

**University of Alberta**

**THE PRECEPTORSHIP EXPERIENCE IN THE  
INTERGENERATIONAL CONTEXT: A  
PHENOMENOLOGICAL STUDY**

by

Vicki Charmaine Foley

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## **Abstract**

Preceptorship tends to be the teaching/learning method of choice for senior level nursing students engaging in clinical practice because it offers a reality-oriented learning context and fosters professional socialization into the culture of nursing. The pairing of a student with an experienced nurse is an approach to teaching/learning that promotes critical thinking, cultivates practical wisdom, and facilitates competence. In today's nursing clinical practice settings, there can be up to four distinct generations (Veterans, Baby Boomers, Gen Xers, and Millennials) present and each generation brings its own values and expectations to the teaching/learning process. Exploring the nature of the preceptorship experience in this context is a significant and relevant topic for nursing education and practice. To date, a paucity of research is evident in this area. The purpose of this paper-based thesis is to explore nursing pedagogy in the intergenerational context and more specifically, to examine the preceptorship model of clinical teaching/learning within this context. I begin broadly in the first manuscript with an examination of nursing pedagogy through a generational lens and proffer that nurse educators should begin to engage in a critical discourse regarding the adequacy of current pedagogical practice in relation to meeting the needs and expectations of today's students, the Millennial Generation. In the second manuscript, I narrow my focus to the preceptorship model of clinical teaching/learning and explore the state of knowledge as it relates to preceptorship in the intergenerational context. In the third manuscript, I explore the phenomenological research methodology with a particular focus on nursing

knowledge development. In the fourth manuscript, I reveal the culmination of my dissertation process and report the findings of a phenomenological research study examining the preceptorship experience in the intergenerational context. For the current study, data were generated using unstructured interviews with a purposive sample of preceptors and students recruited from an undergraduate nursing program in eastern Canada. Overall their experience can be described as inclusive of three main themes: *being affirmed*, and *being challenged*, along a *pedagogical journey*. The findings of this study have the potential to enhance generational understanding in the pedagogical context and foster a teaching/learning culture in the clinical practice setting inclusive of divergent generational expectations.

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## **CHAPTER 1:**

### **INTRODUCTION AND BACKGROUND**

Preceptorship is a pervasive method of clinical teaching/learning particularly in professional disciplines, and is perceived as a reality-oriented learning experience as well as a highly successful approach to professional socialization into work culture (Kaviani & Stillwell, 2000). The preceptorship approach to teaching/learning “provides a perfect medium in which practice and education can combine to achieve a common goal - the preparation of present and future practitioners and leaders” (Myrick & Yonge, 2005, p. 5). As a pedagogical approach, the success of preceptorship is highly dependent upon the formation of positive working relationships, most importantly between the student and preceptor.

It is important to recognize that there can be up to four distinct generations (Veterans, 1922-1945; Baby Boomers, 1945-1960; Generation X, 1960-1980; and the Millennials, 1980-2000) present in today’s nursing clinical practice settings and each generation brings its own worldview, values, and ideals to the teaching learning process (Billings & Kowalski, 2004; Strauss & Howe, 1991). Frequently, students are of a different generation than their assigned preceptors. The majority of today’s university and college students belong to the Millennial Generation, while most preceptors are either Baby Boomers or Generation Xers. Within the discipline of nursing, values and expectations are often deeply rooted in traditions and customs of nursing practice and invariably as the younger generation brings new ideas to the practice setting, clashes between the



generations are occurring and these can be difficult to resolve (Minnis, 2004). Unfortunately, a less than positive perception of the younger generation is not a new phenomenon within the discipline of nursing and it is not at all uncommon to hear comments by the older generation of nurses about the lack of willingness of younger nurses to “pay their dues” (Weston, 2001, p. 157). The old adage that nurses ‘eat their young’ has been widely acknowledged by many within the profession (Farrell, 2001; Rowe & Sherlock, 2005; Thomas & Burk, 2009; Woelfle & McCaffrey, 2007). Farrell (2001) posits that the long tradition of hierarchical power structures has led to a culture of horizontal violence whereby young and less experienced nurses become the targets of victimization by older and more experienced nurses. It has also been noted that such “tension between nurses of different generations is not a mere nuisance; it permeates every aspect of nursing” (Santos & Cox, 2000, p. 11).

### **Problem and Significance**

Shifting generational values particularly in relation to work ethics have been described as one of the major sources of friction between the generations (Minnis, 2004). Given this context of generational tension and misunderstanding within nursing clinical practice settings, it follows then that developing an understanding of how generational differences affect the formation of the preceptor-student relationship and subsequently the overall success of the preceptorship experience is an important issue for nursing education. To that end, a study to explore the nature of the preceptorship experience, namely the lived experience of both preceptors and students, in this intergenerational context would

be very timely. Indeed it would be an important starting point if we, as nurse educators, hope to address the generational tension that may be occurring within preceptorship.

At best, limited research on the intergenerational context of the teaching/learning process in higher education has been conducted and in particular, no published studies have been carried out on preceptorship or field education in the intergenerational context. As a researcher, I posit that a phenomenological study would be highly beneficial not only in generating data that could enhance our generational understanding in the pedagogical context, but also to help foster a teaching/learning culture in the practice setting inclusive of divergent generational expectations. Phenomenology aims at discovering “what is this or that kind of experience like?” (van Manen, 1997, p. i). The goal is not to develop a substantive theory about a particular phenomenon for the purposes of control or prediction, but rather to develop plausible insight into a phenomenon of interest to the researcher and make this insight available to others who have a similar interest in the phenomenon (van Manen, 1997). The goal of the current study is to contribute in a precise and practical way to pedagogical nursing knowledge development, specifically in the area of preceptorship or field education.

Van Manen (1997) admonishes that, “as educators we must act responsibly in all our relations...with those to whom we stand in a pedagogical relationship” (p. 12). I suggest that promoting awareness and insight into generational diversity is an important role for nursing faculty. As they facilitate

the preceptorship experience, faculty must engage in dialogue with preceptors and students about generational differences in learning styles, working styles, and world views. Moreover, this type of dialogue is essential to fostering successful relationships between preceptors and students because it can serve to promote understanding and thereby eliminate some of the preconceived ideas which can often lead to conflict in the relationship (Earle & Myrick, 2009).

Intergenerational differences have the potential to impact on many aspects of nursing clinical practice such as productivity, communication, and behavior (Minnis, 2004) and it would seem reasonable to assume that a similar impact can be felt within the preceptorship experience.

An essential component of facilitating student learning is understanding the student. Preceptors need to be aware of the unique learning styles of today's students. As well, both preceptors and students should recognize and acknowledge any biases they may have about each other from the generational perspective. Intrinsic to the preceptorship experience is the development of a close working relationship between the preceptor and preceptee, and invariably this relationship can be influenced by generational differences (Earle & Myrick, 2009). Further research is needed to explore how this relationship is affected. The question of whether generational differences impact on role performance of the preceptor and student also warrants investigation.

As Raines (2003) notes, it is important to view generational characteristics and beliefs not as right or wrong, but as different. If and when conflict arises, viewing the situation through a generational lens allows us to examine whether

generational differences are impacting on the particular situation. If so, stimulating a dialogue about the need to value diversity can alleviate some of the frustration involved and lead to successful conflict resolution (Raines, 2003). Nursing faculty who are knowledgeable about generational diversity can play an important role in facilitating effective communication in the preceptorship experience (Earle & Myrick, 2009). As a clinical teaching/learning modality, preceptorship can potentially serve to create authentic connections between the generations and promote opportunities for closer working relationships between individuals of these generations.

In light of the limited literature regarding preceptorship in the intergenerational context, and given the generational diversity that exists in today's nursing practice settings, I believe that it is important to design future research studies, particularly qualitative, to promote understanding of the nature of the preceptorship experience in this context. Such research is highly significant for nursing education, moreover the findings from such studies could generate knowledge about the different generations and their influence in shaping the teaching/learning process in the practice setting. Furthermore, such research could potentially improve the educational preparation of nursing professionals and enrich the quality of the preceptorship experience. It is evident that research is also needed to establish a foundation for knowledge utilization/transfer regarding intergenerational diversity and the preceptorship or field experience in the professional disciplines which could subsequently foster a more facilitative teaching/learning environment.

### **Motivation**

As a researcher, my main area of interest relates to nursing pedagogy and more specifically, the preceptorship model of clinical teaching/learning. I am currently employed as an assistant professor in an undergraduate nursing program and have been teaching nursing for the past 12 years. Over the last six years, I have become intricately involved in nursing preceptorship as a clinical course coordinator and faculty advisor to both students and preceptors. It is fair to say that I became motivated to carry out this current study as a direct result of my personal experiences as an educator. In my role of course coordinator, I began to notice increasing instances of conflict and/or tension between students and preceptors and as a result I began to speculate about the causes of such tension. It was often difficult for me to delineate whether personality conflicts or generational clashpoints were at play. I started to delve into the literature on generational diversity in the workplace and educational settings and discovered a rich area for further research and knowledge development.

It was important initially to acknowledge my personal assumptions about the phenomenon of interest for this research study. In particular, I had to recognize that it was an underlying assumption of mine that a lack of understanding of generational differences leads to conflict in the preceptor - student relationship. I base this assumption on conversations I have had with both students and preceptors. My students have made comments that appear to indicate that they view older generations as task oriented and inflexible, while on the other hand, preceptors have frequently described today's students as being

unprepared for the realities of practice and not committed to nursing. Subsequently, I became keenly interested in exploring this topic in greater depth. My goal was to generate knowledge that could assist me in my role as a nursing faculty member and at the same time promote successful preceptorship experiences for both students and nurses. I set out to conduct a study that could potentially promote awareness of generational diversity and its impact on the formation of relationships in work and educational settings. When I began to review the literature on the intergenerational nature of preceptorship, I discovered that no research studies existed in this area, thus the need for the current study was substantiated.

It is important at the outset to identify my own position as a researcher and to reveal a little about my personal beliefs concerning the nature of reality, the relationship of the researcher to the known, as well as the rationale for my choice of phenomenology as the research methodology to generate knowledge for the current study. I draw from Guba's (1990) seminal work, *The Paradigm Dialog*, to lay the groundwork for my positionality as a researcher. Upon reflection, I believe that as a researcher, I fit best within the constructivist paradigm which is grounded by a relativist ontology; thus I believe that no one single definitive truth exists, but rather multiple realities of truth and/or knowledge are possible. Within the constructivist paradigm, the prevailing view is that realities are local and specific and are socially and experientially based on the individuals who hold them. Also of importance within this paradigm is a subjectivist epistemology wherein knowledge is said to be co-created between the inquirer and the

respondent. The researcher operating within this paradigm chooses methodologies that are hermeneutic and dialectical and the goal is to identify the variety of constructions that exist and bring them to as much consensus as possible. I believe that phenomenology is a good fit, not only for me as a researcher operating within a constructivist paradigm, but it also appeared to be the best fit for illuminating a hermeneutic interpretation of the phenomenon of interest for the current study, the preceptorship experience in the intergenerational context.

### **Overview of the Dissertation Manuscripts**

In this section I seek to provide a review and analysis of the four manuscripts which comprise this paper-based dissertation thesis. Each manuscript builds upon the previous one and reveals how the research process evolved throughout my doctoral program. The first manuscript is intended to be broad in scope and examines how the intergenerational context of higher education shapes (or as I argue, should shape) nursing pedagogy. The key issue highlighted is the need for nurse educators to engage in a critical discourse regarding their responsiveness to the unique learning styles of the Millennial Generation of learners. An overview of the characteristics of the four generations (Veterans, Baby Boomers, Generation X, and Millennials) is provided to set the stage for examining nursing pedagogy through a generational lens. The importance of evidenced-based practice is also discussed in relation to nursing pedagogy and specific strategies are explored to accommodate Millennial learners. Overall, I felt it necessary to begin my research process with this type of

general examination of nursing pedagogy through a generational lens before proceeding to the more specific area of interest, that being the preceptorship model of clinical teaching/learning.

My second step was to undertake a comprehensive review of the literature to explore the state of knowledge related to preceptorship in the intergenerational context and during this review I was surprised to find that no studies had been conducted on this specific topic. I was however able to locate research and theoretical papers in broader, yet relevant areas such as: the intergenerational nursing workforce, recruitment and retention within an intergenerational workforce, and mentoring within an intergenerational nursing workforce and these specific topic areas are explored in the integrative review manuscript in Chapter 3. The integrative review methodology of Whitemore and Knafl (2005) was utilized as a guide. A detailed description of this framework is presented in the manuscript along with the inclusion criteria, search strategy, and guiding questions for the review. While the research articles were the focus of the manuscript, it is important to acknowledge that the search strategy revealed a total of 80 theoretical papers and 18 research articles, indicating that interest in the intergenerational context of workplaces and educational settings is certainly growing. The low number of research studies identified provides the impetus for future research in this area.

The third manuscript further reveals the evolution of my research process throughout my doctoral program and in this paper I undertake a critical examination of phenomenology as a research methodology for nursing. After



reviewing the state of knowledge on my area of interest, it became necessary to choose the most appropriate research methodology to conduct the research project. I posit that phenomenology is a good fit for the current study as my goal was to develop plausible insight into a phenomenon of interest (the preceptorship experience) within a very specific context, the intergenerational nursing clinical practice setting. It was also my aim to make this insight available to others who have a similar interest in this phenomenon. In the third manuscript I review the criticisms of nursing's use of phenomenology and provide a response to the criticism. I also offer an historical analysis of the philosophical underpinnings of phenomenology and then provide a synopsis of van Manen's (1997) particular approach to phenomenology. In my view, van Manen provides essential guidance to researchers wishing to employ the phenomenological methodology and it is his approach that I believed was the best fit for my research project.

In the fourth and final manuscript of this dissertation thesis I present the findings of my phenomenological research project and as such this manuscript represents the culmination of my research process. In this manuscript I seek to provide a rich, deep interpretation of the participants' experiences and present the three essential themes which form the structure of their experience. The themes are as follows: *being affirmed*, and *being challenged*, along a *pedagogical journey*. Each of these themes consists of a number of subthemes which are explored in detail and are supported by direct quotes from the research data.

## Conclusion

This chapter serves to set the stage, so to speak, for the remaining chapters of this paper-based dissertation thesis. I have provided relevant background information and highlighted the significance of the current research study, *The Preceptorship Experience in the Intergenerational Context*. I have also outlined the development of my own motivation to conduct this study. An overview of the manuscripts is presented to reveal the manner in which they fit together to illuminate my research process through my doctoral program. I believe that the findings of this study are relevant for nurse educators, nursing students as well as practising nurses as they seek to negotiate the teaching/learning process in preceptorship. My own knowledge and awareness of generational diversity has grown immensely and through further dissemination of the research findings I hope to make an original contribution to nursing knowledge development in this area.

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**CHAPTER 2:**  
**NURSING PEDAGOGY AND THE INTERGENERATIONAL**  
**DISCOURSE**

**Abstract**

In this article we examine the effects of intergenerational diversity on pedagogical practice in nursing education and highlight the need for nurse educators to engage in a critical discourse regarding the adequacy of current pedagogy in fostering an ethos that can optimize the teaching-learning process and promote ongoing learning for the future. It is evident that further research is needed to promote awareness and understanding of the expectations of today's students and to reform nursing pedagogy to accommodate the current generation of learners in colleges and universities. In this article, the context of intergenerational diversity is explored, the importance of evidenced-based practice is reinforced, and current nursing pedagogy is examined, with the intention to stimulate a philosophical discourse among nurse educators regarding fundamental values and beliefs about pedagogical practice.

*A version of this chapter has been published. \*Earle, V. & Myrick, F. 2009. Journal of Nursing Education. 48: 624-630*

***\*Note: First author's name changed from Earle to Foley in July 2010.***

Today's university and college classrooms represent several generations of students and usually faculty members from a different generation. The average age of students graduating from nursing colleges and universities across Canada is 24.2 (Canadian Institute for Health Information, 2006). This current generation of learners (those born between 1980 and 2000) are referred to in the literature as either *the Net Generation*, *Nexters*, *Generation Y*, or *the Millennial Generation* (Howe & Strauss, 2000; Raines, 2003). The majority of nursing faculty tend to fall into the Baby Boomer generation and to a lesser extent, Generation X (Johnson & Romanello, 2005). It is important to note that each generation brings its own values, worldview, and ideals to the classroom or clinical setting and thus, the promotion of awareness and understanding of intergenerational diversity is an important aspect of pedagogical practice in nursing education (Billings & Kowalski, 2004). The purpose of this article is to examine the intergenerational diversity in today's educational setting to encourage nurse educators to engage in a critical discourse regarding the adequacy of current pedagogy in fostering an ethos that can optimize the teaching-learning process and promote ongoing learning for the future.

### **The Generational Lens**

It is recognized that all generations are shaped by spiritual, ethnic, and family influences, together with key life events or societal circumstances. Each generation is also bound together by memories, language, habits, beliefs, and life lessons, all of which contribute to our individual ways of thinking and affect the teaching-learning process. Therefore, a generational lens allows us to examine

shared experiences and similarities within generations. A generational lens promotes insight and awareness into generational diversity, which may lead to new approaches or changes in behavior that create cohesiveness in the workplace setting (Raines, 2003) and further serves to elucidate our understanding of how different learning strategies can optimize generational teaching and learning.

Strauss and Howe (1991) have extensively studied and described the characteristics and values of the four generations present in today's workplaces and educational settings, including the Veteran Generation (1922-1945), the Baby Boomer Generation (1945-1960), Generation X (1960-1980), and the Millennial Generation (1980-2000). The Veteran Generation includes the children of the great Depression and World War II who went on to build the entire infrastructure of the modern world. This generation manufactured the atomic bomb, landed men on the moon, and eradicated common diseases. Most have lived financially stable lives and are now retired from their careers. They lived in an era when newspapers and radio were the dominant forms of public communication, there was limited use of the telephone, and shopping was limited to local community stores. Although technology was less prominent throughout this generation's particular trajectory, the written word tended to prevail, thereby promoting a generation of avid readers. Children of this generation were expected to obey their parents, teachers, and other authority figures, and as a result they have a strong work ethic and value loyalty (Hatfield, 2002; Strauss & Howe, 1991; Zemke, Raines, & Filipczak, 2000).

The Baby Boomer generation, to which most nursing faculty currently belong, has been described in the literature as competitive, driven, and dedicated (Johnson & Romanello, 2005; Strauss & Howe, 1991). They grew up during a time of extreme optimism, opportunity, and progress resulting in such core values as personal gratification, health and wellness, work, and involvement. As a group, they have been described as rebellious because they tend to question authority. They have also been described as the “me” generation due to emphasis on freedom and the belief that they can change the world. They strive to change the status quo through team work (Lancaster & Stillman, 2002). As students, they expected caring educational environments and were dependent on teachers to provide the essential information. They were able to function without many of the current technologies available to Millennials and as a result, they view technology as nice to have but nonessential (Mangold, 2007).

Generation Xers have been identified as the greatest entrepreneurial generation. They grew up with weakening school systems and broken marriages, and as they move into midlife they will likely remain estranged, disaffected, and pragmatic; however, they will continue to be successful at pushing innovation, efficiency, and mass customization (Howe & Strauss, 2007b). Individuals of this generation have been referred to as latch-key children because many grew up in families in which both parents worked and, as a result, they have become highly independent adults who frequently challenge authority. They are technologically literate; however, they are not as tech savvy as the Millennial Generation. They



have also been described as concrete thinkers who seek a balanced lifestyle in terms of work and leisure time (Raines, 2003; Sacks, 1996).

Howe and Strauss (2000, 2007a) have focused their research primarily on the Millennial Generation and have labeled this group as “the next great generation” (Howe & Strauss, 2000, p. 3). They list seven unique traits of this group - special, sheltered, confident, team oriented, achieving, pressured, and conventional. In addition, they describe Millennials as the best-educated and best behaved generation. They state that as adults, Millennials will seek to maintain close family relationships, value teamwork and job security, and experience an insipid popular culture. Comparing Millennials to the Baby Boomers, Howe and Strauss (2000) stated:

Boomers started out as the objects of loosening child standards in an era of conformist adults. Millennials are starting out as the objects of tightening child standards in an era of non-conformists [*sic*] adults. (p. 46)

There is no doubt that the majority of students in today’s university and college classrooms belong to the technologically savvy Millennial Generation. These learners are described as assertive, optimistic, self-reliant, and inquisitive. They expect and appreciate the use of technology in learning environments, prefer experiential learning, enjoy opportunities for collaboration, and expect immediate and respectful feedback (Clausing, Kurtz, Prendeville, & Walt, 2003; DiGilio & Lynn-Nelson, 2004; Howe & Strauss, 2000; Johnson & Romanello, 2005; Neuman, 2006; Skiba & Barton, 2006; Wieck, 2005).

It is evident that through their attitudes and behaviors, Baby Boomers, Generation Xers, and Millennials will continue to play crucial roles in society

regarding the economy, workplaces, and social institutions such as universities and colleges well into the future (Howe & Strauss, 2007b). Today's university and college classrooms represent all three of these generations, and the prevailing discourse must focus on how to account for intergenerational diversity when planning pedagogical approaches. Oblinger (2003) notes that this is one of the greatest challenges for today's educators.

### **Evidenced-Based Practice and Intergenerational Diversity**

There is a growing body of literature on the topic of the intergenerational workplace that highlights the importance of adapting to and valuing generational differences to promote cohesion in the workplace (Apostolidis & Polifroni, 2006; Arsenault, 2004; Ferres, Travaglione, & Firms, 2003; Hu, Herrick, & Hodgins, 2004; Kunreuther, 2003; Palese, Pantali, & Saiani, 2006; Santos & Cox, 2000; Sirias, Karp, & Brotherton, 2007; Weston, 2006). The current reality in most workplaces is that there are four generations of employees working together, and often employees of different generations do not share the same work ethic or expectations. Promoting awareness and insight into generational differences can help create a dynamic work culture that values diversity and avoids unnecessary stress, discomfort, conflict, and frustration (Boychuk Duchscher & Cowin, 2004; Calhoun & Strasser, 2005; Martin, 2004; Swearingen & Liberman, 2004; Weston, 2001). Creating a work environment in which older and younger nurses feel respected and valued can be challenging, but when diversity is explored, coworkers can begin to understand each other and celebrate their differences

(Goldman & Schmalz, 2006; Kupperschmidt, 2006; Santos & Cox, 2002; Sherman, 2006; Stuenkel, Cohen, & de la Cuesta, 2005; Wieck, 2005).

A study that highlighted the unique learning styles of today's generation of students was conducted at the University of Rochester in New York. The purpose was to examine students' study and research practices and explore their library-related needs. As the study progressed, George (2007) noted that the researchers became more aware of generational differences between themselves and their students. The attributes of students in this study were consistent with the descriptions of Millennial learners noted in the literature. In particular, the students in this study were noted to have close relationships with their parents, they were comfortable with new and ever-changing technologies being integrated into their academic and social lives, they were oriented toward their peer group, and they preferred to work in teams. George (2007) stated that although today's students rely heavily on technology:

It does not define their lives.... It has freed today's students from many of the physical constraints that limited earlier generations. (p. 68)

Some evidence exists in the literature that student and faculty learning styles and preferences have been studied (Canadian Nursing Informatics Association, n.d.; Walker et al., 2006; Wieck, Prydun, & Walsh, 2002); however, the generational differences have not been explored extensively. Walker et al. (2006) conducted a study to specifically examine differences between nursing students of Generations X and Y regarding their preferences for teaching methods. The findings reveal no significant differences between the two generations of students. However, they indicated that both groups reported a

preference for lectures, compared with group work or Web-based learning. Both groups also reported that they do not prefer group work unless it follows material that is particularly difficult. Of note, the groups reported low levels of preference for completely Web-based or Web-enhanced coursework. Despite the technological skills of Generations X and Y, the students in this study preferred face-to-face, traditional educational experiences. These findings are not supported in the literature and thus, further investigation is warranted. The study was conducted at one school of nursing in the southern United States. A small sample size was used ( $n = 134$ ); therefore, repeated use of the descriptive survey within other schools of nursing and other educational settings would make a significant contribution to further understanding the learning styles and preferences of today's nursing students.

Currently, there has been limited research conducted on the generational differences between nursing students and faculty and the effects of these differences. However, a study by Wieck et al. (2002) examined the factors that students seek and expect from nursing faculty and compared their perceptions with the expectations of the nursing faculty. The results reveal that students want faculty to be approachable, receptive to people and their ideas, and good communicators. Students also want faculty to be professional, supportive, and understanding. Of note, faculty report that they believed competence was the trait that students sought the most in their instructors; however, the students did not list this trait. Other traits such as advocate, caring, and positive were listed by faculty but were ignored by students. Two traits listed by students and not mentioned by

faculty were supportive and motivates others. This study indicates that there is a disconnection between the educational values of students and faculty and thereby raises further awareness of the need to examine these intergenerational differences.

Regarding faculty preparation, little evidence exists in the literature that Generation X and Baby Boomer faculty are knowledgeable about the implications of intergenerational diversity on pedagogical practice. Even less evidence exists that faculty are knowledgeable about how to implement innovative changes to accommodate the learning preferences of today's students. One national study examined undergraduate nursing informatics education and explored the opportunities and needs for enhancing nursing curricula, preparation of faculty, technology infrastructure, and support in Canadian Schools of Nursing (Canadian Nursing Informatics Association, n.d.). The results reveal that there is wide variability in the use of educational information technology and that overall, the resources are inadequate. In addition, the study indicates that to build capacity and promote innovative changes to nursing curricula, ongoing education for faculty in this area is needed.

Further studies are required to explore the implications of intergenerational diversity on pedagogical practice in higher education. Evidenced-based practice is important not only in clinical nursing practice, but also in nursing education. Diekelmann and Ironside (2002) posit that it is vital for nurse educators to continue efforts to develop the science of nursing education so the effectiveness and the meaningfulness of pedagogical reform are well

substantiated. Diekelmann and Ironside also note that building the science of nursing education through innovation and reform will provide the foundation for creating and maintaining partnerships between nursing education and service. Given the global nursing shortage, efforts are needed to attract Millennial students into the nursing profession and to retain them once they enter the nursing workforce. Further research is needed to examine the learning styles and motivational factors of this generation (Mangold, 2007; Sadler, 2003; Wieck et al., 2002).

### **Nursing Pedagogy and Accommodation of Millennial Learners**

Understanding generational diversity and, in particular, the unique learning styles of Millennials has important implications for nursing education. Knowledge development in this area is necessary for nurse educators to plan pedagogical practices that are responsive to the preferences of today's learners. *Pedagogy* refers to the nature of knowledge and how it is constructed in situations created by students and teachers. It includes a focus on what is taught and how it is taught (Diekelmann, Nosek, & Schuster, 1998). Pedagogy can also be seen as a function of faculty's experiences as learners and instructors, their personal and disciplinary style, and constraints of their instructional environment (McGee & Diaz, 2007).

A fundamental element of pedagogical practice is understanding the learning styles and preferences of students. More than ever, there is an imperative for pedagogical practice to be evidenced based. However, the research literature in higher education reveals that few studies focus on improving teaching methods

(Moore, Fowler, & Watson, 2007). Nursing education today is based on the philosophical belief that to instill a caring attitude in the next generation of nurses, they must be cared for in the classroom and clinical settings in which they learn (Wittmann-Price, 2007). From a philosophical stance, it is important for nurse educators to engage in a discourse about whether contemporary pedagogical practices are meeting the needs of today's students. A key element of caring about students is to understand them and how they learn. The actions of nurse educators are based on their underlying assumptions about how nursing education should be, how they should act, and what is important in teaching (Chinn, 2007). Nurse educators must ask themselves whether they are truly being responsive to students or, on the contrary, they are continuing to teach the way they were taught. According to Moore et al. (2007), it is critical for faculty to realize that:

For today's students to acquire complex problem solving, critically reflexive analytical thinking, and succinct communication skills in appropriately technology-assisted contexts, the faculty will have to approach teaching differently. (p. 46)

The National League for Nursing (2003) strongly recommends that the nursing profession promote "the true spirit of innovation and overhaul traditional pedagogies to reform the way the nursing workforce is educated" (p. 2). They state that this process can be accomplished only through the use of new pedagogies that are effective in helping students learn to practice in rapidly changing health care environments. Efforts to reform pedagogical practice then must take into account the generational learning styles and preferences and must also consider the rapidly changing nursing practice environments. The National League for Nursing is calling on educators to develop partnerships within nursing

practice to think beyond traditional curricular approaches and explore new possibilities for preparing future generations of nurses.

A task force from the Canadian Association of Schools of Nursing Task Force on Clinical/Practice Education (2003) undertook a survey of member schools to identify issues and barriers to innovative approaches to clinical education in nursing. Several challenges were identified that related to the responsibility for educating increasing numbers of students in a rapidly changing practice environment, including:

- Ensuring sufficient qualified educators and preceptors.
- Expanding the opportunities for appropriate practice experiences.
- Securing funding and infrastructure support.

The survey also reveals that Canadian schools of nursing are responsive to changing demographics and health care restructuring by seeking practice experiences in diverse or non-traditional settings. As a result, nursing programs are developing innovative models of clinical teaching. Although these innovative approaches are not directly related to accommodating Millennial learners, changes such as fast-track program options, increased opportunities for interprofessional collaboration, and the increased use of human-patient simulators in nursing skills laboratories are some of the innovative pedagogical changes that are likely to be viewed in a positive light by the current generation of nursing students.

Nurse educators must be prepared and committed to identifying ways to make innovative changes to their current pedagogical approaches. However, the reality is that today's college and university settings do not always promote or encourage such pedagogical reform by educators. McGee and Diaz (2007)



identify several challenges faced by today's educators regarding implementing technologic changes. First, there is the issue of the time associated with the adoption of new technologies. Many faculty prefer to use a one-at-a-time approach and then want to evaluate whether positive results were achieved in teaching and learning. Given the speed at which new technological innovations are emerging and the time associated with learning about these innovations, there is a constant delay in implementation of new technologies. Second, the lack of integrated technological tools in many educational institutions creates a problem. For example, a new course management system may be available to faculty; however, unless it is centrally integrated, the new course management system would result in an additional time investment by faculty. Third, the lack of institutional commitment to incorporating technological innovation continues to be a major challenge for educators (McGee & Diaz, 2007; Moore et al., 2007; Neuman, 2006). Fourth, changing student expectations is another issue and faculty members often struggle to identify and implement the appropriate tools to best meet the needs of today's learners (McGee & Diaz, 2007). Nursing education today has enormous potential for innovation and reform; however, key questions such as how to apply the appropriate technology to the delivery of education and how to change ways of thinking so nursing education is moved far beyond the information age must be closely examined (Neuman, 2006).

Despite the incorporation of new technologies, Bellack (2008) notes that another challenge in nursing education centers around the fact that we have used technology primarily to change the format of what we deliver to students, as

opposed to shifting our thinking to pedagogical reform. Bellack (2008) writes that nursing education remains “teaching heavy” and “learning light” (p. 439) and we continue to promote the notion of the teacher as expert, not only in content, but also in how to best deliver that content to students. Bellack (2008) urges nurse educators to “move out of our comfort zones, overcome our fears and resistance to change, and adopt a mental model in which we become more active partners in learning with our students and they with us” (p. 439).

There are multiple suggestions in the literature for accommodating Millennial learners as active participants in the teaching/learning process. To keep up with the technological skill of these learners, the use of simulators in nursing education is one way to promote learning as fun, interactive, and collaborative (Pardue & Morgan, 2008). Human patient simulators have been extensively used in medical education for more than 25 years. However, in nursing education, they have been on the scene for approximately only one decade (Nehring & Lashley, 2004). From a pedagogical stance, simulation provides educators with the opportunity to replicate real clinical situations and allows students the opportunity for further reflection and exploration of alternative strategies to manage particular situations (Lupien, 2007). Simulation can also be used as a tool for educators in assessing student competency in the application of knowledge and psychomotor skills. Simulator use allows students to actively work through clinical situations and problems and to receive immediate feedback about their performance. Learning takes place in a safe educational environment and students are able to experiment without risk to patients or the consequences of failure (Bradshaw &

Lowenstein, 2007; Joel, 2007). With the increasing difficulty that schools of nursing are experiencing regarding securing clinical placements, the use of simulators in nursing skills laboratories is one way to supplement students' learning when clinical opportunities are limited (Canadian Association of Schools of Nursing Task Force on Clinical/ Practice Education, 2003).

In addition to simulation, the use of games is also recommended as a pedagogical practice that relates well to the style of Millennial learners. Jaffe (2007) notes that a plethora of literature is available on using games as an active learning strategy in the classroom or clinical setting. She states that the novelty and experiential nature of games along with the use of innovation in the development of this teaching tool can be one way to maintain the interest and attention of today's learners. Instructional games can be used to motivate students, reinforce skills, and foster collaboration among students. The challenge for nursing education is to construct games and simulations that will convey nursing content and, at the same time, recruit Millennial students into the nursing profession (Neuman, 2006).

Of note, accommodating Millennial learners does not only relate to making the most of available technology, but also involves a shift in thinking about traditional pedagogical approaches (Russell et al., 2008). Traditional dialectical classroom practices such as small group sessions appeal to Millennial learners because of the interactive nature of discussion and team-building opportunities. Russell et al. (2008) describe one innovative way of incorporating

traditional dialectical approaches (i.e., group work) while at the same time creating an engaging, student-centered, constructivist activity. The authors note that despite the technological savvy of the Millennial Generation, these students face challenges in accessing and evaluating information found in online scholarly databases. To address this issue, the authors incorporated the use of WebQuests, which encouraged students to participate in the discovery and creation of knowledge regarding information literacy competencies. According to Dodge (2001), WebQuests are considered to be inquiry-oriented activities in which most or all of the information used by learners is found on the Internet and the focus is meant to be using the information rather than simply locating it. WebQuests are intended to promote high-level thinking and problem solving skills at the level of analysis, synthesis, and evaluation. WebQuests can be viewed as one approach to reforming traditional pedagogical practice through innovation and creative thinking.

One example of a traditional participatory pedagogy in nursing education that would likely appeal to Millennial learners is the preceptorship model of clinical education. Preceptorship has long been considered a vital approach to clinical teaching (Myrick & Yonge, 2003) and in that context, nurse preceptors are consistently assigned to students of a different generation. In the literature it has been noted that Millennial nursing students enjoy being mentored by older generations (Mangold, 2007); therefore, pairing a Millennial student with a Generation X or Baby Boomer nurse preceptor would seem to be a good fit for clinical experiences. To facilitate the preceptorship experience, it is important for

nursing faculty members to be knowledgeable about generational diversity and engage in dialogue with preceptors and students about generational differences in learning styles, working styles, and worldviews. Such dialogue can foster successful relationships between preceptors and students by promoting understanding and awareness and eliminating preconceived ideas that can often lead to conflict in the relationship. Recognizing and examining biases of one generation toward another and learning to identify and build on strengths has been reported to be the most successful strategy in avoiding intergenerational conflict in the workplace environment (Raines, 2003). When conflict arises, there is a need to be able to view the situation through a generational lens and to examine whether generational differences are affecting the particular situation. If so, stimulating a dialogue about the need to value diversity can alleviate some of the frustration involved and lead to successful conflict resolution (Raines, 2003). Nursing faculty play a vital role in promoting successful intergenerational relationships in the traditional preceptorship model of clinical education.

### **Conclusion**

Nursing faculty, and indeed faculty from all disciplines, must further investigate how to accommodate the learning styles of today's students when planning pedagogical practices. Although some work is being conducted in this area, there still remains a lack of research on generational differences and how to promote cohesion both in the educational settings and in workplaces. Traditional teaching strategies are no longer effective with the Millennial Generation of learners. Prensky (2001) stated: "today's students are no longer the people that

our educational system was designed to teach” (p. 1). One thing that is clear is the need to “value, adapt to, and enjoy the differences” (Goldman & Schmalz, 2006, p. 159). Given the global nursing shortage and the need to attract the younger generation into nursing, it is currently even more crucial for nursing education to be receptive to the values of the current generation of learners who will continue to challenge the status quo. Through critical examination and discourse, nurse educators can discover and ultimately generate new ways to incorporate knowledge of intergenerational diversity into their pedagogical practice and thereby improve the quality of the educational process for students.

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### CHAPTER 3:

## PRECEPTORSHIP IN THE INTERGENERATIONAL CONTEXT: AN INTEGRATIVE REVIEW OF THE LITERATURE

### Abstract

Preceptorship is a teaching/learning method used in many undergraduate nursing programs whereby learners are individually assigned to expert practitioners in the clinical setting. Today's workplace settings encompass four generations working together and often these generations do not share the same work ethic or expectations. Given this generational diversity, increased knowledge and awareness of the intergenerational context of the preceptorship experience is both an important and timely topic for nursing education. The purpose of this paper is to discuss an integrative review of the literature using the methodology of Whitemore and Knafl (2005). The computerized databases of Cumulative Index of Nursing and Allied Health (CINAHL), PubMed, ProQuest Education, Education Resources Information Center (ERIC), and Excerpta Medica Database (EMBASE) were used to generate relevant literature. The sample consisted of 98 articles; 18 being research and 80 theoretical. Given the large sample size, the authors focus on summarizing the research literature in this paper. This review calls attention to the need for further research into generational diversity and its influence on the preceptorship experience. It also highlights the limited research that currently exists on the topic of the intergenerational nursing workforce. Implications for nursing education and clinical practice are also discussed.

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***\*Note: First author's name changed from Earle to Foley in July 2010.***

Preceptorship is a teaching/learning approach in which students are individually assigned to experienced professionals who are immediately available to them as they engage in professional practice (Kaviani & Stillwell, 2000). Today's nursing practice settings are comprised of four distinct generations who often do not share the same work ethic or teaching/learning expectations. Frequently, students are of a different generation than their assigned preceptors. The four generations include: Veterans (1922-1945); Baby Boomers (1945-1960); Generation X (1960-1980); and the Millennials (1980-2000) (Strauss & Howe, 1991). Each generation inheres its own values, worldview, and ideals regarding the teaching learning process (Billings & Kowalski, 2004), thus the need for greater understanding of intergenerational diversity and its influence on the preceptorship experience.

Given the generational diversity evident in today's nursing practice settings, promoting understanding and awareness of the intergenerational context of the preceptorship experience is both an important and timely topic for nursing education. The purpose of this paper is to discuss an integrative review of the literature on this particular topic using the methodology of Whittemore and Knafl (2005). Developing an account of past research is necessary in order to guide future research and promote further knowledge development (Cooper, 1998). The primary objectives of this integrative review are threefold: (1) to examine current and previous research and theoretical literature; (2) to highlight important considerations previously unexplored in the literature; and (3) to explore the

future direction of research regarding preceptorship and the intergenerational practice setting and nursing implications.

### **Description of the Framework**

The updated integrative review methodology described by Whittemore and Knafl (2005) was employed as a guide to complete this review. An integrative review of the literature is a specific type of literature review method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular topic or phenomenon (Whittemore & Knafl, 2005). Integrative reviews consist of a wide range of goals that include: defining concepts, reviewing theories, reviewing evidence, and analyzing methodological issues (Broome, 1993). This method provides the broadest type of research review as it is derived from both theoretical as well as empirical literature (Whittemore & Knafl, 2005).

Whittemore and Knafl have distinguished the integrative review method from other types of reviews and have proposed specific methodological strategies to enhance its rigor, particularly with respect to data analysis and synthesis. To that end, they have based their framework on the process of Cooper (1998) for conducting a research review however, the authors offer a modified version that seeks to address the issues specific to integrative reviews. They note that Cooper's framework mainly relates to systematic reviews and meta-analyses and posit that this updated integrative review method "has the potential to allow for diverse primary research methods to become a greater part of evidence-based practice initiatives" (1998, p. 547).

Whittemore and Knafl (2005) outline five steps in the process of an integrative literature review as follows: (1) problem identification, (2) literature search, (3) data evaluation, (4) data analysis, and (5) presentation. The authors suggest that a clear statement of the problem and review purpose is necessary given the broad scope of integrative reviews. They also recommend that the literature search process be clearly documented in the Methods section including a discussion of search strategies as well as inclusion and exclusion criteria for determining primary relevant sources. In the data evaluation step, the authors note that the quality of primary sources must be considered and criteria for determining quality must be discussed. They acknowledge that no ‘gold standard’ exists for evaluating quality however examination of factors such as the authenticity, methodological quality, informational value, and representativeness of the primary sources should be considered and discussed in the review. Whittemore and Knafl point out that strategies for data analysis are the least developed aspect of the process. In relation to the data analysis phase, Whittemore and Knafl describe guidelines for data reduction, data display, data comparison, and verification. In data reduction, the primary sources are divided into subgroups according to some logical system and the data are then presented in an organized format.

## **Methods**

### ***Inclusion Criteria***

Papers related to preceptorship in the intergenerational context were the primary focus of this review. However, in light of the confusion and blurring



noted in the literature regarding the terms preceptorship and mentorship (Yonge et al., 2007), the authors thought it necessary to include both terms in the search for relevant literature for this review, while recognizing the intrinsic differences of these terms. The review was limited to articles published within the last 10 years (1998-2008).

### ***Guiding Questions***

A number of guiding questions were developed to provide structure to this integrative review. These included: (1) What is the present state of the literature regarding the preceptorship experience within an intergenerational context? (2) Specifically, what is the previous research / theoretical literature related to this topic? (3) What important considerations have not as of yet been explored in the research to date? (4) What is the potential for future research regarding preceptorship and the intergenerational workplace setting and its relevance for the teaching/learning process in nursing education?

### ***Search Strategy***

Relevant literature for this integrative review was located by searching the following computerized databases: CINAHL, PubMed, ProQuest Education, ERIC, and EMBASE. In addition, manual searching of journals and sourcing of secondary references extended the search. The key words used for searching were: *intergenerational, multigenerational, generation, nursing workplace, work environment, work setting, preceptorship, mentorship, apprenticeship, field education, and field practice*. Hand searching through journals and sourcing of secondary references extended the search by an additional 14 articles. The final

sample consisted of 98 articles; 18 being research and 80 theoretical. Given this large sample size, the authors have chosen to focus on presenting the research literature in this paper.

## **Data Analysis**

### ***Empirical Data***

It is evident from this literature review that the topic of preceptorship in the context of the intergenerational practice setting has not been examined previously. In fact, a limited amount of research has been carried out on the topic of the intergenerational nursing workforce. Only 18 research articles were located. The majority of these studies used quantitative methods. Eleven of the studies were descriptive, four were qualitative, and three employed mixed methods. Once the research papers were grouped and analyzed for content, at least three themes became apparent. These included: *the intergenerational nursing workforce, recruitment and retention within an intergenerational workforce, and mentoring within an intergenerational nursing workforce*. See tables 1.1, 1.2, and 1.3 for detailed descriptions of the studies within each theme.

***The intergenerational nursing workforce.*** A number of similar findings were noted in the studies within this theme. It is clearly evident that younger nurses and older nurses have different perceptions of their work environment. In the study by Hu et al. (2004), generational differences were noted for several variables: perceptions about retirement, using computer technology, positive and negative attributes / characteristics of their generation, attitudes toward authority, type and timing of work related feedback, and work commitment. Palese et al.

(2006) also noted generational differences in relation to work commitment however the most prominent generation gap existed between the younger nurses and the chief nurses and not among the nurses themselves. The chief leaders, who were all Baby Boomers or Gen Xers, reported that they were not able to understand the expectations of the younger nurses. They described these young nurses as 'nomads' who they perceive to have a lack of commitment and emotional involvement with the organization. On a positive note, the chief nurses commented on the progressive views of the younger nurses with respect to nursing values, ideals, and visions.

Similarly, Blythe et al. (2008) explored differences among age cohorts of nurses in three Canadian hospitals with regard to work preferences and attitudes and found significant differences among the age cohorts. In particular, older nurses tended to be more committed to the workplace, experienced more job satisfaction, and were less emotionally exhausted than the younger nurses. Another important finding was the moderate quality of work-life experienced by the participants overall. The researchers point out that the findings must be considered in relation to the overall context of the health care environment and suggest that changes in the last decade, such as restructuring, likely impacted on the findings.

Stuenkel et al. (2005) also investigated staff nurse perceptions of the work environment among a multigenerational nursing workforce, however, findings of this study were contrary to those described above. The results showed no significant differences between the two groups on the subscales measuring peer

cohesion, work pressure, clarity, control, and physical comfort, however there were significant differences noted in other subscales. Notably, the Gen Xers perceived a higher level of involvement in their work environment indicating a higher level of connection and commitment to the organization than the Boomers. In addition, Gen Xers scored higher than Boomers on three other subscales: autonomy, task orientation, and innovation measures, indicating a more positive perception of the overall work environment. A study by McNeese-Smith and Crook (2003) lends support to the finding that there is little difference between generations of nurses with respect to perceptions of the work environment. These authors examined the extent to which values are associated with other variables such as age group and job stage, job satisfaction, productivity, and organizational commitment, as well as education, generation, ethnicity, gender, and role. The findings indicated that nurses of different generations differed little on the variables measured however younger nurses placed higher value on economic returns and variety.

Negative attitudes toward the younger generation of nurses were noted in at least two studies (Palese et al., 2006; Santos & Cox, 2000). In the study by Santos and Cox, Baby Boomers described Gen Xers as self-absorbed, arrogant slackers who lack commitment to their jobs. In contrast, the Gen Xers did not report such negative impressions of their older counterparts. They expressed serious commitment to the nursing profession and considered their desire to move from one organization or one area to another as a way to strengthen their professional development and skill set, and not as a lack of job commitment. Gen

Xers have often been referred to as the ‘latchkey’ generation and they responded to the Boomer comments about their arrogance by explaining their need to be self-reliant as they have had to be throughout their lifetime (Santos & Cox, 2000).

Interventions to address these generational issues were planned for a second phase of the project.

<b>Table 1.1 - Summary of Research Studies</b> <b>Theme 1: The Intergenerational Nursing Workforce</b>				
<b>Authors, Date, Location</b>	<b>Purpose</b>	<b>Sample</b>	<b>Design</b>	<b>Findings</b>
Blythe et al. (2008) Canada	Explore differences among age cohorts of nurses in relation to work perception	N=1396	Mixed methods: survey & focus groups	Older nurses were more committed to the workplace, had higher job satisfaction, & were less emotionally exhausted than younger nurses. Moderate quality of work-life was experienced by the participants overall. Younger nurses received insufficient mentoring causing stress & attrition within the workforce.
Lavoie-Tremblay et al. (2008) Canada	Examine dimensions of the psychosocial work environment that influence the psychological health of new-generation nurses	N=309	Correlational descriptive	43.4% of new nurses reported high levels of psychological distress & were more likely to perceive imbalance between effort expended & rewards received, low decisional latitude, high psychological demands, high job strain, & low social support from colleagues & superiors.
Widger et al. (2007) Canada	Explore similarities & differences of 3 generations of acute care hospital RNs & RPNs	N=8207	Descriptive	Baby Boomers were generally more satisfied with their jobs than Gen Xers or Gen Y & Gen Y nurses reported the highest level of burnout.
Palese, Pantalì, & Saiani (2006) Italy	Explore the experiences of chief nurses in their daily management of multigenerational nursing teams with differing qualifications	N=10	Phenomenology	Five main areas of concern emerged: generation gaps between peers & team leaders; nomadism vs. being settled; conflicting methods of working; differing nursing values, ideals, & visions; existing generation gaps with the younger staff.
Stuenkel, Cohen, & de la Cuesta (2005) USA	Investigate staff nurse perceptions of the work environment among a multigenerational workforce	N=272	Descriptive	Gen Xers scored higher than Boomers on 3 subscales: autonomy, task orientation, & innovation measures, indicating a more positive perception of the overall work environment. Gen Xers also perceived a higher level of involvement in the work environment.
Hu, Herrick, & Hodgins (2004) USA	Examine nursing staff perceptions of their generational profiles, communication styles, & significance of tasks	N=62	Descriptive	Generational differences were noted for several variables: perceptions about retirement, using computer technology, positive & negative attributes & characteristics of their generation, attitudes toward authority, type & timing of work related feedback, & work commitment.
McNeese-Smith & Crook (2003) USA	To examine nursing values in relation to: age & job stage; job satisfaction, productivity & organizational commitment; education, ethnicity, gender & role.	N=412	Descriptive	Nurses in the top 3 <sup>rd</sup> for job satisfaction, organizational commitment, & productivity showed higher scores for values about their associates, creativity, esthetics, & management. Those in the bottom 3 <sup>rd</sup> scored higher in economic returns only. Nurses in different generations differed little; younger generations placed higher value on economic returns & variety.
Santos & Cox (2000) USA	Explore factors influencing occupational adjustment related to workplace stress among 3 generations of nurses	N=413	Mixed methods: survey & focus groups	Differences in work adjustment & generational conflicts were evident. Baby Boomers expressed strong negative attitudes toward Gen Xers; however, the Gen Xers did not convey negative perceptions of the Baby Boomers.

The stress experienced by young nurses in the workplace has been noted in several studies (Blythe et al., 2008; Lavoie-Tremblay et al., 2008; Widger et al., 2007). In the study by Lavoie-Tremblay et al., 43.4% of new nurses reported high levels of psychological distress and were significantly more likely to perceive an imbalance between effort expended and rewards received, low decisional latitude, high psychological demands, high job strain, and low social support from colleagues and superiors. Widger et al. also found that Gen Y nurses reported the highest level of burnout. The focus group participants in the study by Blythe et al. suggested that younger nurses receive insufficient mentoring causing tremendous stress which often leads to burnout and attrition within the workforce.

***Recruitment and retention within an intergenerational nursing workforce.*** Recruitment and retention of nurses is a pressing issue given the current nursing shortages and as a result, studies are being conducted to examine ways to recruit the new generation into nursing and at the same time, retain the current workforce. Several studies focused on retaining older nurses in the workforce as one way to alleviate the nursing shortage (Kovner et al., 2007; Lane, 2008; Mion et al., 2006; Wilson et al., 2008). Mion et al. found that both older and younger nurses recognize their differing generational values. Older nurses were more committed to the workplace and more accepting of organizational change. Younger nurses were more likely to request rationale for organizational change, but were also more likely to make suggestions for change in unit processes or models of care. The study participants offered suggestions for enhancing intergenerational work. These included: education regarding age

diversity and benefits to all, valuing and carving out roles for older nurses, administrative programs which enhance generational cooperation, and offering 'perks' for both older and younger nurses that are not based merely on years of service. Similarly, Lane (2008) explored incentives that would keep older nurses in the workforce beyond eligibility for retirement and found that the highest rated incentives were continuing education, reduced number of consecutive days, work policies sensitive to aging, and retaining retirement benefits at highest rate of pay. It is encouraging to note that 48.7% of the older nurses in this study reported that they were strongly considering staying in the workforce beyond retirement eligibility. Both Wilson et al. (2008) and Kovner et al. (2007) also found that older nurses were more satisfied with their work environment and reported higher organizational commitment than younger nurses.

Recruitment of the younger generation of nurses was also examined in several studies (Minnis, 2004; Thompson, 2007; Wieck, 2003). The study by Minnis specifically focused on recruitment of Gen X nurses. The findings revealed that Gen X nurses desire an environment that comprises of various media to stimulate and maintain their interest. Their preference is to have an alternative setting for learning versus a traditional classroom or lecture setting. It was noted that these nurses have a high level of comfort with computer technology and prefer to incorporate this into the work environment. The study by Thompson (2007) was specific to the specialty area of operating room nursing and explored factors that influence nurses of different age groups to work in this area and whether there are differences in work perception by age group. The findings

revealed that Baby Boomers and Gen X nurses were more alike than different in the factors that influence them to choose and remain in OR nursing, and in their perceptions of their work environment. Attractive attributes of working in this environment, such as, working with technology, seeing results from one's work, learning continuously, and working in an exciting environment, are likely to appeal to the younger generation and should be important tools in marketing nursing to the younger generation.

Wieck (2003) also examined factors that relate to recruitment of the younger generation into nursing. Specifically, she explored the values that the emerging workforce looks for in nursing faculty and then compared their perceptions to those of seasoned nurse educators. The findings indicated that there is a disconnection between the educational values of students and faculty. The younger generation reported that they value nurturing, motivation, and listening by faculty. On the contrary, faculty believed that competence was the trait students sought most in their instructors, yet students did not list this trait at all. Other traits such as *advocate*, *caring*, and *positive*, were listed by faculty, but were ignored by students.



Table 1.2 - Summary of Research Studies				
Theme 2: Recruitment and Retention Within An Intergenerational Workforce				
Authors, Date, Location	Purpose	Sample	Design	Findings
Lane (2008) USA	Explore whether employer offered incentives would influence the likelihood of postponing retirement of baby boomer nurses	N=174	Descriptive	48.7% reported that they were strongly considering staying in the workforce beyond eligibility for retirement. The 4 highest rated incentives were continuing education, reduced number of consecutive days, work policies sensitive to aging, & retaining retirement benefits at highest rate of pay.
Wilson et al. (2008) Canada	Explore generational differences in job satisfaction	N=6541	Descriptive	Baby Boomers were significantly more satisfied than Generations X & Y in overall measures of job satisfaction & five specific satisfaction components.
Kovner et al. (2007) USA	Examine characteristics & work attitudes of older RNs compared to RNs less than 50 at two time periods & compare among older RNs those who are working in nursing, working outside nursing & not working	N=1906	Descriptive	Older RNs reported more distributive justice (fairness of rewards), work group cohesion, & supervisory support & less organizational constraint, & quantitative workload than younger RNs. Older RNs were more satisfied, had greater organizational commitment, & less desire to quit than younger RNs.
Thompson (2007) USA	Explore factors that influence nurses of different age groups to work in the specialty of OR nursing & examine whether there are differences in work perception by age group	N=247	Mixed methods: Retrospective comparative design & Phenomenology	Baby Boomers & Gen X nurses were more alike than different in the factors that influence them to choose & remain in OR nursing & in their perceptions of their work environment. Baby Boomers indicated a higher level of commitment to their jobs than Gen Xers.
Mion et al. (2006) USA	Identify contributions, potential roles/functions, barriers & facilitators to continued employment of older nurses	N=33	Qualitative – focus groups	Nurse managers, older nurses, & younger nurses had strong similarities in their discussion content. Four main themes emerged: (a) the worth of older nurses; (b) generational issues; (c) roles for the aging nurse; (d) ways to support me as the aging nurse.
Minnis (2004) USA	Explore & describe variables that result in increased recruitment & retention of Gen X nurses.	N=6	Phenomenology	Gen X nurses desire an environment that consists of various media to stimulate & maintain their interest. Their preference is to have an alternative setting for learning vs a traditional classroom /lecture venue. These nurses have a high level of comfort with computer technology & prefer to incorporate this into the work environment.
Wieck (2003) USA	Explore what the emerging workforce values in faculty & compare their perceptions to those of seasoned nurse educators.	N=225	Descriptive	The twenty-something generation wants educators who nurture, motivate & listen. Faculty believed that competence was the trait students sought most in their instructors, yet students did not list this trait at all. Other traits such as <i>advocate</i> , <i>caring</i> , and <i>positive</i> , were listed by faculty, but were ignored by students.

***Mentoring within an intergenerational nursing workforce.*** A total of three studies specific to mentoring within an intergenerational workforce were located (Halfer et al., 2008; Sherman, 2005; Wieck et al., 2002). Sherman (2005) conducted a qualitative study to identify and prioritize factors that influence younger (under age 40) nurses to accept or reject leadership positions and found that factors of concerns for the younger nurses were adequate compensation for

leadership roles and true decision-making power. Mentorship was viewed as the key type of support that younger nurses need to pursue leadership roles. It is interesting to note that when the researcher shared the study findings with an advisory board of Baby Boomers, they were surprised to find money listed fourth on the seven item priority list for accepting a leadership position. The boomers believed that the younger nurses would rank money as the most significant incentive. Once again, this shows that boomers make assumptions about the younger generation and do not necessarily understand them as well as they think they do.

<b>Table 1.3 - Summary of Research Studies</b> <b>Theme 3: Mentoring within an Intergenerational Nursing Workforce</b>				
<b>Authors, Date, Location</b>	<b>Purpose</b>	<b>Sample</b>	<b>Design</b>	<b>Findings</b>
Halfer, Graf, & Sullivan (2008) USA	To compare job satisfaction & retention rates of 2 cohorts of new graduate nurses: one before & one after an RN internship program	N=296 (54% Gen X & 45% Gen Y)	Longitudinal descriptive	Overall job satisfaction was significantly higher in the post-internship group & improved job satisfaction reflected a lower turnover rate. No significant difference in Gen X & Gen Y in relation to job satisfaction.
Sherman (2005) USA	To identify & prioritize factors that influence younger (under age 40) nurses to accept or reject leadership positions	N=48 (Gen X & Nexters)	Qualitative – focus groups	Factors of concern for the younger nurses were adequate compensation for leadership roles & true decision-making power. Mentorship was seen as the key type of support that younger nurses need in order to take on leadership roles.
Wieck, Prydun, & Walsh (2002) USA	To describe desired leadership traits as perceived by emerging and entrenched nursing workforce members	N=234	Descriptive	Both the emerging nursing workforce and the entrenched members had similar expectations of leadership traits. No significant differences were noted between older and younger nurses.

In the study by Halfer et al. (2008), job satisfaction and retention rates of two cohorts of new graduate nurses were examined. One group was surveyed before completing a mentoring program in a pediatric setting and the other group was surveyed after the program was completed. The findings revealed that overall job satisfaction was significantly higher in the post-internship group and

improved job satisfaction reflected a lower turnover rate. No significant difference was noted in Gen X and Gen Y participants in relation to job satisfaction. Wieck et al. (2002) also found no significant differences between older and younger nurses in relation to qualities they expect of leaders, implying that congruence of expectations between these groups can help facilitate mentoring of young nursing leaders. It is important to note that this congruence of expectations has not been supported by other studies.

### **Implications and Future Research Directions**

The findings of this integrative review have important implications for both nursing education and clinical practice. Specifically, this review revealed that to date, no research has been conducted to examine preceptorship in the intergenerational context. In essence then, qualitative research studies would be highly beneficial to promote understanding and awareness of the experiences of both preceptors and students as they negotiate teaching/learning in the intergenerational setting. As stated earlier, given the generational diversity evident in today's nursing practice settings, such research is both timely and important. Preceptorship can potentially serve to create an authentic connection between the generations and promote opportunities for closer working relationships between individuals of these generations. Further, data derived from qualitative research could generate knowledge specific to the intergenerational context and how it influences our shaping of the teaching/learning process in nursing practice settings. Such research could potentially contribute to effective preparation of nursing professionals and enhance the educational quality of the

preceptorship experience. Moreover, research is needed to establish a foundation for knowledge utilization/transfer about intergenerational diversity and the preceptorship or field experience in the professional disciplines and foster a more facilitative teaching/learning environment.

In addition to the lack of research on preceptorship in the intergenerational context, this integrative review also highlights the limited research that has been carried out on the topic of the intergenerational nursing workforce and calls attention to the need for nurse educators and nurse managers, in particular, to understand the implications of generational diversity in the workplace setting. The specific implications for nursing practice and education will now be discussed as they relate to the themes presented earlier.

The research studies in the theme of *the intergenerational nursing workforce* highlight the need to understand intergenerational differences to improve recruitment and retention of nurses. Intergenerational differences in workplace adjustment and individual perception of the environment that permeates the workplace setting are noted in several studies, thus suggesting that further research is needed to acquire an accurate understanding of the intergenerational workplace setting. It is also important to examine the context of the rapidly changing health care environment, as health care restructuring and other changes in health care over the last decade, are likely impacting on study findings. Given the current nursing shortage, understanding the relationship between the work environment and health, as experienced by the youngest

generation, is more important than ever if we expect to recruit them into nursing education and retain them in clinical practice.

The stress that young nurses experience in the workplace also warrants further attention. Studies indicate that the stress is multifaceted however one contributing factor evident in the research is generational conflict. Clearly, there is a need to further investigate such intergenerational conflict as it has the potential to compound stress in the workplace. Research studies also highlight the role of nurse managers in alleviating generational conflict in the workplace. It is imperative for nurse managers to be aware of generational differences in perceptions of the work environment and examine ways to motivate and support each generation. Nurse managers who are able to capitalize on generational differences and promote cohesion in the workplace will play a significant role in enhancing recruitment and retention of nurses.

Studies in the theme of *recruitment and retention within an intergenerational workplace* also reveal several important implications. It is encouraging to note that some research has been carried out to assess whether Baby Boomer nurses would choose to stay in the workforce beyond retirement eligibility as this could certainly help alleviate the nursing shortage. Further research is needed in this area to build on information already available about incentives that appeal to Baby Boomer nurses. Such research would be highly valuable for employers seeking to retain these nurses. Marketing nursing specialities to the younger generation is another approach to recruitment that could help lessen the burden of the nursing shortage. For example, one study

highlighted exciting aspects of operating room nursing that would likely appeal to the younger generation of nurses. Similar research in other specialty areas would be very useful in terms of marketing nursing to this group.

Another important aspect of recruiting the younger generation into nursing relates to congruency between faculty members and students. Research reveals that currently there is a disconnection between the educational values of students and faculty which raises awareness of the need to further examine such intergenerational differences. It is clear that nursing education must be responsive to the values of the younger generation in order to attract them into the profession. Nurse educators have an important role to play in this regard.

Research studies in the theme of *mentoring within an intergenerational workforce* draw attention to the importance of mentoring in relation to recruiting and retaining nurses. The research is limited however and therefore, further investigation regarding mentorship in an intergenerational workforce would be highly valuable. Mentoring programs have the potential to significantly increase job satisfaction and as such can be seen as one key factor in recruiting and retaining nurses.

### **Summary and Conclusion**

In the literature there is an obvious gap concerning preceptorship in the intergenerational context and in fact, to date, no published studies have addressed the generational differences between nurse preceptors and students and how these differences may impact on the preceptorship experience. Additional qualitative research studies would be highly beneficial in elucidating the nature of

preceptorship in this context. Inherent in the preceptorship experience is the formation of a relationship between the preceptor and preceptee, and invariably this relationship can be influenced by generational differences. Further research is needed to explore how that relationship is affected. The question of whether generational differences impact on role performance of the preceptor and student warrants investigation. Preceptors have a responsibility to be role models and teachers and also to evaluate students, so if a lack of awareness of generational differences in world views, learning styles, and work ethic exists, then presumably these issues would affect how well preceptors and students carry out their roles. Each generation inheres its own values, worldview, and ideals regarding the teaching learning process thus there is a need for greater understanding of intergenerational diversity and particularly its influence on teaching/learning. Such understanding and awareness can contribute to the effective preparation of nursing professionals and enhance the overall educational quality of preceptorship. Qualitative research studies could generate data that could enhance our generational understanding from a pedagogical perspective, foster a teaching/learning culture in the field setting inclusive of divergent generational expectations, and sustain appropriate educational experiences.

Overall, the findings in the nursing literature regarding the intergenerational context of the workplace setting are somewhat contradictory, especially in relation to generational differences in values and perceptions of the work environment. Hence there is a need for further research to promote understanding and awareness of generational diversity and its impact on the

culture of the workplace. Nurse educators and nurse managers are in key positions to promote understanding of generational diversity in the practice setting and can thereby make positive contributions to: (1) the education of nursing professionals; (2) the recruitment and retention of nurses; and (3) a decrease in generational tension within the workplace setting.



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**CHAPTER 4:**

**PHENOMENOLOGY AS RESEARCH METHODOLOGY OR**

**SUBSTANTIVE METAPHYSICS? AN OVERVIEW OF**

**PHENOMENOLOGY'S USES IN NURSING**

Abstract

In exploring phenomenological literature, it is evident that the term 'phenomenology' holds rather different meanings depending upon the context. Phenomenology has been described as both a philosophical movement and an approach to human science research. The phenomenology of Husserl, Heidegger, Gadamer, and Merleau-Ponty was philosophical in nature and not intended to provide rules or procedures for conducting research. The Canadian social scientist and educator, van Manen, however introduced specific guidelines for conducting human science research which is rooted in hermeneutic phenomenology and this particular methodology has been employed in professional disciplines such as education, nursing, clinical psychology, and law. The purpose of this paper is to explore the difference between the phenomenological methodology as described by van Manen and that of other philosophers such as Husserl, Heidegger, Gadamer, and Merleau-Ponty. In so doing, the author aims to address the blurred boundaries of phenomenology as a research methodology and as a philosophical movement and highlight the influence of these blurred boundaries on nursing knowledge development.

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***\*Note: Author's name changed from Earle to Foley in July 2010.***

In exploring phenomenological literature, it quickly becomes evident that the term ‘phenomenology’ holds rather different meanings depending upon the context, be it theoretical or practical (Adams & van Manen, 2008).

Phenomenology has been described in a broad sense as both a philosophical movement and an approach to human science research (Dowling, 2007; van Manen 1997). Within the discipline of nursing it has been described by Munhall (1994) as “a philosophy, a perspective, and an approach to practice and research” (p. 14). Moran (2005) notes that phenomenology is seen first and foremost, as “a *radical* way of doing philosophy”, or in other words, as an “anti-traditional style of philosophizing, which emphasizes the attempt to get to the truth of matters, to describe *phenomena*, in the broadest sense as whatever appears in the manner in which it appears, that is, as it manifests itself to consciousness, to the experiencer” (p. 4). The type of phenomenology described by Husserl, Heidegger, Gadamer, and Merleau-Ponty was philosophical in nature and none of these philosophers made any attempt to develop a set of strict rules or procedures for conducting phenomenological research (Annells, 1996). Van Manen (1997) introduces specific guidelines for a human science approach to research rooted in hermeneutic phenomenology and this methodology has been employed in professional disciplines such as education, nursing, clinical psychology, and law (Adams & van Manen, 2008).

The purpose of this paper is to provide a synopsis of phenomenology and in particular, to explore the difference between the phenomenological methodology as described by van Manen (1997) and that of other philosophers

such as Husserl, Heidegger, Gadamer, and Merleau-Ponty. In so doing, the author aims to provide some clarity for nurses seeking to utilize phenomenology to generate nursing knowledge. I will begin with an overview of some of the influential philosophers who formed the various schools of phenomenological thought, followed by a description of van Manen's (1997) approach to phenomenology. I will also discuss nursing knowledge development in relation to phenomenology and present a critical discourse regarding nursing's use of phenomenology.

### **Overview of Phenomenology**

Phenomenology is rooted in the work of German philosophers such as Husserl and Heidegger, and gained further strength in Europe through the work of French philosopher Sartre and later Merleau-Ponty (Thomas, 2005). Although Edmund Husserl (1859–1938) is widely regarded as the founder of phenomenology (Zahavi, 2003), the term *phenomenology* actually appeared earlier in the 18<sup>th</sup> century in the works of philosophers Immanuel Kant, Georg Wilhelm Friedrich Hegel, and Ernst Mach, and was viewed as a “new way of doing philosophy” (Moran, 2000, p. 1). A more formal introduction to phenomenology was found in the philosophy of Edmund Husserl in his *Logische Untersuchungen (Logical Investigations, 1900–1901)* (Moran, 2000). Husserl has been described as both a phenomenologist and a transcendental philosopher (Moran, 2005). He was a mathematician who became disenchanted with the natural sciences as a means of understanding human experiences and is credited with introducing the study of the ‘lifeworld’ (*Lebenswelt*) (Koch, 1995).

Husserl (1980) defined phenomenology as “a science of the transcendental consciousness” (p. 67). He saw it as a discipline that seeks to describe the manner in which the world is constituted and experienced through conscious acts (van Manen, 1997). Husserl’s phrase, *Zu den Sachen Selbst*, carries the double meaning of “to the things themselves” and “let’s get down to what matters!” (van Manen, 1997). Transcendental phenomenology relates to the way that knowledge comes into being in consciousness and is seen as the rigorous human science of all conceivable transcendental phenomena (Adams & van Manen, 2008; Moran, 2000). Some of the critical ideas upon which transcendental phenomenology is based include ‘intentionality’, ‘eidetic reduction,’ and ‘constitution of meaning’ (Adams & van Manen, 2008). It is prudent here to explore these concepts in some detail as many of the later philosophers drew their ideas from the work of Husserl.

The term *intentionality* relates to being conscious *of* something, some object, such that all forms of consciousness are characterized by intending objects (Husserl, 1980). In a broader sense, intentionality relates to attaching oneself to the world by researching, questioning, and/or theorizing about the world such that we become more fully part of it (van Manen, 1997). “To *know* the world is profoundly to *be* in the world in a certain way” and thus intentionality can be seen as an “inseparable connection to the world” (van Manen, 1997, p. 5). The term *eidetic reduction* refers to the bracketing of our ‘natural attitude’ toward a particular object or phenomena in order to purify human consciousness and discover the essence of a particular phenomenon (McConnell-Henry, Chapman & Francis, 2009a). Husserl (1980) writes that in order to identify the essence of a

particular phenomenon, “we ask what belongs to it essentially and what it requires according to its essence as necessarily belonging to it, what changes, transformations, connections, it makes possible purely through its essence” (p. 35). Husserl (1980) is referring to a reduction to the “greatest possible clarity” of pure consciousness (p. 89). In other words, our experiences must not be obstructed by pre-conceptions or theoretical notions (van Manen, 1997). The notion of *constitution of meaning* refers to identifying the essences or structures that constitute consciousness and perception of the human lifeworld (Koch, 1995). Husserl (2006) refers to these structures as “the pure connections of consciousness” (p. 123).

Other philosophers and scholars have studied Husserl’s ideas and indeed his legacy can be found in the works of Heidegger, Gadamer, Merleau-Ponty, Levinas, Sartre, and Derrida (Moran, 2005). It is outside the scope of this paper to review the work of each of these philosophers in detail, however, I will briefly explore the works of Heidegger, Gadamer, and Merleau-Ponty in particular, before proceeding to a discussion of van Manen’s approach.

The German philosopher, Martin Heidegger (1859-1938), was a student of Husserl, however his influential text, *Being and Time*, is considered to be a radical movement away from traditional philosophical approaches to human beings (Moran, 2000). In this seminal work, Heidegger’s focus is ontological as opposed to the epistemological focus of Husserl (Annells, 1996). Heidegger (1962) defines phenomenology as a “branch of research” whose purpose is “to let that which shows itself be seen from itself in the very way it shows itself from itself”



(p. 59). He dismisses the notion of intentionality as described by Husserl, in favor of an existential phenomenological account of *Dasein*, or the situated ‘meaning of being in the world’ (Heidegger, 1962). Heidegger (1988) also emphasized the notion of *temporality*, which he says “makes possible the understanding of being” (p. 302). Heidegger (1988) further describes *temporality* as “the basic condition of the possibility of all understanding that is founded on transcendence and whose essential structure lies in its projection” (p. 307). He adds, “The fundamental subject of research in ontology, as determination of the meaning of being by way of time, is temporality” (Heidegger, 1988, p. 17).

In contrast to Husserl, Heidegger (1962) rejected the concepts of bracketing and phenomenological reduction and espoused the view that “an interpretation is never a presuppositionless apprehending of something presented to us” (p. 191-192). Heidegger re-introduced the concept of a ‘hermeneutic circle’ (following the ideas of Schleiermacher) which allows for reciprocal activity between pre-understanding and understanding (Koch, 1995; Moran, 2000). Pre-understanding relates to the knowledge we have by the very nature of our *being* in the world and Heidegger (1962) notes that “every interpretation is grounded in something we have in advance” (p. 191). He posits that that such understanding cannot be eliminated in a process of reduction (Heidegger, 1962). In the hermeneutic circle, the interpreter seeks to understand lived experience by first examining his/her own ‘for-having’, ‘for-sight’, and ‘for-conceptions’ of phenomena and by then moving from the whole to parts and then back to the whole in a reciprocal way. This focus on understanding the ‘meaning of being’ is

radically different than Husserl's focus which was on pure description of lived experience. Heidegger is considered to be the "prime instigator of modern hermeneutics" (Annells, 1996, p. 706).

Hans-Georg Gadamer (1900–2002), another well-known German philosopher, was also influenced by the work of both Husserl and Heidegger although the main ideas in his text *Truth and Method* are more closely aligned with the thought of Heidegger (Moran, 2000). Gadamer (1997) writes that Heidegger was an inspiration for him and credits Heidegger with his "first introduction to the universality of hermeneutics" (p. 10). Like Heidegger, Gadamer rejects the notion of phenomenological reduction and bracketing and he claims that all understanding arises only in and through our prejudices (Moran, 2000). Gadamer (2004) uses the word 'prejudice' not in the usual negative sense, but to refer to our preunderstanding of the lifeworld which exists by our very nature of being in the world. In *Truth and Method*, Gadamer's (2004) two main concepts are 'prejudice' and 'universality.' He defines prejudice as "a judgment that is rendered before all the elements that determine a situation have been finally examined" (p. 273) and universality as "the undifferentiated commonality of many single observations" (p. 345). Gadamer (2004) goes on to say that we can only begin scientific inquiry and look for reason when the "universality found in experience has been attained" (p. 345).

Gadamer (2004) agrees with Heidegger's notion of 'being in the world' which is mainly concerned with making sense of, or interpreting lived experience and also proposes the need for a hermeneutic circle. Gadamer suggests that a

dialogical process occurs within the hermeneutic circle such that there is a ‘fusion of horizons’ between the interpreter and the phenomenon being studied. Gadamer (2004) writes that “the horizon of the present is continually in the process of being formed because we are continually having to test all our prejudices” through reflections on the past and furthermore, “understanding is always the fusion of these horizons supposedly existing by themselves” (p. 305). Gadamer also places particular emphasis on language and its relationship to understanding ‘being in the world’ by espousing the view that language not only reflects human ‘being’, but it is language that actually makes humans ‘be’ for it brings about human existence as communal understanding and self-understanding (Moran, 2000). Furthermore, Gadamer (2004) posits that language can never be completely unbiased because by its very nature, language is already influenced by the value system of the culture that supports it.

The French philosopher, Maurice Merleau-Ponty (1908-1961), was a contemporary of other influential philosophers such as Husserl, Sartre, and Heidegger, who were all dedicated to the phenomenological school of thought (Thomas, 2005). In his classic text, *Phenomenology of Perception*, Merleau-Ponty (1962) presents a phenomenological explanation of our ‘being-in-the-world’ (*être au monde*) and places particular emphasis on the *dialectical* relation between subject and object (Moran, 2000). Baldwin (2004) notes that in this text, Merleau-Ponty aligns himself rather closely with Husserl and “seems at times to represent himself as merely Husserl’s disciple” (p. 24). This is perhaps not surprising since he began his career studying the work of Husserl (Moran, 2000).

In contrast to Husserl's transcendental phenomenology, Merleau-Ponty's focus was on existential phenomenology (Dowling, 2007; Thomas, 2005). Merleau-Ponty's emphasis on phenomenological description rather than interpretation, is in line with Husserl's thinking, however Merleau-Ponty rejected empiricism because he saw it as a distorted account of experience (Moran, 2000). Merleau-Ponty (1962) does describe a type of phenomenological reduction, although different from Husserl's idealist view in that Merleau-Ponty recognizes the "impossibility of a complete reduction" (p. xiv). He adds, "An initial perception independent of any background is inconceivable" (1962, p. 328). Merleau-Ponty (1962) suggests that phenomenological reduction can be viewed as a process which "slackens the intentional threads which attach us to the world, and thus brings them to our notice. It, alone, is consciousness of the world, because it reveals the world as strange and paradoxical" (p. xii). He proposes that the goal of phenomenology is to restore our "primitive contact with the world" such that we are able to place in abeyance "the assertions arising out of the natural attitude" (Merleau-Ponty, 1962, p. vii).

### **van Manen's Approach to Phenomenology**

Max van Manen is a Canadian social scientist and educational philosopher. He is currently retired from his position as a professor of education in the Department of Secondary Education at the University of Alberta, Edmonton, Canada. Van Manen (1997) notes that he was introduced to the human sciences, phenomenology and hermeneutics while studying pedagogy in the Netherlands. One key difference in van Manen's approach to phenomenology

and that of the philosophers mentioned in the overview above is that van Manen offers more specific methodological guidelines for researchers interested in conducting phenomenological inquiry. While van Manen draws from the works of these and other phenomenological philosophers, his particular approach is more ‘action sensitive’ than philosophical. Another distinct feature of van Manen’s phenomenology is his focus on pedagogy and he advocates conducting human science research in order to inform and improve pedagogy in a very practical way. Van Manen clarifies the distinction between phenomenology and hermeneutics and states that phenomenology is “pure description of lived experience”, while hermeneutics is “an interpretation of experience via some text or some symbolic form” (p. 25). Van Manen acknowledges that there are inconsistencies in the literature and thus he chooses the term “description” to include both the interpretive and descriptive components.

Van Manen (1997) describes his approach to human science research as an active and ongoing interplay of six distinct research activities. These include: (1) turning to a phenomenon of particular interest to the researcher, (2) investigating experience as we live it rather than as we conceptualize it, (3) reflecting on the essential themes which characterize the phenomenon, (4) describing the phenomenon through the art of writing and rewriting, (5) maintaining a strong and oriented relation to the phenomenon, and (6) balancing the research context by considering parts and whole.

Turning to the nature of the phenomenon requires an unwavering commitment to ‘make sense of’ a phenomenon of particular interest to the

researcher (van Manen, 1997). Husserl used the term ‘bracketing’ to describe how researchers must put aside any pre-existing knowledge or assumptions they may have about the phenomenon, however van Manen (1997) questions whether it is possible for researchers to truly put aside their knowledge of the subject. He posits that it is not necessary to ‘bracket’ the information, but rather researchers have a responsibility to make their knowledge of the phenomenon explicit. He goes further to suggest that presuppositions may resurface into the researcher’s reflections when we try to forget that which we already know.

Van Manen’s (1997) second research activity is “investigating the experience as we live it rather than as we conceptualize it” (p. 31). Here van Manen suggests that it is necessary for the researcher to become immersed in the phenomenon in order to develop a deep understanding of the nature of the lived experience and not take anything for granted, with the exception of finding meaning in experience. Van Manen acknowledges that the researcher’s personal experience is an “ego-logical” starting point for phenomenological human science research (p. 54). Van Manen notes that there are three ways of collecting human science research data including: writing, interviewing, and observation. The interview itself according to van Manen, can serve the dual purpose of collecting data to discover a rich, deep understanding of a particular phenomenon as well as creating a dialogue between the researcher and the participant about the meaning of the experience.

The third research activity presented by van Manen (1997) is “reflecting on the essential themes which characterize the phenomenon” (p. 30). Reflection

is seen as the primary means of discovering the essence of the experience. Themes or 'meaning units' are said to give structure to the phenomenon. In other words, meaning is constructed from the individual themes that are rooted in the experience under investigation. Van Manen suggests that one of the most challenging features of human science research is deciding whether a theme is essential to the experience or incidental. In so doing, it is critical that the researcher delineate whether meaning is lost or changed as a result of removing the theme in question. Van Manen describes this process as "free imaginative variation" (p. 107). Three approaches to isolating common themes from within the research data are outlined by van Manen. These include: the wholistic or sententious approach, the selective or highlighting approach, and the detailed or line-by line-approach. Once the common themes have been identified, the researcher must then choose particularly illuminating phrases from the data to capture the meaning of the themes.

Describing the phenomenon "through the art of writing and rewriting" is the fourth research activity that van Manen (1997) outlines (p. 30). The artistic process of creating a phenomenological text through writing and re-writing is seen as the method of bringing meaning to light. Furthermore, writing and re-writing is the primary means of making external that which is internal, or "giving appearance and body to thought" (p. 127). It is through the writing and rewriting of themes that the structure and hence meaning of the lived experience can be discovered.

The fifth research activity that van Manen (1997) identifies is maintaining a strong and oriented relation to the phenomenon. The researcher must aim for the strongest possible interpretation of the phenomenon through his/her awareness of the human lived experience. A rich and deep research text is the outcome of van Manen's phenomenological approach to human science research and invariably it is through the writing of a text deep in meaning that the researcher is able to externalize the lived experience.

"Balancing the research context by considering parts and whole" is the final research activity that van Manen (1997, p. 31) outlines. Here van Manen cautions the researcher to not be consumed with writing the details of the research methodology until the actual study has been completed. He acknowledges that it is important to have clear research plans and to have an overall picture in mind of how the study will proceed and how the text will be organized, however he posits that specific details can and should be worked out during the research study process.

### **Phenomenology and Nursing Knowledge Development**

Developing a sound understanding of phenomenology can at first seem quite overwhelming for nurse researchers due to the inherent diversity evident in the literature (Dowling, 2007; Mapp, 2008; McConnell-Henry, Chapman, & Francis, 2009b). The philosophers are particularly diverse in their interpretation of the essential aspects of phenomenology and also in their application of what they understood to be the phenomenological method (Moran, 2000). Even after careful review of each phenomenological school of thought, it can be difficult to



grasp the salient features of phenomenology, since each of the philosophers seem to differ from one another and use different language in order to make their own mark, as it were. Of course, this is a natural feature of evolution in any philosophical movement. In addition to the diversity, “the esoteric nature of the language” used by many phenomenological philosophers is found to be both “daunting and exclusive” for many nurse researchers (McConnell-Henry, Chapman, & Francis, 2009b).

In her review of the different phenomenological approaches, Dowling (2007) notes that confusion stems from a number of factors including: 1) phenomenology is viewed as both a philosophical movement (which has challenged dominant metaphysical views over time), and a research methodology; 2) each philosophical school of thought locates itself within a different paradigm; 3) the variety of ‘styles’ of phenomenology (e.g. existential versus transcendental); and 4) the sheer number of phenomenologists. Additionally, there are other phenomenological labels, so to speak, noted in the literature that can lead to confusion as well. For example, the label of ‘new phenomenology,’ was noted by Crotty (1996) as a transformation said to have occurred as a research methodology utilized by nurses, versus ‘traditional phenomenology.’ Another label evident in the literature is the particular ‘phase’ of phenomenological thought; for example, the ‘German phase’ (Husserl, Heidegger, Gadamer) and the ‘French phase’ (Marcel, Merleau-Ponty, Sartre) (Cohen, 2000). One other label noted by Polit, Beck and Hungler (2001) is that of the ‘school’ of phenomenology (e.g. Husserlian, Heideggerian, and Dutch or Utrecht).

In relation to nursing knowledge development, it wasn't until the 1970s that articles on phenomenology emerged in nursing literature (Thomas, 2005) however, over the last several decades phenomenology has become a dominant means in the pursuit of nursing knowledge development and as such, it presents "credible displays of living knowledge for nursing" (Jones & Borbasi, 2004, p. 99). Phenomenology is currently viewed within the discipline of nursing as an alternative to empirical science that offers a discerning means for understanding nursing phenomena specifically in relation to lived experience (McConnell-Henry, Chapman, & Francis, 2009b). As an approach to research, "phenomenological inquiries have become attractive because they offer an alternative to managerial, instrumental and technological ways of understanding knowledge and they lead to more ethically and experientially sensitive epistemologies and ontologies of practice" (Adams & van Manen, 2008, p. 2). In addition, Edward (2006) notes that:

The philosophical underpinnings of phenomenological thought are consistent with the values of nursing practice - the uniqueness of the person, the importance of personal discovery and acceptance of life situations, the need for the exploration of meaning of experience, interpersonal relating, potential for personal growth, and use of self as a therapeutic tool. (p. 238)

Furthermore, Van der Zalm and Bergum (2000) purport that hermeneutical phenomenology as a method of inquiry has made significant contributions to nursing knowledge development particularly in relation to each of the *patterns of knowing* (originally described by Carper in 1978). They posit that hermeneutic phenomenology generates "empirical knowledge, particularly descriptive and explanatory theory, knowledge relevant for ethical action, knowledge which

contributes to knowing of the self, and knowledge as understanding which is necessary for aesthetic interpretations and responses in nursing situations” (Van der Zalm & Bergum, 2000, p. 216).

Nurses are increasingly turning to phenomenology to explore the patient’s lived experience of illness and this experience is not amenable to empiricist approaches (Rapport & Wainwright, 2006). Madjar and Walton (1999) suggest that phenomenology helps nurses to “grasp the ordinary, the unexpected and ineffable elements of human experience in health and illness” (p. 1). They add that the understandings gained through phenomenological inquiry assist nurses to find meaning in the everyday world of practice and human interaction and as such phenomenology offers ways of thinking about practice that can bring forward new and complex understandings. Nursing as a discipline is concerned with studying the whole of the human condition and respect for the uniqueness of persons is an inherent value. Phenomenological nursing research then becomes essential for gaining insight into the unique individual interpretations of meaning in life events (Munhall, 1994).

Several nursing scholars are particularly noted for grounding their research and theory in phenomenology and these scholars have made significant contributions to the development of nursing knowledge. They include: Patricia Benner, Rosemarie Rizzo Parse, Josephine Paterson and Lorraine Zderad, and Jean Watson (Smith, 1991). It is worthy of mention here that this is not an exhaustive list, and while it is outside the scope of this paper to present a lengthy list of all nurse researchers who have subscribed to phenomenological

methodologies, I will now briefly comment on the contributions of these particular scholars to nursing knowledge development.

The seminal work of Patricia Benner (1984) using an interpretive phenomenological methodology led to the development of a classification system for nursing roles and functions. Her classic text, *From Novice to Expert*, is highly regarded in the discipline of nursing for illuminating the stages that nurses go through to develop expert nursing knowledge and clinical competence. Her aim was to illuminate the knowledge embedded in nursing practice and her model of 'novice to expert' has been highly valuable for clinical nursing education (Altmann, 2007). Benner (1994) has also made a significant contribution to qualitative nursing research through her own description of the methodology of interpretive phenomenology in her text, *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness*, and along with Judith Wrubel, Benner employed Heideggerian phenomenology to construct an understanding of stress and coping in health and illness. The findings of this work are published in another classic nursing text which has contributed significantly to nursing knowledge development, *The Primacy of Caring* (Benner & Wrubel, 1989).

Rosemarie Rizzo Parse's (1998) contribution relates to theory development in the area of human science. Specifically, she extracted features from the philosophy of both Heidegger and Gadamer to build a hermeneutical theoretical foundation for the human science which she has labeled 'human becoming' and she has also explicated the human becoming theory into a hermeneutic research

methodology. This methodology is considered to be a “unique nursing method to discover emergent meanings of human experience in texts and art forms” (Ortiz, 2009). Mitchell (1994) notes that researchers have used Parse’s human becoming theory as the foundation for studying universal lived experiences such as hope, grieving, and aging.

Two other scholars who have added to nursing’s knowledge base through phenomenological inquiry are Josephine Paterson and Lorraine Zderad (Smith, 1991). Patterson and Zderad’s (1976/1988) meta-theory of ‘humanistic nursing’ was developed in the early 1960s, but it has continued to evolve over the last two decades through the work of their students (McCamant, 2006). In the theory of humanistic nursing, a ‘lived dialogue’ between the nurse and the patient constitutes the act of ‘nursing’. The nurse and patient are said to exist together in the larger world and as such, the nature of the nurse-patient relationship can be illuminated through phenomenological inquiry (Kleiman, 1993). McCamant (2006) notes that nurse researchers who seek to explore the lived experience of the nurse-patient relationship may employ this humanistic nursing theory as a framework to guide their research.

Jean Watson’s seminal work on caring in the nurse patient relationship is also rooted in phenomenological tenets such as freedom, subjectivity, intersubjectivity, and meaning of experience (Smith, 1991). Watson’s (1979) text, *Nursing: The Philosophy and Science of Caring*, is said to have formed the foundation for the science and art of human caring (Fawcett, 2002). Watson’s theory focuses on “the human component of caring and the moment-to-moment

encounters between the one who is caring and the one who is being cared for, especially the caring activities performed by nurses as they interact with others” (Fawcett, 2002, p. 214). Each of these scholars and indeed many others not discussed in this paper, have used phenomenology to make significant contributions to nursing knowledge and as such have contributed to guiding nursing practice.

### **Criticisms of Nursing’s Use of Phenomenology**

While there are many who advocate the usefulness of phenomenological research in nursing, and indeed few could argue with the value of nursing scholarship that has been developed through the work of the scholars mentioned above, there are others who have been rather critical of nursing’s use of phenomenology. Crotty (1996) examined the phenomenological works of North American nurse researchers and concluded that the methods were mostly descriptive, not critical, and offered little more than symbolic interactionism and humanistic psychology as opposed to the critical methodology of phenomenology developed in the European tradition. Thomas (2005) agrees with Crotty’s view and posits that nurse researchers who subscribe to the phenomenological approach are not exploring, in depth, the philosophical underpinnings of phenomenology. She notes that nurse researchers tend to focus more on the procedure or methods than the underlying philosophical assumptions inherent in phenomenology.

Along a similar vein, Porter (2008) goes further and charges that nurse researchers are conducting phenomenological research without having a strong knowledge base of its philosophical foundation. As a result, he claims that they

have often “strayed very far from the original theory” (Porter, 2008, p. 267). In all fairness to nurse researchers, Porter acknowledges the amount of work required and background knowledge needed in order to make sense of the language of many phenomenological philosophers. He cites a rather abstruse passage from Heidegger’s *Being and Time* to illustrate this point. Porter (2008) goes further to suggest (recognizing that this may be considered a ‘contentious conjecture’) that it is possible for nurse researchers to “jettison the baroque intricacies of high phenomenology and just use its simple basic assumptions” (p. 268). Porter posits that the rationale for nurse researchers allegiance to what he calls ‘high phenomenology’ (meaning pure philosophical phenomenology) is due in part to their need to prove, as qualitative researchers, how “grown up and serious qualitative research can be” (p. 268). He is referring here to one of the ongoing debates between the quantitative and qualitative research streams.

Quantitative researchers have recourse to well-established methodological foundations that give them confidence, assuming proper use, in the production of valid and reliable knowledge (the degree to which that confidence is well founded is another debate). In contrast, qualitative research is altogether messier, leaving it open to the charge that it lacks rigor. (Porter, 2008, p. 268)

Paley (1997, 1998) is perhaps the most critical of nursing’s use of phenomenology. In the first of two papers, Paley (1997) explores nurse researchers’ use of Husserl’s philosophy and he argues that researchers misunderstand the three central tenets of phenomenological reduction, phenomena, and essence. Moreover, he posits that nurse researchers have misconstrued these key concepts in such a way that their adaptation of Husserl’s philosophy “bears little resemblance to the original” (p. 187). Paley goes further

to say that when nurse researchers attempt to describe how they determine the 'essential structure' of a phenomenon, it "comes close to being unintelligible" (p. 187). While he does acknowledge that the methods used in phenomenological nursing research "may have some legitimacy, they cannot achieve what they are alleged to achieve," and his resulting conjecture is that nurse researchers should 'detach' themselves from the philosophy of Husserl altogether.

In relation to Heideggerian phenomenology, Paley (1998) suggests that the methodological implications usually attributed to it in the nursing literature are inaccurate. He adds that nurse researchers are misreading Heidegger and he makes the argument that "lived experience research constitutes not a realization, but rather a betrayal, of Heidegger's phenomenology, being thoroughly Cartesian in spirit." (p. 817). Paley suggests that there is a Cartesian split between 'lived experience' and 'reality' which has unfolded in nursing research claiming to be grounded in Heidegger's philosophy.

Ortiz (2009) has also critically examined the work of some prominent nurse scholars, namely Benner (1985) and Diekelmann, Allen and Tanner (1989), with regard to their use of hermeneutic phenomenology. In particular, Ortiz (2009) notes that these researchers refer to their work as Heideggerian hermeneutics, yet they espouse an epistemological focus which is in contrast to Heidegger's ontological focus. He goes on to say that Diekelmann et al.'s work is more closely aligned with Ricoeur's (1976) philosophy which relates to finding an 'objective truth' in the text as Diekelmann et al. claim that their methodology



seeks to find categories, themes, and patterns that can be 'validated' by others to ensure that the interpretation is true and objective (Ortiz, 2009).

Overall, the criticisms identified above amount to a claim that phenomenology has not been used well enough by nurse researchers. I would posit that it is more reasonable to say that nurse researchers need to do a better job of demonstrating their knowledge of phenomenology. Perhaps nurse researchers are not providing sufficient details regarding the philosophical underpinnings of phenomenology in research publications. It could be argued however that their ability to do so is somewhat restricted because phenomenological studies do not easily lend themselves to the conventional research report styles required by many research journals (Madjar & Walton, 1999). Since the emphasis is generally on presenting research findings rather than methods, it is unfair to assume that nurse researchers lack this knowledge. Undoubtedly, efforts are needed, particularly in graduate nursing programs, to strengthen expertise in the area of phenomenological research. Through such research, nurse scholars will continue to make significant contributions to nursing knowledge development. Ultimately nursing knowledge generated through phenomenological research allows for more effective, skillful, and humanely engaged nursing practice (Benner, 1994).

### **Conclusion**

Phenomenology is a well-substantiated qualitative methodology and as such it is highly valuable for addressing research questions specific to the discipline of nursing (Rapport & Wainwright, 2006). It is also essential for the implementation of holistic, empathic, and individualized nursing care (Munhall,

1994). A review of phenomenological literature however, highlights wide variation in the philosophical schools of thought. Much of the variation simply results from the evolution of the phenomenological movement which originated with the German philosopher, Edmund Husserl. As the phenomenological movement grew, each of the influential philosophers put their own ‘stamp’ so to speak, on phenomenology. In contrast to the early philosophers, van Manen (1997) offers specific guidelines for using phenomenology as an approach to human science research and many nurse researchers have used these guidelines to conduct studies of lived experiences of patients, families, and nurses themselves. Several nursing scholars have made notable contributions to nursing knowledge development through phenomenology and tremendous growth in phenomenological research has occurred over the last several decades in the discipline of nursing.

Despite this growth, nurses have come under attack by some for not demonstrating sound knowledge of the philosophical tenets of ‘true’ phenomenology and it is fair to say that efforts are needed to improve nursing expertise in the area of phenomenological research. Graduate nursing courses specific to phenomenological research would be highly beneficial to improving expertise and generating new nursing knowledge specific to human science. Knowledge of the criticisms of nursing’s use of phenomenology allows for further discourse and growth toward more informed phenomenological work. It is hoped that this paper will contribute to increased understanding of the philosophical tenets of phenomenology as well as the relevance of phenomenology as a research

methodology for the discipline of nursing. “To make things stand out in new ways is the challenge of phenomenology. It is also the reward that phenomenology offers” (Madjar & Walton, 1999, p.2).

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## CHAPTER 5

### THE PRECEPTORSHIP EXPERIENCE IN THE INTERGENERATIONAL CONTEXT: BEING AFFIRMED AND BEING CHALLENGED ALONG A PEDAGOGICAL JOURNEY

#### Abstract

Preceptorship tends to be the teaching/learning method of choice for senior level nursing students engaging in clinical practice for several reasons. It offers a reality-oriented learning context, promotes critical thinking, cultivates practical wisdom, and facilitates competence. In today's nursing clinical practice settings, there can be up to four generations (Veterans, Baby Boomers, Gen Xers, and Millennials) present and each generation comes to the learning space with its own distinct values and expectations. Exploring the nature of the preceptorship experience in this context is both a significant and relevant issue for nursing education and practice. In this current study, phenomenology was the methodology employed. Data were generated using unstructured interviews with a purposive sample of preceptors and students recruited from an undergraduate nursing program in eastern Canada. Overall the experience can be described as inclusive of three main themes: *being affirmed*, and *being challenged*, along a *pedagogical journey*. Each of these themes consists of a number of subsuming themes and will be explored in this paper. The findings of this study have the potential to enhance generational understanding in the pedagogical context and thereby promote a culture of openness and respect for generational differences within clinical practice settings.

### **Problem and Significance**

The pairing of a student with an experienced nurse through preceptorship is an approach to teaching/learning that promotes critical thinking, cultivates practical wisdom, and facilitates competence (Myrick & Yonge, 2005). Within this pedagogical approach, the formation of positive working relationships, predominantly between students and preceptors, highly influences the overall success of the experience. It is most often the case in the preceptorship dyad, that students and preceptors are of different generations, and thus they come to the learning space with distinct values and expectations. Within this context, clashes between the generations may occur.

Differing expectations particularly related to work ethics, has been described as a significant source of conflict between generations and such conflict can be difficult to resolve (Lancaster & Stillman, 2002; Minnis, 2004; Raines, 2003). Within the discipline of nursing, negative attitudes toward the younger generation tend to persist (Weston, 2001b) and in fact, it was nearly 30 years ago, that Roberts (1983) addressed the notion of oppressed group behavior within the profession. She proposed that developing an understanding of this behavior could empower nurses to break the cycle of horizontal violence. Given the potential for generational tension and misunderstanding within the preceptorship dyad, it follows then that developing knowledge of how generational differences affect the formation of the preceptor-student relationship and consequently the overall success of preceptorship experience, is an important issue for nursing education.

### **Current State of Knowledge**

There is a dearth of research on the intergenerational context of the teaching/learning process in higher education. Most of the available literature is theoretical and/or anecdotal and has been published within the last five years, primarily in the USA, thus the point can be made that caution must be taken when transferring generational theory to other populations (Earle, Myrick, & Yonge, 2011). In a recent integrative literature review it was revealed that no research has been published on the topic of preceptorship or field education in the intergenerational context (Earle et al., 2011).

In the broader area of pedagogy and the intergenerational context, there is some evidence that today's students have unique learning styles which are generally not taken into consideration by faculty (George, 2007; Wieck, Prydun, & Walsh, 2002). The need for curriculum to be responsive to the changing needs of the younger generation is also discussed by several authors (Asselin & Doiron, 2008; Brown, Kirkpatrick, Mangum, & Avery, 2008; Ervin, Bickes, & Schim, 2006; Futch & Phillips, 2003; Hilgers & Veitch, 2002; Johnson, 2002). There is also some literature regarding generational preferences of students (Mangold, 2007; Walker, 2007) as well as engaging adult learners from different generations (Holyoke & Larson, 2009).

There is a growing body of knowledge which highlights a prevailing generational gap in professional practice settings, and in particular it is noted that younger nurses and older nurses have different perceptions of their work environment (Blythe et al., 2008; Hu, Herrick, & Hodgins, 2004; Keepnews,

Brewer, Kovner, & Hyun Shin, 2010; Lavoie-Tremblay et al., 2008; Leiter, Jackson, & Shaughnessy, 2009; Leiter, Price, & Spence Laschinger, 2010; McNeese-Smith & Crook, 2003; Palese, Pantali, & Saiani, 2006; Santos & Cox, 2000; Stuenkel, Cohen, & de la Cuesta, 2005; Widger et al., 2007). Of specific concern in the literature are the negative attitudes toward the younger generations evident in at least two studies (Palese et al., 2006; Santos & Cox, 2000), and the high levels of stress experienced by younger professionals (Blythe et al., 2008; Lavoie-Tremblay et al., 2008; Leiter et al., 2010; Widger et al., 2007).

Recruitment and retention in the intergenerational setting has also been examined recently and the literature reveals that effective strategies must accommodate generational preferences (Kovner, Brewer, Cheng, & Djukic, 2007; Lane, 2008; Minnis, 2004; Mion et al., 2006; Thompson, 2007; Wieck, 2003; Wilson, Squires, Widger, Cranley, & Tourangeau, 2008). Ways to attract and motivate the intergenerational workforce is addressed in a number of theoretical papers (Cadmus, 2006; Cordeniz, 2002; Dunn-Cane, Gonzalez, & Stewart, 1999; Gerke, 2001; Hart, 2006; Hessler & Ritchie, 2006; Kowalski, 2001; Shermont & Krepcio, 2006; Spinks & Moore, 2007; Swearingen & Liberman, 2004; Walker, 2007).

Of interest also is the topic of mentoring within an intergenerational context. Researchers report that mentorship is an important factor in professional satisfaction, particularly for younger generations (Halfer, Graf, & Sullivan, 2008; Sherman, 2005; Wieck et al., 2002). Promoting understanding and appreciation of generational differences is vital to decreasing conflict in the workplace and

subsequently can lead to increased work satisfaction and higher retention of new employees (Butler & Felts, 2006; Stewart, 2006; Weston, 2001a; Weston, 2001b).

There is no doubt that both preceptors and students want and need a positive preceptorship experience (Yonge, Myrick, Ferguson, & Luhanga, 2005). Several researchers highlight the importance of the preceptor-student relationship to the overall success of the preceptorship experience (Crawford, Dresen, & Tschikota, 2000; Mamchur & Myrick, 2003; Öhrling & Hallberg, 2000b; Ralph, Walker, & Wimmer, 2009; Yonge, 2009). Some research also exists relating to specific attributes of preceptors that students perceive to be positive and/or effective (Huggett, Warrier, & Maio, 2008; Schumacher, 2007). The importance of understanding learning styles and leadership styles is also explored in the preceptorship literature (Brunt & Kopp, 2007; Lockwood-Rayermann, 2003).

### **Purpose**

The purpose of this study was to examine the lived experience of preceptors and students within the context of the intergenerational clinical practice setting. The goal was to develop an understanding of the nature and meaning of this experience and subsequently to use this knowledge to enhance our generational understanding in the pedagogical context. Such knowledge development has the potential to foster a teaching learning/learning culture in the clinical practice setting that is inclusive of divergent generational expectations. It is hoped that the findings of this study will contribute in a practical way to pedagogical nursing knowledge development, specifically in the area of preceptorship or field education.

### **Research Questions**

The research questions that guided this study were as follows: (1) What is it like to precept a student who is of a different generation? (2) What is it like to be precepted by a nurse who is of a different generation?

### **Research Design**

A qualitative research design, specifically phenomenology, was employed for this study. Phenomenology aims at discovering “what is this or that kind of experience like?” (van Manen, 1997, p. i). The goal is to develop plausible insight into a phenomenon of interest to the researcher and make this insight available to others who have a similar interest in the phenomenon (van Manen, 1997). This study was guided by van Manen’s (1997) approach to phenomenology as described in his text, *Human Science for an Action Sensitive Pedagogy*. Notably, as a research methodology, phenomenology is appropriate for all disciplines of the humanities and social sciences which seek to understand human experience within various social, historical and/or political contexts (van Manen, 2000).

Van Manen’s approach to phenomenology differs from that of philosophers such as Husserl and Heidegger in that van Manen offers more specific methodological guidelines for researchers interested in conducting phenomenological inquiry. While van Manen (1997) draws from the works of many phenomenological philosophers, his particular approach is more ‘action sensitive’ than philosophical. Another distinct feature of van Manen’s phenomenology is his focus on pedagogy. He advocates conducting human

science research in order to inform and improve pedagogy in a practical way. The phenomenon of concern in this study is the preceptorship experience within an intergenerational context and the lived experience of both preceptors and nursing students was explored.

### **Data Collection**

Data were generated during two unstructured interviews with each participant. A purposive sample of preceptors and nursing students were selected from an undergraduate nursing program in eastern Canada. The interviews served the dual purpose of collecting data to discover a rich, deep understanding of the preceptorship experience in the intergenerational context as well as creating a dialogue between the researcher and the participants about the meaning of their experience. A conversational relation should develop in phenomenological interviewing (Bergum, 1989). Prior to the first interview, the participants were given an information letter (Appendix A) and consent form (Appendix B) and were afforded the opportunity to ask questions about the study. Demographic data were also collected prior to the first interviews (Appendix C). Each interview was audio taped and then transcribed for analysis. Some sample interview questions were developed as a guide (Appendix D), however rather than using these questions in a structured way, they were possible prompts for occasions when the participants may have had difficulty reflecting or elaborating on their experiences.

As a researcher I engaged in an active dialogue with the participants to assist them in describing and interpreting their lived experience. At the

completion of the first series of interviews, I asked each participant to consider writing down any additional ideas that may come to mind about their experience that they might like to discuss during the second interview. Following these interviews, preliminary themes were identified through analysis of the transcripts and participants were provided with a summary of these preliminary themes along with specific quotes from the first interviews that were considered to be particularly revealing. The summary of preliminary themes was explored during the second series of interviews. All but two of the participants responded to the request for a second interview. The purpose of the second series of interviews was to confirm and/or extend the analysis through hermeneutic conversations in which the researcher and participant reflected on the preliminary themes and attempted to interpret the significance of these in light of the original research question (van Manen, 1997). More than one interview is generally required for phenomenological research (Benner, 1994; van Manen, 1997). The first interviews ranged from approximately 30-60 minutes, while the second interviews ranged from 20-60 minutes. Recruitment of participants continued until a rich deep case analysis (Sandelowski, 1995) was achieved and data saturation (Streubert & Carpenter, 2011) was reached. The time frame for completing data collection was 10 months.

Ethical permission to conduct this study was obtained from the University of Alberta Health Research Ethics Board (HERB) as well as the Human Investigation Committee (HIC) of Memorial University of Newfoundland (see



Appendix E). Ethical permission was also received from the health care agency where students and preceptors were recruited.

### **Sample**

In order to recruit participants for this study, I worked in collaboration with the Clinical Placement Coordinator (CPC) at the nursing school where I was formerly employed. Having been the previous coordinator of the third year preceptorship course for six years, I was familiar with many of the preceptors and students, thus when I met with the CPC, we purposely endeavored to identify participants who would be willing to discuss their experiences. The goal in purposive sampling is to deliberately look for “information rich cases that capture analytically important variations in the target phenomenon” and select participants based on their knowledge and ability to communicate about their experience of the phenomenon under investigation (Sandelowski, 1995, p.181). With this in mind, we chose students of different age ranges (i.e. Millennials and Generation X), and preceptors of different age ranges (i.e. Generation X and Baby Boomers), as well as both males and females. In order to avoid any perceived coercion, the invitations to participate in the study were distributed by the CPC via email. We began with a very small number of students and preceptors and continued to recruit until data saturation was reached.

There were 14 participants in total: seven of these were nursing students and seven were preceptors. Of the seven students, four were female, three were male, two were Gen Xers, and five were Millennials. Of the seven preceptors, six were female, one was male, and all were Gen Xers. All of the preceptors had at

least five years of experience precepting students. The student participants were all in their final year of their nursing program and were reflecting upon their preceptorship courses in both the third and fourth years of the program. Small sample sizes (e.g. 6-10) are characteristic of phenomenological studies (Morse, 2000) as the goal is not to make external generalizations about the population, but to attempt to gain deep insight into the meaning of the lived experience (van Manen, 1997; Streubert & Carpenter, 2011). It was my goal to recruit participants from both generations of preceptors, however none of the Baby Boomers responded to the invitation. It is important to acknowledge as well that at the time of data collection, the third year preceptorship course had been completed and thus I was no longer working directly with any of the participants and was not responsible for the student evaluations. It is also important to point out that none of the preceptors who participated in this study had worked directly with any of the student participants. Both groups were informed at the outset that I would not be interviewing any participant that they had been paired with previously. To further maintain confidentiality and to ensure anonymity, pseudonyms were assigned to each participant and these will be used throughout the analysis section of this chapter.

### **Personal Assumptions**

An important starting point, particularly for phenomenological research is to examine my own personal assumptions or pre-reflections about the phenomenon of interest. Through my experience as a nurse educator and coordinator of a preceptorship course, I became increasingly aware of the

generational diversity evident in nursing clinical practice settings as well as educational institutions. As a result, I developed a keen interest in learning more about the lived experience of both preceptors and students in the intergenerational context. I acknowledge that I have made assumptions at times that the different generations do not understand each other. In my view, a lack of awareness of generational differences can lead to tension and/or conflict in the preceptor-student relationship. Such tension can have a negative impact on student learning as well as the overall success of preceptorship. It is also my view that promoting understanding of generational diversity is an important responsibility of nursing faculty.

Acknowledging such pre-existing biases and or knowledge of the phenomenon under investigation, is vital to the conduct of a phenomenological study. Husserl used the term 'bracketing' to describe how researchers must put aside any pre-existing knowledge or assumptions they may have about the phenomenon, however van Manen (1997) questions whether it is realistic for researchers to truly put aside their knowledge of the subject. He posits that it is not necessary to 'bracket' the information, but rather researchers have a responsibility to make their knowledge of the phenomenon explicit. He goes further to suggest that presuppositions may re-surface into the researcher's reflections when we try to forget that which we already know. Throughout the study, I sought to make my own knowledge of the phenomenon more explicit through the use of a reflective journal.

### **Data Analysis**

Van Manen (1997) describes his approach to human science research as being derived from both the German tradition of “human science pedagogy” (the Dilthey-Nohl School), which employed an interpretive methodology, as well as the Dutch movement of “phenomenological pedagogy” (the Utrecht School), which was noted to be more of a descriptive methodology (p. viii). In order to delineate his particular approach to human science research, van Manen identifies an active and ongoing interplay of six distinct research activities. The first activity, “turning to the nature of the phenomenon”, requires an unwavering commitment to ‘make sense of’ a phenomenon of particular interest to the researcher (p. 30). Van Manen’s (1997) second research activity involves “investigating the experience as we live it rather than as we conceptualize it” (p. 30). Similar and related to the first activity, here van Manen suggests that it is necessary for the researcher to become immersed in the phenomenon in order to develop a deep understanding of the nature of the lived experience and not take anything for granted, with the exception of finding meaning in experience. He acknowledges that the researcher’s personal experience is an “ego-logical” starting point for phenomenological human science research (p. 54) and for the proposed study, it was my own experience as a coordinator of a preceptorship course that led to my interest in the intergenerational context of the preceptorship experience.

The third research activity presented by van Manen (1997) includes “reflecting on the essential themes which characterize the phenomenon” (p. 30).

Reflection is seen as the primary means of uncovering the essence of the experience. Themes or ‘meaning units’ are said to give structure to the phenomenon. In other words, meaning is constructed from the individual themes that are rooted in the experience under investigation. Van Manen suggests that one of the most challenging features of human science research is deciding whether a theme is essential to the experience or incidental. In so doing, it is critical that the researcher delineate whether meaning is lost or changed as a result of removing the theme in question. Van Manen describes this process as “free imaginative variation” (p. 107). Three approaches to isolating common themes from within the research data are outlined by van Manen. These include: the wholistic or sententious approach, the selective or highlighting approach and the detailed or line-by-line approach. In this study, I employed the selective or highlighting approach.

Describing the phenomenon “through the art of writing and rewriting” is the fourth research activity that van Manen (1997) outlines (p. 30). The artistic process of creating a phenomenological text through writing and re-writing is seen as the method of bringing meaning to light. Furthermore, writing and re-writing is the primary means of making external that which is internal, or “giving appearance and body to thought” (p. 127). It is through the writing and rewriting of themes that the structure and hence meaning of the lived experience can be uncovered. During this study I became immersed in the data as a whole by listening to the tapes and extensively reading and re-reading the interview transcripts. Selective reading and highlighting allowed me to identify the

statements that were particularly revealing. The thematic analysis was then written using direct quotes from the transcripts as examples that captured meaning and provided a realistic portrayal of the participants' experiences. The relationships between the themes was also examined in order to reveal the manner in which they fit together to form the essence of the lived experiences. As part of the interpretive, hermeneutic process, I consulted with my supervisor and thesis committee to discuss the plausibility, coherence, and comprehensiveness of the essential themes.

With regard to structuring a phenomenological text, van Manen identifies five approaches: (1) thematically, (2) analytically, (3) exemplificatively, (4) exegetically, and (5) existentially. He adds that these are "neither exhaustive nor mutually exclusive" (p. 173). A combination of approaches may be used or the researcher may invent an alternative organization. In this study, I have chosen to structure the text using a combination of the thematic and analytical approaches. It is important to acknowledge that juxtaposing categorical theory with human experience is challenging because invariably it is difficult to digress from the lens of the categories. Yet, in this study through thematic analysis (van Manen, 1997), I was able to maintain a fresh eye regarding the experiences of preceptors and students through a process of constantly revisiting the tenets of phenomenology within the context of the preceptorship experience that was occurring. I recognize that already preceptors and students understand what it is to be a preceptor and what it is to be a student long before any epistemological way is chosen. We know that preceptor/student concerns are intrinsic concerns to nursing and

subsequently we must incorporate literature and theories that can shed light on this particular phenomena. Phenomenology as well as the practices of nursing pedagogy remind us to remain respectful of these understandings before any categorical lens obscures our view of the concern and how it is actually experienced. In this study, the intergenerational categories assisted with the generation of new knowledge for the preceptor and student relationship, pedagogical attitudes of preceptors and of students at play, and therefore cannot be ignored.

The fifth research activity that van Manen (1997) identifies entails “maintaining a strong and oriented relation to the phenomenon” (p. 31). The researcher must aim for the strongest possible interpretation of the phenomenon through his/her awareness of the human lived experience. A rich and deep research text is the outcome of van Manen’s phenomenological approach to human science research and invariably it is through the writing of a text deep in meaning that the researcher is able to externalize the lived experience. I believe the thematic analysis presented in this chapter has enabled the externalization of the participants’ experiences.

“Balancing the research context by considering parts and whole” is the final research activity that van Manen (1997) outlines (p. 31). Here van Manen cautions the researcher to not be consumed with writing the details of the research methodology until the actual study has been completed. He acknowledges that it is important to have clear research plans and to have an overall picture in mind as to how the study will proceed and how the text will be organized, however he

posits that specific details can and should be worked out during the research study process.

In summary, as a researcher, I engaged in each of these six research activities and moved back and forth between them as the project unfolded. Data collection and analysis occurred simultaneously. Van Manen (1997) notes that these research activities are considered to be inter-related and ongoing processes rather than a linear approach for engaging in human science research. Van Manen also suggests use of four “lifeworld existentials” as guides for reflection in the hermeneutic phenomenological research process: “*lived space* (spatiality), *lived body* (corporeality), *lived time* (temporality), and *lived human relation* (relationality)” (p. 101). A discussion of these four lifeworld existentials will follow the thematic analysis.

### **Rigor in Qualitative Research**

Methodological rigor is an ongoing issue in qualitative research and many authors suggest that it is inadequate to apply a quantitative concept of rigor to that of qualitative research (Benner, 1994; Davies & Dodd, 2002; Guba & Lincoln, 1989; Koch, 2006; McBrien, 2008; Sandelowski, 1998; van Manen, 1997). Morse (2003) defines rigor as “the adequacy and appropriateness of the method to address the research questions proposed and the solidity of the research design” (p. 837). Van Manen (1997) posits that the criteria for rigor and rationality in human science research cannot be the same as that of natural science research because a much broader view of rationality is essential. Van Manen (1997) suggests that rigor in human science research is achieved through the



development of interpretive descriptions that “exact fullness and completeness of detail and explore to a degree of perfection, the fundamental nature of the notion being addressed in the text ”(p. 17). In essence then, the goal of rigor in qualitative research is to accurately reflect the participants’ experiences (Streubert & Carpenter, 2011).

Guba and Lincoln’s (1989) classic work is often cited by qualitative researchers who seek to address issues of rigor. These authors have outlined four distinct criteria which can be used to evaluate the trustworthiness of qualitative research data. These criteria are: 1) credibility, 2) transferability, 3) dependability, 4) confirmability. Throughout this study I took deliberate action to strive for trustworthiness in each of these four areas as I will now outline.

In relation to the first criterion, credibility refers to how well the researcher’s interpretation of the data reflects the participants’ personal experiences (Guba & Lincoln, 1989). To achieve credibility in this qualitative study, I worked in collaboration with my supervisor and committee members from the University of Alberta who have experience with the phenomenological methodology as well as the content area under investigation. Feedback from my supervisor and thesis committee members allowed for further exploration of the themes identified. The review process for graduate student research also aides in achieving credibility as both internal and external reviewers read the analyses to examine the plausibility, coherence and comprehensiveness of the phenomenological text. Conducting second interviews was another approach to ensuring credibility as these afforded the opportunity to clarify meanings and

examine “gaps or blindspots” (Benner, 1994, p.110). This is often referred to as member checking and Lincoln and Guba (1985) note that this is key to ensuring credibility. In this study, the participants confirmed and extended the initial interpretations during the second interviews. Munhall (1994) refers to this as the “phenomenological nod” – or nodding in agreement when reading or listening to the study findings which is indicative that their experience has been captured by the researcher (p. 189). The themes were also re-examined in the context of current research literature (Streubert & Carpenter, 2011) and were found to be supported by the work of other researchers. This aspect will be explored further in the findings and discussion section of this chapter.

Transferability relates to the extent to which the findings are useful in other contexts similar to that of the one under investigation (Guba & Lincoln, 1989). In the implications section of this chapter, I provide suggestions related to the transferability of study findings beyond the current context, however, as Guba and Lincoln (1989) note, it is ultimately the reader who determines whether study findings are useful or transferable to other contexts. Graneheim and Lundman (2004) suggest that transferability is facilitated when researchers provide a clear and distinct description of the research process including a discussion of the culture and context, selection and characteristics of participants, as well as a rich presentation of study findings. I believe that I have addressed these key aspects in this chapter.

The dependability criterion addresses whether replication of the study with similar participants in the same or similar context would lead to similar results

(Guba & Lincoln, 1989). In order to facilitate dependability, I believe that I have provided a clear trail of decision-making, particularly in the data analysis phase of this research study, such that another researcher could 'audit' this decision trail and possibility arrive at similar results (Sandelowski, 1998). Reflexivity on the part of the researcher is also essential to ensuring dependability. Porter (1993) notes that reflexivity relates to self awareness and the acknowledgement that the actions and decisions of the researcher invariably impact upon the meaning and context of the phenomenon under investigation. It is also a means of showing honesty and transparency in the research process (McBrien, 2008). During this study I used a reflective journal to document observations, pre-reflections, taken for granted assumptions, critical thinking and decision-making. Some data from this reflective journal have been incorporated throughout this chapter, particularly in relation to my assumptions and pre-reflections. The raw data including all coding and interpretive notes have also been preserved as part of the audit trail.

The criterion of confirmability focuses on the extent to which the study findings reflect the data collected and can be achieved by identifying linkages between the results and the data collected (Guba & Lincoln, 1989). To that end, I attempted to provide comprehensive information about the original data and the analytical processes used throughout the study. I have endeavored to include numerous direct quotations from the research data in the final report as this is considered an important means of achieving confirmability (Clissett, 2008; Guba & Lincoln, 1989).

## Findings and Discussion

To explore the lived experience of preceptorship in the intergenerational context, a necessary starting point is to examine the meaning of the term “preceptorship”. It derives from the word *precept* which comes from the Latin word *praeceptum*, meaning “maxim, rule, order”, as well as the Latin *praecipere* meaning “give rules to, order, advise” (Harper, 2010b, Preceptorship). Preceptorship is further characterized as “a defined period of time in which two people (a nurse with a student nurse or an experienced nurse with a new graduate) work together so that the less experienced person can learn and apply knowledge and skills in the clinical practice setting with the help of the more experienced person” (Mosby, 2009, p.1498). Preceptorship then involves two states of *being*; that of *being a preceptor* and that of *being a preceptee* and inherent within is the expectation that these two *beings* come together to develop a close working relationship that hopefully benefits both parties.

From an adult education perspective, the theoretical framework of the preceptorship model of clinical education can be said to be grounded in experiential learning theory. In this theory, learning is defined as “the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience” (Kolb 1984, p. 41). As Fenwick (2003) intimates:

Apprenticeship training for trades and professions is based on beliefs that important learning is rooted in repeated practice of skills in different situations, using actual tools (including language) in real contexts, while coping with the social political dynamics important to any working community. (p. 6)

Preceptorship can also be said to be underpinned by the progressive educational philosophy of Dewey (1938) who espoused the view that learning occurs through *doing*. In Dewey's pragmatic philosophy, he proffers that individuals develop through organized collective experience as opposed to random individual experience. Further, he emphasizes that individuals create new knowledge and transform themselves as they engage in performance of new roles. In the case of this study, the interpretive analysis of participants' experiences will be framed by the intergenerational context of the preceptorship experience which directly relates to social and political factors inherent in the clinical practice environment. It is important to remain focused on the phenomenon of interest (*preceptorship*), however doing so requires constant consideration for the context which frames the interpretive analysis (*the intergenerational nature of the learning space*).

What is it like to precept a student who is of a different generation? And what is it like to be precepted by a nurse who is of a different generation? How did the participants in this study reflect on and interpret their experiences? The remainder of this chapter will explore the answers to these questions. The participants not only openly shared their experiences, but also engaged in an interpretive conversation/relation with the researcher and through analysis of the interview transcripts, I hope to share a rich, deep interpretation of their collective experience. The study findings will also be placed within the context of the current state of knowledge regarding preceptorship and the intergenerational workplace setting.

From a phenomenological point of view, three main themes formed the structure of the participants' experiences and can be said to be interrelated and connected in such a way that each one is essential to understanding what the preceptorship experience in the intergenerational context was like for the participants. The essence of their collective experience can be described as *being affirmed* and *being challenged along a pedagogical journey*. Some overlap naturally exists between the themes due to the nature of lived experience or as van Manen (1997) explains, "one theme always implicates the meaning dimensions of other themes" (p. 168). This inherent interconnectedness will become evident throughout the analysis section. Invariably, the *pedagogical journey* of discovery described by the participants is one that was *affirming*, but also fraught with *challenges* that made navigating the path somewhat difficult at times. Each of the three main themes was inclusive of a number of subsuming themes and will now be explored in detail, supported by direct quotes from the interview data which are believed to be particularly illuminating. See table 1 for a summary of the findings (Appendix F).

### ***Being Affirmed***

It is important first of all, to explore the meaning of the phrase *being affirmed*. From an etymological point of view, the word "affirm" derives from the French *afermer*, and from the Latin *affirmare*, meaning to make steady, strengthen, and consolidate (Harper, 2010a, Affirm). More specifically, the term "affirm" is defined as "to validate, confirm, state positively with confidence, declare as a fact, assert to be true" (Babcock Gove, 2002, p. 35). In the context of

this study, *being affirmed* relates directly to the participants' experiences of being validated, strengthened, and consolidated, all of which were identified as rewards of either precepting or being precepted by someone from a different generation.

All of the participants clearly articulated that preceptorship in the intergenerational context was a very positive experience and one that reaped many personal rewards. As one student remarked, "It was fantastic. I've had really good experiences... never once did I feel from them [preceptors] that they put me down or made me feel any less than what I was – which is still a student"

(Christina). Another student commented:

I didn't have any encounters that were bad at all. They [preceptors and staff] were really accepting, and they were happy that I was interested and eager for learning and wherever they could help out, they helped out....a really positive experience. (Ashley)

Preceptors also highlighted the positive nature of their experience with precepting younger students. Patricia stated that it was "absolutely positive overall...I feel young, I love it, and I've gotten nothing but respect from them". Karen agreed and identified that her experience was, "definitely positive overall...the students that I have had, for the most part, have been quite eager to learn".

It is important to note that *being affirmed* manifested itself differently for the students than the preceptors and there were six subthemes identified which illuminate this affirmation more clearly. From the students' perspective, being affirmed related to: *having a professional role model*, and *building confidence*. The preceptors' reflections related more specifically to: *being respected*, *seeing students grow*, *imparting the legacy*, and *strengthening nursing knowledge*. These six subthemes will now be explored in more detail.

***Having a professional role model.*** Nursing students often look to the clinical practice setting or the ‘nursing world’ for affirmation of their professionalism (Secrest, Norwood, & Keatley, 2003, p. 81). In this study, students explained that they believed that they worked very well with experienced nurses and appreciated the practical wisdom and knowledge, as well as the sense of pride in the nursing profession that older nurses embodied. Andrew’s comment suggests that students want to emulate the professional approach of experienced nurses. He stated:

I wanted to go to somebody older than me. I wanted someone who has a sense of the profession, and a model of professionalism which is maybe a bit more old fashioned model perhaps than some of the younger generation. I’ve learned skills and knowledge from all nurses, but that issue of finding someone to model professionalism...for me, that’s the part that I’ve appreciated the older generation the most for.

Similarly, Mark stated:

Actually it was pretty rewarding because, I felt that I could learn a lot from the older generation. They have the skills built up from many generations, really. And she [preceptor] was willing to...share whatever she had, so it was great that way. I had a really positive experience overall.

Mark added that knowing he could rely on his preceptor led to feelings of comfort and security which was *affirming* for him in his student role. He further reflected on his experience as follows:

I had somebody to go to if I got in trouble...not in trouble, I should say, there was no trouble, but if I had questions, I had that contact there, and she was more than willing to give me information and help me through whatever I had issues with.

***Building confidence.*** For the students in this study, *being affirmed* was also manifested in being afforded the opportunity to build their confidence.



Preceptorship in the intergenerational context was seen as a direct embodied experience, or in other words, a planned immediate encounter in the here-and-now, that involved them physically and emotionally (Fenwick, 2003). This direct embodied experience allowed them to build confidence in their ability to perform new roles. Students' reflections on their experiences as noted in this subtheme are consistent with the constructivist view of experiential learning, particularly Kolb's (1984) cycle of learning, which involves four phases: concrete experience, reflective observation, abstract conceptualization, and active experimentation. The first two phases, concrete experience and abstract conceptualization are considered to be "two dialectically related modes of grasping experience", while the other two phases, active experimentation and reflective observation are viewed as "two dialectically related modes of transforming experience" (Kolb, Boyatzis, & Mainemelis, 2001, p. 193-194). During the learning cycle, immediate or concrete experiences serve as the basis for observations and reflections which are then integrated and refined into abstract concepts from which new implications for action can be drawn. These implications can then be actively tested thus serving as guides in creating new experiences and building on previous learning (Kolb et al.).

Kolb et al. (2001) note that conflict between the 'concrete' or 'abstract' and between 'active' or 'reflective' is generally resolved in patterned ways based upon individual learning styles. Kolb (1984) identifies a learning style inventory which can be used to assess four distinct learning styles known as: diverging, assimilating, converging, and accommodating. I will return to these learning

styles in the final theme *a pedagogical journey*, but for now I will relate the cycle of learning to the students' experiences in this study.

I suggest that all four phases of Kolb's (1984) cycle of learning were evident in the students' comments. For example, Justin described how comfortable he *felt* with his preceptor's level of guidance. He stated:

She immediately had a really good feel of how often she had to come in with me when I first did a skill, and when she could leave me on my own...there was never a time when she was watching me that I was uncomfortable. (concrete experience)

Sarah commented on the importance of *doing* and stated, "That's one of the main benefits I see...just getting out there and being able to put your skills in action....that's something that I appreciated" (active experimentation). Similarly, Andrew concurred, "You do sort of learn a huge amount in your first real clinical placement with nurses and that has been really valuable for me" (reflective observation). Andrew added, "The preceptorship experience...was the beginning of feeling like a nurse" (abstract conceptualization).

Overall, the students' recognition of their growth toward increasing confidence led to a feeling of *being affirmed*. This affirmation as it relates to the presence of a professional role model as well as building confidence, as found in this study, is congruent with previous research (Callaghan et al., 2009; James & Chapman, 2009; Myrick, Yonge, & Billay, 2010; Öhrling & Hallberg, 2000a; Ralph, et al., 2009; Secrest et al., 2003; Zilembo & Monterosso, 2008). Kolb's (1984) learning cycle is reported to correspond well with field education experiences in professional disciplines (Mulholland & Derdall, 2007) and in

nursing in particular, research on experiential learning theory dates as far back as the late 1970s (Spence Laschinger, 1990).

All seven of the preceptors in this study also agreed that precepting younger students is a positive, rewarding, and thus an *affirming* experience. In particular, they described the following aspects of the experience to be most significant and these are also considered to be subthemes of *being affirmed*: *being respected*, *seeing students grow*, *imparting the legacy*, and *strengthening nursing knowledge*.

***Being respected.*** With regard to feeling respected for their knowledge and skill, one of the preceptors indicated that he feels valued when students and new nurses choose to come to him when they have questions about nursing care. He stated:

They come to me, and I've always had that, after I got so many years under my belt, lots of people come to me, and still do, and I like that because I'd rather for them to come to me and ask, and if I don't know, I'll get the answer rather than them go make a mistake. So I encourage that. (Dave)

Another preceptor noted that it is “very rewarding to see a student who’s just left the area and they’re so impressed with the experience that they had and they thank you for passing on some of your knowledge” (Lisa). Such “tokens of gratitude” are considered to be a significant reward of precepting (Leners, Sitzman, & Hessler, 2006, p. 6).

***Seeing students grow.*** Preceptors also identified that seeing students’ growth and development towards being a professional nurse during the preceptorship experience was *affirming* for them in that it made them feel that

they had done a good job themselves. For example, Colleen commented, “It’s very rewarding...you can see at the end of the eight weeks...that they are going to be good nurses”. Observing student growth is reported to be one of the most rewarding aspects of the preceptor role (Hill, Wolf, Bossetti, & Saddam, 1999).

***Imparting the legacy.*** Being able to impart the legacy of nursing onto the younger generation was another significant reward for preceptors and led to feeling *affirmed*. One preceptor noted, “I like teaching those that are coming up, the things that I already know, that I wish I knew when I began” (Colleen). Another preceptor elaborated on the personal responsibility she feels for imparting the legacy and noted that she feels satisfaction when students achieve success. She stated:

It kind of reflects back on me when a student is finished and going to soon graduate and become a nurse and whatever type of nurse they are if they spent 8 weeks with me, obviously I’ve had some impact on them somehow in what they do...and how they behave...and when you find out that you know what, this is a great person, we’re so happy we hired them, it’s almost like a satisfaction for yourself. (Wendy)

Likewise, Lisa stated, “hopefully you will go with them wherever they go. Like, they’ll look back at it [the preceptorship experience] and say, you know, I learned a lot from this preceptor”. Students in this study also acknowledged the preceptors’ innate ability to impart the legacy of nursing onto them. For example, Andrew observed, “I’ve seen it...they [preceptors] care about nursing...and they want to impart something onto the next generation of nurses”. This genuine commitment to the profession and demonstrating value for the education of future nursing professionals could be said to exemplify what Myrick et al. (2010) refer to as “engaging in authentic nursing practice”, a process which the authors

suggest nurtures practical wisdom in the preceptorship experience (p. 82). These authors note that affirming the student role and recognizing student potential were inherent in the preceptor student interaction and were key elements of engaging in authentic practice.

***Strengthening nursing knowledge.*** Several of the preceptors highlighted the benefit of feeling as though their own nursing knowledge was strengthened as a result of working with nursing students. Wendy remarked, “It keeps me on my toes and it keeps me up on my skills and reminds me of why I’m in there too. It makes me appreciate what I do”. Lisa described students as “a wealth of knowledge when they’re coming out of school”. She added, “I am impressed with them”. Colleen indicated that she appreciates it when students inform her of new ways of doing things. Patricia specified that learning these new things and keeping current made her “feel so good!” She went on to say:

I find that I am so on top of all my policies. I just find that I’m on top of everything, I’m so educated and I learn alongside my preceptee. They bring you new knowledge and new ideas. So you’re more open, so it’s good both ways, you know? You can learn.

The preceptors described many other positive attributes of working with students of the Millennial Generation. Dave commented on the fact that he looks forward to “an influx of new blood” each time a new group of preceptees comes to his nursing unit and this keeps him from feeling “stagnant”. Sharon expressed that she enjoys working with students because “they’re fun to be around and they are high energy, and I like being challenged”. Lisa added, “They keep you young, keep you vibrant, keep you educated and...they’re the ones we’re going to be depending on”.

Overall, these comments reveal a level of self-reflection that emanates from being a preceptor and such reflection in and of itself was *affirming* for preceptors. Preceptors recognized that they were strengthening their own knowledge base and awareness of themselves as professional nurses. This finding is corroborated by other researchers who have specifically examined the experiences of preceptors (Öhrling & Hallberg, 2001; Pardue, 2002; Smedley, 2008; Yonge, Hagler, Cox, & Drefs, 2008). Numerous other intrinsic rewards such as teaching, role modelling, contributing to the future of the profession, moulding students, and enhancing one's pedagogical skill through precepting are also identified (DeWolfe, Laschinger, & Perkin, 2010; Hallin & Danielson, 2009; Henderson, Fox, & Malko-Nyhan, 2006; Hyrkas & Shoemaker, 2007; Marincic & Francfort, 2002; Leners et al., 2006; Stone et al., 2002; Usher, Nolan, Reser, Owens, & Tollefson, 1999).

### ***Being Challenged***

It is perhaps rather obvious, but important nonetheless to offer here a definition of the term 'challenge' so as to provide context for the analysis of the theme *being challenged*. According to Babcock Gove (2002) a challenge is "a summons that is often threatening, provocative, stimulating, or inciting" (p. 371). In this study, the theme of *being challenged* focused on the participants' descriptions of situations that were sometimes threatening, provocative, stimulating, and/or inciting within the intergenerational preceptorship experience. A number of sub themes of *being challenged* were revealed: *colliding*

*generational worldviews, encountering conflict, uncovering tenuous social relationality, and contending with increasing complexity.*

***Colliding generational worldviews.*** The subtheme of *colliding generational worldviews* is inclusive of differing generational perceptions as well as misconceptions. Both the students and the preceptors offered descriptions of their own generations as well as thoughts about other generations and it became increasingly apparent that some “generational clashpoints”, to use the language of Lancaster and Stillman (2002), exist. Clashpoints are “those trouble spots where generational conflicts are most likely to explode” (Lancaster & Stillman, p. xxvii). While there was no evidence of an explosion of conflict per se in this study, definite tension was encountered by students and differences of opinion were voiced, particularly on the acrimonious topic of work ethic of Millennials, and also on the subject of Gen Xers being task oriented. It became apparent that both generations felt a need to respond to comments by the other in these two key areas.

In looking at generational perceptions, it was clearly evident that the Millennial students view themselves quite differently than their preceptors and likewise, the preceptors view themselves differently than the students. Differing generational perceptions between younger nurses and older nurses are well documented in the literature (Blythe et al., 2008; Hu et al., 2004; Lavoie-Tremblay et al., 2008; McNeese-Smith & Crook, 2003; Palese et al., 2006; Santos & Cox, 2000; Stuenkel et al., 2005; Widger et al., 2007). Millennial students in this study described their generation as: open-minded, out-going, energetic, tech

savvy, ambitious, risky, wanting multiple career options / career wanderers, and aware of social issues. In particular, students commented on the energy and open mindedness of their generation as key strengths. For example, Justin stated:

It's not so cliquish...I just find that we're very open minded about a number of different things. Like, I find in clinical it's easy for people to judge patients based on their history, but I find that our generation...they don't jump to conclusions as fast. They ask more questions.

Another student described her generation as “risky”, but was careful to clarify her meaning. She stated:

Not the negative type of risky, but like to take on a challenge....we love to explore things we don't know about. In nursing school, very early on I learned that I had to jump into things and not wait, go ahead and get it over with and you feel that much better after, so I guess that would be considered risky. (Christina)

The two Gen X students in this study also described themselves as more similar to their Millennials peers than Gen X nurses. Andrew commented, “I would share more with the younger generation...you bond on the basis of a lack of experience and on your nursing school experience.” Mark added, “I'd say they [Millennials] are pretty similar, to me”. Notably, these descriptions of Millennials are consistent with the positive characteristics and traits reported by Howe and Strauss (2000) in their text, *Millennials Rising: The Next Great Generation*. These authors propose that Millennials are demonstrating a magnitude of positive social habits, and furthermore they are more affluent, educated, and ethnically diverse than any other generation in history (Howe & Strauss, 2000).

In examining the preceptors' (all Gen Xers) impressions of the Millennials, it is important to highlight that these were not consistent with the students' views of themselves. Although some positive traits were identified by



the preceptors, they tended to focus more on what they felt were negative traits of the younger generation. Negative attitudes toward younger generations are reported in other studies (Palese et al., 2006; Santos & Cox, 2000). In this study, the Gen X preceptors' descriptions of Millennials included, but were not limited to the following phrases: vibrant, knowledgeable, carefree, lack of work ethic, naïve, immature, over-assertive, not committed to nursing, and task oriented. These descriptions are somewhat consistent with those of Twenge (2006) whose text, *Generation Me: Why Today's Young Americans are More Confident, Assertive, Entitled – and More Miserable than Ever Before*, offers a rather striking contrast to the positive traits listed by Howe and Strauss (2000).

On the positive side, one of the preceptors referred to today's students as "vibrant" and noted, "they can offer a lot" (Lisa). Sharon focused on the tech savvy ability of Millennials and said that she was impressed with this trait. Overall, however, the preceptors in this study suggested that the majority of students are overconfident in their abilities and have an 'attitude' that they found particularly challenging to confront. One preceptor summed it up in this way:

A lot have attitude. It's like, 'I know what I'm doing. I learned it and I don't need any guidance.' Or they feel that they come out and they do something once and 'okay, I can go on my own and do that.' Not all...but I find that overconfidence in some... a bit flippant. (Wendy)

Furthermore, most preceptors verbalized that today's students lack concern for how others view them, lack commitment to the nursing profession, and are disinterested in carrying out basic nursing care. For example, Colleen stated:

I just think that Generation Y just wants to do their own thing on their own time, and they're not really concerned about what anyone else thinks

about it – or of them...a lot of that generation don't know what they want to do with themselves.

Sharon elaborated in this way:

They have a great knowledge base, but I perceive them as very naïve...very idealistic, and coming into a new profession you want them to be that way...but they're not as hands on as they used to be. They're not looking for anything extra. The kids now are more book oriented, more research oriented, they're more into getting into the offices, and less interested in basic nursing care, less interested in sitting down having a chat with a patient when you've got that spare ten minutes, because they're over surfing the net, looking up, I don't know what.

Dave concurred about the lack of commitment of today's nursing students, but he went further to comment not only on the issue of students desiring 'higher-up' jobs, but also on what he felt was an even more serious issue, the lack of caring he sees in today's students. He stated:

I find, the young people coming out today...shocking for me to say this – but I don't think they have the same caring attitude as the old nurses used to have...Gone are the days where bedside nursing was the first priority when you came out of school. And now people are coming out and they want a desk job...Monday to Friday, no weekends and no nights. You forget that you got to get in the trenches and work some... I don't know if that's a reflection of the individual, of signs of the times, or just the program that they come through.

This perception of Millennials as not being committed to nursing was a prevailing one among the preceptors. Also ubiquitous was the view that nursing students place little value on basic nursing care and preceptors reported that it was challenging at times to motivate them. The preceptors seemed to be disillusioned by these factors. In a study by Yonge et al., (2008), 46.5 % of preceptors surveyed identify lack of student motivation as a challenge. In addition, Yonge (2009) reports that preceptors consider lack of student motivation to be a major inhibitor to the development of a positive relationship.

A higher level of organizational commitment and job satisfaction by older nurses as compared to younger nurses is noted in several studies (Blythe et al., 2008; Kovner et al., 2007; Mion et al., 2006; Thompson, 2007; Widger et al., 2007; Wilson et al., 2008).

It is interesting to note that preceptors in this study often used military language to describe their concerns over students' lack of commitment to nursing. For example, they commented on students not wanting to "work in the trenches", or "on the front lines", or do the "scut work". Preceptors referred to their own educational preparation as being "in training" or "in the trenches" and having things "drilled into you". It could be argued these comments are reminiscent of a military culture within nursing. Mitchell, Ferguson-Pare, and Richards (2002) propose that the military metaphor embedded in nursing clinical practice be relinquished in favour of a new metaphor, "the frontier – an open space full of promise, possibility, and discovery" and that nurses should be educated to "explore and innovate" rather than "comply and standardize" (p. 55).

Several preceptors offered explanations for why they believed the Millennial Generation is so different than their own generation. A few of the preceptors commented on changing parenting styles and its impact on today's students. One preceptor noted, "everything's handed to them, so they don't realize that you have to work to get what you have in life" (Colleen). Another preceptor said, "they're spoiled from at home" (Patricia) and another added, "we make it very easy for them" (Sharon). The explanations and viewpoints offered by the preceptors here are consistent with those of Marano (2008) in her rather

thought provoking and somewhat controversial text, *A Nation of Wimps: The High Cost of Invasive Parenting*. Marano posits that an overinvolved parenting style has led to a generation of fragile young adults who are unable to deal with failure. Marano acknowledges however that:

It's a mistake to think that today's college students are really just a bunch of privileged brats who've had it way too easy...the world impinges on these kids in ways generations before never dreamed of and it has from an early age. (p.159)

An even more cynical representation of the Millennial Generation perhaps is that presented by Bauerlein (2008) in his text, *The Dumbest Generation: How the Digital Age has Stupefied Young Americans and Jeopardized our Future*.

Bauerlein pejoratively argues that despite having access to more information than any previous generation, technology has been used by young Americans mainly for the purpose of social networking rather than intellectual endeavours and as a result they “possess little knowledge that makes for an informed citizen”(p. 16).

Taking a different perspective, could it be said that the views of Gen Xers as described here, are perhaps suggestive of a perpetual ethos of older generations as it were, that things were much harder in ‘their day’? Howe and Strauss (2000) suggest that each successive generation has to deal with negative perceptions of older generations and that such pessimism is timeless. Furthermore Howe and Strauss assert:

Every generation derives comfort from its collective memories, that special grab bag of habits, tunes, images, gadgets, and words it calls its own. The older it grows, the more it sees in the rising generation a living reminder that such memories are mortal and must ultimately be paved over by those who don't share them...such reminders are a natural breeding ground for tensions between young and old...When youth, affluence, or technology is at issue, adults don't just get grouchy, they

*moralize*-in a jeremiad about laziness and decadence that dates back centuries. (p. 24-25)

Students related many examples of comments from older nurses along this line, reflecting on ‘my day’ and referring to ‘when I was a student’, and the pessimism was certainly felt by the students. For example, Christina commented, “Earlier generations tend to think that they had to work a lot harder than we did, things were just handed to us. But I know many people my age who worked just as hard as anyone did in the 40s and 50s and 60s”.

Moving on now to perceptions about Gen Xers, it was also apparent that their perceptions of their own generation differed significantly from the Millennial students’ perceptions of Gen Xers. Preceptors described their own generation as: hard working, having good clinical training, forward thinking, knowledgeable about social issues, independent, patient/family centered, and career oriented. Karen stated, “I think people of our generation are harder working...and I think our work ethic is probably better than the younger generation”. Dave concurred, “I think my generation of nursing is a bit different than the new generation...I think our clinical training was far better, and I think I was better prepared as a nurse coming out”. Colleen added, “I would say that my generation is a little bit more independent and more career oriented, as opposed to those coming up behind me”. Patricia stated, “We had a lot more hours for clinical, and I think that’s what shaped us for our work ethic, and then we had the older generation...the Baby Boomers, ahead of us, that kind of shaped us partly into their mold”.

Evident in the preceptors' descriptions here is a constant comparing of their own work ethic with that of the younger generation. This finding raises the question as to whether this generational clashpoint can be viewed as an example of binary thinking, or as educational theorist Dewey (1938) referred to it, "the *Either-Or* philosophy" (p. 30). He stated, "Mankind likes to think in terms of extreme opposites...between which it recognizes no intermediate possibilities" (p. 17). Elbow (1993) notes that binary or dichotomous thinking is an ancient tradition yet criticism of it abounds mainly because it is seen to build dominance or privilege either overtly or covertly. It could be argued then that the binary thinking suggested in the preceptors' comments here could be viewed as a form of dominance over the younger generation. Perhaps there is a need to take caution when making generational comparisons in order to avoid this type of dualism wherein one group is right and the other is wrong. Surely some intermediate possibility exists when it comes to the subject of work ethic and generations. Lancaster and Stillman (2002) highlight the intermediate possibility that perhaps neither group is entirely correct. They state:

It's still uncommon for younger generations to be considered credible in the workforce...while on the flip side, too many members of the younger generation assume that youth equates with being the most up-to-date, cutting-edge, and in touch. They forget that experience is what gets you up the hill and that not all members of the older generations are over-the-hill. (p. 44)

This view is somewhat consistent with that of Elbow (1993) who argues that one way to deal with dichotomies is to affirm both sides equally, not as a compromise, but rather to resist attempts at priority or hegemony. Along this line, Elbow quotes Aristotle's philosophy of 'not either/or, but both/and'. It would appear that

this type of philosophy (i.e. both/and) would be more conducive to fostering cohesion among the generations. In the context of this study, I suggest that the worldviews of both generations be acknowledged and given equal power and recognition within the preceptorship experience. Nursing faculty can play an important role in this regard and can assist in eliminating any perceived dominance by the older generation over the younger generation.

When students in this study reflected on their experiences working with older nurses (both Baby Boomers and Gen Xers), their perceptions were that these older nurses are set in their ways, task oriented, often inflexible, and view work as life. On the positive side, they also described older nurses as knowledgeable, confident, personable, hardworking, and available. Mark, a Gen X student, compared Baby Boomers and Millennials and stated, “to me, the older generation seems more stoic and very strictly down to business type of attitude...and the newer generation seem to be friendlier towards the patients.” Sarah suggested that working with younger nurses was more comforting than older nurses in that:

I think that a Millennial nurse might remember a little more what it was like to be a student. And I think that’s ultimately the issue in this, with kind of the older nurses – they don’t remember what it’s like to be student and to not be sure of things 100% of the time. They don’t remember that feeling of paralyzing anxiety.

Christina saw older nurses in a positive light and said that she has been “in awe...of their knowledge and confidence”, however she agreed with her peers on the subject of older nurses being “set in their ways”. She added:

They don’t want to hear you talk about the new ways. They let you do it your way, because that’s the way you’re trained...but there’s no chance that they’re changing the way they do things.

Ashley commented, “I wish they were more open to change...and maybe sometimes older generations don’t really have the same kind of respect for young people”.

It became apparent during this study, particularly during the second interviews, that both generations felt the need to debunk what they felt were myths and/or generational stereotypes. The students felt very strongly that the lack of work ethic was a misconception about their generation. Justin stated, “I think that sometimes we get labeled as lazy because we’re more into technology and stuff”. Sarah added:

I think that maybe it’s misunderstood...I think that they view younger people, and nurses in particular, as kind of flip, and don’t necessarily take nursing seriously...and I’m sure that I take that seriously, and a lot of my friends take it seriously, and I feel that they’ve had one or two students who haven’t taken it seriously...kind of the rotten apple in the bunch...and maybe they view our excitement and naiveté as being flip or not as diligent.

A Gen X student also agreed with his Millennial peers on the subject of stereotyping related to work ethic. Mark stated, “I don’t know if it’s just a stereotype, or it’s in fact true, because I don’t see it. I see a lot of the new generation working really quite hard, especially on our floor”. One student tried to provide an explanation for where the misconception or stereotype about work ethic originates.

Maybe I’m jumping the gun here, but we talk about ‘nurses eat their young’, and maybe we’re trying to have a bravado on, kind of a thicker skin. And maybe that comes off as not caring, or not taking it seriously, when maybe we’re just trying to self-protect. (Sarah)

And in terms of addressing it, one student stated, “You have to prove them otherwise” (Christina). Kayla noted that she feels the need to address it more



directly with the nurses. She said, “The only thing I can think of is to defend yourself without being rude, and say that you can’t speak for everyone when you make those kinds of comments”.

The poor work ethic stereotype revealed in this study perhaps derives somewhat from the career wandering nature of the Millennial Generation revealed in this study. The students identified that job satisfaction is more important to their generation than job security. For example, Sarah chose to take a casual call-in job in community health over a permanent full-time position in the hospital, a decision that her Baby Boomer parents seriously questioned. The students also voiced the need to move around within nursing in order to build a better-rounded knowledge base. As Sarah stated, “that’s much more the style nowadays...I can’t imagine working in one area for twenty five years”. Christina suggested that as students, “We are in that spot now where we’re still finding out what we want to do with the rest of our lives and we’re still planning, still exploring the options”.

Similarly, Ashley stated:

It’s not going to happen anymore that students are going to take a job and stay there for 20 or 30 years just because there’s too many opportunities now for people. Students are so much more aware that like, if you’re not satisfied you can always change at any point.

Justin added, “I want to go back to school and get my Masters, but I want to get experience too, then I want to go back to clinical. I just want to learn as much as I can”. By the same token, Olson (2009) reports that Millennial novice nurses verbalize the need to move around within nursing in order to “find my niche” and make a difference as a nurse (p. 13). Lavoie-Tremblay et al. (2010) suggest that Millennial nurses tend to “leave a door open” because they recognize that they

may not find what they are looking for with their initial choice of nursing clinical practice area (p. 6). It is important to acknowledge that lifelong learning has been instilled in Millennial students through their educational programs and they have really taken that to heart. Along that vein, Andrew remarked, “I think about huge cultural differences in how we’ve been educated...we’re encouraged to think about moving out and up in nursing and to become a nurse specialist and to get a master’s degree”. The student comments here raise the question as to whether the career wandering nature of Millennials, as well as their desire for further nursing education, is indicative of a true commitment to the nursing profession rather than a lack thereof.

In relation to the subtheme of *colliding generational worldviews*, it is important to acknowledge that some of the preceptors also felt the need to debunk what they perceived was a myth about their generation being task oriented and inflexible. One preceptor summed it up in this way:

I don’t necessarily agree with how they see us. Like they said that we were set in our ways. I don’t think that we are set in our ways at all. We know what works and we do what works and if that is going to be time efficient...then you do it. They also said that work was our life which I don’t think work is our life at all...family is our life but we need to work in order to support our family...and I think we are very flexible whereas they [students] don’t see that. (Colleen)

Clearly emanating from the data in this subtheme is the need for both preceptors and students to be open to and aware of generational perceptions or as Lancaster and Stillman (2002) assert, to expand the “bandwidth of tolerance for one other” (p. 145). In relation to Millennials wanting to have a voice during their preceptorship experience and to give their ‘two cents worth’ so to speak, this should not be

surprising considering that they were raised in families where they were included in day-to-day decision making at home (Lancaster & Stillman, 2002). It is also worthy of noting that Millennials expect to contribute and collaborate in the workplace and they will likely be tougher to bully than older generations because they are accustomed to standing up for themselves (Lancaster & Stillman).

***Encountering conflict.*** A second subtheme of *being challenged* was revealed in the data, *encountering conflict*. To my surprise, the issue of intergenerational tension or conflict was not prevalent to a sufficient degree to be considered one of the essential themes in this study. It was however, one of the challenges that both preceptors and students faced along the *pedagogical journey* and one that carried with it some intense emotional responses and/or reactions. Encountering tension relates specifically to the participants' descriptions of nurses eating their young, the notion of preceptors lamenting the past, personality clashes between students and preceptors, as well as the negative attitudes toward the younger generation.

While most students in this study described their preceptorship experience in the intergenerational context as very positive, and most of them had not encountered a specific conflict with their assigned preceptors, they spoke with candour in relating stories from their peers who were not so fortunate. This finding is consistent with that of Curtis, Bowen and Reid (2007) who note that more students relate stories of witnessing horizontal violence rather than experiencing it directly. In the current study, the student comments implied that a culture of horizontal violence (HV) permeates the nursing profession. Sarah

stated, “I’ve been pretty lucky with my preceptors. I’ve heard, from friends of mine, absolute horror stories about things that preceptors have said to them”.

Ashley concurred, “It wasn’t really that hard for me, I have friends and they didn’t have such a positive experience, so just knowing it’s not all positive and there are challenges for sure”. The students implied that these ‘horror’ stories leave a lasting impression on them. Justin stated, “I’ll still never forget hearing some of the things that have been said to other students”.

Two of the students had more direct experience with horizontal violence in the clinical setting. One student referred to the preconceived ideas that preceptors sometimes have about the younger generation and commented on the impact that it can have on students. Justin specified:

We go into the clinical and we’re really nervous and we’re there to learn, we want to do the hands on stuff, that’s our opportunity to learn it, and they already have it in their minds that we don’t have a clue...and it frightens us, and then we’re like ‘well maybe we CAN’T do it.’ Even though we know in our minds the steps to do a skill, we question ourselves.

Another student described a specific interaction with nursing staff (not her assigned preceptor) that left her feeling sad and disappointed. Sarah stated:

I can’t even tell you the absolute distain I got when I told people I was getting a job in Community...absolute distain. The phrase I heard was ‘what business do you have, as a new graduate, working in Community?’ And I was really taken aback. And I thought, ‘oh my gosh, did you just really say that to me, or did I imagine it?’ She was so blunt! And again, so harsh!

When asked more specifically about these negative attitudes and why the negativity is often directed at students, Mark suggested that it’s “because we’re questioning”.

Current literature is replete with studies highlighting the exigent culture of HV in the nursing profession (Benner, Sutphen, Leonard, & Day, 2010; Corney, 2008; Curtis et al., 2007; Farrell, Bobrowski, & Bobrowski, 2006; James & Chapman, 2009; Leiter et al., 2010; Levett-Jones & Lathlean, 2008; Myrick et al., 2006; Rowe & Sherlock, 2005;; Shermont & Krepcio, 2006; Thomas & Burk, 2009; Woelfle & McCaffrey, 2007). Such insidious HV results in lasting repercussions, not only in relation to recruiting and retaining students, but also leads to feelings of self-doubt, humiliation, intimidation, decreased confidence, and ultimately oppression of students (Curtis, et al., 2007; James & Chapman, 2009; Longo, 2007; Myrick et al., 2006; Thomas & Burke, 2009). As Sarah noted, students recognize the need to “put on this little thick skin and get through the day, or go in clean holding and cry...those are your two options”. This specific coping strategy is also reported by Curtis et al. (2007). Conformity, compliance, and silence are identified by students as other ways of coping (Levett-Jones & Lathlean, 2008, Myrick et al., 2006).

It would appear that HV is a “rite of passage” in the nursing profession (Thomas, 2010, p. 302). The reality of this rite of passage was also corroborated by the preceptors in this study and in fact many of them spoke volubly of specific incidents of nurses ‘eating their young’. Dave stated, “You see it every day...you go to break with one person and she’s backbiting the one you went to break with yesterday and the one yesterday was talking about the one you’re with today; happens all the time”. Patricia suggested that new nurses “get ostracized right off the bat from the older, because there’s a generation ahead of me and their work

ethic is probably stricter than what mine is, and they are hard, right out the gate”.

Lisa agreed and added:

I’ve seen some of the new ones chewed up and spit out in our department, and it’s a sin because they come there nervous enough as it is, and then not just dealing with the work that they have to do, they have to deal with trying to impress these people who they know are going to eat them, if they let them.

In an attempt to provide some rationale for why nurses eat their young, one preceptor offered this explanation:

With regards to ‘nurses eating their young’, they definitely do... It’s a very time constricting thing to be able to teach somebody very well... And you need to be at the top of your game, so some of these preceptors that take it on are probably feeling a little bit threatened because, oh my gosh, I have to learn this all over again in order to teach them the right away. So then they start getting stressed out. (Colleen)

A few of the preceptors suggested that the issue is not going away because it relates to nursing being a female dominated profession. They speculated that women tend to deal with conflict in a more destructive manner than men and thus because nursing is female dominated, conflict between older and younger nurses is unlikely to change. One of the students offered another perspective, that of nurses having an inferiority complex to physicians, and in her view, this can also be the root cause of HV. Sarah stated:

I think that some of this ‘nurses eating their young’ is an inferiority complex to physicians...I mean, you can’t say to a physician, express your distaste or whatever, so instead you internalize it and get angry, and you lash out at the weaker of your profession...which is your recent graduates and students.... And here we go, there’s a nursing shortage, and nurses are treating each other like this? And they’re shocked as to why they can’t get people to work? I think the other part of it too is the whole BN phenomenon. I think there’s a lot of jealousy surrounding BNs. There’s a lot of RNs, and there’s only a handful of BNs.

One of the preceptors concurred that there is indeed an underlying resentment related to educational preparation and in her view, both students and managers lack respect for older nurses' work experience. She stated:

You know it's the old saying 'eat your young.' I think that now, in our system here, where everyone's coming out with their BN, I think that there is a real underlying resentment, based on education, and there's a lack of recognition for your years of employment, and your years of experience. (Sharon)

Sharon went on to describe an insidious feeling of resentment that surfaces within the learning environment. She commented:

So you are BN prepared, that's marvellous, however, do not discount that this person here has worked for the last 20 years... You see the kids coming in now 'I'm 25, I've got my BN, I'm going to get a couple of years experience then I'm going to get that 8-4 job.' And the older nurses are like 'that's so unfair! Look at me, look at what I've done.' There's definitely a divide there on that regard, but it's not the student's fault.

The students in this study reported feeling a level of tension surrounding the issue of changes in nursing educational programs. Preceptors would make comments to them about the way things used to be and there was almost a sense of 'lamenting the past', or longing for the 'good old days' when nursing education was better than it is today. Many comments by both preceptors and students revealed this sense of 'lamenting the past'. This issue was discussed briefly under the subtheme of *colliding generational worldviews*, but it is important here as well as it led to tension for the students. The student participants were well aware of the preceptors' views on changes to nursing education and reported feeling somewhat frustrated and powerless by the seeming lack of progressive thinking.

For example, Sarah stated:

Another thing that really upsets me ... it seems that Gen X-ers and Baby Boomers don't respect education at all. They speak about people wanting

to get their Masters as a negative...and to me, the more education you get that's a benefit to the public, to the patient. It frustrates me, because ...I think it's all an extension of the BN jealousy...I can't control these changes, I just live in them.

Andrew wondered if perhaps older nurses feel “trapped in bedside nursing” because they do not have a BN degree and subsequently they feel threatened by the younger nurses who have the degree. Ashley related how difficult it is to discuss new ways of doing things with older nurses. She stated:

Our schooling has changed...I find that a lot of older nurses sometimes are kind of stuck in their ways and they don't see how things are changing and stuff, so sometimes it's hard to tell someone who's older than you that, “no, this isn't the way we're taught in school.” So you kind of just do what they do because you don't want to stand out. I wish sometimes...that they could understand that there are new ways of doing things and sometimes they may be better than the old way things were done.

Another student noted that older nurses tend to diminish the value of theory and classroom education in favor of direct clinical experience and in his view, it seems that true acceptance into nursing culture does not really begin until after graduation. He stated:

Older nurses that I've worked with on the floor [would say] ‘I didn't learn anything at school; everything I learned was on the floor.’ They have these kinds of introductions to justifying why they do what they do...and a lot of the senior nurses that I've seen now seem to say... ‘once you graduate, then you'll learn’, and the subtext there is that ‘and we'll teach you’. (Andrew)

This finding is consistent with that of Newton, Billett and Ockerby (2009) who report that students often feel challenged when interacting with older hospital trained nurses because they seem to devalue university education.

Still on the subject of lamenting the past, the preceptors' comments indicated that they believed changes to nursing education programs have had a



detrimental effect on the level of readiness of students for the realities of nursing clinical practice. For example, Dave stated:

I think that the training...was more intense for our group then it is today. Like, I'm not saying that the changes are a bad thing or nothing, I just think that myself and my Generation X people...were far better prepared... we were counted as staff grads when we were students, so it was either sink or swim. That may not have been the best thing for a student, but...you see new graduates coming out now, and ... they haven't done IMs for example, which baffles me, I pretty much had that done the first year of training.

Colleen agreed and added that she felt challenged by the lack of preparation that today's students seem to have. She stated:

I'm not always sure if they come prepared...we were in the hospitals day one. I don't know if they come really knowing what they're going to see, and what they're going to do. You see that they're nervous and you can see that sometimes they're really unsure of themselves. When I went into my third year, I could work on the floor...we were in charge, we could work independently...but these girls can't do that. They still need a lot of guidance and that's a challenge.

She went further to say, "I really don't think the schools are teaching them the way they should or they did years ago. They are not in the hospitals enough. They are just not there". Preceptors in other studies describe similar challenges related to working with the younger generation, specifically their attitudes and lack of preparation for the realities of clinical practice (Leners et al., 2006; Smedley, 2008). The question again becomes whether the comments noted here reveal an element of binary thinking on the part of the preceptors? As Dewey (1938) notes, whenever there is a movement toward a new form of education, there is a tendency to think in terms of extreme opposition between the 'new' and the 'old'. Dewey adds that those who support the progressive changes fail to see any of the real benefits of the traditional means of education and vice versa, those

who believe in the value of the old or traditional approaches are unwilling to see the potential for improvement in the new system of education. Perhaps this notion of lamenting the past as noted in this study, corroborates Dewey's ideas about an *either-or* philosophy, and if so, it is important to acknowledge this if we hope to affect change and promote cohesion between the generations. Surely the intermediate possibility, that current approaches to nursing education are mostly effective, recognizing that there were also many strengths in the traditional approaches, is worthy of some credence.

With regard to expectations of today's students, some preceptors verbalized recognition of the need to change their expectations because of the changes to educational programs. One preceptor wondered, "I don't know if they're less prepared or it's just that we're expecting so much from them...I'm not sure" (Wendy). One preceptor noted that she often reminds her co-workers:

Well the program is a lot different now...there is a lot of conflict, and I try to step back and say to them, 'you were there one time.' They're new to this area, it's an intimidating area, and give them time... you've got to teach these people, you can't just talk about them and how bad they're doing (Lisa).

Another preceptor suggested, "Sometimes the Generation X people...their expectations of them [students] coming into the clinical setting are probably higher than they should be" (Karen). Such unrealistic expectations by experienced nurses are reported in the literature (Thomas, 2010).

In response to a question about intergenerational conflict in the learning environment, the students and preceptors all agreed that it is often difficult to separate personality clashes from generational clashes, however they did concede

that a lack of generational knowledge can lead to conflict on the unit. One preceptor reflected, “that’s [referring to conflict] probably more of a reflection of not knowing the different generations...I think people don’t understand each other...conflict’s being created because of it”(Dave).

The data in this subtheme, *encountering conflict*, indicate that both preceptors and students are *being challenged* by the reality of HV within the profession, some of which likely relates to a lack of generational understanding and awareness on the part of both generations. The question that needs to be addressed is whether there is a socially constructed norm of HV in nursing that continues to be enabled by those within the profession and if so, how can the prevailing discourse be altered to construct a new norm? Germane to this issue is recognizing and confronting the oppressed group behavior within the profession (Roberts, Demarco, & Griffen, 2009), but also examining how such norms come to be constructed.

Social constructionism is a theory of knowledge which examines how phenomena develop within social contexts (Gergen, 1999) and I believe it is relevant here with regard to how the culture of HV has been socially constructed in the nursing profession. Social constructionism offers a “bold invitation to transform social life [and] build new futures” (Gergen, 1999, p. 49). In his *Invitation to Social Construction*, Gergen asserts that “deliberating on our common discourses-in science and in everyday life- can have liberating consequences” (p. 5). He adds that critical reflection on our existing beliefs and practices can lead to “creative construction of alternatives” and as such is vital to

future well-being. The notion of “reflexivity” is one of the key assumptions inherent in the social constructivist view of knowledge and it relates directly to the “attempt to place one’s premises into question, to suspend the obvious, to listen to alternative framings of reality and to grapple with the comparative outcomes of multiple standpoints” (Gergen, 1999, p. 50).

From a constructionist viewpoint then, I posit that the time is right to critically reflect on our taken-for-granted assumptions about how we relate to one another in our profession and particularly how we treat the new members of our profession. The goal is to recognize the historical and culturally mediated nature of HV, reject it as a socially constructed norm, and attempt to come to some common ground of understanding wherein all members of the profession are treated with dignity and respect. I suggest as well, that the Millennial Generation with their assertive and out-going traits, are perhaps in a key position to begin to change the culture of HV. As evident in this study, they are already discussing the issue and identifying the need for change.

Those in the profession who are enabling the behavior through silence must also be challenged to reject the status quo. As Dewey (1985) writes, “the things we take for granted without inquiry or reflection are just the things which determine our conscious thinking and decide our conclusions” (p. 22). Likewise, Freire (1970) admonishes that engagement in authentic dialogue allows for identification of oppressive experiences and it is through such dialogue that a transformative process can occur wherein the oppressive experiences are reframed and individuals themselves become empowered to create social change. In

essence then, it is my belief that we must engage in a new discourse and construct a new norm of respect for our colleagues regardless of their generation or level of nursing experience. The participants in this study were keenly aware of this critical issue and it would appear that a sense of optimism for changing the culture of HV was evident in their comments.

***Uncovering tenuous social relationality.*** A third subtheme of *being challenged* was evident in the participants' experiences, that of *uncovering tenuous social relationality*. Most preceptors and students agreed that relating to each other on a social level was challenging at times due to the age/generational differences. From the students' perspective, there was a sense that you had to earn your way into the social network. One student commented, "Some [nurses] would include you totally as a staff member, but then others wouldn't. I found that a challenge. There were some that you just couldn't win over" (Christina). Andrew noted, "Some of them aren't so friendly sometimes at first. There's a bit of a shell...you've got to break through, and sometimes they're not always the warmest at first". He added that its "work" for him to fit into the social network and it is challenging both because of age and gender. He elaborated as follows:

It's fascinating and it's challenging to know how to fit in both as a new person, and also as a man and also as someone, depending on the group, who's younger...It's an intentional activity of making connections, it's not something that sort of happens in a relaxed sort of way...I'm listening and I'm trying to fit in and trying to engage on their level...but I do find it hard.... trying to figure out what to talk about is sometimes a bit challenging.

Another student reported that he felt he could not relate to the life stage of his preceptors and this left him feeling outside of the social network. Justin stated:

I would hear the conversations they were having that I really couldn't get in on...talk about getting a house, getting married or having children...They didn't leave me out on purpose, but it felt like I couldn't take part in the conversation because I couldn't relate to that.

Another student commented that “when you're working with people who are all the same generation...you're comfortable asking questions...there's definitely more to talk about on a social level with people from your own generation than with older people” (Ashley). One of the preceptors also talked about difficulty relating on a social level. Dave stated:

You couldn't relate to them sometimes, because I'm forty plus, and here you've got a twenty-one year old, so her experiences in life wouldn't be the same as my experience...they're getting ready to go out and party on a Friday night, and you're doing whatever, got another family commitment, whatever, things like that.

Fitting in on a social level and developing a sense of belonging cannot be underestimated. Researchers report that these factors are key to students' perceptions of positive clinical placements as well as prerequisites for clinical learning (Levett-Jones & Lathlean, 2008; Yonge et al., 2005; Yonge, Myrick, & Haase, 2002).

While they recognized it as a challenge, students in this study specifically talked about the importance of building a mutually respectful relationship with their preceptor and getting along on a social level. Andrew explained it as follows, “When I feel I have a connection with them...that connection will breathe and cultivate honesty and transparency in our relationship”. Ashley added that establishing a social relationship “kind of relieves some of the stress and stuff which can come along with it [preceptorship]”. Preceptorship is considered to be one of the most stressful experiences for nursing students (Yonge, Krahm, et al.,

2002) and when the relationship with the preceptor is strained, it can lead to feelings of disillusionment by students about their career choice (Yonge, Myrick, et al., 2002). The overall significance of the preceptor-student relationship to the success of the experience is highlighted in numerous studies (e.g. Crawford, et al., 2000; Myrick & Yonge, 2002; Öhrling and Hallberg, 2000b; Olson, 2009; Ralph et al., 2009; Zilembo & Monterosso, 2008; Yonge, 2007). Moreover, an environment that fosters trust, authenticity, integrity, mutual respect, and patience is a prerequisite for experiential learning to occur (Fenwick, 2003).

***Contending with increasing complexity.*** Another subtheme of *being challenged* directly relates to the ‘lived space’ of the preceptorship experience, vis-à-vis, the clinical practice learning environment. The notion of increasing complexity with the learning environment was reported as a challenge by many of the participants and while this challenge does not relate specifically to the intergenerational context of the preceptorship experience, it was nonetheless a significant one that impacted upon student learning experiences as well as preceptors’ abilities to carry out their roles. One of the students remarked, “because my preceptor was a little bit busy...I kind of got fanned out to a bunch of different people...and it caused some challenges for me” (Andrew). Preceptors talked about the challenge of finding the time to teach the way want to teach.

Dave commented:

It’s always an issue...the sicker patients are getting to the floor more so than they were ten years ago. The nurse to patient ratio could be two above what it normally would be. So, like on days like that, having a student and having to teach them and show them the ropes and that, that’s only adding to your workload.

Similarly, another preceptor reported:

The only thing challenging about precepting sometimes is that it can be so busy that you don't have time to teach the way you wish you could. And again, I don't think that's a generational thing, I just think that's a challenge in precepting in general. (Karen)

Colleen added, "It is definitely busy to take on a student because it is a whole different job that you are doing at the same time". Patricia concurred:

It's really hard to try to get all these really sick patients looked after, and try to teach because the first month is ... it can be really difficult. Not the first month, but the first couple of weeks certainly, because they're getting their feet wet and they can't know everything, it's impossible.

Comparable concerns regarding a lack of time to teach students and the stress related to the extra work of precepting are corroborated by other researchers (Bourbonnais & Kerr, 2007; Duffy, 2009; Hautala, Saylor, & O'Leary-Kelley, 2007; Leners et al., 2006; Luhanga, Dickieson, & Mossey, 2010; Smedley, 2008; Stone et al., 2002; Yonge, Krahn, et al., 2002).

### ***A Pedagogical Journey***

The third essential theme revealed in this study was that of *a pedagogical journey*. The term journey refers specifically to "something suggesting travel or passage from one place to another" (Babcock Gove, 2011, p. 1221). A journey can also be viewed as an exploration, voyage, passage, or venture. The term pedagogy relates to teaching as a professional practice and as a field of academic study. It is inclusive of the practical application of teaching, or pedagogical skills, as well as theory relating to how and why learning occurs (Wallace, 2009). The preceptorship experience in the intergenerational context can be described as a pedagogical journey because it centers on the teaching and learning of nursing



and the challenges that present related to the intergenerational context of the learning environment. The actual discovery or learning was manifested differently for each group, yet for both students and preceptors it was described as an exploration of teaching and learning within the space of nursing clinical practice; an experience that was transformative for both groups.

There is inherent overlap among the three essential themes in this study and one could argue that *being affirmed* and *being challenged* constitute the pedagogical journey. It is my view however that the *pedagogical journey* is indeed broader than *being affirmed* and *being challenged* because it examines the how and why of teaching and learning which has not been examined fully in the previous two themes. In this theme I will draw on experiential learning theory to examine: (a) How students learn from older nurses? (b) How Gen X nurses teach nursing students? (c) What both groups take away from the journey or in other words, what sorts of discoveries are revealed? Three subthemes of the *pedagogical journey* became evident in an attempt to respond to these questions: *navigating the path to competence*, *pedagogical approaches*, and *cultivation of tolerance*.

***Navigating the path to competence.*** I will now explore the question of how students learned from their Gen X preceptors, or in other words, how students managed to build their confidence and competence while *navigating* through the *challenges* inherent in the preceptorship experience. The metaphor of a journey seems to fit here in that students articulated numerous examples of experiences in which they felt like they were on a voyage of discovery. Despite

the many challenges along the voyage (discussed in the previous theme), all students agreed that they were able to *navigate the path* in order to gain confidence and competence. Initial feelings of fear and trepidation were reported by most of the students as they began the preceptorship experience, but these were replaced with feelings of *being affirmed* once the confidence level grew. For example, one student stated:

Each week I could see the transition from student nurse to grad nurse...at the beginning I was like ‘oh my God...I’m not ready to go out and be on my own’, but when I left...I felt like I could actually just stay there and start work...be able to take my own patient load. (Justin)

Ashley also commented, “I felt that I got a lot more independence and...when I finished, I felt like I was ready to be a nurse”. Kayla added, “Before the preceptorship I didn’t feel prepared. I didn’t feel like I had enough opportunities to apply myself in the different situations or to use skills”. When describing these initial feelings of fear and trepidation, most students would add that their preceptors were instrumental in helping them develop confidence and competence to take on the roles of a graduate nurse. One student stated:

Like many nursing students, I went in nervous, feeling like I’d had...not a lot of clinical experience, and knowing it, and feeling really sort of inexperienced, and a little bit daunted at how much I had to do. And she [preceptor] clearly had a lot of students and had a way of breaking students in and introducing them to the profession. (Andrew)

Students reported that preceptorship prepared them for the ‘real world’ of nursing. Andrew said, “You can buy all the special manikins with all the special features in the lab, but at the end of the day without a preceptorship experience it would have been very hard...to graduate good nurses”. Ashley suggested that positive reinforcement from her preceptor was a significant factor in the

development of her confidence and she emphasized the importance of building a good relationship with the preceptor in order to facilitate the learning experience.

She stated:

At first everything is so new and a new environment, you kind of get to develop a professional relationship and kind of the social relationship and once you kind of get the confidence in one another you can learn...Every day when you return for preceptorship you learn a little bit more and at the end you kind of feel your best and the most confident.

Andrew described the journey even more specifically and referred to the reality shock of preceptorship as an “inner, emotional journey” that taught him what nursing truly means and allowed him to decide if nursing was the right path for him. He stated:

It is a journey because you’ve been in the classroom and ...this is your first time sort of really nursing...and this is the reality of what nursing looks like. So there was an inner journey for me in terms of both my learning curve and kind of an emotional journey, I guess, to try and figure out ‘is this matching what I thought I was going to be doing’... We all have these perceptions at the beginning sort of that draw us to the profession but...it rarely, I suspect, looks that way, so yeah, it was a really important journey.

The data in this subtheme can also be viewed in the context of experiential learning theory, in particular, the ‘diverging’ learning style identified by Kolb (1984). Individuals who possess a diverging learning style tend to learn primarily through concrete experience and reflective observation and research shows that they are open minded, like to receive individualized feedback, prefer to work in groups, are interested in people, and tend to specialize in the arts and social service professions such as nursing and social work (Kolb et al., 2001). Furthermore, they tend to learn by apprehension and internalize knowledge through reflection. I believe that the student descriptions in this subtheme

*navigating the path to competence* reveal some evidence of a ‘diverging’ learning style. The students appreciated the concrete ‘real world’ experiences afforded during preceptorship. The importance of support and the relationship with the preceptor were identified as factors that contributed significantly to the students’ learning. As well, the importance of direct feedback from the preceptor was highlighted. The fear and trepidation verbalized by the students revealed how their learning occurred through apprehension and subsequent reflection on their experiences. The student descriptions and interpretations related to their *pedagogical journey* revealed here are consistent with those reported in other studies (Benner et al, 2010; Holland, 1999; Newton et al, 2009). In the recent study by Newton et al. four key themes are revealed that relate to students’ journeying through clinical placements: creating learning opportunities, gaining independence, becoming part of the team, and generational differences.

***Pedagogical approaches.*** An important aspect of the *pedagogical journey* for students was their preceptor’s teaching style. The pedagogical competence of preceptors, more specifically, how preceptors teach and the specific strategies they employ within the learning space are not well documented in the literature (Carlson, Wann-Hansson, & Pilhammar, 2009). Consistent and constructive feedback on clinical performance is identified as a fundamental expectation of preceptees (Callaghan et al., 2009; Hardyman & Hickey, 2001).

In this study, both students and preceptors commented on the *pedagogical approaches* and in particular, examples of nurturing, laying the ground rules,

coaching, and providing feedback were highlighted. Nurturing was evident in the following statements by preceptors:

It's tough going to a new place, and you need to be nurtured, and you need to be supported...A preceptor will not put you out there to let you sink...she's there to help you, and...you've got to feel safe where you're working. (Sharon)

You take them in and you want them to learn as much as they possibly can from you, get the most out of the experience and the most knowledge possible, so that they can go on and be the best nurse they can possibly be. That's my hope for them. (Wendy)

Laying the ground rules was another important *pedagogical approach* described by the preceptors. The preceptors felt that it was important very early on in the experience to reveal their expectations to students, or on other words, to “lay out the land” (Colleen). One preceptor focused on encouraging students to always ask questions right from the start. She stated, “Nursing is always learning; there should always be questions, you should never be stagnant” (Lisa). Another preceptor commented on the need to lay the ground rules for dress code with the younger generation. She stated:

I expect you to come to work dressed like a nurse, and there's many that don't, and I have sent people home and told them to come back dressed appropriately...usually by week one or two they know what I expect and then they're stepping up to the plate. (Colleen)

Preceptors also recognized the need to explore the student's expectations early on in the relationship. Lisa stated, “I always ask them what they expect from me too”. Another preceptor highlighted the challenge of working with students who are “slow” to start and described her approach to laying the ground rules as follows:

I've had a couple that were slow...I just lit a fire underneath them, and just told them 'these are my expectations, what are yours?' I'm very honest and open, this is what I want. By midway through, you're going to be doing this, I expect this at the end, so we're going to start off at this.  
(Patricia)

It was evident throughout the interviews that the *pedagogical journey* was not always a smooth one for the students or preceptors. Leveling students' learning or knowing how and when to increase students' level of independence was a significant challenge that preceptors had to navigate along the journey. Sharon noted that her pedagogical approach is to be firm and explain to the student that initially they need to "focus on the basics here now, and then we're going to go from there". She added, "It's very tiring when your precepting, because the person wants to be able to do everything the first day...and nothing more irritating than when someone comes in and thinks they can do it the first day".

Most of the time the students reported that they were pleased with the pedagogical approaches of the preceptors. Sarah stated, "She was very good at helping me meet the objectives of the course...very aware of my scope of practice, what I could and couldn't do". However in relation to leveling students' learning, one student verbalized a sense of defeat and failure as a result of being given too much responsibility too quickly. He stated:

It was my first week with 4 patients...and doctors rolled in, rolled out...I had three blood transfusions and orders for another and...she stood back and basically kind of told me 'ok, start with this person' but didn't do anything, almost stood behind me and kind of drove me forward...keep on going, keep on going...but she was there which is a good thing...but it was leading from behind and maybe rightly so but...unfortunately...I came away with a feeling of how little I knew and not how much. ...It was

a sudden jump in the level of responsibility and organizational skills and knowledge that was needed and the jump was too quick. (Andrew)

Andrew added, “I was not always satisfied with my journey and it caused some challenges for me, which I think I’ve recovered from now”.

Another pedagogical approach of preceptors that was evident throughout was that of coaching students or making them feel comfortable and safe in the learning environment. Justin described it as follows, “They didn’t do it for me, and they didn’t leave me...that made me really comfortable”. Ashley added, “She made me feel like no question was stupid and I could kind of ask her anything”. Christina agreed, “I could always go to them with any kind of question, there was never a stupid question...they were really open-minded and flexible ...always looking for experiences for me to take part in. I just found it was great”.

Coaching was also evident in the preceptors’ comments. For example, Wendy suggested, “If you are there to help these students learn, you have to give them the guidance on how to become the best nurse they can possibly be”. The pedagogical approaches of preceptors described here are reflective of “affirming the student role” and “realizing student potential” which were found to be essential to the preceptor student interaction in a recent study by Myrick et al. (2010, p. 85).

Providing students with timely feedback on their performance was another important pedagogical practice of the preceptors and this is a subject that both groups reflected on. Timely feedback was seen as critical. Sharon stated that it’s important to “let them know what’s going on right at the time...it should be a positive thing”. Being open and honest was also valued by both students and

preceptors. Colleen stated, “I’m pretty much up front...if something’s bothering me about a student, I’ll tell them”. Wendy highlighted the importance of language when giving feedback. She said, “You don’t want to knock them down and make them frightened to death the next time they come in to do something...you want to tell them that this is another way you can do it”. One of the students agreed that the language used was very important, particularly when the feedback was intended to be constructive. She stated, “It was her wording...you never really felt criticized” (Sarah). Christina stated, “She gave me the truth”. The students all agreed that their preceptors were highly skilled at giving feedback in a fair, honest, and constructive manner and they reiterated that this allowed them to gain confidence in their abilities. One student summed it up as follows:

That’s the most important thing to me that I have somebody that will be upfront and straight forward about whether I am doing OK, about any things I need to work on, that type of thing. And I’ve always really encouraged people to pass that on to me. And when I don’t get it I never know if it’s because there is no problem or if it’s just that they are not telling me something. That’s my own insecurity I suppose because I’ve had nothing but positive feedback from people and I actually want some feedback on how to improve. (Andrew)

The students also acknowledged that it is also their responsibility to ask for feedback along the journey. In the following example, Sarah notes that she takes an active approach to seeking feedback in order to circumvent a negative experience.

On a personal level, you need to establish that before you start. What’s going to be our feedback schedule? Am I just going to get it when I get it, and if you don’t say anything I assume that it’s good? I’ve known of people who have ended up in really bad situations in clinical



because...they don't know they're failing...and they're like, 'what do I do?' Because they haven't sought out the feedback.

The pedagogical approaches revealed in this study correspond well with those that are outlined by Taylor (1998). Taylor draws on Mezirow's (1991) theory of transformative learning and synthesises the findings of several studies to describe the ideal educative conditions which can be said to foster transformative learning (Fenwick, 2003). Taylor's suggestions for educators include, but are not limited to: promoting a sense of safety, openness, and trust; supporting a learner centered approach, student autonomy, participation, and collaboration; encouraging exploration of alternative perspectives, problem-posing, and critical reflection; being trustworthy, empathetic, and caring; providing feedback and encouraging self-assessment. The data in this subtheme show that preceptors in this study facilitated transformative learning through: nurturing, laying the ground rules, coaching, and providing feedback. Such approaches promoted a sense of safety, trust, and openness, and also demonstrated integrity on the part of the preceptors. The pedagogical approaches revealed here are also consistent with those reported in other studies which shed light on the process by which preceptors teach students and promote critical thinking (Bourbonnais & Kerr, 2007; Carlson et al., 2009; Crawford et al., 2000; Huggett et al., 2008; Lavoie-Tremblay et al., 2008; Myrick & Yonge, 2002; Schumacher, 2007; Yonge, 2009).

***Cultivation of tolerance.*** The third and final subtheme of the *pedagogical journey* is *cultivation of tolerance*. The true significance of the pedagogical journey was revealed when participants reported an increased understanding and awareness of generational differences and highlighted the importance of this

knowledge in promoting a successful preceptorship experience. One preceptor summed it up as follows:

Every generation is different. We have to know what makes them tick, in order to keep them in the profession and keep them interested in the profession...you just want to be able to understand where they're coming from and nurture them as best you can, and keep them interested.  
(Sharon)

Another preceptor reflected on the nature of generational change and recognized that different life experiences lead to different worldviews.

I probably would say that as we grow and generations come behind us, each generation says the same thing... 'well back in my day'...but every generation has its own stressors and...does something a little bit different.  
(Colleen)

Evident in the participants' reflections, particularly during the second interviews, was the notion that a sense of *tolerance* for generational differences had been *cultivated* along the *pedagogical journey*. One of the preceptors suggested, "It'll probably give me that little bit more patience that I need" (Patricia). She went further to say, "We have to learn to adapt, to move on...we were all new, we all didn't come out knowing everything". Another preceptor responded to students' disappointment over being labeled as having a poor work ethic. She said:

I can understand where they are coming from, especially if they feel like they are putting everything they can into it. We talked before about labeling everybody with the same brush...you can't! You can't because there are some fantastic students out there.

Participants in this study identified new generational insights that they had never reflected upon previously and this is perhaps not surprising given that phenomenological research "is often itself a form of deep learning, leading to a

transformation of consciousness, heightened perceptiveness, increased thoughtfulness and tact, and so on” (van Manen, 1997, p. 162). In the following example, one of the students attributed his participation in this study as meaningful in that it led to a heightened awareness of generational changes within the nursing profession.

It’s been interesting just thinking about it [preceptorship in the intergenerational context]...I’m glad I participated in the study just because it certainly has made me look around at some of the dynamics and see some of my fellow students differently and try and think about... just the change in nursing work and how nursing education has changed, and how to separate that out from the generational changes is definitely something you really made me think about. (Andrew)

Another student concurred and stated that because of participation in the research project, “We can all get a better view of what the other is thinking” (Ashley).

One of the preceptors commented, “You understand a lot more after reading all the comments of how both sides feel, and its positive information...I learned a lot from it” (Wendy). Others suggested that the new insights have led to personal transformations both in how they view themselves and others, but also in how they go about their daily work and/or clinical nursing practice. After reading student comments about Gen Xers being “task oriented” and “inflexible, one preceptor responded as follows:

I find since I’ve read all this what you have sent me, like I’ve kind of taken that to work with me...I’ve been thinking about it and...I’ve relaxed a little in my way too...It goes two ways. Like I’m trying to sum up what their attitude is and I’m sure it’s widespread as to what their opinion of us are and I’ve tried to, kind of, not be as ‘life is work and everything has got to be done 1, 2, 3’...I try to relax a little that way now...I’ve, kind of, been sitting back and observing more now. (Lisa)

Such learning through critical reflection upon experience is consistent with the constructivist view of experiential learning wherein the outcome is often a significant transformation in the individual's view of reality (Fenwick, 2003). The theory of transformative learning espoused by Mezirow (1991) is particularly relevant here. Mezirow argues that when individuals experience a major disorienting experience, they reflectively reconsider their worldviews and transform their knowledge structures to move toward perspectives which are more inclusive, discriminating, and integrative of experience. In this study, the students reported feeling disappointed when they read comments from the Generation X preceptors about the lack of work ethic of the Millennial Generation, but at the same time, they verbalized the need to change or adapt their behavior in the future. Transformative learning is particularly evident in the excerpt that follows:

At work, I care what people think of me, but outside work I'm my own person, like, I don't really care what people think of me – I'm sure that some of that carries over into work, but I don't mean for it to carry over as me not caring about work. And I'm realizing now that maybe it does... I was kind of upset, because I would never, ever think that I would come across like that. And I know that they're not saying me specifically, just us in general ... I guess, it shows us that ... not prove ourselves, but be more cautious of the way we present ourselves at work. (Justin)

Along a similar vein, Sarah too reported feeling surprised and disappointed by some of the preceptors descriptions of the Millennial Generation. She stated:

I'm really surprised because I almost found that the things that Millennials thought were positive points, other generations thought of them as negatives...I was really taken aback by that...we were very aware of our use of technology – we thought of that as positive, and a lot of the old generations were appalled by that. They didn't like that we looked things up on the internet and I thought, you know, I use internet for everything. I don't think I've done a paper, I don't think I've prepared for clinical ever without not using the internet, because it's just what I'm used to.

A preceptor concurred that the negativity evident in this study is disappointing to her. She stated, “Nothing surprises me [about the preliminary findings]...but just being so much negative stuff there, what preceptors think of students and what students think of preceptors...that’s too bad, really” (Lisa). Both sides seemed to walk away with a renewed sense of responsibility to promote awareness and understanding of generational diversity, thus revealing that significant transformations had occurred in their respective worldviews. One student suggested that the generations need to work together to “provide the best care you can as a group” (Ashley). She added:

I think it’s important because where there’s so many generations working together now...it’s really important to just kind of look at each person’s perspective and kind of understand where everyone’s coming from because...if we keep the tension between the generations, like it’s not only us who will be compromised, it’s going to be patients too. (Ashley)

Similarly, one of the preceptors reiterated the importance of understanding each other and highlighted the importance of communication between the different generations in the preceptorship experience. Wendy commented:

It [generational understanding] does matter...we have to be able to communicate with them in a way that they’ll understand too. I mean, it’s like us talking to our parents is totally different than talking to each other. Right? So, I think it’s not the lingo so much as understanding what their goals are and what they’re hoping to achieve with this...and you know what? We’ve got to give a little bit too. We’ve got to also remember that we were students once, and a lot of people forget that. A lot of people forget that.

The data in this subtheme, *cultivation of tolerance*, appear to reflect the development of what van Manen (1997) calls “*action sensitive knowledge*” (p. 21). He adds that it is an expectation that sound human science research should

accomplish the production of such knowledge. Overall, the participants' comments reveal the construction of new knowledge about generational diversity in the workplace and its impact upon the preceptorship experience, which can perhaps be considered one of Schön's (1983) 'messy' problems of practice. Like Mezirow (1991), Schön advocates a constructivist view of workplace learning and addresses how practitioners learn to navigate through the 'mess' by way of 'critical reflection in action', a process which begins when the practitioner notices surprise or discomfort in their daily work, and takes some form of experimental action. The comments by the preceptors and students noted here reveal that both groups walked away from their participation in this study with new knowledge and ideas about how to take action to promote cohesion among the generations.

### **Reflection on Lifeworld Existentials**

It is important to acknowledge that the four lifeworld existentials identified by van Manen (1997): lived time (temporality), lived space (spatiality), lived human relation (relationality) and lived body (corporeality), served as guides for reflection in this study and directly relate to the three essential themes of the study. Lived time or temporality according to van Manen, is subjective rather than objective time and "the temporal dimensions of past, present and future constitute the horizons of a person's temporal landscape" (p. 104). Temporality was seen as a key feature of the *pedagogical journey*. Preceptorship is signified by a definitive time period and both students and preceptors were acutely aware of this temporal nature of the experience. The 'horizons' of each group were directly influenced by their past experiences which were seen to influence the present

context and subsequently shape future learning experiences. In particular, the past experiences of both preceptors and students potentially influenced the attitudes and knowledge that they brought with them into the learning space.

Lived human relation or relationality refers to “the lived relation we maintain with others in the interpersonal space that we share with them” (van Manen, p. 104). Relationality was seen to be a significant component of the *pedagogical journey* and establishing rapport with someone from a different generation was seen as a key *challenge* by both groups in this study. From a philosophical point of view, Levinas (1985) writes about ethical responsibility for ‘the other’ and explains that seeing the face of the ‘other’ allows one to develop an authentic relationship and through discourse this authentic relationship develops and strengthens. Taylor (1991a) also explores the importance of authenticity in dialogue and highlights the significance of truly recognizing difference. He states, “to come together on a mutual recognition of difference – that is, of the equal value of different identities –requires that we share more than a belief in this principle: we have to share also some standards of value on which the identities concerned check out as equal” (p. 52). Bergum & Dossetor (2005) make a similar point about the nature of communicating with others such that when we engage in “mutual thinking”, communication is more than just words, it is making an “embodied connection” with the personhood of another human being (p. 177). Further, as Gadamer (1989) states, “to reach an understanding in dialogue is not merely a matter of putting oneself forward and successfully asserting one’s own point of view, but being transformed into a communion in

which we do not remain what we were” (p. 379). I would posit here that these philosophical tenets can serve to inform both preceptors and students about the nature and importance of building authentic relationships in order to promote a successful preceptorship experience. Exploring differences between the generations through respectful dialogue can be considered a rather significant starting point toward eliminating the *tenuous social relationality* that was revealed in this study.

Lived space or spatiality directly relates to the learning environment, or in the context of this study, the clinical practice setting. As van Manen (1997) notes, we rarely reflect on lived space, “yet the space in which we find ourselves affects the way we feel” (p.102). The notion of increasing complexity with the lived space of the learning environment, as well as the culture of HV, were reported as significant challenges by many of the participants in this study. The need for students to feel safe in the learning space was also evident and the ability of preceptors to promote such an environment was recognized. Taylor (1991b) posits that by situating oneself in some social, professional, or familial space, we come to understand our identity. It was evident in this study that both preceptors and students came to form a sense of self in the lived space of the learning environment and both were transformed by the intergenerational nature of the preceptorship experience, such that they took away new insights for future action.

Lived body or corporeality is the final lifeworld existential identified by van Manen (1997) and he explains that it “refers to the phenomenological fact that we are always bodily in the world” (p. 103). He adds, “In our physical or bodily



presence we both reveal something about ourselves and we always conceal something at the same time” (p. 103). Van Manen suggests that under the critical gaze the body may become awkward or clumsy, while under an admiring gaze, the body may outshine its natural elegance. In the context of this study, the notion of lived body was revealed in several ways: the embodied sense of professionalism of older nurses (as perceived by the students), the fear and trepidation of students as a result of the sometimes ‘critical gaze’ of preceptors, and the feelings of affirmation and confidence noted when students felt the ‘admiring gaze’ of preceptors. Overall, preceptorship in the intergenerational context was seen as a direct embodied experience for both preceptors and students and one that involved them not only physically, but also emotionally. Taylor (1991b) discusses the notion of an “embodied self” and writes that “our bodily know-how and the way we act and move can encode components of our understanding of self and world” (p. 309). Like van Manen, Taylor goes on to say that we may not always be aware of or able to articulate this understanding, however it is reflected in our patterns of behavior. While not specifically mentioned by the participants in this study, I believe that the notion of an ‘embodied self’ was revealed in all three essential themes identified.

### **Implications and Recommendations**

Data derived from this study generate knowledge about the different generations, namely Millennials and Gen Xers, and the influence of generational diversity in shaping the teaching/learning process in the professional practice setting. The three themes identified serve to provide the structure and meaning of

the participants' lived experience. The first theme, *being affirmed*, showed that both preceptors and students found the experience to be positive and rewarding and highlighted the fact that the rewards were manifested differently for each group. Identifying the affirming aspects is significant as it allows others to understand the nature of the rewards inherent in the experience and further research in this area would be beneficial to strengthening pedagogical nursing knowledge.

It is important to acknowledge that a number of *challenges* were identified in this study that related to being precepted by or precepting someone from a different generation. Developing strategies to address the challenges is crucial to the future success of the preceptorship model of clinical practice. The first challenge highlighted was colliding generational worldviews between Millennials and Gen Xers and I would posit that an important starting point is to acknowledge these and examine the specific nature of the collisions. There seemed to be an element of binary thinking evident in this study and it is important to recognize this dualistic thinking so that it can be confronted more directly. It would appear that both Millennials and Gen Xers need to be willing to consider the perspective of the other and in so doing, accept and celebrate differences (Lancaster & Stillman, 2002).

The negative attitudes toward the Millennial Generation as noted in this study, are particularly troublesome, so the question now becomes how can the pessimism be overcome to uncover the positives that seem to "remain hidden behind clouds of elder doubt and suspicion" (Howe & Strauss, 2000, p. 24)? I

believe it is important to recognize that the widespread flood of cynicism about Millennials bears the peril of bona fide damage to their generation (Howe & Strauss, 2000). The implications are quite serious indeed and from a nursing recruitment and retention perspective, it is vital to take proactive measures to inspire the future generation of nurses rather than stifling their spirit and assertiveness. Generational collisions such as those identified in this study, must be discussed, understood, and resolved (Lancaster & Stillman, 2002). I would posit that it is necessary for educators to explore the topic of generational diversity with both preceptors and students as part of the preparatory process.

A second challenge identified in this study was encountering conflict. The culture of HV described by participants in this study is cause for concern and should be addressed. No longer can the behavior continue to be enabled within the profession. Thomas (2010) notes, “the work environment should always be a haven for learning, exploring, and questioning, without fear of reprisal or humiliation” (p. 304). She suggests that eliminating HV is a process that must begin with empowering new nurses through education to demand respect and confront the abusers. Myrick et al. (2006) appeal to educators to acknowledge and address the reality of oppression which is occurring in preceptorship and/or field education and eliminate the ‘rippling tide of silence’. Bartholomew (2006) adds that the silence pertains to the prevailing fear that acknowledging the problem will somehow make it worse. In her text, *Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other*, Bartholomew

acknowledges that “It is difficult to even admit that we could be hurting each other in a profession that has its fundamental roots in caring” (p. 7).

Roberts et al. (2009) undertook a review of the evidence concerning oppressed group behaviors on the culture of the nursing workforce and noted that silencing and lateral violence have been the most frequently reported aspects of oppressed group behavior in nursing. These authors propose specific interventions for changing the socially constructed norms. What is clear from the data in this study is that HV remains a reality in the clinical practice setting and it is incumbent upon educators, managers, and other leaders within the profession to confront this issue, let the voices be heard, and construct a new norm of respect within the profession. This study indicates that generational differences are one source of conflict and as such further research is needed to substantiate this finding and explore options for addressing it.

The third challenge revealed in this study was the somewhat tenuous social relationality that exists between preceptors and students from different generations. Again the implication of this finding is that the issue needs to be raised and strategies devised to address it. I believe that educating preceptors and students about generational diversity in the workplace during the preparatory process would go a long way toward promoting the formation of a cohesive working relationship. As mentioned previously, the one-to-one relationship in preceptorship is perceived by students to be critical to their learning (Yonge, 2009). Understanding one another in the relationship is pivotal, whether it be learning styles, leadership styles, or personality traits. It is obvious that

differences will exist, but being open to and aware of the differences can be conducive to strengthening the experience.

The fourth and final challenge identified as a subtheme in this study relates to the ever increasing complexity of today's health care environments. Similarly, acknowledging and recognizing the challenge allows for more appropriate identification of strategies to deal with the workload issue of preceptors. While it is difficult to affect change in the level of complexity of the work environment, educators can offer more guidance and support to preceptors and managers can play a role in adjusting the workload of preceptors while they are taking on the extra work of precepting a student.

The third essential theme of this study was that of *a pedagogical journey*. Data related to this theme provides a preliminary understanding of how the intergenerational context of the learning environment in preceptorship shapes the learning experience for both the student and the preceptor. Further studies are needed to examine the complexity of the learning space from an intergenerational perspective, both within nursing and also in other disciplines. Interdisciplinary studies would be particularly useful, not only in determining the transferability of the current study findings to other contexts of higher education which involve field education or preceptorship, but also in establishing a foundation for knowledge utilization. It is apparent within Canada that genuine interest in such research has been voiced (Wimmer, 2008). Future research to specifically examine experiential learning theory in the context of nursing preceptorship would also be highly valuable for pedagogical nursing knowledge development.

Overall, this study has direct implications for nursing education and research. I propose that promoting awareness and insight into generational diversity is an important role for nursing faculty. As they facilitate the preceptorship experience, faculty must engage in dialogue with preceptors and students about generational differences in learning styles, working styles, and world views. Such dialogue can serve to promote successful relationships between preceptors and students by eliminating preconceived ideas and reducing the potential for conflict in the relationship (Earle & Myrick, 2009). In light of the paucity of literature regarding preceptorship in the intergenerational context, and given the generational diversity that exists in today's nursing clinical practice settings, it is important to design future research studies, particularly qualitative, to promote understanding of the nature of the preceptorship experience in this context.

### **Limitations**

This study describes the lived experiences of seven nursing students and seven preceptors as they negotiate the teaching/learning process in the intergenerational context. The complexities of their collective experiences have been illuminated, but that is not to say that another phenomenological study with a different group of preceptors and students would yield the same findings. The preceptors in my study were all of the Generation X and all had at least 5 years of experience with precepting students. It is likely that their experiences differ from those of less experienced preceptors and perhaps preceptors of other generations, such as Baby Boomers. It would be beneficial to carry out a similar study with

Baby Boomer preceptors and Millennial students and compare the findings to this study. It would be equally valuable to conduct a study of Millennial preceptors and Millennial students to identify whether the challenges illuminated here are indeed related to the intergenerational context. Perhaps it would be less challenging when precepting and/or being precepted by someone of the same generation. These are merely possibilities, but could be considered limitations of this phenomenological study.

As a researcher I am also aware of the limitation that describing one's experience can never truly capture the entirety of that lived experience. According to van Manen (1997, p. 18), we must "remain aware that lived life is always more complex than any explication of meaning can reveal." He adds, that all recollections of lived experience are already transformations of that experience, and thus as researchers we must strive to "find access to life's living dimensions while realizing that the meanings we bring to surface from the depths of life's oceans have already lost the natural quiver of their undisturbed existence" (p.54). Thus a possible limitation of my study is that I can only rely on the students' and nurses' ability to recall, describe, and interpret their experiences, but I can never truly know that I have captured that experience fully.

One final limitation relates to the difficulty in reaching all fourteen of the participants for a second interview. A written summary of the themes was sent to all participants following the first round of interviews and then a second interview was requested to confirm, extend, or challenge the analysis. I was successful in receiving feedback from all but two of the participants. I am unable to confirm

whether the two participants who did not respond to the request for a second interview agreed with the study findings.

### Conclusion

This study makes an original contribution to knowledge development in the area of nursing pedagogy and as such is directly relevant for nurse educators, students, and nurses in clinical practice. I believe that findings of this study can be used in a practical way to improve nursing pedagogy, more specifically in the preparation of both students and preceptors for the challenges that inhere in preceptorship that relate directly to the intergenerational context of the experience. Through the hermeneutic phenomenological methodology as described by van Manen (1997), I have sought to provide a rich, deep interpretation of the real life experiences of both preceptors and students as they negotiate the teaching/ learning process of preceptorship within an intergenerational context. The sample consisted of 14 participants (7 students and 7 preceptors) who were recruited from an undergraduate baccalaureate nursing program in Eastern Canada. Three essential themes were identified (*being affirmed, being challenged, and a pedagogical journey*), each consisting of a number of subthemes and the thematic analysis has served to externalize the lived experience of the participants or bring their experience to light in a deeper way. The influence of generational diversity of the teaching/learning process in preceptorship is significant because “generational diversity is not just a trend that will come and go...generational diversity impacts everyone and is here to stay...and is something to get excited about” (Lancaster & Stillman, 2002, p. 46).



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## APPENDIX A: INFORMATION LETTER



### Research Study: The Preceptorship Experience in the Intergenerational Context

#### **Investigator:**

Vicki Earle, RN, BN, MN, PhD student  
 Faculty Member, Centre for Nursing Studies  
 100 Forest Road, St. John's, NL  
 A1A 1E5  
 Email: vearle@cns.nf.ca  
 Phone: (902) 626-3192

#### **Supervisor:**

Florence Myrick, RN, BN, MScN, PhD  
 Faculty of Nursing, 3rd Floor CSB  
 University of Alberta, Edmonton, AB  
 T6G 2G3  
 Email: flo.myrick@ualberta.ca  
 Phone: (780) 492-0251

#### **Purpose of the Study**

As an undergraduate nursing student or preceptor, I am inviting you to participate in a research study to examine your experience related to preceptorship in the intergenerational context. The goal is to develop an understanding as to how such an experience influences the teaching / learning process. I am conducting this study in the context of my doctoral studies at the University of Alberta.

#### **Background**

Preceptorship is often the teaching/learning method of choice for senior level nursing students engaging in clinical practice because it offers a cost-effective, reality-oriented learning experience. There are up to four distinct generations (Veterans, 1922-1945; Baby Boomers, 1945-1960; Generation X, 1960-1980; & the Millennials, 1980-2000) present in today's nursing practice settings and each generation brings its own worldview, values, and ideals to the teaching learning process. Frequently, students are of a different generation than their assigned preceptors. To date, no studies have been conducted to exploring the nature of the preceptorship experience in this context and thus the proposed study is both an important and timely topic for nursing education. A qualitative research design, specifically phenomenology, will be employed to examine the experience of preceptors and students within the context of the intergenerational practice setting.

#### **Voluntary Participation**

Participation in this study is entirely voluntary. You may decide not to participate or may withdraw from the study at any time without fear of reprisal. Should you choose to withdraw your consent to participate any information you have provided to the researchers will be deleted and not used in the data analysis. You have the right to refuse to answer any question and stop the interview at any time.



## **Research Study: The Preceptorship Experience in the Intergenerational Context**

### **Participating in the Study**

If you consent to be in this study, you will participate in two interviews. During the interview I will ask you to reflect on, explore, and describe your experience related to preceptorship in the intergenerational context. The interviews will be audio-taped and later transcribed into research data. The initial interview will likely last 45-60 minutes while the second interview may be shorter lasting 20-30 minutes. The interviews will take place at a time and place that is convenient for you.

### **Confidentiality**

Any information obtained from you or about you during this study will be kept confidential by the researchers. The digital interview files and electronic copies of interview transcripts will be stored on my laptop computer and will be password protected. Hard copies of the interview transcripts containing coding notes will be locked in a filing cabinet in my office. Consent forms will be kept in a separate locked filing cabinet. The research data will be kept for a period of five years after the study has been completed and my supervisor will also keep a copy of the data for the same period of time.

### **Benefits and Risks**

It is not known whether this study will benefit you. However, it is possible that through sharing of your personal experience you may come to greater understanding of the nature of preceptorship within in an intergenerational context. There are no identifiable risks to this study however, it is possible that reflecting on challenging personal experiences can lead to some emotional discomfort.

### **Questions**

If you have any questions about taking part in this study, please feel free to contact either myself or my supervisor (contact information is listed on page one). If you have any concerns about your rights as a study participant, you may contact Donna Bruce of the Research Process Approvals Committee at Eastern Health, St. John's, NL (709 777-7283, donna.bruce@easternhealth.ca). This office has no affiliation with the study investigators. Thank you for taking the time to read the information presented here and for considering participating in this research study.

Sincerely,

Vicki Earle, RN, BN, MN, PhD Student

## APPENDIX B: CONSENT FORM



### Research Study: The Preceptorship Experience in the Intergenerational Context

### Consent Form

#### **Investigator:**

Vicki Earle, RN, BN, MN, PhD student  
 Faculty Member, Centre for Nursing Studies  
 100 Forest Road, St. John's, NL  
 A1A 1E5  
 Email: [yearle@cns.nf.ca](mailto:yearle@cns.nf.ca)  
 Phone: (902) 626-3192

#### **Supervisor:**

Florence Myrick, RN, BN, MScN, PhD  
 Faculty of Nursing, 3<sup>rd</sup> Floor CSB  
 University of Alberta, Edmonton, AB  
 T6G 2G3  
 Email: [flo.myrick@ualberta.ca](mailto:flo.myrick@ualberta.ca)  
 Phone: (780) 492-0251

To be filled out and signed by the participant	Please check	
Do you understand that you have been asked to be in a research study?	Yes	No
Have you received a copy of the information sheet?	Yes	No
Have you had the opportunity to ask questions and discuss the study?	Yes	No
Do you understand that you are free to refuse to participate or withdraw at any time without giving a reason?	Yes	No
Has the issue of confidentiality been explained to you?	Yes	No
Do you consent to being interviewed?	Yes	No
Do you consent to having the interview audio-taped?	Yes	No
Do you consent to have your data reviewed at a later date?	Yes	No
Do you understand who will have access to your information and comments made during the interviews?	Yes	No
This study was explained to me by: _____ Date: _____		

I agree to participate in this study.

\_\_\_\_\_  
 Signature of participant

\_\_\_\_\_  
 Printed name

\_\_\_\_\_  
 Date

I believe that the person signing this form understand what is involved in the study and has freely chosen to participate.

\_\_\_\_\_  
 Signature of investigator

\_\_\_\_\_  
 Printed name

\_\_\_\_\_  
 Date

**\* A copy of this consent form must be given to participants.**



**APPENDIX C: DEMOGRAPHIC DATA SHEET****Research Study: The Preceptorship Experience in the Intergenerational Context****Demographic Data – Nursing Student**

1. Code: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Generation: \_\_\_\_\_
4. Gender: \_\_\_\_\_

**Demographic Data – Preceptor**

1. Code: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Generation: \_\_\_\_\_
4. Gender: \_\_\_\_\_
5. Brief description of previous experience precepting students:

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## APPENDIX D: INTERVIEW GUIDES



### Research Study: The Preceptorship Experience in the Intergenerational Context

#### First Interview Guide

I will begin with a very brief description of the four generations present in today's professional practice settings, as this information will provide the context for the interviews:

Veterans were born between 1922 & 1945  
Baby Boomers were born between 1945 & 1960  
Generation X were born between 1960 & 1980  
Millennials were born between 1980 & 2000

The following questions will then be used as a guide to developing a *conversational relation* with study participants in the first interview.

1. Of what generation do you consider yourself to be a member?
2. What do you like about your generation?
3. What do you wish other generations knew or understood about your generation?
4. How do you perceive other generations?
5. *For preceptor:* Tell me about your experience precepting students who are of a different generation.  
*For student:* Tell me about your experience being precepted by a nurse who is of a different generation.
6. Have you faced any challenges in the preceptorship experience that you believe are related to an intergenerational perspective?
7. Are there any rewarding aspects of the preceptorship experience from an intergenerational perspective?



## Research Study: The Preceptorship Experience in the Intergenerational Context

### Second Interview Guide

The purpose of the second interview will be to confirm or extend the interpretations drawn from research data generated from the first interviews. I will begin by presenting participants with an overview of the study themes.

The following questions will then be used to continue the *conversational relation* with study participants.

1. Thinking back to our first conversation, is there anything that comes to mind that you would like to discuss or elaborate on? Do you have any additional comments to make about your preceptorship experience in the intergenerational context?
2. What do you think about the themes I have presented? Do these capture your experience related to preceptorship in the intergenerational context?
3. Could we review each of the themes together and talk about our interpretations?

## APPENDIX E: ETHICAL APPROVAL LETTERS

### Health Research Ethics Board

308 Campus Tower  
University of Alberta, Edmonton, AB T6G 1K8  
p. 780.492.9724 (Biomedical Panel)  
p. 780.492.0302 (Health Panel)  
p. 780.492.0459  
p. 780.492.0839  
f. 780.492.9429

### Approval Form

Date: February 25, 2010

Principal Investigator: [A Myrick](#)

Study ID: [Pro00010293](#)

Study Title: The Preceptorship Experience in the Intergenerational Context

Approval Expiry Date: February 24, 2011

Thank you for submitting the above study to the Health Research Ethics Board - Health Panel . Your application, including revisions received today, has been reviewed and approved on behalf of the committee.

- Please note that the designation Ph.D.(c) has not been removed from the checklist consent form as requested. Due to the short timelines for this study, approval is granted with the expectation that this will be removed prior to distribution to participants.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Health Research Ethics Board does not encompass authorization to access the patients, staff or resources of Alberta Health Services or other local health care institutions for the purposes of the research. Enquiries regarding Alberta Health Services administrative approval, and operational approval for areas impacted by the research, should be directed to the Alberta Health Services Regional Research Administration office, #1800 College Plaza, phone (780) 407-6041.

Sincerely,

Glenn Griener, Ph.D.  
Chair, Health Research Ethics Board - Health Panel

*Note: This correspondence includes an electronic signature (validation and approval via an online system).*





Faculty of Medicine

Human Investigation Committee  
Suite 200, 2<sup>nd</sup> Floor Bonaventure Place  
95 Bonaventure Avenue  
St. John's, NL Canada A1B 2X5  
Tel: 709 777 6974 Fax: 709 777 8776  
hic@mun.ca www.med.mun.ca/hic

March 4, 2010

Ms. Vicki Earle  
c/o Dr. Florence Myrick  
Centre for Nursing Studies

Dear Ms. Earle:

**Reference # 10.39**

**Re: The Preceptorship Experience in the Intergenerational Context**

Your application received an expedited review by a Sub-Committee of the Human Investigation Committee and **full approval** was granted effective *March 4, 2010*.

This approval will lapse on **March 4, 2011**. It is your responsibility to ensure that the Ethics Renewal form is forwarded to the HIC office prior to the renewal date. *The information provided in this form must be **current to the time of submission** and submitted to the HIC **not less than 30 nor more than 45 days** of the anniversary of your approval date.* The Ethics Renewal form can be downloaded from the HIC website <http://www.med.mun.ca/hic/downloads/Annual%20Update%20Form.doc>

*The Human Investigation Committee advises THAT IF YOU DO NOT return the completed Ethics Renewal form prior to date of renewal:*

- *Your ethics approval will lapse*
- *You will be required to stop research activity immediately*
- *You may not be permitted to restart the study until you reapply for and receive approval to undertake the study again*

*Lapse in ethics approval may result in interruption or termination of funding*

**It is your responsibility to seek the necessary approval from Eastern Health, other hospital boards and/or organizations as appropriate.**

**Modifications of the protocol/consent are not permitted without prior approval from the Human Investigation Committee. Implementing changes in the protocol/consent without HIC approval may result in the approval of your research study being revoked, necessitating cessation of all related research activity. Request for modification to the protocol/consent must be outlined on an amendment form (available on the HIC website) and submitted to the HIC for review. This research ethics board (the HIC) has reviewed and approved the research protocol and**

documentation as noted above for the study which is to be conducted by you as the qualified investigator named above at the specified site. This approval and the views of this Research Ethics Board have been documented in writing. In addition, please be advised that the Human Investigation Committee currently operates according to *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*; *ICH Guidance E6: Good Clinical Practice* and applicable laws and regulations. The membership of this research ethics board is constituted in compliance with the membership requirements for research ethics boards as defined by *Health Canada Food and Drug Regulations Division 5; Part C*

Notwithstanding the approval of the HIC, the primary responsibility for the ethical conduct of the investigation remains with you.

We wish you every success with your study.

Sincerely,



---

Fern Brunger, PhD  
John D. Harnett, MD, FRCPC  
Co-Chairs  
Human Investigation Committee

C VP Research c/o Office of Research, MUN  
VP Research c/o Patient Research Centre, Eastern Health  
HIC meeting date: March 18, 2010

## APPENDIX F: TABLE 1 SUMMARY OF FINDINGS

Themes	Subthemes	Sample thematic phrases
<b>Being Affirmed</b>	<i>Having a professional role model</i>	"I've had a lot to learn from them, and I've benefitted from their presence on the floor and their clinical expertise and their advice." (student)
	<i>Building confidence</i>	"She was really good...she'd show me and tell me....that it's okay to not understand everything right off the bat...really good like that, building up your confidence." (student)
	<i>Being respected</i>	"I've gotten nothing but respect from them." (preceptor)
	<i>Seeing students grow</i>	"It's very rewarding...you can see at the end of the 8 weeks or 12 weeks that they are going to be good nurses." (preceptor)
	<i>Imparting the legacy</i>	"I just enjoy helping and teaching and, I don't know, guiding them into the rights of the nursing way, I guess that's how to put it." (preceptor)
	<i>Strengthening nursing knowledge</i>	"I find, I learn from them. They keep me up to date on all the new things, all the new policies, stuff like that".
<b>Being Challenged</b>	<i>Colliding generational worldviews</i>	"I think our work ethic is probably better than the younger generation." (preceptor) "I think it's a stereotype that we're lazy and don't have a good work ethic and I know that I have a very good work ethic." (student)
	<i>Encountering conflict</i>	"I've seen some of the new ones chewed up and spit out in our department" (preceptor) Sometimes older people forget what it feels like to be that new person and kind of I guess remember that everyone starts off somewhere." (student)
	<i>Uncovering tenuous social relationality</i>	"You couldn't relate to them sometimes...I'm forty plus, and here you've got a twenty-one year old, so her experiences in life wouldn't be the same as my experiences." (preceptor), "There's a bit of a shell, you know, you've got to break through, and sometimes they're not always the warmest at first." (student)
	<i>Contending with increasing complexity</i>	"You don't have time to teach the way you wish you could." (preceptor)
<b>A Pedagogical Journey</b>	<i>Navigating the path to competence</i>	"Every day when you return for preceptorship you learn a little bit more and at the end you kind of feel your best and the most confident in your skills and stuff, you feel the best at the end." (student)
	<i>Pedagogical approaches</i>	"If you are there to help these students learn, you have to give them the guidance on how to become the best nurse they can possibly be." (preceptor)
	<i>Cultivation of tolerance</i>	We have to be able to communicate with them in a way that they'll understand too....We've got to give a little bit too. We were students once, and a lot of people forget that." (preceptor) "It's really important to look at different generations and kind of see what every generation has to bring and come together to provide the best care you can as a group." (student)