily determined by the learner (p.

⁴⁰⁹ Robert Donmoyer, “Generalizability and the single-case study,” in *Qualitative inquiry in education: The continuing debate*, ed. E. Eisner and A. Peshkin (New York: Teachers College Press), 1990, 197.

⁴¹⁰ K. Rockhill, “The chaos of subjectivity in the ordered halls of academe,” *Canadian Woman Studies* 8, no. 4 (1987): 15.

72); and

7. the teacher met and was with the learner in the place where the learner was (p. 100).

In drafting remarks on what I have learned about the teleapprenticeships, I want to avoid framing the discussion from a teaching perspective, although there is considerable relevant “teaching-as”⁴¹¹ literature that tempts me to do this. For example, I could accurately describe the teaching or mentoring as having been enacted as “dialogue,”⁴¹² as “conversation,”⁴¹³ as “partnering the learner in a dance,”⁴¹⁴ or as a “mode of being in the world.”⁴¹⁵ Denton’s understanding of teaching as “a moment of human interconnectedness which can’t be reduced to anything other than itself”⁴¹⁶ is also relevant.⁴¹⁷ But without detracting in any way from the teaching that was done, I want to direct the reader’s attention away from a focus on *either* the teachers or learners, to the relationship between them. Together they cocreated a situation where creative learning conversations—a teleapprenticeship—became possible.

For several reasons, these learning events were different from formal courses sponsored by institutions or organizations. There was no incentive other than personal

⁴¹¹Denton writes that “the language of primordial experiences, such as teaching and loving, is always an “is like” language. David E. Denton, “That mode of being called teaching,” in *Existentialism and phenomenology in education: Collected Essays*, ed. David E. Denton (New York: Teachers College Press), 1974, 107.

⁴¹²Harvey B. Sarles, *Teaching as dialogue: A teacher’s study* (Lanham: University Press of America), 1993.

⁴¹³Robert V. Bullough, “Personal history and teaching metaphors: A self study of teaching as conversation,” *Teacher Education Quarterly* Winter (1994): 107–120.

⁴¹⁴Peter Wilberg, *One to one* (London: Language Teaching Publications), 1987.

⁴¹⁵Denton, “That mode of being called teaching,” 103.

⁴¹⁶Denton, “That mode of being called teaching,” 104.

⁴¹⁷This definition of teaching is reminiscent of Parse’s definition of nursing as “a subject-to-subject-interrelationship, a loving, true presence with the other to promote health and the quality of life.” Rosemarie Rizzo Parse, “Man-living-health theory of nursing,” in *Nursing Science. Major paradigms, theories, and critiques*, ed. Rosemarie Rizzo Parse (Philadelphia: W. B. Saunders Company), 1987, 169.

interest for these nurses to study Parse's theory: no grades, certification, or continuing education credits were awarded. They voluntarily availed themselves of the opportunity to learn from other nurses who were experts in the subject matter they wished to explore. There was no deliberate instructional design for the learning events—the participants simply engaged in learning conversations as people have always done when one knew something that another wanted to learn. In these teleapprenticeships, the participants corroborated Wilberg's claim that one-to-one teaching is a shared learning process and a social situation where teaching happens by natural, authentic personal communication.⁴¹⁸ The participants were "talking this over" rather than consciously engaging in deliberate learning activities. Much of the time, the teaching and learning were invisible.

Learnings: About Nurses Learning Parse's Theory Online With a Mentor

I learned that

1. teleapprenticeship was a useful form for providing mentoring support for these nurses' learning about Parse's theory (p. 61);
2. teleapprenticeship, even with supplementary print and video resources, and group discussions may not be sufficient for a nurse to learn this practice methodology. Face-to-face practice demonstrations/return demonstrations may be necessary (p. 63); and
3. online, these nurses struggled in change and raised similar issues about Parse's theory as nurses do in face-to-face learning situations (see Table 3). This study demonstrated that teleapprenticeship can be a practical way to support a nurse through the requisite back and forth struggle to change to a

⁴¹⁸Peter Wilberg, *One to one* (London: Language Teaching Publications), 1987.

new worldview and practice methodology. Parse has noticed three major issues in her experience with human becoming practice projects. These involve:

(a) sustaining the commitment to learning and practicing the values and beliefs of the human becoming theory in light of the differences with traditional practice and the perceived threat to the old paradigm;

(b) cocreating an atmosphere where the pain and pleasure, the chaos and order, and the discontentment and contentment, all inevitable companions of change, can be aired openly and gently; and

(c) continuing the promotion of allocation of resources to the project in the face of other demands.⁴¹⁹

There was ample evidence that the first and second of these issues were supported in the teleapprenticeships as the learners passionately discussed the theory in relation to their practice. Further, although the duration of the teleapprenticeships was short, there was some evidence of the particular type of change that occurs in the learning of the theory.

Mitchell describes this:

Nurses learning the theory experience dramatic shifts in understanding at various times along the way and when the shifts occur, everything that was known before also shifts. Like layers of the earth's crust as each new shift occurs, the nurse's understanding transforms to a different realm where everything again looks different and learning accelerates.⁴²⁰

While it seems that teleapprenticeship could replace most aspects of the ongoing personal mentoring that Parse nurses have reported to be invaluable for their continuing

⁴¹⁹Rosemarie Rizzo Parse, "The human becoming theory: Challenges in practice and research," *Nursing Science Quarterly* 9, no. 2 (1996): 59.

⁴²⁰Gail J. Mitchell, "From the President," *Illuminations: The Newsletter of the International Consortium of Parse Scholars* 5, no. 2 (1996): 1.

learning, it is likely that there will still be a need for face-to-face instruction in actual practice situations. Several of the learners missed being able to *see* the theory in practice and especially, to have their own practice observed.

Learnings: About analyzing email transcripts

I learned that

1. the email messages in these teleapprenticeships were discontinuous, disorganized, messy, multilayered, and not necessarily chronological. The transcripts were not as tidy and “on topic” as interview transcripts tend to be; rather, they reflected the actual naturally disordered unfolding of real life events (p. 107);
2. stories contained in the email messages from these teleapprenticeships tended not to have a distinct beginning-middle-end structure. Presumably because the learners’ stories were still unfolding—happening *now*—and they did not know how things would turn out, their stories were sometimes provisional, incomplete, and subject to revision (p. 107);⁴²¹ and
3. email messages appear to be a distinct genre for which new methods of analysis and representation will need to be found (p. 107).

Writing in 1992, Henri noted that educational researchers are missing out on a rich source of data from CMC events because we are not yet very good at analyzing email messages—new methods are required for this new form of data. She, too, observed that email messages from online educational events are polysemous and that sequential

⁴²¹ Cheryl Mattingly writes that “We are motivated, as actors, to create stories while in the midst of acting” (p. 812). She terms these kinds of stories “proto-narratives”—stories-in-the making. See Cheryl Mattingly, “The concept of therapeutic ‘emplotment,’” *Social Science & Medicine* 38, no. 6 (1994): 820.

email messages may not display continuity of meaning. She advised that “each message, each person’s contribution has its own meaning and can be considered on its own.”

Messages must be considered singly and also in relation to others.⁴²² Five years later, I believe we still have much to learn about analyzing email messages. I would concur with Henri that email messages, like letters, must be studied individually and then in relation to others in the data set.

Over the course of this analysis, I progressed from calling the transcripts “the data from hell” to appreciating and celebrating this type of field text for its “postmodernness” and value for educational research. The writings of George Marcus on juxtaposition and messy texts and Roland Barthes on textual structure were essential to my growth in understanding.

Marcus’ writing about a form of postmodern inquiry—the “juxtaposition of seeming incommensurables”—helped me to see the learners’ struggle to understand in new light. In exactly this kind of educational inquiry, they said, “Look here, Parse’s theory may work in some idealized setting, but my practice happens in the real world of nursing where this simply cannot work. Take this example....” This kind of inquiry-as-juxtaposition and attendant learning conversation produces “messy texts” (open-ended, speculative, incomplete, works-in-progress) as “symptoms of struggle” on a testing ground.⁴²³ But the learners are merely giving their working hypotheses or the coordinates of their current position; rarely are they immovable. The texts are not foreclosed but invite differently positioned response. These messy texts are learning texts, texts of

⁴²²France Henri, “Computer conferencing and content analysis,” in *Collaborative learning through computer conferencing. The Najaden Papers*, ed. Anthony R. Kaye (Berlin: Springer-Verlag), 1992, 118.

⁴²³George E. Marcus, “What comes (just) after “post”? The case of ethnography,” in *Handbook of qualitative research*, ed. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage), 1994, 566–568.

inquiry, *writerly* texts:

The writerly text is a perpetual present, upon which no *consequent* language (which would inevitably make it past) can be superimposed; the writerly text is *ourselves* writing, before the infinite play of the world (the world as function) is traversed, intersected, stopped, plasticized by some singular system...⁴²⁴

Roland Barthes' writing was essential to my understanding of email messages that presented in the form of discrete reading units. Barthes uses the word *lexias* to denote blocks of text⁴²⁵ that like the email messages, are polysemous, unconstrained texts-of-the-present; Barthes writes that to interpret these texts is to appreciate their plurality.⁴²⁶ He likens *readerly* text to a classical musical score that flows in a regular way. There is ordered sequence, and a claim for truth; "vectorized, it follows a logico-temporal order."⁴²⁷ Writerly texts, in contrast to closed, authoritative readerly texts, permit access; in the case of the email messages, writerly text permitted dialogue—the participants did not shut each other down.

The complexity of the email messages actually worked to guard against my constructing a one-dimensional dogmatic account of what happened in the teleapprenticeships. The necessity of adapting the analysis to the disconnected nature of the text (scene-by-scene construction) resulted in a more heterogeneous account.

IMPLICATIONS FOR EDUCATIONAL PRACTICE

Trusting the Self-Directed Learner

As was reported in Chapter IV, the learners in this study were the directors of the teleapprenticeships, while the teachers responded situationally to the learners'

⁴²⁴ Roland Barthes, *S/Z*, Translated by R. Miller. (New York: Hill & Wang), 1974, 5.

⁴²⁵ Derrida's term for this is *morceau*.

⁴²⁶ Barthes, *S/Z*, 5.

⁴²⁷ Barthes, *S/Z*, 30.

requirements. I was initially puzzled about why they had been markedly and atypically self-directed when nurses have so often demonstrated their preference for a dependent learning role.⁴²⁸ In a discussion about this, a colleague pointed out that these learners not only had their teachers' respect as colleagues, but also their undivided attention for 12 weeks, with no competition from other learners. They had the luxury of getting their concerns heard (and could safely persist until they were understood). As well, with only one or two students at a time to focus on, the teacher would be more likely to construct responses that met their needs. These factors would tend to build confidence for learners. Greater risk-taking may occur in a supportive environment like this.⁴²⁹ Moreover, there was no evaluation, grading, or peer pressure that might have impeded the learners' self-directedness.

Another factor was that these learners were on their own turf—they were the experts in their clinical situation, not the teachers. For example, Glenn initially took a dependent-learner stance (see page 132) but quickly realized that his knowledge of the clinical situation gave him the authority to direct this educational event that involved his own practice. It took me awhile to realize that it would have been unusual if the learners had *not* been self-directed because the teleapprenticeships were essentially discussions they initiated about the theory in relation to situations in their practice. Moreover, the participants were a self-selected group. These were self-motivated nurses interested in studying a nursing theory that is situated outside the dominant paradigm of nursing practice. They volunteered to engage in teleapprenticeship learning which by its nature

⁴²⁸Martha L. P. MacLeod, "What does it mean to be well taught? A hermeneutic course evaluation," *Journal of Nursing Education* 34, no. 5 (1995): 197–203.

⁴²⁹ I am thankful to Lynne Piercy for these ideas.

fosters self-directed learning.⁴³⁰

Over the course of the analysis, I had written numerous memos to myself recording my thoughts about the teleapprenticeships. As the analysis progressed, it became clear that I had been thinking about the teleapprenticeships as if they had been a course (which they were not), while the participants were relating as if they were nonformal mentoring opportunities for discussing specific content (which they were). In the memos, I had documented my concern that there was almost no structure or continuity over the duration of a teleapprenticeship. The learners did not always engage in follow-up dialogue from the teacher's previous note, although the teachers responded to each note without fail. Patient assignments and clinical circumstances change rapidly, and it is likely that the learners' immediate concerns took precedence over following up on yesterday's issue. One learner said,

As I reread the journal entries (both mine and [teacher's]) it was difficult to follow the flow of the discussion. It seemed that the time/happenings between journal entries affected the topics of discussion more than previous entries.

The discontinuous, disorganized nature of the teleapprenticeships became immediately apparent as I began to analyze the transcripts. Not only did this factor make the analysis a challenge, but I worried that the lack of a framework may not have worked in the interest of the learners. It seemed to me that by taking complete control the learners may have deprived themselves of a lot of content—they didn't know what they didn't know, so how could they direct their learning effectively? The teachers had taught the theory for years and had experience with sequencing the content, and they were well aware of the areas that nurses frequently have trouble with. On occasion, when the

⁴³⁰ I am thankful to Dr. Rina Cohen for this point.

teachers did try to initiate a discussion of a concept or principle, the learners did not respond with enthusiasm. Only theoretical discussions embedded in the context of their immediate real-life practice situation piqued their interest. As well, the learning events had seemed very labor intensive compared with the apparent outcome; Levin and colleagues write, “One disadvantages of apprenticeships is that they are very expensive in terms of time for both the experts and the apprentices.”⁴³¹

What telling memoing! Why was I concerned with the lack of frameworks, continuity, structure, evaluation, content “coverage,” learning goals and follow-up when I had asked the participants to do nothing more than discuss Parse’s theory relative to the learner’s practice—which they did (magnificently)? I am able to recognize the parallel between my obvious distrust of the learners and the concept of self-directed learning and the phenomenon where nurses feel compelled to give patients unasked-for information. Both situations betray a worldview of the teacher or nurse as “expert knower”—knowing what’s best for the learner or patient. This phenomenon is illustrated in a teacher’s note about giving unsolicited advice to patients:

Yes, maybe I have a burning passion at some time to say, TRY THIS!! But how often have I offered something of that nature in 16 years of practice when it: totally turned the person off, shut down discussion, sparked feelings of guilt, silenced the person, was rejected outright, changed the subject to something that was obviously of little use, or just prompted a quiet but obviously insincere acquiescence to my wishes. The Parse nurse trusts that the person knows. If something in you screams that the person doesn’t know, then this is an issue of philosophy of nursing. But the belief that the person knows what is best for herself/himself, and can imagine and explore and eventually find what will be the best path for self, this is at the core of Parse practice. You have to trust the person and let go of the urge to direct and control. In my own experience, being out in the community has been a great revelation in this regard. I can report that in about 90% of cases, the way people follow medical, health-care, and other human service professional advice is very much tailored to their own ways

⁴³¹ James Levin, Michael Waugh, David Brown, and Renée Clift, “Teaching teleapprenticeships: A new organizational framework for improving teacher education using electronic networks,” *Machine-Mediated Learning* 4, no. 2 & 3 (1994): 150.

and opinions, and bears only a remote resemblance to that which was originally “prescribed.” And yet they survive.

As I have had to struggle with my inclination to direct, control, and give information in nursing situations, this study has made me aware that I must also work on my urge to be the expert knower in educational settings. Fish points out that we are “so conditioned by the ‘delivery’ metaphor to think of teaching as ‘giving to others’ that the key notion of facilitating learners to learn for themselves easily slips out of our sight.” This helped me to recognize my aspirations for content “coverage,” even when I know that “reflection and learning processes are more important.”⁴³²

Although the learners in this study were self-directive in their teleapprenticeships, I do not mean to suggest that teleapprenticeships are best conducted in this way. People are variously self-directive, depending on personal attributes and the situation.⁴³³ For example, Grow reports deliberately taking the role of a dependent learner in karate class, even though he is usually highly self-directed and independent: “A person who is out of shape may not have the internal ability to choose good exercise. A period of submission to an expert teacher may be necessary before one can learn to design certain learning experiences for oneself—as in learning a musical instrument.” There is no one way to teach or learn well—it is situational; helpful teachers would adapt their teaching to match the learner’s present degree of self-direction and would encourage the learner to move toward greater self-direction.⁴³⁴

⁴³² Della Fish, *Quality mentoring for student teachers: A principled approach to practice* (London: David Fulton Publishers), 1995, 107.

⁴³³ Gerald O. Grow, “Teaching learners to be self-directed,” *Adult Education Quarterly* 41 (1991/1996): 125–149, Expanded version available online at: <http://www.famu.edu/sjmga/ggrow>

⁴³⁴ Grow, “Teaching learners to be self-directed,” 125–149.

IMPLICATIONS FOR RESEARCH

The Cognitive Apprenticeship Model

A component-by-component comparison of the teleapprenticeships with the cognitive apprenticeship model revealed that only a few elements of the model were missing, and these were for the most part either inappropriate for adult learners or not relevant to the subject matter under study. These nurses seem to have created a cognitive apprenticeship learning environment *naturally*, not by following an instructional design model, but by relating to each other in a certain way. How did this happen when none of the participants was familiar with the cognitive apprenticeship model and no instructions or recommendations related to teaching methods were given to them? Was this a function of the teachers' constructivist worldview? Or are the elements of this model so generic that they could be identified in almost any educational event?

Online Constructivist Learning Environments

The six teachers in this study, who were known to have a constructivist worldview, created with their learners similar constructivist learning environments. Are online constructivist learning environments the result of instructional design or teacher's philosophy? If teachers are constructivists with the intent to be with learners in a certain way, does all else follow? Is it necessary for instructional designers to specify instructional principles for the design of a constructivist learning environment, or do these teachers just naturally do these things as a way of relating? And conversely, are those who are not constructivists able to teach this way from a set of instructions? The practical implications of this phenomenon is that it may require a significant personal transformation to become a constructivist teacher, whether online or in face-to-face situations; to practice this way, some teachers may have to undergo a deliberate struggle

to change their belief system about human beings and learning.

Instructional Design for One-to-One Online Learning Environments

Instructional design is essentially a prescription for teaching methods and conditions to help learners obtain intended instructional outcomes; the principles from which a design derives makes a statement about the designer's beliefs about learning.⁴³⁵ My contribution to the instructional design of the learning events for this study consisted of choosing a particular kind of electronic environment for the participants' email dialogue and specifying a general time frame. I also provided information about: the challenge of learning the theory; realistic learning outcomes; journaling and dialogue journaling; and expectations for participation. By not providing any other guidance, the rest of the design was left to the participants. The learners' explorations of the theory relative to a current or prior clinical practice situation determined the theoretical content that was discussed; and encouraged by their mentors to use instances from their practice as their primary guide to learning, the approach to learning was also mostly learner-determined.

I was unable to find any research that addressed instructional design for one-to-one learning relationships, although Ivan Illich has written that learning does not need manipulation by others, only "unhampered participation in a meaningful setting."⁴³⁶ Is design-primarily-by-learner a wise choice? A radical constructivist might answer affirmatively: "If students construct their own knowledge, what is there to design?"⁴³⁷

⁴³⁵ William Winn, "A constructivist critique of the assumptions of instructional design," in *Designing environments for constructive learning*, ed. Thomas M. Duffy, Joost Lowyck, and David H. Jonassen (Berlin: Springer-Verlag), 1993, 190.

⁴³⁶ Ivan Illich, *Deschooling society* (New York: Harper & Row), 1970, 39.

⁴³⁷ Winn, "A constructivist critique of the assumptions of instructional design," 201.

But others might see this an abdication of responsibility in light of the evidence that some learners may not have the ability to make wise decisions about ways to learn; given a choice, they tend to choose ineffective learning methods that result in less than optimal learning outcomes.⁴³⁸ We know that teleapprenticeships and other one-to-one educational relationships are very labor intensive. Do learners know what is best, or would a more prescriptive instructional design for these teleapprenticeships have contributed to more impressive learning outcomes?

The Parse teachers' Narratives of Experience and Their Online Educational Practice

Closely related to the above question is a more focused one that would address the relationship between the origin of these teachers' personal philosophy and their online educational practice in this study. For Connelly and Clandinin, personal philosophy is much more than a statement of beliefs and values. Philosophies are manifest in our actions and go "beneath the surface manifestations of values and beliefs to their experiential narrative origins."⁴³⁹ These authors write that the meaning of the teacher's actions may be explored narratively within the context of educational events.

Can the Parse teachers' actions in this study be explained by their narrative of experience in nursing? Their way of being with these online learners was consistent with the way they would be with persons in nursing situations. Was this because their theory and practice are so unified that they are this way (living the theory) even in unfamiliar and non-nursing situations? None of the teachers had taught online before, and we know that in unfamiliar or stressful situations we may revert back to a way of being that may be

⁴³⁸Winn, "A constructivist critique of the assumptions of instructional design," 198.

⁴³⁹Connelly et al., *Teachers as curriculum planners*, 66.

unacceptable to our theory about how we want to be in situations.⁴⁴⁰ Are Parse nurses demonstrating a narrative unity when they teach in constructivist ways?⁴⁴¹

A Longer Study of Teleapprenticeship for Nurses Learning Parse's theory

Nurses who practice guided by Parse's theory have described the personal mentoring relationships that they deem crucial to the ongoing development of their understanding of the theory. Some of these mentoring relationships have been in place for years and may continue for decades. As was discussed on page 68, it was unrealistic to expect to see indicators of change after a 12-week teleapprenticeship, even though there was some anecdotal evidence that subtle shifts had occurred. A longer study, perhaps over the course of a year, would give a researcher (and the participants) an opportunity to follow the evolution of learners' understanding about the theory. As well, there is the potential for "profound learning" to occur in long-term learning relationships between the same two people.⁴⁴²

The Structure of Email Messages

Email messages produce a very different data set than do other data-generating activities, such as interviews or observations. The structure of the email messages seemed to most resemble letters, so I began my search for clues about how to analyze the data by looking at collections of letters as well as examples of research where series of letters

⁴⁴⁰For a dramatic example of this phenomenon, see the story "Escaping childhood: Growing up" in Connelly et al., *Teachers as curriculum planners*, 90.

⁴⁴¹Connelly and Clandinin define narrative unity as a thread or theme that runs through a person's narrative of experience. It is "a continuum within a person's experience and renders life experiences meaningful through the unity they achieve for the person." Connelly et al., *Teachers as curriculum planners*, 74.

⁴⁴²Denise R. Stephenson and Bob Mayberry, "Electronic tutoring: Long distance and long term," *ERIC Document Reproduction Service* ED377486 (1994): 2.

have been analyzed in studies of experience.^{443,444} The letters in the collections I examined were similar to the email messages in that they, too, were multi-purpose, discontinuous, and stunning in their richness. But this exercise, however enjoyable, did not provide much guidance to facilitate my analysis.

It would have helped me to read about the structure of email dialogue. Much is known about the structural aspects of oral communication, but if we are to develop our ability to analyze conversational email messages generated in educational events, we need more basic research into the structure of such messages.⁴⁴⁵ No doubt there are universal structural elements of conversational email messages,⁴⁴⁶ and once these have been identified, we can then study how they are arranged in email messages that serve writers' various purposes.

IT'S ABOUT TIME

I'm only the person that I am at this moment. Tomorrow I'm somebody different, and the day after that I'm somebody different....I'm always changing. Everything is always changing.⁴⁴⁷

I have presented my version of the story about how 17 participants engaged for a time through the medium of email to learn more about Parse's theory. I have also related

⁴⁴³ For example, Joyce Ann Walker, "Women's Voices, Women's Lives: Understandings from women's Twenty-Four Year Correspondence" (Ph.D. Dissertation, University of Minnesota, 1993); Helen Hanff, *84, Charing Cross Road* (London: Samuel French, Inc), 1983; A. R. Gurney, *Love Letters* (New York: Plume), 1990.

⁴⁴⁴ The classic volumes known as *The Polish Peasant*, first published in 1918, constitute a study of transitions in forms of social organization through an interpretation of letters between immigrants of Polish origin and family members and friends. The writers' voices resonate in the text of the 764 letters, engaging us in their dramas of eight decades ago. (William I. Thomas and Florian Znaniecki, *The Polish peasant in Europe and America*, vol. 1 and 2. [New York: Octagon Books], 1974.)

⁴⁴⁵ See Gordon Pradl, "Narratology: The study of story structure," Available online at http://www.ed.gov/databases/ERIC_Digests/ed250698.html

⁴⁴⁶ But maybe not if my argument that the email messages were writerly texts is to hold. In *S/Z*, Barthes writes that "for the plural text, there cannot be a narrative structure, a grammar, or a logic" (p. 5).

⁴⁴⁷ Mary Field Belenky, Blythe McVicker Clinchy, Nancy Rule Goldberger, and Jill Mattuck Tarule, *Women's ways of knowing. The development of self, voice, and mind* (New York: Basic Books, Inc.), 1986, 83.

the story of my own journey through the research process. Now, at the close of this inquiry, I am struck by how Cheryl Mattingly's conception of the narrative construction of lived time is reminiscent of our experience and of the process of human becoming.

Narrative time is configured in discrete episodes that belong to a unfolding temporal whole: "Narrative depth derives from a part-whole structure where episodes have their own authority; they, too, may be memorable."⁴⁴⁸ *Narrative time is structured by motive and intention*. We need to be able to glimpse possibilities that we can imagine ourselves bringing about. *Narrative time is a place of desire*: "there is no story where there is no desire";⁴⁴⁹ desire sets the story in motion and propels us in our quest. *Narratives depict change over time*: "In a story, time is structured by a movement from one state of affairs (a beginning) to a transformed state of affairs (an ending). In story time, things are different in the end."⁴⁵⁰ *Narrative time is dramatic*. Because there is conflict, risk, doubt and the presence of enemies, our desire must be strong. Suffering is inevitable—suffering is another name for experience. *Narrative time is a time of uncertainty*; endings are uncertain. This is a time of transformation—time dominated by the ending; things may not turn out as planned.⁴⁵¹

The stories we made and told of our lives during this time were of this narrative configuration: they were episodic short stories full of our dramas, desire, doubts, troubles, conflicts, persistence, suffering and transformations. A successful story is one that

⁴⁴⁸Mattingly, "The concept of therapeutic 'emplotment'," 813.

⁴⁴⁹Mattingly, "The concept of therapeutic 'emplotment'," 818.

⁴⁵⁰Mattingly, "The concept of therapeutic 'emplotment'," 819.

⁴⁵¹Mattingly, "The concept of therapeutic 'emplotment'," 811–822.

matters and touches people; it does not give rise to the question, “so what?”⁴⁵² This is also the hallmark of useful research.⁴⁵³ To those of us who lived this narrative of learning, it *has* mattered. Having glimpsed another way of being, we have each been motivated to struggle in change, and have become transformed in the process. For Parse this is cotranscendence, the process of moving “beyond with intended hopes and dreams through pushing-resisting in creating new ways of viewing the familiar.”⁴⁵⁴ We have all been forever changed, disrupted and transformed by this experience—none of us can go back. Finally, although I have finished writing, the story has not been completed. I now invite the readers to write themselves into the story.

⁴⁵²W. Labov and J. Waletzky, “Narrative analysis: oral versions of personal experience,” in *Essays on the verbal and visual arts*, ed. J. Helm (Seattle: University of Washington Press), 1967, 12–44.

⁴⁵³Margarete Sandelowski, ““To be of use”: Enhancing the utility of qualitative research,” *Nursing Outlook* 45, no. 3 (1997): 126.

⁴⁵⁴R. R. Parse, “Human becoming: Parse’s theory of nursing,” *Nursing Science Quarterly* 5, no. 1 (1992): 38.

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Table 1

Total Number and Size of Messages Between Teachers and Learners

Dyad	Learner		Teacher	
	Number of messages	Total Kilobytes ^a	Number of messages	Total Kilobytes
Dyads that completed ^b the teleapprenticeship				
A	61	204	57	248
B	34	188	34	97
C	22	80	14	68
D	19	83	20	67
E	9	48	12	40
Dyads that did not complete the teleapprenticeship				
F	9	43	11	66
G	9	31	10	27
H	9	7	12	27
I	8	26	9	11
J	7	19	10	34
K	6	23	10	39

^a measured as ASCII text files

^b Completing the teleapprenticeship meant that the members of a dyad engaged with each other in the study of Parse's theory for a period of at least twelve weeks, and that each completed a concluding narrative.

Table 2

Comparison Of The Teleapprenticeships With The Cognitive Apprenticeship Model

Characteristics of Ideal Learning Environments (Cognitive Apprenticeship)	Elements of model present in teleapprenticeships
<i>Content</i>	
Domain knowledge	✓
Heuristic strategies	✓
Control Strategies	✓
Learning Strategies	✓
<i>Methods</i>	
Modelling	✓
Coaching	✓
Scaffolding and fading	✓
Articulation	✓
Reflection	✓
Exploration	✓
<i>Sequence</i>	
Increasing complexity	
Increasing diversity	
Global before local skills	
<i>Sociology</i>	
Situated Learning	✓
Culture of expert practice	✓
Intrinsic motivation	✓
Exploiting cooperation (collaboration)	✓
Exploiting competition	

Note. Source for cognitive apprenticeship characteristics Collins et al., "Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics," 476.

Table 3

Content (Parse's theory) Discussions Between Teachers and Learners

CONTENT TOPIC	Number among all dyads who discussed topic	Topics discussed by the five dyads profiled in Chapter V				
		A	B	C	D	E
Parse's theory and						
Fixing	8	✓	✓	✓		✓
Person expert in own life-knows way	7	✓	✓	✓	✓	✓
Choice	6	✓	✓	✓	✓	✓
Advocacy	5	✓	✓	✓	✓	✓
Labelling	4	✓	✓	✓	✓	
Persons are unique	4	✓	✓	✓	✓	
Paradox-paradoxical patterns	4	✓	✓	✓		✓
Revealing-concealing	4		✓	✓	✓	✓
Connecting-separating	4	✓	✓	✓	✓	
Enabling-limiting	4	✓	✓	✓		✓
Offering information or making suggestions	4		✓	✓	✓	✓
Languaging	3	✓	✓	✓		
Charting	3	✓	✓	✓		
Powering	3	✓	✓		✓	
Patient teaching	2		✓	✓		
Nursing diagnosis	2		✓	✓		
Predicting	2	✓	✓			
Mobilizing transcendence	2	✓	✓			
Health	2		✓	✓		
Assessing	1			✓		
Reassurance	1		✓			
Living valued priorities	1	✓				
Synchronizing rhythms	1		✓			
Confidentiality	1		✓			
Empowerment	1				✓	
Nurse-person relationship	5		✓	✓	✓	✓
Client's perspective	6	✓	✓	✓	✓	✓
Nurse's intention or intent	6	✓	✓			✓
An alternative way of being with persons	4	✓		✓		✓
Being with	4		✓	✓	✓	✓
Goal of nursing, goal of practice	4	✓	✓			
No expectations of others	4	✓		✓	✓	✓
Nurse's perspective-agenda	4	✓	✓			
Client-focused care	3	✓	✓			✓
Going with, going where person is	3		✓			✓
Patient. outcomes	2	✓		✓		
And the family	1		✓			

Table 3 (Continued)

Content (Parse's theory) Discussions Between Teachers and Learners

CONTENT TOPIC	Number among all dyads who discussed topic	Topics discussed by the five dyads profiled in Chapter V				
		A	B	C	D	E
True Presence	10	✓	✓	✓	✓	✓
Intent of true presence	6	✓	✓			
How to talk in true presence (give me words)	5			✓	✓	
Just being there (presence)	4		✓	✓		✓
Lingering true presence	2	✓			✓	
What is not true presence	2		✓			
True presence with groups	1	✓				
Unique ways to live true presence	1				✓	
What's nursing, what's not according to Parse	9	✓	✓		✓	✓
Medical somethingnesses	5	✓				
Tasks	3	✓	✓			✓
What is unique to nursing	3		✓		✓	✓
Learner discussions related to Parse practice:						
Discusses satisfying experience with the theory	5	✓	✓		✓	✓
Learner discusses self relative to the theory	4	✓	✓	✓	✓	
Activism-showing another way	4	✓	✓		✓	✓
Conflict in practice setting	3	✓		✓	✓	
Learner observes the effects of own Parse practice	3	✓		✓		✓
How Parse's theory can benefit nurses (not self)	2					
Practicing theory in non-supportive setting	2	✓				
Issues of nursing work relative to the theory:						
Time to "do" Parse	3		✓			
Staffing patterns-workload measurement	2	✓	✓			
Other disciplines	2		✓			✓
Nursing work	1		✓			
Nursing routines	1	✓				
Discussions about living the theory:	7	✓	✓	✓	✓	✓
Living the theory in non-nursing settings	2	✓	✓			
Living the theory means letting go of old ways	2	✓				
Living the theory takes courage	2	✓				
Living the theory can be risky	1	✓				
Living our values in practice	1	✓				

Table 3 (Continued)

Content (Parse's theory) Discussions Between Teachers and Learners

CONTENT TOPIC	Number among all dyads who discussed topic	Topics discussed by the five dyads profiled in Chapter V				
		A	B	C	D	E
Theoretical discussions:						
Paradigms	4	✓	✓	✓	✓	
Other theories	3				✓	✓
Philosophical consistency	3	✓			✓	
Parse language						
Parse language	7	✓	✓	✓	✓	
Language (meaning of words)	4	✓	✓		✓	✓
Parse's theory as right or wrong	2				✓	✓
"Same thing" phenomenon ⁴⁵⁵	2		✓			
Parse's theory and the discipline of nursing	2	✓	✓			
Learner's concerns about Parse's theory:						
About the workability of the theory in practice	3	✓	✓			
What about patients with communication problems?	3		✓	✓	✓	
Afraid of doing harm	2				✓	✓
Worried about short-term patient encounters	2		✓		✓	
Will this lead to divisiveness among the nurses?	2		✓			
Worried about conflict with registration body	1	✓				
Theory not tested	1	✓				
Elitism?	1		✓			
Who will pay for nurses to practice Parse's theory?	1		✓			
Learning the theory is:						
A struggle	5	✓	✓	✓	✓	✓
Hard—it takes a long time	5	✓		✓	✓	
Slipping back	3	✓	✓	✓		
Living with risk and uncertainty	2	✓				
Assisted by having mentors	2	✓			✓	
About being open to possibilities	1	✓				
About living paradox	1	✓				
Monumental paradigm shift	1	✓				

⁴⁵⁵ G. J. Mitchell, "The same-thing-yet-different phenomenon: a way of coming to know -- or not?," *Nursing Science Quarterly* 6, no. 2 (1993): 61-62.

Table 3 (Continued)

Content (Parse's theory) Discussions Between Teachers and Learners

CONTENT TOPIC	Number among all dyads who discussed topic	Topics discussed by the five dyads profiled in Chapter V				
		A	B	C	D	E
Theory-related discussions of tensions between/with:						
Tensions among nurses	4	✓	✓			
Theory and practice	4	✓	✓		✓	✓
Parse "politics"	4	✓	✓		✓	
Hospitals and nursing	3	✓	✓			
Other disciplines	3	✓	✓			✓
Other paradigms	2		✓			✓
Nurses and families	1	✓				
Old and new Parse nurses	1				✓	
Health care professionals and the public	1		✓			
Theory and learner's school	1					✓

APPENDIX A

INFORMATION FOR TEACHER PARTICIPANTS

TITLE OF STUDY:

Nurses teaching and learning Parse's theory of human becoming by teleapprenticeship: A narrative exploration of the electronic mail transcripts.

RESEARCHER:

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PURPOSE OF STUDY:

1. To build knowledge about teleapprenticeship. This is the first study about teleapprenticeship.
2. To build knowledge about how nurses learn Parse's theory.
3. To develop new knowledge about methods for studying the abundant yet underutilized textual transcripts that are generated during educational computer mediated communication events.

RESEARCH QUESTIONS:

1. What is the contexture of a teleapprenticeship experience?
2. What is the experience of studying Parse's theory online with a mentor?

DATA-PRODUCING EVENTS:

1. 10-12 week (flexible) online learning event where a more expert practitioner of Parse's theory engages in a mentoring relationship with a nurse who is learning to practice nursing guided by the theory. This interaction will be referred to as the "learning event."

DATA SOURCE: the electronic transcript of the learning event.

2. Optional interaction among teachers on a teachers' mailing list (PARTEACH).

DATA SOURCE: the electronic transcript of discussions on PARTEACH.

3. At the conclusion of the learning event, online interviews will be conducted to allow participants to relate their experience of teaching Parse's theory online.

DATA SOURCE: the electronic transcript of the online interviews.

4. After the learning event, and during the analysis phase of the project, participants will be asked to respond to the researcher's interpretations of the learning event. THIS IS OPTIONAL, but encouraged so that the event can be depicted as accurately as possible.

DATA SOURCE: the electronic transcript of email discussions with participants about the researcher's interpretations of the learning event.

PROTECTION OF PARTICIPANTS RELATED TO CONFIDENTIALITY:

No study is without the risk that confidentiality may be breached, however, the researcher will endeavor to protect the identity and confidentiality of all participants through the protocols described below. But as the electronic transcript of their own learning event is available to each teacher-learner pair, and the messages posted to PARLEARN are available to all learner participants, and the messages posted to PARTEACH are available to all teacher participants, the researcher cannot prevent distribution of these transcripts by participants. It is unlikely that this will pose a problem because as nurses, the participants have a intrinsic understanding and appreciation of confidentiality issues.

1. Electronic Transcripts from the Learning Event

- 1.1 Each learning event will be conducted on a private LISTSERV list. Only three people (the teacher-learner pair and Judy Norris) will have access to the electronic transcript of the learning event. When the learning event is finished, the electronic transcript will be downloaded and the LISTSERV list and its archives will be destroyed.
- 1.2 Two UNALTERED copies of each learning event transcript will be kept: 1) in Judy Norris' private UNIX computer account at OISE, and 2) on floppies in a filing cabinet in Judy Norris' house. Both of these copies will be destroyed at the close of the study.
- 1.3 At the time each learning event transcript is downloaded, every occurrence of an identifying name or email address will be replaced with a code name known only to the researcher. As example:

Learner: Pat Jones <pjones@realgood.edu> and
Teacher: Chris Smith <csmith@nearby.edu> or
Dear Pat, or Hi Chris,

will be replaced with codes such as:

L-ONE and T-ONE, L-TWO and T-TWO, etc. and
Dear L-ONE, and Hi T-ONE,

Analysis will be done using messages that do not contain identifying names and email addresses. Two copies of the ALTERED transcript will be kept: 1) on Judy Norris' computer at her home, and 2) on backup floppies in a locked cabinet in Judy Norris' office at work.

2. Other electronic transcripts

The same procedures for data storage and removal of identifying information will be carried out on the other data sources, i.e, the electronic transcripts from PARLEARN, PARTEACH, online interviews, and email dialogue with participants.

3. Research Report

The research will be reported in a way that conceals the identities of participants. While direct quotes from the transcript will be used as examples throughout the report, any identifying information will have been removed or altered.

This study is not concerned with evaluation of the performance of either teachers or learners. No evaluative statements about participants' performance will be made by the researcher at any time. The researcher will take care to structure the report so as to minimize opportunities for readers to make evaluative interpretations. Nonetheless, unintended evaluation of performance may be engaged in by participants themselves, or by readers of the research report.

PROTECTION OF PARTICIPANTS RELATED TO PARTICIPATION:

1. Even where persons had previously expressed an interest in participating in the research project, there is no obligation to do so; a person may decline to participate without jeopardy of any kind. Similarly, a participant may withdraw from participation at any time during the study without jeopardy. No reason need be given for either decision.
2. Judy Norris or her supervisor, Dr. Rina Cohen may be contacted at any time during the study to discuss questions or concerns.
3. A signed consent form is required for participation, and participants will be given a copy of the form to keep.
4. Information about the study, participant expectations, and risks of participation will be posted to the PARLEARN and PARTEACH lists for discussion.

EXPECTATIONS OF TEACHER PARTICIPANTS:

The main premise of this study is that a nurse who wishes to learn to practice nursing guided by Parse's theory will engage in an online apprenticeship with you, a more expert practitioner of Parse's theory.

1. There are no instructions related to teaching methods. Learner participants have been encouraged to keep a journal, but even this is optional. Learners were informed that:

JOURNAL WRITING is widely believed to be a powerful way to learn about what we think and know. We often aren't aware of what we know until we have written it, reread it, and thought about what we have written. Journal writing is a very useful tool for reflection and critical thinking about values and beliefs.

Learner participants are encouraged to keep a personal journal related to their study of Parse's theory, either on paper or on their computers. In this way, you will have a record of your experiences, and your progress in learning. Journals are not easy to keep. They require work and commitment to the learning process.

2. DIALOGUE JOURNALLING is a way of describing purposeful writing between teachers and learners. Like individual journaling, the educational premise of dialogue journaling is that writing itself is of benefit for critical thinking.

Dialogue journal communication is defined by Jana Staton(1) as a written conversation between two persons on a functional continuous basis, about topics of individual (and eventually mutual) interest...effective dialogue journal communication involves much more than the written form or text; it involves the intentional use of writing to communicate, with two minds coming together to think about the topic at hand.

Dialogue journaling is a means of communication between teacher and student which "involves an implicit commitment of self, an engagement with the other."(2) It combines "purposeful,

APPENDIX B

INFORMATION FOR LEARNER PARTICIPANTS

TITLE OF STUDY:

Nurses teaching and learning Parse's theory of human becoming by teleapprenticeship: A narrative exploration of the electronic mail transcripts.

RESEARCHER:

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DATA SOURCE: the electronic transcript of the learning event.

2. Optional interaction among learners on a learners' mailing list (PARLEARN).

DATA SOURCE: the electronic transcript of discussions on PARLEARN.

3. At the conclusion of the learning event, online interviews will be conducted to allow participants to relate their experience of learning Parse's theory online.

DATA SOURCE: the electronic transcript of the online interviews.

4. After the learning event, and during the analysis phase of the project, participants will be asked to respond to the researcher's interpretations of the learning event. THIS IS OPTIONAL, but encouraged so that the event can be depicted as accurately as possible.

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- 1.1 Each learning event will be conducted on a private LISTSERV list. Only three people (the teacher-learner pair and Judy Norris) will have access to the electronic transcript of the learning event. When the learning event is finished, the electronic transcript will be downloaded and the LISTSERV list and its archives will be destroyed.
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Dear Pat, or Hi Chris,

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L-ONE and T-ONE, L-TWO and T-TWO, etc. and
Dear L-ONE, and Hi T-ONE,

The original downloaded transcript will then be destroyed so that analysis will be done using messages that do not contain identifying names and email addresses. Two copies of the ALTERED transcript will be kept: 1) on Judy Norris' computer at her home, and 2) on backup floppies in a locked cabinet in Judy Norris' office at work.

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2. Judy Norris or her supervisor, Dr. Rina Cohen may be contacted at any time during the study to discuss questions or concerns.
3. A signed consent form is required for participation, and participants will be given a copy of the form to keep.
4. Information about the study, participant expectations, and risks of participation will be posted to the PARLEARN and PARTEACH lists for discussion.

EXPECTATIONS OF LEARNER PARTICIPANTS:

The main premise of this study is that you, the learner will engage in an online apprenticeship with a more expert practitioner of Parse's theory in order to assist you to learn to practice guided by the theory.

1. It is assumed that at the BEGINNING of the study the learner will have the desire to study Parse's theory. It is recognized that over the course of the study that some learners may decide that Parse's theory is just not right for them. In this case, a participant can choose to leave the study or stay in it until the end.
2. Learning Parse's theory is not easy - the process has been described as involving challenge, struggle, frustration, and uncertainty. Learning Parse's theory takes time. Gail Mitchell(1) wrote that

Learning Parse's theory is challenging and at times frustrating. In integrating the knowledge base of Parse's theory, there is a rhythm of clarity-obscure described by many nurses. This paradoxical rhythm represents the sudden glimpses of new insight and understanding that occur in the sea of obscurity when engaging a whole new way of thinking. In order to grow and learn with the theory, the nurse needs to be committed, open, and willing to live with risk and uncertainty.

Learners should not expect to be experts in Parse's theory at the end of the study, but they will have progressed in their understanding of it.

3. Learning Parse's theory requires that nurses examine their view of the world, and their values and beliefs about persons, health, and nursing. This is never easy - it requires hard mental work. Participants should be willing to devote time to this mental activity.
4. JOURNAL WRITING is widely believed to be a powerful way to learn about what we think and know. We often aren't aware of what we know until we have written it, reread it, and thought about what we have written. Journal writing is a very useful tool for reflection and critical thinking about values and beliefs.

Learner participants are encouraged to keep a personal journal related to their study of Parse's theory, either on paper or on their computers. In this way, you will have a record of your experiences, and your progress in learning. Journals are not easy to keep. They require work and commitment to the learning process.

5. DIALOGUE JOURNALLING online is the purposeful email dialogue that is likely to occur between learners and their mentors. Like individual journaling, the educational premise of dialogue journaling is that writing itself is of benefit for critical thinking.

Dialogue journal communication is defined by Jana Staton(2) as
 a written conversation between two persons on a functional continuous basis, about topics of individual (and eventually mutual) interest...effective dialogue journal communication involves much more than the written form or text; it involves the intentional use of writing to communicate, with two minds coming together to think about the topic at hand.

Dialogue journaling is a means of communication between teacher and student which "involves an implicit commitment of self, an engagement with the other."(3) It combines "purposeful, heuristic writing" which allows learners to elaborate inner thoughts about an experience and then to incorporate this writing into ongoing thoughts, and a "dialogic, responsive structure" where teachers' comments about the experience can provide new information to be explored.(4)

One student described an experience of dialogue journaling this way:

As I've been writing these journals to you, I realize that you are not only an audience for my thoughts and feelings but also a backboard and mirror. When I write to you, I also write to and for myself. It's a catharsis of sorts. I think that putting things on paper is the easiest, most efficient way to discover and say what you (I) think and feel....I address my questions to you, but often answer them for myself and bring things into better perspective.(5)

5. The learning event is (with some flexibility) expected take place over a 10-12 week period. This is to encourage commitment to learning within a specified time period in a course-like structure. Learners are asked to send at least two email notes (of any length) to their mentors each week. The messages may include sections from your journal, responses to your mentor's questions, discussions about aspects of the theory, stories from your practice, or any other dialogue with your mentor that is pertinent to your learning.
6. You may choose to interact with other learners on the PARLEARN list. It was a recommendation from the pilot study that the learners have a place to talk to people other than their teacher about what they are learning. Discussing your insights, practice stories, where you are stuck, and so forth, may be of benefit to you and the other learners. Participation is, however, optional. Only the learners and Judy Norris have access to notes posted on PARLEARN.
7. When the learning event is finished, the researcher will interview you online in order to discover what the learning experience was like for you. This will be done through private email messages between the learner and Judy Norris. No one else will have access to this data.
8. The last (optional) part of the study will take place weeks or even months after the learning event has been completed. As the data analysis progresses, the researcher will construct a narrative interpretation or story about the teleapprenticeship experience and ask you to respond to it. Providing feedback is optional, but is encouraged so that the depiction of your online experience can be as accurate as possible.

References

1. Gail J. Mitchell, "Parse's theory in practice," in *Patterns of nursing theories in practice*, ed. Marilyn E. Parker (New York: National League for Nursing Press), 1993, 66-67.
2. Jana Staton, "Contributions of the dialogue journal research to communicating, thinking, and learning," in *Dialogue journal communication: Classroom, linguistic, social, and cognitive views*, ed. Jana Staton, Roger W. Shuy, Joy Kreeft Peyton, and Leslee Reed (Norwood, NJ: Ablex Publishing Corporation), 1988, 312.
3. J. Staton, "The power of responding in dialogue journals," in *The journal book*, ed. Toby Fulwiler (Portsmouth, NH: Boynton-Cook), 1987, 47.
4. Staton, "Contributions of the dialogue journal research to communicating, thinking, and learning," 317-318.

APPENDIX C

INFORMED CONSENT FORM - TEACHER PARTICIPANT

I have been asked to participate in a research project titled Nurses teaching and learning Parse's theory of human becoming by teleapprenticeship: A narrative exploration of the electronic mail transcripts. This research is being conducted by Judy Norris, a doctoral candidate in the department of Curriculum (Computer Applications) at the Ontario Institute for Studies in Education under the direction of Dr. Rina Cohen.

I have read the document entitled "INFORMATION FOR TEACHER PARTICIPANTS" which was uploaded to the PARTEACH list, and I have had any questions about the project answered to my satisfaction.

I understand that my participation will involve online mentoring of one or more nurses who are learning about Parse's theory of human becoming. I agree to interact with my online mentee(s) by email for an approximate period of 10-12 weeks.

I understand that at the conclusion of the online learning event, I will be asked to share my experience of the event with Judy Norris in an interview conducted by email. Some time later, I will be asked to respond to Judy Norris' interpretation of the teleapprenticeship event, but I understand that participation in this part of the study is optional.

I understand that if I agree to participate in this study that I may withdraw at any time without jeopardy. I have read the protocol for protecting the identity and confidentiality of participants outlined in the "INFORMATION FOR TEACHER PARTICIPANTS" document. I understand that while every effort will be made by the researcher to protect my identity and confidentiality, that there is still risk for breaches of confidentiality because other participants will have access to some parts of the data transcripts.

I understand that I am free to refuse to divulge any information that I feel may jeopardize my privacy. I understand that a summary of research findings will be made available to me upon request. I understand that I may contact Judy Norris (416-XXX-XXXX) or by email at jnorris@oise.on.ca) or her supervisor, Dr. Rina Cohen (416-923-6641 x 2477 or by email at rcohen@oise.on.ca) at any time throughout the project to discuss any concerns or questions regarding my participation.

Having read the above information about the research project, I agree to participate and offer my witnessed signature as consent.

Signature of Participant

Date

Signature of Witness

Date

APPENDIX D

INFORMED CONSENT FORM - STUDENT PARTICIPANT

I have been asked to participate in a research project titled Nurses teaching and learning Parse's theory of human becoming by teleapprenticeship: A narrative exploration of the electronic mail transcripts. This research is being conducted by Judy Norris, a doctoral student in the department of Curriculum (Computer Applications) at the Ontario Institute for Studies in Education under the direction of Dr. Rina Cohen.

I have read the document entitled "INFORMATION FOR LEARNER PARTICIPANTS" which was uploaded to the PARLEARN list, and I have had any questions about the project answered to my satisfaction.

I understand that my participation will entail studying Parse's Theory of Human Becoming while using the theory to guide my practice in a clinical setting. I agree to interact with my online mentor at least twice weekly by email for an approximate period of 10-12 weeks. I understand that at the conclusion of the online learning experience, I will be asked to share my experience of the event with Judy Norris in an interview conducted by email. Some time later, I will be asked to respond to Judy Norris' interpretation of the teleapprenticeship event, but I understand that participation in this part of the study is optional.

I understand that if I agree to participate in this study that I may withdraw at any time without jeopardy. I have read the protocol for protecting the identity and confidentiality of participants outlined in the "INFORMATION FOR LEARNER PARTICIPANTS" document. I understand that while every effort will be made by the researcher to protect my identity and confidentiality, that there is still risk for breaches of confidentiality because other participants will have access to some parts of the data transcripts.

I understand that I am free to refuse to divulge any information that I feel may jeopardize my privacy. I understand that a summary of research findings will be made available to me upon request. I understand that I may contact Judy Norris (416-XXX-XXXX or by email at jnorris@oise.on.ca) or her supervisor, Dr. Rina Cohen (416-923-6641 x 2477 or by email at rcohen@oise.on.ca) at any time throughout the project to discuss any concerns or questions regarding my participation.

Having read the above information about the research project, I agree to participate and offer my witnessed signature as consent.

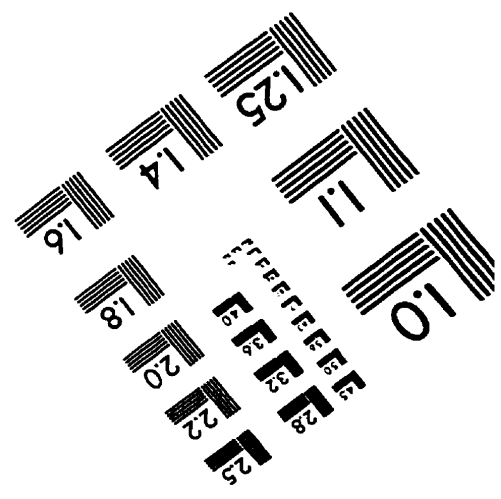
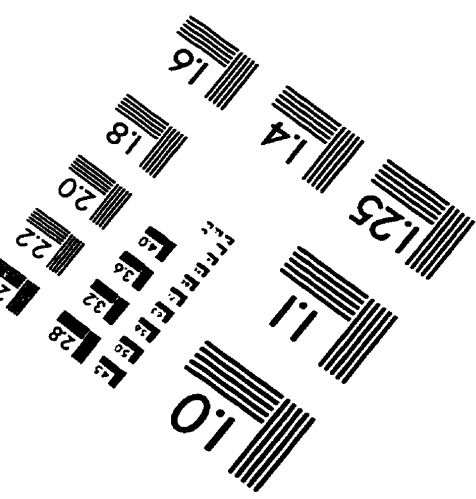
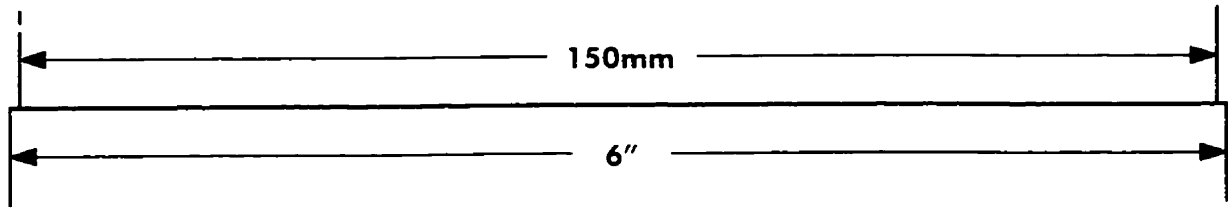
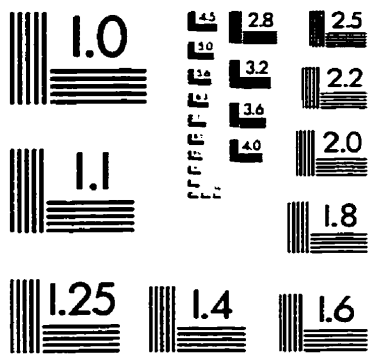
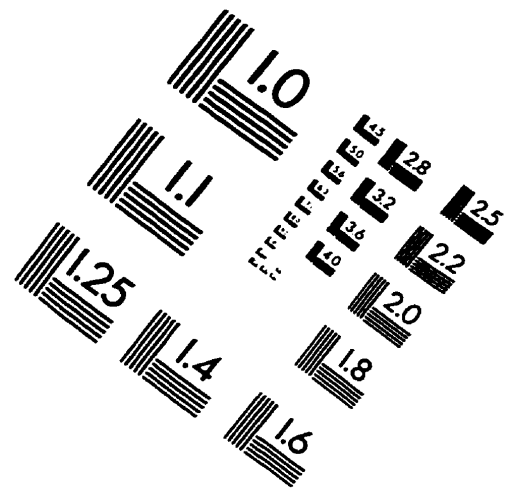
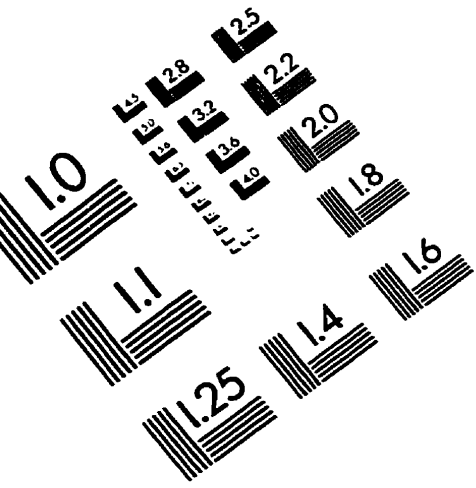
Signature of Participant

Date

Signature of Witness

Date

IMAGE EVALUATION TEST TARGET (QA-3)



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