CLINICAL NURSING TEACHERS' DESCRIPTIONS OF THE
EXPERIENCE OF PARTNERSHIPS WITH STUDENTS

by

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ABSTRACT

Nursing education in British Columbia (BC) is currently being influenced by the philosophy of the curriculum revolution. Most nursing programs in BC have changed, or are in the process of changing, their curricula to reflect this philosophy. As a result, new relationships, called partnerships, are being formed between students and clinical nursing teachers (CNTs). Partnerships have developed from the influence of several different ideologies. At present, there is a limited amount of literature, and virtually no research, available on student-CNT partnerships in nursing.

The purpose of this study was to explore the descriptions of CNTs’ experiences of partnership with their nursing students and, as a result, gain an understanding of the nature of these partnerships and of the factors that influence the experience of these partnerships. An interpretive description design was chosen for the study because of its ability to acknowledge the constructed, contextual nature of experience while allowing for the shared realities of the experience. Five CNTs from two nursing programs in the Lower Mainland of Vancouver, with at least one semester’s experience in the “new” curriculum, were interviewed. Data analysis proceeded upon the completion of each of the first interviews and emerging preliminary conceptualizations were used as a basis for the second, final interviews.

The findings of the study revealed each CNTs’ experience of student-CNT partnership as one that was unique, complex, and challenging. The participants described student-CNT partnerships as basically honest relationships where trust had been created between partners. Partnerships required goals to set the direction of the relationship and partner responsibility and self-disclosure helped to ensure the proper functioning of a
partnership. Quality partnerships included consideration of the constraints upon each partner’s time. Although every partnership was unique, all partnerships possessed some measure of the essential qualities inherent in student-CNT partnerships. Qualities like partner reciprocity, valuing, risk-taking, and connection often enhanced and contributed to the success of a partnership between a student and a CNT. Other qualities like the state of equality and the presence of boundaries in partnership relationships, although complex in nature, could also contribute to more fulfilling, richer partnerships. There were many factors within each partner’s background and personality that affected the course and ultimately the success of a student-CNT partnership. Student progress could also have an impact on the partnership relationship. Although learning was an ultimate outcome of student-CNT partnerships findings relating to learning were debatable. Health professionals’ responses to student-CNT partnerships in practice settings were mixed. Partnerships ended when clinical rotations ended but often ongoing relationships of a slightly different nature and purpose continued between CNTs and students.

The discussion of the research findings highlighted many implications for nursing education as well as generating a number of directions for future nursing research.
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CHAPTER ONE

Introduction

Background to the Problem

Nursing education in British Columbia is currently being influenced by the philosophy of the curriculum revolution. Most nursing education programs in this province have changed, or are in the process of changing, their curricula to reflect this philosophy. The curriculum revolution provides opportunity for impact upon traditional relationships formed between nursing teachers and their nursing students (Clayton & Murray, 1989). Teacher-student relationships, in the new paradigm of nursing education, are now being called partnerships.

Partnerships between nursing teachers and students have developed as a result of the influence of several different ideologies on nursing education. These ideologies have contributed to the philosophical base of the curriculum revolution. Critical social theory (Allen, 1990; Giroux, 1988) promotes the rights and responsibilities of individuals to have a voice in whatever affects them. Humanism recognizes worth and uniqueness in each individual and states that each person should be treated with respect (Rogers, 1983). The pedagogy of the oppressed (Friere, 1989) views learners as being oppressed and needing to have an active voice in their education. The partnership relationships between nursing students and their teachers that have developed as a result of the influence of these ideologies, acknowledge a shift away from traditional roles, where teacher is superordinate and student is subordinate, toward relationships where students are equal partners with teachers (Slevin & Lavery, 1991). These partnerships are seen as requisite to helping students become insightful, critical thinkers (Bevis, 1989).
My interest in partnership relationships is directed toward partnerships currently being formed between clinical nursing teachers (CNTs) and their nursing students. This interest has developed from my seventeen years experience as a clinical nursing teacher. I am interested in acquiring a greater understanding of CNTs’ descriptions of their partnerships with students and factors that may affect the nature of these partnerships. I want to understand how CNTs establish, maintain, and terminate partnerships with their students.

At present, the nursing literature generally deals with partnership by addressing what partnership can do for nursing teachers and their students. There is some literature available that explores nursing teachers’ descriptions of partnership. There is no research that examines the nature of partnerships between CNTs and their nursing students.

Problem Statement

This interpretive-descriptive study proposed to examine the nature of these partnerships by addressing the research question: How do clinical nursing teachers describe the experience of student-teacher partnership?

For the purpose of this research, a CNT is a full, part-time, or contract teacher of undergraduate nursing students. The CNT teaches in the field. The field may include hospitals, clinic settings, community health settings, and other settings where nurses are practicing. The CNT provides students with opportunities to (a) integrate the knowledge and skills associated with caring for patients and (b) internalize the role of the nurse as caregiver (Woolley & Costello, 1988).
There were several research sub-questions that were generated from the main question. These questions are as follows. How do clinical nursing teachers describe the experience of:

1. establishing a student-teacher partnership?
2. maintaining a student-teacher partnership?
3. terminating a student-teacher partnership?

**Purpose of the Study**

The purpose of this study was to explore the descriptions of CNTs’ experiences of partnership with their nursing students and, as a result, gain an understanding of the nature of these partnerships and of factors that influence the experience of these partnerships.

**Significance of the Study**

The practical and scientific significance of this study is to assist in filling the knowledge gap that is evident in the nursing literature with respect to CNTs’ partnerships with their students. Slevin and Lavery (1991) speculate that, as nursing teachers and students engage in partnerships, a state of unease between these two parties can arise and be intensified due to the lack of clear understanding about what constitutes partnership. An increasing number of CNTs in British Columbia are teaching in curricula based on the philosophy of the curriculum revolution. These CNTs will soon be, or are now, engaging in partnerships with their students. I believe that it is necessary and timely for these teachers to have access, through research, to colleagues’ descriptions of the nature of their experiences of these partnerships in order for both teacher and student to avoid, if
possible, a lack of understanding regarding the phenomenon of CNT partnership with students.

Only in beginning to fill the knowledge gap evident in the partnership literature, by learning more about CNTs' perceptions of the nature of their partnerships with students, can nursing education begin to reduce the unease that may exist between CNTs and students engaging in partnerships. This research, however, is only the beginning step in exploring the nature of partnerships between CNTs and their students. Subsequent research should examine students' experiences and descriptions of partnerships with their CNTs.

**Organization of the Thesis**

Chapter one has introduced the purpose and significance of the proposed research. Chapter two includes a review of the related literature, a presentation of my experience and assumptions, and a discussion of the framework that guides this study. Chapter three presents a rationale for the research design of the study. As well, this chapter includes a discussion of the sample and setting, a description of the participants, the generation and analysis of data, strategies used to ensure rigor, ethical considerations, and limitations of the study. Chapter four presents the findings of this study. In Chapter five, selected findings of the study are discussed. How the findings relate to literature and contribute to new understandings is emphasized. This chapter also includes a discussion of the (a) further implications for nursing education and (b) future directions for research. A summary of the study and a presentation of the key conclusions of the study ends chapter five.
CHAPTER TWO

Fore-Structure

Introduction

It is necessary for qualitative researchers to examine their fore-structure of understanding which consists of their pre-understandings, attitudes, assumptions, and the existing bodies of scientific knowledge that relate to the phenomenon under study, as there is no detached standpoint from which reality can be objectively recorded (Addison, 1989). The examination of my fore-structure of understanding and its effect on this research will be accomplished by my making explicit, in this chapter, my understanding, experiences, and assumptions that relate to this phenomenon, as well as reviewing the literature that deals with partnership.

Review of Literature

The research question directed me to the literature dealing with people’s experiences with partnership. First, the writings of educators from general education and nursing education are explored. The literature on partnership in general education and nursing education is not abundant; nor is it generally research based. Never-the-less, there is some literature of interest on this phenomenon. As well, interesting contributions to the concept of partnership are examined, in selected literature from community health and discussions surrounding church groups. Finally, one research study from nursing education is considered. This study does not directly focus on partnership but does offer some contribution to the understanding of this phenomenon.
Literature on Experiences with Partnership

Partnerships in general education. Authors in the field of general education have explored partnership in the context of (a) educator partnerships, (b) student, school, and employer partnerships, and (c) student and teacher partnerships. Partnerships between educators have been viewed as a way of challenging the isolating experiences that exist in schools and teaching (Rosenholtz, 1989). Partnership creation builds a sense of teacher to teacher community where social bonds are stronger, less teacher anonymity is felt, and where teachers can feel supported by their colleagues (Johnson, 1987).

Partnerships between K-12 school teachers and university faculty, working together in each other’s classrooms in order to improve instruction and facilitate curriculum development, (Bennett, Ishler, & O’Loughlin, 1992) have been assessed by using partnership criteria identified by Goodlad (1987). Goodlad identified three essential characteristics for good partnerships between educators. First, a degree of dissimilarity between and among the partners must exist. Each educator must bring something unique to the partnership relationship. Secondly, there is an element of mutual satisfaction of self-interest that must exist in each of the partners. Self-interest represents the motivational purpose for establishing partnerships. Each partner should receive benefits from the partnership. Finally, each partner must contribute a measure of selflessness sufficient to assure the satisfaction of self-interests. In other words, in order to have a successful partnership, each educator must contribute to and be committed to the work involved in the partnership.

Bennett et al. (1992) believe that collaborative partnerships between school teachers and university faculty are based upon the principles of (a) equal relationship
among all parties and (b) commitment of all parties to engage in dialogue and mutual inquiry. Each partner needs to have opportunities to share in the other’s reality through the use of mutual dialogue in a supportive environment. As well, no partner should be viewed as superior to the other partner(s). Bennett et al. believe that a collaborative partnership cannot exist between partners if one teacher’s theoretical knowledge or another teacher’s practical knowledge is viewed as superior to that of their colleagues.

In Forsythe’s (1993) discussion of co-operative education, partnership is seen as a triadic relationship between students, educational institutions, and employers. In these partnership relationships, all partners share equally in the benefits of the relationship. For example, students gain work experience rather than observational experience and receive remuneration for work performed. Employers have reduced recruiting costs and lower staff turnover. Through co-operative education, educational institutions can provide students with greater and earlier access to technological advances in the workplace. Forsythe states that graduates from these programs have more realistic expectations and generally experience a smoother transition from education to employment. It is necessary that each partner, at the beginning of the co-operative educational experience, make a firm commitment to the other two partners (Forsythe).

Daloz (1986) speaks of the shared commitment of each partner in student-teacher relationships. Daloz theorizes that mutual partner commitment helps to sustain trust in a student-teacher relationship. This commitment helps to hold relationships together.

General education’s discussion of partnership emphasizes the ideas of equality and commitment. The requirement of partner commitment appears in most discussions of educational partnership. Equal relationship among all parties is considered critical to
partnership but the education literature does not contain any definition of what constitutes an equal relationship. Is the state of equality simply viewing no one partner superior to the other partner(s) in the relationship? Do different degrees of equality exist in partnerships? These are just some of the questions that education needs to examine with respect to the state of partnership.

I believe that the three characteristics (Goodlad, 1987) of good partnership are interesting and worthy of future examination. Goodlad’s emphasis on partner uniqueness and mutual satisfaction of self-interest is not seen in other discussions of partnership in education. The importance of differences among partners seems to be an idea that has been overlooked in the literature on educational partnerships.

**Partnerships in nursing education.** Nursing education has explored partnership in the context of (a) professional nurse and lay person partnerships, (b) educator partnerships, (c) education and service partnerships, (d) student partnerships, and (e) student and teacher partnerships. Stewart (1990) investigated the nature of partnership between nurses and their clients (focal persons) for the purpose of establishing a nursing education curriculum based upon the concept of nurse as partner. As a result of this investigation, Stewart has operationally defined the partner role. The definition of this role is as follows:

A partner role is demonstrated by the frequency with which there is joint exchange of information and joint decision making regarding goals and methods to achieve goals between nurses and focal persons and their families, friends, or self-help groups, followed by mutual working to achieve goals and joint evaluation of effectiveness of emotional and physical health outcomes. It is further demonstrated by the degree to which there is observable and perceived equality in levels of status, control, and responsibility in relationships with others. (Stewart, 1990, p.19)
Stewart (1992) theorizes that partnership promotes the health consumers' collective empowerment. Partnership roles can be learned when there is negotiation among the equal partners regarding goals, responsibilities, and role expectations. Partnership roles however, require reallocation of traditional power and removal of long standing status differentials between nurses and clients and their families and other support networks (Stewart, 1990).

In nursing education, teacher partnerships between nursing educators and educators from other disciplines (Cameron & Turnbull, 1992) and nurse educators and clinical nurse specialists (Wigginton, Miracle, Sims, & Mitchell, 1994) have been established. Cameron and Turnbull comment that the formation of partnerships involves negotiation of roles and relationships, as well as the building of trust and confidence. It is stressed that honesty and openness among the partners is needed to maintain a successful partnership. Competitiveness between the participating partners does not promote partnership (Wigginton, Miracle, Sims, & Mitchell).

Literature addressing partnerships between nursing education and service have interesting insights to contribute to this phenomenon. Lengacher and Gorzeman (1992) believe that an important concept evolving from established partnerships is the development of the "together philosophy" as opposed to the "we/they attitude". They state that the most important aspect of any partnership is to establish a process and structure for that partnership. Lengacher and Gorzeman believe that, in education and service partnerships, process is demonstrated through the commitment of the partners and that process is facilitated by adhering to objectives and timelines. Structure is represented by the creation of an advisory committee. Open, honest communication is seen as
promoting partnerships by being the medium by which process and structure can be established and flourish (Lengacher & Gorzeman). Other nursing educators who have written about partnership between education and service, also promote the idea of open, honest communication as being a necessary beginning to these partnerships (Shah & Pennypacker, 1992; Walker, 1985).

The literature identifies several attitudes necessary for the building of partnership between education and service (Walker, 1985). The first attitude is a commitment to the main purpose of the partnership. Partners also need realistic expectations of each other and need to show a willingness to accept responsibility for helping each other (Gallego & Walter, 1991; Walker, 1985). As well, flexibility is identified as essential to any partnership. Potential partners are encouraged to keep their “minds open” (Walker, p. 191). Walker believes that a successful partnership between individuals or groups needs to be built upon trust and mutual respect (Chamings & Payne, 1994) and that the partnership requires constant efforts to build and strengthen it. Partnerships form because of a need and partners view the partnership relationship as “a vehicle for meeting their needs” (Walker, p. 191). Like other authors, Walker also believes that partnership helps to eliminate the “we/they syndrome” from the nursing profession.

Student partnership literature has also made interesting contributions to the phenomenon of partnership. Moore (1995) describes a clinical nursing program where students work in partnership in the hospital setting. Students pair up for the duration of the semester and alternately function as junior or senior partners in the relationship. The senior partner assesses and plans care, delegates to the junior, supervises, and evaluates the care. Junior partners accept delegated tasks and support the senior partner through
the provision of patient care (Moore). The survival of these student partnerships is predominantly due to the use of healthy communication. Student partners devote a substantial amount of time before their partnership clinical experience learning the theory and practicing exercises related to healthy communication (Moore).

The literature on student and clinical or classroom teacher partnerships emphasizes open, honest communication (Cascio, Campbell, Sandor, Rains, & Clark, 1995; Chamings & Payne, 1994; Jewell, 1994) as being an essential foundation to the success of the partnership. Jewell speaks of the need to engage in “true dialogue” (p. 363) with students. True dialogue represents a sharing of wisdom between student and teacher rather than a depositing of truths, by the teacher, upon the student.

Slevin and Lavery (1991) have made a significant contribution to student-teacher partnership by presenting a partnership model of self-directed learning. They view the issue of control as one central to student-CNT relationships and that the degree of control between student and CNT helps define the type of relationship that exists. For example, when the CNT retains complete control in the relationship, the relationship is viewed as a “total teacher direction” relationship. Conversely, if the student retains complete control, then the relationship is seen as a “total self-direction” relationship (see Appendix A). Slevin and Lavery view a partnership relationship as one where control is shared equally by student and CNT. Together the student and the CNT negotiate and agree upon the program plan and the content to be learned for the student. Often this agreed upon plan is formalized in a learning contract. Slevin and Lavery believe this partnership model to be essentially a transactional model that can work in partnerships consisting of two partners or more. In a partnership relationship, the student must be proactive in organizing and
undertaking their required study. The CNT provides broad direction, assists with the creation of the learning plan, supports and advises as required, and monitors student progress. Assessment of student progress is a shared activity between student and teacher. Slevin and Lavery believe that in student-CNT partnerships a balance exists between the student’s responsibility for self-direction and the CNTs’ responsibility for ensuring that certain pre-determined learning outcomes have been achieved.

The ideas of shared responsibility and contracting through negotiation also surface in other literature dealing with student-teacher partnership (Chamings & Payne, 1994; Gallego & Walter, 1991). Negotiation is seen as a process that maintains a fine balance between “following” and “leading”. Gallego and Walter state that, at times, aspects of the curriculum are led by students through the use of their experience and ideas and that, at other times, students follow upon the suggestions and proposed structure offered by their teachers. The result is a balance or symmetry in student learning. Both Slevin and Lavery (1991) and Gallego and Walter see partnership as offering a balance in responsibility through endeavors like negotiation.

In nursing education, authors like Stewart (1990) and Slevin and Lavery (1991) have made significant contributions to the nursing literature on partnership by presenting operational definitions and models of partnership between nurses and clients or nursing educators and students. Other nurse authors’ discussions of partnership address ideas, such as commitment and equality, that are emphasized in the literature from general education, as well as other ideas like negotiation, balance, and open communication. These ideas are generally dealt with in a superficial manner. Nursing education, like
general education, needs to include more definitional and explanatory discussion centered around the ideas that have been identified with successful partnerships.

**Partnerships in community health.** Authors within the field of community health have explored partnership in the context of (a) professional and individual, family, and/or community partners and (b) health professional association partnerships. Courtney, Ballard, Fauver, Gariota, and Holland (1996) define partnership in the community as:

> the negotiated sharing of power between health professionals and individual, family, and/or community partners. These partners agree to be involved as active participants in the process of mutually determining goals and actions that promote health and well being. The ultimate goal of the partnership process is to enhance the capacity of individual, family, and community partners to act more effectively on their own behalf. (p. 180)

These authors believe that certain criteria are essential to creating and sustaining authentic partnerships. Some of these criteria include the:

1. professional and the partner making a commitment to a partnership process.
2. professional encouraging the partner to take an active role in the partnership.
3. partner agreeing to take an active role in the partnership.
4. professional and the partner each recognizing and valuing each other’s role and contributions to the partnership.
5. professional facilitating and supporting the partner’s action.
6. professional and the partner respecting each other’s cultural and “other” differences.

Courtney et al. (1996) state that risk-taking is required by both the professional and the partner in the initial stages of the partnership. They have identified different risks for both the professional and the partner. Risk-taking for the professional includes giving
up unilateral control and learning to develop a new type of nonhierarchical relationship with the partner, while risk-taking on the partner’s part includes assuming more responsibility for taking action and creating solutions and results within the partnership. Professional and partner risk-taking results in a partnership where power is shared by all participants.

Trust is viewed as important to the partnership (Courtney et al., 1996). Trust develops when people see professionals doing the things they promise and when professionals encourage shared decision making. Community partners need to see that professionals respect their ideas and their experiences. Thompson and Stachenko (1994) believe that it is important to identify the roles, responsibilities, and resources of the partners early in the partnership. Participants that are open, honest, and flexible are assets to the partnership process.

Pender’s (1996) examination of the nature of health partnerships in the community focuses on the need for (a) partner commitment, (b) the importance of setting goals, (c) partners to establish their power and legitimacy, and (d) written agreements clarifying partnership objectives and responsibilities. She views partnerships as having the power to achieve solutions that individuals and organizations on their own do not have. Partnerships offer a means of communication and collaboration. The outcomes of partnership in communities include the achievement of health empowerment and the creation of a sense of community ownership. Thompson and Stachenko’s (1994) contributions to health professionals in partnership also acknowledge the importance of partners (a) sharing a common vision, (b) having commitment to the partnership process, and (c) sharing power.
Habana-Hafner et al. (1989) have identified several stages involved in the development of partnerships. These stages include:

1. Negotiation and problem-clarification; where a problem of mutual importance to potential member organizations is defined.

2. Direction-setting, trust-building, and empowerment; where specific objectives and activities are decided.

3. Structure and operation; where the partnership becomes a new organization with new life of its own and specific project tasks are undertaken.

The examination of partnership in the community health literature reveals many familiar and some new insights into partnership through the presentation of (a) a definition of a health partnership, (b) essential criteria necessary to the creation and sustaining of a partnership, (c) the needs of a partnership, and (d) the stages involved in the development of a partnership. New ideas like mutual partner risk-taking, respect for each partner’s cultural differences, partner agreement to participate in the partnership, and the existence of stages in a partnership are interesting contributions that begin to add depth to the understanding of this phenomenon.

**Partnerships within church groups.** Recently, the nature of partnership has been examined with respect to its use in describing the relationship between the United Church of Canada and churches of the third world. Kenny (1994) states that the metaphor “partnership” is used to describe a relationship that is balanced, fair, open, and mutual. Partners in the relationship are equal and work together toward a common mission. Kenny’s investigation into partnership then examines the nature of equality in these church partnerships. He writes that there exists an unequal power status between the poor third
world churches and the relatively wealthy Canadian churches. He questions whether equality can ever exist in the presence of these churches' economic differences. He stresses the importance of balance in a partnership and theorizes that balance cannot exist if power bases are unequal and that true mutual sharing happens only when the question of power differentials no longer exists.

Kenny (1994) presents other interesting definitions of partnership and power. He quotes Reverend Augusto Chipesse who states that partnership is "an evolutionary process in which both partners will eventually emerge as equals despite whatever inequalities might exist" (p. 24). Relationships may begin with power disparities but, if the power of one partner is used to empower the other partner, partnership relationships can emerge.

As in nursing and general education's writings on partnership, ideas of honest and open dialogue and truthful disclosure of needs is stressed as foundational to partnership relationships (Kenny, 1994). Shared decision making and a mutual giving and receiving represent important ideas in the discussion of partnership between churches and mission areas. Kenny stresses that successful partnership involves work and commitment. Bula (as cited in Kenny, 1994) states that "struggle, frank and open dialogue, sharing the good and the bad--these are the ingredients of meaningful partnership" (p. 25).

Research Literature

No research was located that investigates the nature of student-teacher partnerships in nursing education. There is, however, some research on student mentoring that indirectly addresses student-teacher partnerships. One research study on mentoring of student nurses by registered nurses discusses the importance of both parties working in
partnership (Atkins & Williams, 1995). This study points out that working in partnership involves making expectations of each partner explicit, sharing something of themselves, and building trust. It discusses the importance of openness in communication and that in partnerships, an element of reciprocity needs to be present (Atkins & Williams). This reciprocity allows for both student and teacher to be learners as well as facilitators of learning. Atkins and Williams study notes that lack of motivation and commitment from one and/or both partner(s) contributes to an unsuccessful mentoring partnership.

Summary of Literature Review

There are numerous patterns of ideas evident throughout the exploration of the partnership literature from general education, nursing education, community health, and church group partnerships. Commitment to the partnership is often cited as a necessary ingredient. Many authors feel that successful partnerships cannot occur without commitment to the partnership from both partners. Along with commitment, partnership seems to require work or struggle to survive. Each partner role in a successful partnership is described as an active, committed role; not a passive role.

Open, honest communication (dialogue) is also viewed as a foundational component in working partnerships. Without honest communication partnerships can not exist. This belief in the power of honest communication spans many disciplines.

Equality in the partnership is also stressed. This equality applies to the responsibility of each partner, as well as benefits that each partner will receive as a result of the partnership. Descriptions that speak of the sharing of responsibility and decision making stress the experience of mutuality in partnerships rather than the experience of individual isolation. Equality also pertains to issues of power and control in the
partnership relationship. Partnerships reflect equally shared control where no one partner is perceived as more powerful than the other(s). Church group partnership’s contribution to this topic, however, raises the question of when equality exists in a partnership and presents the view of partnership as an evolutionary process where equality eventually emerges. Several authors speak of how partnership can empower the partners within that relationship.

Many authors speak of a balance that needs to exist between partners. This balance exists between the partners’ abilities to, at times, self-direct or lead and, at other times, to follow. Negotiation is seen as a process that helped to maintain this fine balance. As well, many authors comment that a trusting relationship is necessary in order to achieve a successful partnership.

The patterns of ideas emerging from the authors’ thoughts and descriptions of various types of partnerships are of great interest but are generally lacking in their depth of description and explanation. Many of these idea patterns are presented superficially by the various authors. Often these idea patterns are only named as necessary components to partnership. For example, commitment, open and honest communication, and balance are cited as necessary to the partnership relationship by many authors across different disciplines, but are not defined or described in any depth. Authors exploring partnerships within church groups and within community health, as well as the contributions of a small, select number of nursing authors, are beginning to examine the ideas associated with partnership in somewhat greater depth. These ideas, however, have not been subject to research and as a result can only be presented as the authors’ personal beliefs and/or assumptions surrounding the phenomenon of partnership.
Ideas that did not emerge as patterns in the literature review are nevertheless equally of interest. Components of successful partnership, such as partner dissimilarity and self-interest and mutual partner risk-taking, as well as the need for partnerships to establish a process and a structure, are thought provoking contributions to the literature. The use of learning contracts in educational partnerships is also of interest. The need for partners to respect and value each others' cultural and "other" differences and the need for partners to agree to enter into partnerships are important contributions that are not commonly found in the partnership literature. The literature on nursing student partnerships presents the ideas of differing (a) responsibilities of and (b) benefits for each partner within the partnership relationship. Finally, the element of reciprocity that needs to exist within both the student and teacher is a valuable insight. These ideas also need to be presented in greater depth within the partnership literature.

The literature, while not abundant, has presented some interesting patterns and insights into partnership relationships. I believe that these patterns and insights have emerged as a result of the authors attempt to address one or more of the following themes. These themes are as follows:

1. What it takes to make partnership work.
2. What partnership looks like.
3. What the outcomes of partnership are.

The idea patterns and insights that have emerged from the three themes are generally based on the personal thoughts and experiences of the authors. No attempt appears to have been made to research the nature of partnership between students and teachers. In this study, I hope to expand upon and further describe these, or other,
emerging patterns and insights into the nature of partnership between nursing students and their CNTs.

**Researcher's Experience**

My interest in this area of study has developed from my many years experience as a CNT. In the last three years, I have been working in nursing programs in British Columbia where the curriculum has changed or is undergoing a change. These curricula now stress partner relationships between nursing students and CNTs. I feel the need to better prepare myself for this philosophical shift. Unfortunately there is a lack of resources to draw from with respect to the phenomenon of partnership. I feel that in many ways I have began to make the shift toward student-teacher partnership in my practice. This shift, however, is based upon only my thoughts and assumptions (based upon clinical teaching experiences) about what I believe partnership to be. My concern is that other teachers are currently involved in the same process. Although this is valuable, there is presently minimal sharing of these thoughts and experiences on the nature of partnership among CNTs. Although I believe that all CNTs do not need to follow, in their practice, a set of uniform prescriptive guidelines on the nature of student-CNT partnerships, I do believe that it is necessary for CNTs to openly share their thoughts on their experiences of student-CNT partnerships. I also believe that this sharing should reach as wide an CNT audience as possible in view of the philosophical shifts in nursing education that are occurring not only in this province, but in the world, at this present time.

**Assumptions**

Assumptions inherent in the method of qualitative research plus the following assumptions were incorporated in this study.
1. Working in partnership with students can be a new and challenging experience to CNTs.

2. CNTs will be able and willing to articulate the nature of their experiences of working with nursing students in partnership.

3. There are shared elements in the experience of establishing, maintaining, and terminating a student-CNT partnership that can be described by CNTs honestly and to the best of their abilities and categorized as themes by the researcher.

4. The understanding of these shared experiences will be useful to the practice of CNTs and in nursing education.

5. CNTs attempting to apply the philosophical stance of partnership will have faced some challenges or dilemmas and will be able to articulate them.

6. CNTs descriptions of their experience with partnership will reveal knowledge about the strengths and limitations of their partnership relationships with nursing students.

Framework

The framework for the study was based upon the philosophy of qualitative research and the fore-structure of understanding related to the research question. Qualitative research is concerned with human involvement in the world and focuses on human realities (Munhall & Boyd, 1993). Schutz (1973) states that the origin of all reality is subjective and that whatever excites and stimulates our interest is real. To call a thing real means that this thing stands in a certain relation to ourselves (p.79). Therefore, Munhall and Boyd suggest that a focus on human realities must take into account this “thing” plus the relation it bears to the experiencing person. The subjective realities of the CNTs in this study were carefully considered in order to discover and understand the
common ideas emerging from their descriptions of their experiences with student-teacher partnership and the relationship that partnership bears to each CNT in the study.

Interpretive description promotes the use of an analytical framework. This framework is based upon a critical analysis of the state of existing knowledge about a certain phenomenon (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997). The literature review produced many idea patterns and insights that evolved from three broad themes. These themes consider (a) what it takes to make partnership work, (b) what partnership looks like, and (c) what the outcomes of partnership are.

I view these themes as representing the framework for this study and believe that they assisted in orienting the inquiry into the phenomenon of student-CNT partnerships. These themes served as broad groups for my initial organization of the collected data. They also provided a rational for the study's anticipated boundaries (Thorne et al., 1997) and as a result assisted in describing the nature of student-CNT partnerships.

**Summary**

This chapter has presented the fore-structure of my understanding. Literature on partnership from general education, nursing education, community health, and church groups were examined. As well, one research study was considered. My experience with partnership and my assumptions were discussed along with the analytical framework that guided me in conducting this study.
CHAPTER THREE

Research Method

In this chapter the research method used in the study is presented. An interpretive description design was chosen. Discussion of the rationale for using interpretive description methodology is found in the research design section of this chapter. As well, this chapter presents a discussion of the (a) selection of the sample and settings, (b) description of the participants, (c) generation of the data, (d) data analysis, (e) methods of ensuring rigor, (f) ethical considerations, and (g) limitations of the study.

Research Design

In this study, I chose not to follow any of the traditional qualitative research methodologies. Instead, I chose the methodology of interpretive description because of its “fit” with my specific research question. My intent in conducting this research was to be able to explore the nature of partnerships between students and CNTs. I wanted to be able to describe and interpret the phenomenon of student-CNT partnerships from the perspective of those who live it. Thorne et al. (1997) state that this kind of description and interpretation can be considered a quintessential form of nursing science in that it reflects a respect for knowledge about aggregates in a manner that does not render the individual case invisible. In other words, nursing needs research in practice that examines the particulars of how nurses come to know a certain phenomenon. This research then can generate these particulars into general knowledge for theoretical and practical usage (Thorne et al.).

Thorne et al. (1997) believe that nursing needs to articulate and use its qualitative research approaches. They suggest that qualitative nurse researchers make explicit their
distinct methodological approaches in order to legitimize these approaches. It is with this rationale that they label, and encourage nurse researchers to use, interpretive-descriptive methodology as one approach to qualitative inquiry. Thorne et al. believe that this approach is grounded in an interpretive orientation that acknowledges the constructed and contextual nature of experience but also allows for shared realities. It is their view that interpretive-descriptive methodology can begin to "represent the foundation for nursing’s theoretical structure and its substantive body of knowledge" (Thorne et al., p. 173).

Sample and Setting

Interpretive-descriptive methodology encourages the use of the theoretical or the purposeful method of sampling to designate potential study participants (Thorne et al., 1997). Theoretical sampling selects subjects on the basis of their ability to illuminate the phenomenon under study. The number of participants selected is based upon the data gathered throughout the course of the study and the necessity for theoretical completeness (Sandelowski, Davis, & Harris, 1989). Thorne et al. encourage the use of maximal variation in participant selection but caution that use of single representatives of a specific position may lead to the serious error of misinterpretation of the contributions of individual participants. Based on the beliefs of the theoretical method of sampling, I had anticipated a sample size ranging from five to eight participants. Five CNTs participated in the study.

The sample was volunteer; in other words, the sample consisted of subjects who were available and who wanted to participate in the study (Morse, 1986). Potential participants were made aware of the study through the circulation of an information letter provided by the researcher. This letter contained a description of the study (see Appendix
B) and encouraged all those interested in participating in the study to contact me by phone. When each volunteer phoned, I provided further information about the study and inquired into each volunteer's clinical teaching background in order to determine if they met the study's specific participant criteria (discussed in the next section of the study). Besides meeting study criteria, participant selection for the study was also based upon the previously discussed principles of the theoretical method of sampling. Once potential participants were identified, appointments were made with each participant for the initial interview. At the beginning of the first interview each participant selected for the study was asked to formalize the agreement to participate by signing a written consent (see Appendix C).

The setting consisted of one undergraduate college and one technical institute located in the Greater Vancouver area of British Columbia. Each of the nursing programs in these settings was implementing, or had implemented, a curriculum based on the philosophical tenets of the curriculum revolution. Approval to access the faculty was obtained from the associate dean or department chair of each of the nursing programs. This approval took the form of a letter of agency access provided by each associate dean or department chair. Verbal permission to circulate the information letter, containing a description of the study, (see Appendix B) via teacher's mailboxes was obtained from the involved associate dean or department chair of each of the nursing programs. The written approval and verbal permission obtained from each associate dean or department chair allowed me access to each nursing program's pool of CNTs.
Description of the Participants

Specific participant criteria were established for the study and included the following:

1. All participants must be CNTs who have taught for at least one semester in a curriculum that has adopted the philosophy of the curriculum revolution.

2. There are no restrictions with respect to the number of years experience that the participant may have as a CNT.

3. The participant may be a full time, part time, or contract employee of the institution for which she/he is working.

4. CNTs with whom I may be teaching at the time of the study will be excluded for obvious reasons of conflict of interest.

All the volunteers for the study met the study criteria. All were CNTs who had taught for at least one semester in the “new” curriculum. Their years of CNT experience ranged from one and one half years to ten years. Four CNTs were full time employees while one CNT was a part time, contract employee. I was not teaching with any of the participants at the time the study was conducted.

Demographic characteristics of the participants were gathered, through the use of a demographic data sheet, (see Appendix D) distributed at the beginning of the first interview. The participants, four female and one male, ranged in age from thirty to forty years old. Four held Masters degrees in nursing, while one held a Baccalaureate degree in nursing. All the participants had obtained their degrees within the last seven years. Each participant identified herself or himself as a clinical nursing teacher who had engaged in partnerships with nursing students.
Generation of Data

Interpretive description requires the selection of participants whose stories reveal elements that are, to some degree, shared by other participants. Thorne et al. state that "effective interpretive description will be one that distinguishes eccentricities from commonalties within its process and outcome" (1997, p. 174). In this study, the generation of data was based upon the interviews of the selected participants. Face-to-face interviews were carried out in settings agreed upon by each participant. These settings included the participants' offices or homes. Privacy was always maintained in order to encourage open dialogue. Only myself and a participant were present during the course of each interview. Outside interruptions were minimal or non-existent.

Two face-to-face interviews, each of approximately one hour in duration, were planned for every participant. All five participants were interviewed two times, with the exception of one participant, who was unavailable during the month in which the second interviews were being conducted. The initial interviews ranged in length from fifty minutes to one hour and twenty minutes. They were audio-taped and transcribed verbatim by a professional transcriptionist, with the permission of each participant.

Common trigger questions used for all the initial interviews are as follows. From your perspective:

1. What is involved in establishing a partnership between a CNT and a student?
2. What factors influence the nature of the student-teacher partnership?
3. What do you think contributes to making a partnership work?
4. How do you know when you have a successful student-CNT partnership?
5. How do you know when you do not have a successful student-CNT partnership?

6. What hinders the success of a partnership?

7. What is involved in ending a partnership?

8. What are the outcomes of partnership?

9. Are there any particular dilemmas that partnership creates for you in your role as a CNT?

Although the same trigger questions were used for all the initial interviews I also allowed the experiences of the participant to direct the data that was produced in order to obtain authentic dialogue.

Thorne et al. (1997) state that the design of interpretive description requires repeated interviews of participants where developing conceptualizations can be challenged and, if needed, be refined. The purpose of the second interview with each participant was to allow for the validation and/or expansion of my conceptualizations of the phenomenon of student-CNT partnership. This purpose was carried out at the beginning of the interview, by (a) presenting the participants with a verbal conceptualization of the initial data analysis (see Appendix E) and (b) asking the participants several questions that were generated from the initial analysis (see Appendix F) of data concerning student-CNT partnership. Participants were invited to comment on the presentation and the respond to the questions. This process allowed for the continued revelation of commonalities and "weeding out" of eccentricities among the participant’s data. The four second interviews were more structured than the initial interviews and of a shorter duration. Most second interviews took approximately one half hour to complete. These interviews were also
audio-taped but were selectively transcribed by me instead of being transcribed verbatim by a professional transcriptionist.

Although the design permitted the plan of additional telephone interviews to validate findings, the clarity attained on the second interviews made this step unnecessary.

I journaled immediately after each interview. The journal served to capture the feelings, attitudes, and behaviours that were experienced or observed during the interview. This contributed to a more complete capturing of all aspects of the data and enhanced the thoroughness of the data collection. As well, the journal served as a vehicle to record my (a) sources of satisfaction and frustration with the research process and (b) decision making process with respect to methodological and conceptual considerations.

Data Analysis

Inductive analysis is required in qualitative research (Lincoln & Guba, 1985). Thorne et al. (1997) state that complex coding systems and predetermined analytic strategies that consist of dissection of overly small units of analysis such as words or phrases often overwhelm the researcher with detail and as a result do not allow for the possibility of inductive interpretation. Their concern is that analysis becomes too technical rather than theoretical. Thorne et al. state that questions such as “what is happening here?” and “what am I learning about this?” (p. 174) will lead the researcher into more successful analysis in the interpretive-descriptive methodology than will the sorting and filing of minute bits of gathered data.

Interpretive-descriptive methodology, like naturalistic inquiry (Lincoln & Guba, 1985), encourages repeated immersion in the data prior to any coding or creating of linkages in the data. “Interpretive description in nursing requires that nurse researchers
come to know individual cases intimately, abstract relevant common themes from within these individual cases, and produce a species of knowledge that will itself be applied back to individual cases" (Thorne et al., 1997, p. 175).

Thorne et al. (1997) recommend the analytic techniques of Lincoln and Guba (1985) and Knafl and Webster (1988) to aid the researcher through the analytic process. This process involves thematic analysis, which includes the use of description and evolving abstraction, in order to identify themes within and across coding categories (Knafl & Webster). Themes that emerge from the analysis are integrated into a final conceptualization of the phenomenon under study. Thematic analysis is accomplished through the use of the constant comparative method developed by Glaser and Strauss (1967) and used by Lincoln and Guba. The constant comparative method involves the asking of questions and the making of comparisons and forces the researcher to expand upon or “tease out” emerging themes or constructs (Hutchinson, 1993).

In this study, as in naturalistic inquiry, data analysis was ongoing and began after the first interview. Each interview built upon the preceding interview (Lincoln & Guba, 1985). I read each verbatim transcript several times in order to immerse myself in the data. As a result I began to have a sense of the stories describing the phenomenon of student-CNT partnership. A large right hand margin on the written transcriptions allowed me to record, beside the relevant lines and/or paragraphs, my beginning analysis of the descriptions of partnership provided by the participants. Data was repeatedly examined, questioned, and compared. From this process, I began to identify commonalities or themes. Data continued to be examined, not only line by line, but within and across emerging themes. Preliminary conceptualizations evolved from this ongoing analysis and
were used as a basis for planning my second participant interviews. The data from these interviews served to validate and/or expand upon my conceptualizations of student-CNT partnership. From the completion of the first interview, journalling also assisted in the data analysis, by capturing my thoughts, feelings, and decision making surrounding (a) the experience of the participant interviews and (b) this ongoing analytical process. The themes that emerged from the five participants’ nine interviews were integrated into a final conceptualization of the CNTs’ experience of partnership with a student. Upon completion of this analysis, the findings were examined in the light of the existing literature on partnerships.

**Rigor**

Attention to the process of rigor is critical to the interpretive-descriptive methodology because of the somewhat emergent nature of this qualitative research design (Thorne et al., 1997). Guba and Lincoln (1981) present four criteria that can be used to assess the rigor in qualitative research. They are credibility, fittingness, auditability, and confirmability.

A study is credible when it presents faithful descriptions of human experience. Participants in the study must be able to recognize themselves in the research report. As well, other people should be able to recognize the experience in practice after having only read about it in the research (Sandelowski, 1986). A strategy employed to ensure credibility in this study was the validation, by the participants themselves, of (a) collected data, and (b) beginning conceptualizations representing the entire sample. This was one of the previously stated purposes of the second face-to-face interview with each
participant. As well, I periodically validated with the participants my understanding of the ongoing data that I was collecting during the interviews themselves.

Sandelowski (1986) also states that another threat to the credibility of a study lies in the potential closeness between the investigator and subject in the research relationship. She believes however that credibility can be enhanced when “investigators describe and interpret their own behavior and experiences as researchers in relation to the behavior and experiences of subjects” (p. 30). Reflective journalling is seen as a valuable tool to enhance research credibility by countering bias within the research process (Thorne et al., 1997). As previously mentioned, I used journalling in order to not only capture my feelings and attitudes experienced during the research interviews but, as well, to record my sources of satisfaction and frustration with the research process.

The fittingness of qualitative research can be judged by how well the findings “fit” into contexts outside the research situation and when its audience can find applicability and meaning from the research findings in relation to their own experiences (Sandelowski, 1986). As well, the findings must “fit” the data from which they were derived. The method of sampling that this study employed helped meet the criteria of fittingness by creating a sample of participants whose stories not only illuminate the phenomenon of student-CNT partnership but contribute to the emerging findings related to this phenomenon. The stories of the participants were placed in proper perspective (Sandelowski), in order to obtain the most valid findings, through the previously discussed process of constant comparative analysis. In the second interview, the sharing of the emerging conceptualizations from the study data with the participants produced findings
that were grounded in data that is representative of the shared realities of the participants rather than artifact of design or researcher error (Thorne et al, 1997).

Auditability deals with the consistency of findings in qualitative research. Research findings are considered auditable when another researcher can (a) follow the "decision trail" used by the investigator and (b) arrive at non-contradictory conclusions given the investigators data, perspective, and situation (Sandelowski, 1986). In this study, auditability was achieved through the use of journalling. As previously mentioned, the journal served as a vehicle to record my decision making processes with respect to methodological and conceptual considerations.

Thorne et al. (1997) believe that interpretive description requires a "means by which to retrace the development of abstractions and to ensure that analytic directions are defensible" (p. 175). Besides journalling, Thorne et al. believe that within the research report itself, sufficient information must be available in order for the readers to follow the analytic reasoning process or decision trail. I endeavored to make the logic surrounding my decision making processes, with respect to conceptualization, explicit in the analysis section of this study.

Confirmability represents neutrality or freedom from bias in the research process (Guba & Lincoln, 1981). Confirmability is achieved when credibility, fittingness, and auditability have been met. The methods that served to achieve these three criteria have been previously discussed.

**Ethical Considerations**

The rights of the participants were ensured through adherence of the following criteria.
Written approval of this study's research proposal was obtained from the University of British Columbia Behavioural Sciences Screening Committee for Research and Other Studies Involving Human Subjects.

Approval to recruit participants from the education institutions was obtained.

Initial informed written consent was obtained at the beginning of the first interview. Participants were informed that they could withdraw from the study at any time. See Appendix C for consent form.

Ongoing consent between myself and each participant also occurred. The participants were kept informed as to their vulnerability to potential dangers that may arise due to the unpredictable nature of qualitative research (Ramos, 1989).

Participant confidentiality was maintained by the safeguarding of the audio-tapes, diskettes, and transcripts of the interviews. Tapes were erased at the end of the project; transcripts were shredded. Names were not used in the written report. Each participant received a code number during data analysis. Access to the raw data was limited to this researcher and her thesis committee.

Participants were offered a written summary of the study findings.

Limitations of the Study

Several limitations have bearing upon the results of this study. Firstly, the volunteer nature of the initial selection of the participants of this study may have affected the generalizability of the findings. The CNTs who were interested in student-CNT partnerships may have been more apt to volunteer than those CNTs who were not interested in this phenomenon. In fact, all of the participants of this study were not only interested in student-teacher partnership but viewed student-teacher partnerships as an
integral part of their curriculum and expressed a commitment to forming partnership relationships with their nursing students. Seeking out one or two participants that expressed an intolerance to or a lack of commitment toward forming partnership relationships with students may have enriched the data. Secondly, many of the institutions in the Greater Vancouver area of British Columbia that educate nurses are only recently implementing new curricula based on the philosophy of the curriculum revolution; therefore, CNTs will have relatively limited experience teaching in this new paradigm and forming partnerships with their students. In a sense, these CNTs are in the “honeymoon phase” of their experiences with partnership relationships with nursing students. Finally, my inexperience as a researcher may also have affected the quality of data collected.

**Summary**

In this study, the interpretive-descriptive methodology was used to examine the nature of partnerships between students and their CNTs. The theoretical or purposeful method of sampling was employed to select five CNT participants. Data was generated through two face-to-face interviews ranging from approximately one half hour to one hour and twenty minutes in duration. All but one CNT participated in both interviews. Trigger questions were used for the initial interview. Inductive, thematic analysis was ongoing and began with the first interview. Consideration of the four criteria identified to assess rigor in qualitative research was made throughout the study. Ethical considerations and limitations of this study have been identified.
CHAPTER FOUR

Presentation of Findings

In this chapter, the findings are presented as an interpretive summary of the five CNTs' descriptions of the experience of student-teacher partnership. Four themes, relating to nature of student-teacher partnership, have emerged from the analysis of the interview data. These themes are as follows: The (a) look of student-teacher partnership, (b) essential qualities inherent in student-teacher partnership, (c) factors that influence student-teacher partnership, and (d) outcomes of student-teacher partnership. The findings associated with each of these themes represent the essence of the participants' experiences in partnership with students.

The Look of Student-Teacher Partnership

Generally, the CNTs described student-teacher partnerships as "enjoyable growth experiences" that at times can be "challenging" and "difficult." Partnerships were viewed as collaborative relationships where open communication existed between all partners. Partnerships flourished in environments where all partners cared for, and helped, each other. Many participants spoke of student-teacher partnerships as being "more natural," "liberating," or "an easier way of being with students" as compared to traditional student-teacher relationships. Often discussion regarding the nature of student-teacher partnership was expressed on a feeling level. One CNT described partnership as a "feel good thing," while another CNT spoke of partnership with students as feeling "welcome within their [student] space" and of "having fun."

Some of the CNTs saw student-teacher partnerships as evolutionary experiences for all participants. Students and teachers in partnership were perceived as evolving in
terms of growth and learning. Partnerships themselves were often described as evolving. One participant described the experience of working in student-teacher partnerships in transformational terms. "It’s a way of life rather than just a job. It is shaping, it has shaped my thinking and I think it is shaping these nursing students who will become the nurses of the future."

Most CNTs commented that the nature of partnerships, were to some extent, based on the individuals who formed the partnership; therefore, partnerships could look somewhat different and be described in different ways. Although the unique nature of each student-teacher partnership was recognized by many of the participants, what was noteworthy in the findings were the common ideas expressed by many, if not all, of the participants, with respect to the look of partnerships. These common ideas emerged from the participants’ discussions of: (a) goals, (b) responsibility, (c) trust, (d) honesty, (e) self-disclosure, and (f) time.

**Goals**

Many CNTs stated that in partnerships, students and teachers “headed in the same direction.” One CNT described this sense of direction as a trip to the grocery store. "We’re all going to the Safeway. Some of us are going to walk. Some of us are going to ride their bikes. Some of us going to slide. But we’re all going there, and I’m going too."

According to the participants, in order to "head in the same direction," students and teachers needed to establish goals. These goals were identified as mutual and/or individual goals. Some CNTs felt that both the student and the CNT needed a “common goal” in partnership. Others felt that the goals would be more individually-based and that usually students’ goals were based on the learning outcomes of the clinical course.
Often CNTs identified that both the student and the teacher needed to be involved in the activity of the identification of (a) the goal or goals and (b) a plan to reach that/those goal or goals. Several participants’ descriptions of partnership centered around this activity. “The student and CNT need to look at what the outcomes are in the clinical area, establishing goals, and then how can we both work together to meet those goals, and that, that’s a partnership.”

The CNT’s help, often in the form of direction, was seen as necessary in order for students to identify and reach their goals.

“What are the goals? What are your [the student’s] goals now for learning? What have you identified?” You know, “This is what I’ve identified. Do they agree? Are they consistent with each other?” And usually they are and then, “Okay, now what can we do?” And usually the student has two or three things that they think that they can do toward trying to meet that goal and then I usually have a couple of suggestions myself and then we look at what might work and how they might go about doing that and I usually also ask them then, “What else can I be doing? Can you think of anything that I can be doing that’s going to assist you in some way?” So that they can see that I’m there and I’m available and that I may think of some ways that I can help them but they might have some better ways and a lot of them are often surprised at that initially but about half way through the rotation, they get quite good at you know, “What would be really good is if you could, you know, do this, this and that, that would help me with meeting this goal.”

Some participants stated that CNTs need to have clear communication around student expectations. This was seen as necessary in assisting students in goal achievement. Tools such as dialogue journals also aided CNTs to help students achieve goals.

Partnerships were seen as helping students and teachers to meet mutual goals together. The act of engaging in a partnership created an environment where movement toward goal achievement was enhanced. One participant commented that, “partnership has more to do with the direction that you’re heading in and achieving things together.”
Some CNTs saw the achievement of goals as representing the purpose of a partnership. Many participants linked the identification and attainment of goals with their definition of a successful partnership.

In short, the identification of, and subsequent achieving of, mutual and/or individual goals of the partners was seen to represent the purpose of student-CNT partnership. Often, the CNT’s help was viewed as necessary to assist students in identifying, planning, and reaching their goals. Partnerships created an environment that encouraged goal achievement in both students and teachers.

**Responsibility**

All participants commented on the importance of responsibility when reflecting on what partnerships looked like. This responsibility was generally seen as mutual between the partners.

Many CNTs felt that responsibility was a key element of partnership. One participant who spoke about responsibility in student-teacher partnerships stated that in the new curriculum, “both the expectations of the student and of you are that you have a responsible adult learner” in the partnership. Many CNTs believed that lack of responsibility on the part of the student could be a significant influencing factor on the success or failure of the partnership.

The willingness to take on responsibility for their own learning is key. I can’t, I don’t see that you can really have an effective partnership or really have a partnership unless there’s some willingness on the part of the student to take some responsibility for their own learning. It doesn’t, from my perspective, it just doesn’t work because what happens then is they are looking to you to present. They’re looking to you to do. They’re looking to you for being responsible for their learning and then this isn’t. This to me is an unequal. It’s not a partnership at that point and we have the sort of more traditional teacher-student relationship.
where the teacher is providing all the knowledge and the student is just sort of sitting there and taking it in.

Responsibility was a major contributor to making partnership work. Often this responsibility was expressed in terms of students being “self-directed,” “maximizing their clinical experiences,” and of having a “commitment” to the partnership. One CNT felt that many students had not received a “grounding” in responsibility from their previous educational experiences, “I don’t think the students really know how to be self-directed. It’s not a fault of the program. Just being socialized in the west coast setting, they weren’t self directed in school a lot of them.”

Some participants identified the CNT’s role as one of teaching responsibility and reinforcing responsibility in the student. They believed that CNTs may need to point out to students their (the students’) responsibilities in partnership relationships. Often this expectation is given near the beginning of the student-teacher partnership. The CNTs felt that students should be responsible and accountable and should enter the partnership with these attributes. One participant stated that, “There were behaviours that I, like responsibility issues and being accountable, that’s things that I think they should learn. They should come to the program already having, and it was like I was developing, these behaviours [in them].”

Increased student responsibility was also seen as a positive partnership outcome by several participants. They perceived that the actual experience of student-CNT partnership promoted an increase in responsible behaviour within many students. As the partnership progressed students acquired a “better sense of being responsible.” This responsibility was often directed toward their own learning.
In summary, mutual responsibility was seen as a key element in partnership. CNTs believed that students needed to be responsible, adult learners and that this attribute contributed to the look of successful student-CNT partnerships. Often the CNT would be involved in teaching and reinforcing responsibility in their students.

**Trust**

Four participants felt that partnership was based on mutual trust and that the CNT needed a “certain level of trust with all your students in order to develop healthy partnerships.” One participant commented that a CNT would be foolish to think that there could be “ultimate and open trust” in every partnership. This participant felt that complete trust between partners was an “ideal.”

Trust was the first concept the CNTs addressed when asked the question, “What is involved in establishing a partnership with a student?”

The partnership has to be based on trust. Trust has to be established and also that trust involves the student respecting the teacher’s knowledge but it also involves more than that. It’s a feeling that the student is accepted by the teacher, that the student can ask any questions whether they’re considered foolish questions. They need to be like an open book and to be accepted as an open book.

Establishing trust between the partners was viewed by many participants as of prime importance in partnerships. Some participants felt that trust provided a climate for optimal learning. One CNT stated that “once that trust is developed, then we can proceed to the learning stage.”

Mutual respect and responsibility, acceptance, honesty, and the honouring of each other were viewed as important indicators of a trusting environment in partnerships. The majority of CNTs felt that the creation of a trusting environment, through the development
of these important indicators, began when the individuals involved in establishing the partnership took time to learn about each other.

For myself to initiate it [trust relationship] is we just both sit down and find out where the other one is coming from. So I do a brief, probably a fifteen minute interview with each of my students and I ask them questions about where they’re coming from, what their past experience was. . . . It allows my students then to recognize that you’re interested in them as a person and the other thing is I allow them to ask me any questions. I give them a bit of my background and say, “Is there anything else you’d like to know about me?”

It was important to many participants that, in developing trust, students gain some understanding of the CNT’s humanness. The participants believed that the use of techniques, such as self-disclosure and humor, by the CNT, assisted the students in gaining an understanding of the teacher’s humanity.

I use a lot of humor. I use a lot of other techniques but humor for me helps to decrease their anxiety and help them to realize that they’re human and that’s okay and they’re going to make mistakes but it also demonstrates that I’m human and I make mistakes.

One participant felt that many students enter student-CNT partnerships with issues of trust surrounding their lives. This participant speculated that these trust issues may occur as a “function of our population” or perhaps they occur due to the nature “of people who choose to come into health care or nursing.” Sometimes it was necessary for the CNT to confront the student’s trust issues in order to successfully establish a climate of trust within the partnership.

Student-CNT partnerships were based on mutual trust. Trust provided a climate for optimal learning within the partnership. Partners needed to take time to learn about each other, for learning about each other, was seen as a beginning step towards establishing a trusting environment.
Honesty

The participants agreed that honesty needed to be present in a student-CNT partnership. They stated that honesty, on the part of the student and the CNT, was a necessary ingredient in establishing and maintaining a partnership. An honest relationship helped promote a trusting partnership. Many participants felt that, in the clinical experience, students needed to be honest and reveal their mistakes to their teacher. As well, CNTs needed to be able to admit their own mistakes to their student partners. CNTs needed to be honest with students when giving students feedback. One participant felt that often students were not used to honest feedback from teachers.

I think some of the things that I do would be considered, or say, would be considered very, not impersonal, but, and not politically incorrect, but they were just perhaps a bit hard. For example, I will tell a student very gently “You want to be taken seriously as a professional, you have to learn to spell” regarding charting and the student will look at me, perhaps a little bit shocked, but they’ll get it, they seem to. My view is that in the schooling system in British Columbia, they [students] haven’t had anyone talk to them like this before. They [students] haven’t been [talked to in this manner]. It’s [this manner of talking] very honest but it’s also given with acceptance, “that this is how it is right now but we can work on it.”

Maintaining honesty was seen to be a difficult task at times. One CNT talked about the need to be consistently honest with students, whether you were giving positive or negative feedback. Confrontation skills, on the part of the CNT, were also seen as an asset by several participants in maintaining an honest student-teacher partnership. One CNT commented, “I believe in blunt, straight-forward honesty with a student.” One other CNT stated that you could be honest with students but that there was no need to “brutalize” anyone in the process. “Honesty may be linked with the way you communicate and how specific you are about your concerns.”
The participants viewed a student’s lack of honesty with their CNT partner at best, a hindrance to the partnership, and at worst, a destruction of the partnership. They described feeling angry, used, betrayed, and disappointed when encountering a student’s lack of honesty. Several participants stated that a student’s lack of honesty destroyed the trust built up between the partners and that it may not be possible for the CNT to teach that student. One participant pointed out that in some instances “CNTs may never know if a student partner has been dishonest with them.”

Generally, there was agreement on the part of the participants of what an honest and a “less than” honest relationship looked like in student-teacher partnership. Most participants felt that honest relationships were not necessarily one hundred percent honest all of the time but that the “greater percent” of partnership revolved around being honest. Some participants saw the concept of honesty in honest relationships as having many variations. Other CNTs saw honesty in student-teacher relationships as being a “given” but viewed the relationship as having varying degrees of dishonesty. One CNT reflected that there is a mix of honesty and dishonesty in each student-CNT encounter. What changes a partnership from an honest one to a less honest one is when that relationship reaches a “critical point” or “critical mass” of dishonesty where one partner suddenly becomes aware of that dishonesty. For example, one participant described this “critical point” as a time where something “clicks or triggers and you think, ‘Oh, gee,’ or you catch them [the student] in something.”

Most participants agreed that all partners, including CNTs, could be less than honest at times in the partnership relationship. One participant stated that, “CNTs can be as dishonest as students. They are people too!” Another participant felt that CNTs
“never lie” but sometimes they withhold information from their student partner. One teacher cited an example of CNT dishonesty as letting students believe that they are progressing and doing well clinically when in fact they are not. “That’s very dishonest because the student thinks they’re progressing but in fact, that’s [the student] not a nurse you would want to work with.”

Several CNTs spoke of cultural values as having an effect on the honesty in a student-teacher partnership. One participant stated that honesty in a partnership “can be problematic if the other person in the partnership does not understand your cultural beliefs with respect to honesty.” In fact, the partners from another culture may not “perceive that they are being dishonest.” Another participant commented that students may lie to please the teacher because the teacher “represents an authority figure.” One CNT stated that “I don’t think the west coast society is one that is honest.” This participant felt that people were generally less likely to confront others in order to maintain honest relationships and that this could be seen in student-CNT partnerships. The participants concluded that partners needed to be “straight with each other” in order for the student-CNT partnership to be looked upon as healthy and successful.

Thus, honesty among the partners was a major ingredient in creating a trusting, viable partnership. Although no partner could be one hundred percent honest at all times, partnership flourished in an environment that was basically honest. Cultural values and/or social values were seen to affect each partner’s perception of honesty.

Self-Disclosure

All participants viewed mutual partner self-disclosure important to establishing and maintaining partnerships. Partnerships were also seen as providing an environment that
encouraged student-CNT self-disclosure. Many participants believed that students needed an opportunity to get to know the CNT. One participant commented that partnership, "...allows them [students] to see you as a real person as opposed to this instructor and something that it has done that I think is positive is the students have an understanding of what I’m doing in my life."

Other participants stated that CNTs needed to know students on a "personal level" to some degree. They felt that student self-disclosure helped the teacher to better understand the student’s "perspective" and to understand the "context" within which the student operated. One participant commented that student self-disclosure gave the CNT "a really good idea of where the student is coming from, just personally, rather than nursing, and then nursing is also incorporated into that."

The participants shared beliefs about the amount one could self-disclose with a student partner. One participant stated that "you really have to listen to your gut when you’re going to self-disclose. You need to sum up the ramifications of what you’re saying and who you are disclosing it to." Many participants felt that the amount a CNT self-disclosed was individual.

I think when you’re developing partnerships, you develop a sense too for what the other person can manage and tolerate, so it takes being sensitive, to saying “Well does this person need to know this?” ... Within your partnership, your student may not be able to take on, or cope with, some of the stuff that you’re dealing with in your personal life.

One participant spoke of having a "personal comfort zone" when it came to self-disclosure. Another participant talked about "being able to read the other person" and "recognizing what was appropriate" to disclose to the other person.
Several CNTs acknowledged that students have different comfort levels with respect to their self-disclosure and the self-disclosure of their CNT. One participant talked about students needing repeated permission from the CNT in order to elicit personal information.

But I also will reveal personal information about myself without it being solicited because initially, I don’t think they feel that sense of permission so I’ll say, “Okay, I’ve got a husband and a cat named XXXX and a kid blah, blah, and you guys, if you want to ask me something go ahead.” And they’ve got that sense of permission and during the term they can feel like they can find out about me. . . . But I find that [sense of permission] has to be repeated and repeated.

As the participants spoke more about mutual self-disclosure, they began to look at its benefits as well as its drawbacks. The CNTs saw self-disclosure as leading to “greater collegiality and credibility” between themselves and their student partners. Several participants felt that through mutual self-disclosure, they were better able to get to know the students as individuals and show their interest in them as people, and that this allowed students to view their teachers as more caring individuals. Two participants felt that CNTs’ self-disclosure allowed for a sharing of their “humanness” with their students. One participant commented that there is a “certain amount of some kind of personal involvement or disclosure that needs to take place. If you don’t, it makes it more difficult to establish trust.”

Mutual self-disclosure was also viewed as potentially problematic. “Self-disclosure can get you periodically into trouble; revealing something that’s a vulnerable point to you to someone who does not handle it in a professional manner.”

“Sometimes giving too much of yourself can affect your credibility with a student.”
For example, one participant talked about a situation where a CNT may be “freaking out” over a specific patient assignment, but chooses not to share this feeling with their student partner. This CNT believed that, in this situation, it was more important for the student in the partnership to feel that they could “rely on” the instructor rather than having the knowledge of the instructor’s feelings surrounding the patient assignment.

Besides revealing vulnerability and affecting the CNT’s credibility with students, participants commented that too much sharing can “blur the lines between partnership and friendship.” Two participants felt that the familiarity found in friendships could affect the CNT’s ability to teach and effectively evaluate their student partner. This could also lead to “feelings of discomfort” on the part of the teacher. Some participants referred to this discomfort as the “dilemma of getting to know the student too well.”

Many participants talked of the need to establish boundaries with respect to the limiting of self-disclosure in the partnership. These boundaries would give one partner a sense of the other’s comfort level with sharing information. This limit setting should be mutual and happen early in the student-CNT partnership. One CNT stated that you have to “identify what is appropriate in partnership and what is appropriate in friendship, and then identify boundaries.”

Self-disclosure has been described, by some participants, as a “powerful tool” with respect to student-CNT relationships but one that requires the sensitive approach of each individual in the partnership.

In summary, mutual self-disclosure was identified as necessary for the student and the teacher in partnership in order to better understand each other. Often partnerships provided an environment that encouraged self-disclosure. All partners had different
“comfort levels” with respect to both the amount of information each partner disclosed and was willing to receive. Boundary setting helped delimit partner self-disclosure.

**Time**

Four participants spoke of time as being a necessary element in a successful student-CNT partnership. Several participants felt that realistically, time may be the most important element and that student-CNT partnerships required more time than traditional relationships.

... [in] the traditional way [traditional student-teacher relationships], you [the CNT] could have functioned with a lot less time, I guess if you chose to do that. And it would be perfectly fine. And it would be justified. And it would be considered, it would be a sanctioned way of running your clinical group.

One participant commented that “you can’t assign a time to building a partnership,” yet many CNTs stated that twelve to thirteen week clinical rotations were far superior over six to seven week rotations for building healthy student-CNT partnerships. Curriculum structure was seen to assist in establishing and maintaining good partnerships by providing lengthier clinical rotations. One CNT reflected that “longer rotations allow it (partnership) to develop naturally.” Another commented that longer rotations “give you (CNT) a better chance to establish partnerships.”

... my clinical course is twelve or thirteen weeks, whereas in the old curriculum, I only had them for five or six weeks, and so now I really can have a real nice, meaning, good healthy partnership by at least mid-term and then we can keep going. By the end, it’s kind of like a dance and whereas, with the old one [rotations of a few weeks] it was, I had some pretty good relationships, but you never got to really dance with them ...

Several participants felt that longer rotations gave you (CNT) “time to work through difficulties with a student.”
One CNT suggested that if clinical rotations could not be extended in certain semesters of nursing programs, then it may be beneficial to the student-CNT partnerships if one CNT remained with the same group of students throughout several clinical rotations. This participant felt that even though the CNT may not be an expert in all areas, "there may be more of a partnership between the student and the CNT, and therefore learning would be enhanced" by allowing time to develop the partnership into a stable, healthy relationship.

Not only was the rotation length seen as a factor that may influence the development of a healthy partnership but group size was also mentioned. Some participants felt that student-CNT ratios of eight to one, or greater, restricted the amount of time that each CNT could spend with each of their student partners.

The need for time to allow for an increased mental and/or physical involvement or effort on the part of the CNT was identified by the participants.

It [partnership] involves a lot [of] my thinking, a lot more, and mentally thinking about the students in the clinical area and their experiences and how I'm facilitating that, like it's a constant process. Um, yea, much more involvement. Time, not just time, but, um, mental involvement, emotional involvement, um, just more involvement I guess of your whole, your whole being.

It was also recognized that participation in a partnership required a great deal of effort on the part of the student.

If I think about myself [CNT] being a student, there is physical factors that play into it like fatigue and stuff like that can make you not able to put as much effort in, like I think it's a constant effort to maintain a partnership because it has to do with communication and working together and stuff like that but if you're tired, you just, you haven't got that same motivation, the same energy.

One participant also spoke of time in relation to the increased amount of time spent educating others. For example, registered nurses and other health care workers needed
explanations about the partnerships that they viewed between students and CNTs in their clinical areas. This CNT reflected on the time spent in trying to “explain the whole concept of partnership” with respect to how the CNT and students worked together.

Oh, an awful lot more PR work and so when you talk about involvement and time and everything like we did before that certainly, I put, I’m putting a heck of a lot more effort and time into public relations with nursing staff and head nurses and everybody, yeah.

Clearly, healthy partnerships required time. The mandates of curriculum and institutional policies had an effect on the amount of time partners could spend with each other. The public relations work of partnership also impacted upon a CNT’s time with a student partner.

These findings, concerned with the look of partnership, begin to describe the nature of student-CNT partnerships. The following section will add a further dimension to this description by examining the findings that reflect the essential qualities inherent in student-teacher partnership.

**Essential Qualities Inherent in Partnership**

“You need to believe in the idea of partnership.” This belief, simply stated by one participant, needed to be present in all individuals engaging in partnerships. The CNTs also spoke of the importance of clear communication between the partners. This helped to build successful partnerships. Students needed to be self-directed and motivated. CNTs needed to be adaptable, objective, and multitalented. Several participants felt that CNT partners needed to overtly “talk about partnerships” in order for student partners to learn about and become comfortable with the philosophy associated with partnership relationships.
Besides these findings, many ideas emerged that were common to the participants' discussion of the nature of partnerships. Many of these common ideas seemed to represent a number of essential qualities that needed to be present in successful student-teacher partnerships. These qualities were: (a) equality, (b) reciprocity, (c) valuing, (d) risk-taking, (e) connection, and (f) boundaries. Many participants agreed that the presence of these qualities in partnerships could greatly enhance the likelihood of partnership relationships developing and often contributed to the richness of the student’s and the teacher’s partnership experience.

**Equality**

The participants contributed a significant amount of data with respect to equality in partnerships. Their discussion of equality was often expressed in terms of the power that each partner held in the relationship; therefore the following presentation of the findings will address both equality and partner power.

Several of the participants felt that partnerships helped promote equality between the student and the teacher and that a sense of equality between the partners was "so important." Their descriptions of equality centered around examples of the teacher and the student as co-learners and as partners equally responsible for learning.

I think for sure it [partnership] promotes equality. Um, again I guess back to sort of that give and take kind of learning that might have been in an older paradigm where the student was presented with something and then sort of regurgitated it back. And equality is more, sort of, trying to use each other more as a resource rather than one person telling the other person what to do . . .

But we're equal in the sense that we all are learning. We're just at different levels. And, I mean, some of these people come in with law degrees or teaching degrees but they're learning about this [nursing]. So we're equal in the sense that we are learners.
One participant’s description of equality in a partnership centered around the student’s and the teacher’s ability to use humour reciprocally in the relationship.

Initially, during the term, it’s me putting it [humour] out unless there’s some big risk takers within the group. And then there’s a change, and the equality part is I take it back. They [students] give it back to me and that’s them feeling equal to me; that they can tease me as well.

All the CNTs agreed that the nature of equality and power in partnership could not be described as a “constant” or “given.” They commented that the balance of equality varied in a partnership and that equality was not a “fifty-fifty split.” Most CNTs agreed that there were different levels of power that each partner held at different times in the partnership. One participant stated that “like a marriage, there’s days when there is an exchange of power. Give and take, but there is times when I say, ‘No, I don’t agree with that’ or my partner may say this.” Another participant questioned whether partnership always had to be equal and then continued by answering, “No, it doesn’t always have to be [equal], it’s constantly in flux, not stagnant.” One other teacher stated that it was “not really a problem if it [the partnership] isn’t equal, as long as the boundaries are well established” at the beginning of the partnership.

The participants spoke of the CNTs having more power or “holding the balance of power” more often than their students. “In a good partnership you can recognize that there are times when the relationship will be unequal and most often the CNT will hold more power than the student, but there will be times when that balance shifts.” One CNT viewed the teacher’s power as greater at the beginning of the partnership. “It’s a partnership but the instructor is very much the one who is leading and guiding . . . . And then [as the partnership progresses] you will see a shift where it comes to much more of
an equal level.” Several CNTs felt that teachers held more of the power because of their knowledge and experience. Two of the CNTs felt that it was important for teachers not to always overtly exercise their power over the students. One participant stated that “it’s just not my philosophy that I feel that I need to exercise my power” over the students and that it was better to have “power with” the students rather than “power over” the students.

Other participants commented that novice nursing students, who were used to more traditional methods of schooling, wanted the instructor to hold more of the power. These students, new to the curriculum, often coming from high school, “do not know their role yet” with respect to power and equality in partnerships.

Some CNTs spoke about students from other cultures needing to learn their role with respect to equality and power in student-teacher partnerships. They felt that these students were more comfortable with a hierarchical approach to student-teacher relationships where teachers held power over students. One CNT stated that you can “see this hierarchy belief in graduate nurse students from other countries here for refresher courses. They [the students] expect the teacher to be all-knowing, have power, and not make mistakes.”

Occasionally, the participants commented on the power that students may hold and how this power may influence the state of equality in the partnership. One participant spoke of the student’s power to negotiate with the CNT and commented that this “exemplifies equality.” Another participant commented that equality in partnership was demonstrated by “partners sharing in the responsibility of the partnership” and that if the student chose to abdicate his or her responsibility then the relationship became one-sided and unequal. This participant also felt that student honesty affected the balance of equality
in the relationship. Students that “hide behaviours” were not as likely to have equal relationships with their CNT. This CNT felt that the actual act of hiding their behaviour demonstrated the student’s inability to enter upon a equal partnership with a teacher. “The ones [students] that don’t accept it [equal power relationships between teachers and students] are the ones that have a habit of hiding behaviours already.”

Most participants felt that the balance of power between the partners and the state of equality in the relationship changed during times of summative student evaluation. A number of the CNTs felt that the teacher held the greater power during these times. One CNT commented that the “act of final evaluation always contains that element of power for the CNT” while another CNT stated that “evaluation time is a time of inequality.” One participant described evaluation’s effect on equality in the relationship in the following manner.

Just because of the different sort of constraints that you [the CNT] may have on you as far as again, you know, the student achieving a grade or achieving a pass, fail. And the teacher being in the position where they need to assign that kind of a grade. So I think that we, we strive or I strive toward equality. But there are certain things, there are certain components of your relationship that are more imposed on you, that affect whether true equality can happen.

Student insight into their evaluative progress was seen by several participants as contributing to a more equitable sharing of power between the partners. If the student had no “insight then it can be an unequal partnership.” “If the student thinks that they are passing and the CNT thinks that they are failing then there may not be an equality based thing [partnership] there.”

Two participants viewed student insight as the student’s ability to accurately self-evaluate. One participant commented that “when students do well there seems to be a fair
bit of equality. Some students that don’t do well still have insight regarding their progress and the equality still stands there. They are able to accurately self-evaluate.”

Several CNTs identified that patient safety and student competency affected the balance of equality and power in a student-teacher partnership. When questioned as to whether there were situations in a partnership where the participants were not equal one participant responded as follows.

Um, yeah when it comes to evaluation. And if there is no insight within the student my mandate is to maintain safety to the public. And to make sure that their domains of practice are met at a basic level of competency. And if I’m, what I’ve seen is not the same as what they’re seeing, then my role has to change somewhat and I do have to become somewhat more hierarchical. . . . You maintain this equality just as absolutely as long as possible and then if it threatens patient safety, it’s got to change.

In short, partnerships were seen to promote equality between partners, although the balance of equality often varied. The concept of equality was often expressed in terms of the power that each partner held. The cultural and educational experiences of the student partner could influence equality in a partnership. During times of summative evaluation teachers usually held the greater amount of power.

Reciprocity

Four participants agreed that partnerships were characterized as reciprocal relationships. One participant stated that “you can’t have a partnership that’s one-sided.” Another participant commented that “a healthy partnership is a reciprocal kind of thing. It’s certainly not a one way deal . . .” All CNTs felt that both the teacher and the student needed to “give” and “take” in the relationship. One participant reflected that a relationship that lacked reciprocity could result in feelings of resentfulness in one of the partners.
Reciprocity in partnerships was described in several contexts by the participants. Several participants spoke of the reciprocal nature of feedback and the need for both the teacher and the student to give and constructively receive feedback.

It's not just the student that has to know how to receive feedback. They also have to learn how to give feedback to, also to the instructor. And the instructor has to know how to receive feedback as well as give feedback. And I think traditionally the student has been in a position where they're getting a lot of feedback and the instructor is giving a lot of feedback. But in a partnership both have to be doing both.

A healthy partnership is one where it's reciprocal. Where they [students] feel like they can say to me "XXXX, I didn't like that approach that you took." It's like a marriage where, you know, you're saying to them if that did work for me or that didn't work for me. It's not just me saying, "Oh, this is great and that wasn't good." It's them having that permission to say "I really like the way this works." or "Could we try it this other way." or "Gee, that really offended me when you said X." And me again being able to value what they're saying and deal with it in a mature way.

Other participants commented on reciprocity with respect to learning. They viewed students and teachers as co-learners. Obviously what the teacher and the student would often learn would be different, but equally valuable to each individual.

I mean I would like to think that I learn as much from my students. Or, at least maybe not as much about nursing but maybe things about who I am or how I am as a teacher from my students. And that's really important to me for establishing partnerships. . . . There's a lot that I want to learn from my students and I think there's a lot that they can teach me about who I am and how I am as an instructor. So those partnerships are important for me.

Several participants felt that reciprocal learning helped contribute to the professional "growth" of the CNT.

In partnerships, caring was also seen as having a reciprocal nature. Not only did the CNT care for their students but occasions would arise where a student or students was/were able to care for their clinical instructor. The CNTs spoke of receiving care from
students while experiencing emotional or physical trauma. One CNT described an experience with student partners where the students cared for her/him when she/he became physically ill. Another CNT spoke of the emotional support and care that she/he received from a student when she/he was emotionally overcome by a patient's situation. Some participants felt that often it was difficult for a CNT to be the recipient of caring by a student; teachers are often so giving that "we forget it goes both ways." Yet, receiving care from a student was described as a "wonderful experience" for both the CNT and the student.

Reciprocity between partners was an essential quality inherent in healthy partnerships. All partners needed to "give" and "take" in the relationship. In partnerships students and teachers were co-learners who shared in the giving and receiving of feedback. Caring was also seen as reciprocal in student-CNT partnerships.

Valuing

All participants felt that partnerships worked well when both CNT and student partners valued each other. Many CNTs talked about the need for teachers to value what students brought to the clinical area. The participants spoke of respecting students prior knowledge and skills; the CNT had to value what the student had to say. They also felt that student partners needed to have respect for the knowledge that each CNT held.

One participant stated that part of the CNT partner role was to foster a sense of respect and valuing in other partners.

I think that the atmosphere within the [clinical] group is going to influence the partnership and so I think it's important to make everybody, to try to set an atmosphere where people feel respected and honoured. And that it's a conducive atmosphere for learning.
Several participants felt that when the CNT valued a student's previous experience and when the CNT “believed” in a student, then she/he helped to increase that student’s confidence.

Well the group of students that I’m with are new, they’re novices right. They’re at the very beginning of the program. And so they’re often feeling uncertain and a number of them lack confidence. And so I think it’s really important to somehow communicate to them that you know that they have certain abilities from past experiences or from wherever, that are useful and that they can use in this new experience. And so I think that helps to raise their confidence. . .

The participants felt that when the individual contributions of each partner were valued the richness of the clinical experience was enhanced.

To summarize, partners needed to value and respect each other. Part of the CNT partner role was to foster a sense of respect and valuing in other partners. The act of valuing someone increased that someone’s confidence and enriched the partnership experience.

**Risk-Taking**

Most of the CNTs agreed that risk-taking by partners could build a stronger, richer relationship within the student-teacher partnership. “I think if we [CNTs] don’t take risks we’re not going to move to different, we’re not going to build the relationship any stronger and therefore I think that learning may not be as rich because of that.” One participant commented that to “get to a deeper level of understanding with a student” partner you needed to take risks. Risk-taking helped partnerships work and grow. The participants felt that both CNTs and students needed to engage in risk taking during the partnership. One CNT stated that you (the CNT) “can’t be afraid to risk that you don’t know, can’t hold back. [You] Need to be as much of a risk-taker as the student.”
The participants felt that risk-taking could take many forms but that risk-taking had to be uncomfortable. There had to be “discomfort for the CNT or the student or it wouldn’t be a risk at all.” One CNT commented that how you (the CNT) perceive a risk is “quite individual” and that how much of a risk-taker you are is “dependent upon your personality, background, and experience.” Most CNTs felt that there were limits to risk-taking. These limits were dependent upon the CNT’s established boundaries or their degree of discomfort in a situation.

Examples of CNT risk-taking were numerous and varied. One CNT described a risk-taking situation in which she/he confronted a student partner about that student’s lack of clinical initiative. This CNT also talked about the use of “gallows humour” with senior student partners. The use of this type of humour by the CNT could place the CNT in a vulnerable position, but this risk was viewed as beneficial in helping to relieve a student’s stress around an uncomfortable event, such as the death of a patient. One participant felt that CNT risk-taking could include moving beyond established boundaries into a care giving role with a student partner. This participant viewed risk-taking as something “beyond clinical nursing teaching” and felt that occasionally students needed to be “helped through a crisis” even though the CNT might overstep their established boundaries. Increased self-disclosure, on the part of the CNT, could also be viewed as a risk.

Student risk-taking was discussed by the participants. One CNT commented that “... it probably takes longer for them [students] to feel that sense of permission to take risks with me. ... But I think it’s important that they, I hope that they do.” Participants examples of student risk-taking were often linked with the concept of honesty. For example, a student in all honesty, may disagree with their CNT partner over a clinical
issue, or freely admit to a mistake he or she had made, or openly critique a CNT's teaching style. One participant felt that student risk-taking was seen through student assertiveness. Students needed to “take initiative to clear up misunderstandings with the CNT.”

Risk-taking was not without problems. Several participants acknowledged that risks could “back-fire” at times. A CNT’s use of humour could be ill-received by a student partner or a CNT’s overstepping of their boundaries into a care giving role could cloud the issues within a student-teacher partnership and obscure the professional goals of the partnership.

In summary, risk-taking helped to build a stronger partnership relationship and could assist CNTs in reaching a “deeper level of understanding” with their student partner. Risk-taking was mutual and could take many forms, from confrontation to “gallows humour”; however there were limits to taking risks.

Connection

All the participants agreed that connection between the partners promoted the richness of the partnership experience and enhanced partner growth. One participant stated that you needed connection to make partnership work, while the other participants felt that partnerships could work without connection, but that the partnership was more satisfying, more meaningful, and had greater depth in the presence of partner connection.

The participants descriptions of connection varied but also contained certain common elements. One participant described connection as the CNT “clicking” with a student. Another CNT felt that connection exemplified a shared understanding and an empathy between partners. Several teachers felt that connection represented the
"humanistic" element of partner relationships where there was little fear or inhibition in either partner with respect to sharing and getting to know the other as a human being. "A connection is open communication. The ability to not have any fear around saying something, or not having any, as much inhibition around sharing part of yourself with a student." One CNT stated that connection represented "something personal between/within each student-instructor relationship."

One participant commented that teachers, "only want to connect at the level of the professional nurse" in partnership relationships with students. This participant wanted to, and did, "keep that boundary very clear." She/he did however describe clinical teaching, within a student-CNT partnership, as "very intimate, personal work."

Several CNTs felt that they could help students more when they connected with them. One participant stated that "in order to get the best from a student you need to find out about them as a human being." Connection "gives the CNT more to work with." The participants stated that that they believed that CNT connection with students made students feel valued.

Connection between partners promoted the richness of a partnerships and enhanced partner growth. Descriptions of connection varied but focused on the "humanness" of the relationship within student-CNT partnerships. Connection made partners feel valued.

**Boundaries**

Almost all the participants agreed that boundaries needed to be established and maintained within student-teacher partnerships. Most participants talked about the need for the CNT to establish personal or emotional boundaries in partnerships with students.
One CNT felt that all boundaries established within a partnership could be classified as professional boundaries. Although the participants, at times, attached a variety of descriptors to the word boundary, their discussions of this concept centered around similar themes.

Many CNTs felt that boundaries needed to be “set” at the beginning of the partnership relationship. It was important to “establish boundaries with student partners as early as possible.” One CNT felt that boundaries became more evident as student-teacher partnerships evolved. Many participants felt that the boundaries that CNTs set were individual and varied from one instructor to another instructor. A CNT commented that “personal boundaries vary depending on people, experiences that they bring, [and] what they’re comfortable disclosing and not disclosing.” Others said that the actual act of establishing boundaries with student partners was individual; that for some teachers it was easier and for other teachers it was not.

Some teachers began the process of establishing boundaries by encouraging students to ask any question of the CNT. If the CNT did not want to answer a question, she/he would let the student know, thus beginning the implicit process of setting the boundaries between the CNT and the student partners. Other participants talked about identifying boundaries with students in a more explicit manner. One CNT stated that she/he would specifically tell student partners not to call her/him at home to discuss clinical practice. This participant felt that she/he did not think like a clinical instructor at home and therefore was not able or willing to entertain student queries or concerns when at home. Students were encouraged to call during office hours.
One CNT felt that the clinical teacher needed to consciously take time to think about what were appropriate boundaries to establish with student partners. Another participant, when questioned about knowing where her/his boundaries were, laughed and stated, “Well you don’t, you don’t know where the boundaries are. You know it’s so great, there’s no answers. You just go, ‘Oh man.’ Yeah, you just don’t know. You have to trust your gut.” Several teachers stated that “gut-feelings” helped to determine the boundaries that they would choose and that “gut-feelings” also aided teachers to work with students within these set boundaries. “You listen to the gut and you go em, ‘I think I overstepped the boundary today’ or ‘I think I’m in danger of it [overstepping the boundary] here.’ So listening to the gut and then exploring it further.” “Gut-feelings” were based on professional experience, life experience, and general age.

Boundaries were described as “somewhat fluid”; at times, they would move or change. The participants felt that it was important to let student partners know when the CNT boundaries had changed. Several CNTs felt that teachers needed to approach changing boundaries with caution and that “gut-feelings” and levels of comfort became important indicators as to whether boundaries should be extended. The participants identified a number of concerns that could result as a consequence of the CNT extending previously established personal and/or professional boundaries with student partners. For example, clinical teachers may adopt more of a counselling, care-giving, or mothering role with “needy” student partners rather than referring these students to appropriate support services within the academic institution.

When discussing boundaries, one participant commented that “some student are more needy than others. CNTs can often slip into a nursing role and give more of
themselves than they plan to.” Another CNT felt that students did not benefit from teachers extending their boundaries and taking on care giver roles with student partners.

You can easily fall into that role of the caregiver instead of being the instructor. . . And unfortunately you may learn too late that the boundary has been extended and then you may have to almost, not sever the partnership, but certainly withdraw from it. And I can see where the student then would feel betrayed because you have gone beyond being an instructor, you went to a different role and I think that’s a danger that this paradigm is. If you’re not comfortable with teaching and giving feedback and knowing what your own boundaries [are] and being comfortable with those boundaries because when you have needy students they’ll try to push those boundaries. And I find that you will compromise your own ideas of what your own boundaries are; thinking well, this must be more beneficial to the student if I do this.

Other participants felt that CNTs could be in danger of “overstepping their boundaries” through excess self-disclosure. Many CNTs raised the concern that excessive CNT self-disclosure resulted in teacher partnerships with students becoming too personal. They felt that student-teacher partnerships that were too personal could affect the CNT’s ability to effectively evaluate a student. The CNTs reflected on their levels of self-disclosure in individual ways. One CNT commented:

Part of it [the answer] is how I am with people. How far do you go with self-disclosure and personal boundaries. [It] May comedown to “gut-feeling” or comfort level. How far do I go, and is it appropriate?

Thus, in all student-teacher partnerships boundaries had to be established and maintained. Boundaries were individual and often identified through “gut-feelings”; they were also “fluid” in nature and at times moved or changed. CNTs needed to approach changing or extending their boundaries with caution as extending boundaries could change the role of a partner in the relationship to that of a caregiver or therapist.

This presentation of the findings representing a number of essential qualities inherent in student-teacher partnerships adds depth to the description of the nature of
CNT partnership experience. The next section continues to expand upon the description of the nature of student-teacher partnerships by examining the findings related to the factors that influence partnership.

**The Factors That Influence Partnership**

A number of factors were identified by the participants that either positively or negatively influenced partnership. The findings, representing these factors, emerged from the participants' discussions of: (a) the person you are, (b) a partner's background, and (c) student progress.

**The Person You Are**

The participants felt that both partners' physical and mental well-being affected the course of a student-teacher partnership.

... I think that a lot of the person of who you are as an instructor and the person that you bring to being an instructor helps a lot to develop that partnership, just as the student brings the part of the person that they are to being a student. [It] really affects how they're able to work within the partnership. ... So you bring a lot of who you are as a person into your partnership.

Some participants identified that "immature" students, lacking life skills, had difficulty in establishing and maintaining successful partnerships with their CNTs. Others stated that students who were self-motivated had a more positive influence on the partnership and on their CNT partner.

Several CNTs discussed having had difficulty in working with a student in a partnership with whom they had a personality conflict. One CNT stated that their initial tendency was to spend less time with the student but that eventually a greater proportion of their time was spent with this student in order to establish and maintain a working partnership.
I would sort of not necessarily ignore that student but I would make a point of trying to stay with my more positive partnership type student. . . . Later on . . . I found that I had to allot more time to working on that particular partnership because I guess, sort of, [it was] in the student’s best interest. And in the interest of being able to evaluate and stuff like that. You have to spend that time or I felt like I had to spend that kind of time with them. And it is kind of hard because there is that sort of, I don’t know, I wouldn’t call it friction, I’d call it more tension between people.

CNTs discussed student attitudes and their effect on partnerships. One CNT felt that a student’s “bad attitude” could contribute to the demise of a partnership. The CNT defined “bad attitude” by describing this student as having had an “inflated view of self and a lack of respect for the instructor.” Another felt that student partners needed to be “willing” to enter into partnership relationships with teachers. This CNT expressed concern over student partners who had attitudes of “entitlement.” “If they’ve got the attitude that they’ve paid me therefore I have to teach them” then the partnership was not seen as ideal.

In summary, a partner’s physical and mental well being were factors that positively or negatively influenced a student-CNT partnership. Partner personality and/or attitudinal conflicts negatively affected the course of a partnership.

A Partner’s Background

The participants felt that partnerships generally worked well with people of varied backgrounds; however many participants did acknowledge that each partner’s background could have a significant influence on the course of each student-teacher partnership.

Several CNTs commented that the previous learning experiences of student partners could affect their ability to engage in partnerships. The CNTs suggested that the schooling background of some students has not provided those students with experiences
that prepare people to work in partnerships. One CNT felt that some students had not learned responsibility through their previous educational experiences.

There are students that come from [a] certain educational background. That, that’s the way they’re used to learning. And so this notion of taking responsibility for their own learning is really foreign and difficult. And they struggle with it and they, they do, some of them have a hard time.

Another CNT commented that some students who have had traditional relationship with teachers found it a foreign and a frustrating experience to have their CNT partner not “feed” them the information they needed.

. . . with that student who has the expectation that you’re going to be the expert. You’re going to impart knowledge and all they’re going to do is soak it up. Sometimes there’s a lot of friction initially because this student gets very annoyed when they come to you with a question and say, “What’s the answer to this?” and I’ll say, “Well, I don’t know, where would you look for that? How do you think you could get that?” And they get annoyed that you’re not readily imparting this knowledge.

Several teachers talked about the fact that some students’ previous experiences in education have produced feelings of fear or intimidation with respect to establishing partnership relationships with clinical teachers. These feelings may have been outcomes of previous evaluative experiences or clinical placements.

The CNTs acknowledged that the teacher’s ability to engage in partnerships was also influenced by previous exposure to educational philosophy that supported the idea of student-teacher partnership. Some CNTs found the new educational relationships with students liberating, while others felt that some teachers were never able to shed their traditional teaching experiences.

Because when I was educated you were supposed to know the answers. You’re not supposed to let on like you don’t know what that particular term means. Or what the standard of care of A, B, and C are. And now it’s almost, well liberating in a way. Where you’re, I find every day I’m at clinical I’m always saying, “I
haven’t a clue” and you know, together with the student you go and find out what you need to know.

Well it’s [partnership] very rewarding, however I don’t think it’s for everyone. And I think there are some teachers who would be better off not working at such a personal and intimate level with a student on a clinical setting or in a clinical setting. But there are some people who I think are not cut out for it even though the program that they’re working in facilitates this approach. I think you either are what the program states or you have the capacity to be it, and some people don’t. Some people are stuck in an old mode.

Some participants commented that more senior students found it easier to engage in partnerships with different clinical teachers because of their previous partnership experiences. “Others [students] have had experience with that [partnership] before. And so they go, ‘Oh, yeah, Okay, No problem, I can do this, I’ve done this before.’” One CNT stated that more senior students “know the game plan”; that they had an idea of how to establish a partnership with a new CNT and that they had a sense of what the “rules” were.

This CNT acknowledged that although senior students had a sense of what partnership was, partnership was probably different with each of their CNTs. CNTs were not the same; therefore, no two partnership experiences would be the same. Another participant felt that consistency between teachers was needed so that students could expect similar philosophical approaches to partnerships by CNTs and experience some consistency in learning in each student-teacher partnership.

Several CNTs stated that novice nursing students probably needed some orientation to partnership relationships upon entering the nursing program. Some said that their program provided this because it was mandated by the curriculum; others were uncertain as to whether new students received this type of instruction. Several
participants talked about orientating each new clinical group to the philosophy of partnerships.

I have been talking partnership overtly because it's one of the outcomes for our practicum. So we talk about establishing a partnership with people, and so we talk about what does that mean. Now the first reaction of the student is that, okay, that means between myself and the client, the patient. And then we, I try and expand that to well what about partnership between yourselves and other nurses and partnership between yourself and the instructor. And then we talk about what that means.

Some participants stated that the cultural background of students affected their ability to form partnerships. One CNT commented that the “values of the collaborative curriculum are based on, I would say, North American traditional culture.” Students from other cultures enter partnerships with their traditional educational and life experiences. One participant felt that the location of their school was such that they received many students from non-North American cultural backgrounds into their nursing program. This CNT questioned whether students coming from another culture changed and adapted to values congruent with the philosophy of partnerships in the collaborative curriculum. The CNT discussed a situation where a student from another culture withheld information from the instructor because the student’s experience with education was centered around pleasing instructors whom she/he perceived of as traditionally superior. The CNT was expecting full disclosure of the information from this student partner.

One participant, when questioned about factors that influence partnerships, spoke about the student’s background experience with respect to “timing.” Certain times in an individual’s life made it difficult for that individual to work successfully in a partnership with a CNT.
Timing, um timing in terms of where they’re at with their life. If they’re going through some personal stuff even though they may be very bright and physically capable. Sometimes there’s too much peripheral stuff that it’s not possible for them to build a healthy partnership. Or maybe in that sense the healthy partnership may mean that they achieve a lower level clinically than they are capable of. Or maybe it means that I helped them to withdraw from the program so they can go away and deal with that. So timing is certainly one thing.

Finally, one CNT raised the concern that past experiences of teachers with student conflict, often centered around evaluative outcomes, could affect the teacher’s ability to form partnerships with their students. This experience was labelled as a “fear of litigation.”

Thus, the background of each partner was also a factor that influenced partnerships. Both partners’ educational background and previous partnership experiences affected their current student-teacher partnership. Students’ novice status in the nursing program and/or their cultural background were also seen as influencing factors.

Student Progress

The issue of student progress and its effect on student-teacher partnerships was addressed by all participants. Generally the participants discussions of student progress centered around the student who failed to progress. Not all participants agreed on the effect of the lack of student clinical progress on partnerships.

One CNT stated that there was “no problem having and maintaining partnerships with students, even if students are having difficulty meeting clinical outcomes.” Other participants felt that it was the CNTs goal to maintain a partnership in spite of the fact that the student was not going to pass the course. Another CNT stated that “healthy
partnerships could include failing students” and that a successful partnership with a
student was not dependent upon that student’s clinical success.

Several participants felt that clinically unsuccessful students changed the nature of
student-teacher partnerships. Some CNTs stated that partnerships were “put into
jeopardy” or that partnerships “start to dissolve if students are having difficulties passing
clinically.” Often partnerships with failing students evolved into “therapeutic
relationships.” One CNT felt that the partnership between the student and the teacher
would start to “deteriorate” when the “CNT tells the student that their behaviours are not
providing them with the ability to make a successful grade.”

Some CNTs felt that teacher and student relationships changed when teachers
were in partnership with students who failed to progress clinically. They felt that the CNT
took on “more planned evaluative behaviours” and that CNTs needed to do this in order
to prove that the student was not successfully attaining clinical outcomes. They saw this
as a role change for the CNT partner. One participant stated that the partnership
relationship became “less open” when the CNT took on an evaluative role.

For the student in peril, it [partnership] changes because you have to, you’re
forced to support your judgement of them being unsuccessful. So in order to back
that up you have to start being more conscious and taking notes, you know, of the
different behaviours. Whereas before you could be more open and things just
happened, you know, with the student who was being successful.

A CNT commented that collecting and documenting data on a failing student almost
“contradicts a partnership.”

Students’ relationships with CNT partners could also change as students faced the
possibility of clinical failure. Several participants felt that failing students, who had little
insight into their lack of progress could feel betrayed by, and become distrustful of, their
teacher partner. Some participants felt that if failing students had insight into their lack of progress, the partnership relationship between the student and teacher would not suffer.

The participants spoke about the effect on the partnership relationship of having to fail a student partner. Partnerships assisted CNTs in "really getting to know" their student partners and some participants talked of the trauma they felt when they failed a student with whom they had a good partnership.

There's been students I've really like and yet they're not passing. And I'll say to them "This is so hard because I really like you." And they'll go, "I know." "And yet I'm not passing [you]." And so it does hurt when you have to fail somebody like that.

In short, the failure of a student partner to progress clinically could have a negative influence on the nature of the partnership. Often students' abilities to have insight into their clinical progress had a positive effect on the partnership relationship.

The findings relating to the factors that influence partnership expand upon the description of the experience of the nature of student-teacher partnerships. The final section continues to add a further dimension to this description by examining the findings related to the outcomes of student-CNT partnerships.

**The Outcomes of Partnership**

The results or consequences of student-teacher partnership that were identified by the participants, were numerous and varied. It was felt that these outcomes were often ongoing but that they were not always perceived the same by each partner. Both positive and negative outcomes for students and teachers were identified. The findings concerning the consequences of partnership are organized under the following outcomes: (a) learning, (b) practice, and (c) ongoing relationships.
Learning

“Learning is the ultimate outcome [in partnership], as much learning as can possibly occur, and excitement about learning.” The CNTs felt that, as a result of the partnership experience, students became more “self-directed and confident” in their own learning. Often they had greater “control” over their learning and began to take more “initiative” in planning for future learning. Students became “more aware of their performance” and left partnerships with a “better sense of being responsible” for, or an “ownership of,” their own learning. The CNTs stated that students left partnerships with the satisfaction of having achieved some of their goals and with the motivation to continue to work on other learning goals.

The participants felt that CNT partners’ learning was enhanced as a result of having experienced student-teacher partnerships. One participant stated that partnerships keep the CNT “current, inquisitive, and thinking.” Another participant described the variety of learning that the CNT experienced in partnerships as follows.

But it’s seeing them [the students] find something that they believe in. And then you learn from it, different ways to handle situations. You learn about different parts of the world, different cultures. So, yeah, I learn and I get to feel good about it. And I get to feel good about the fact that I get pushed. And it’s keeping me looking for different strategies and trying to, it’s challenging, which I like.

One CNT identified that teachers learned about themselves as clinical teachers through their student partners.

Some participants stated that students learned to establish partnerships with patients and nurses by having had the partnership experience with their nursing teachers. These participants felt that some students could take what they learned from their partnership experiences and transmit this learning to patient situations. One CNT felt that
if we took the time to make “connections with the student and value them [students]” then this would “spill over” into relations with their patients. Another CNT spoke about teachers’ “modelling” partnership behaviours for students. In partnerships “I’m modelling the behaviour that we are expecting the students to have with the client. I am trying to model the responsibility, the accountability, the team work.”

Other participants questioned whether teacher modelling in partnerships actually increased students’ abilities to form partnerships with patients. They were not sure that “it is that easily transferable.” One participant felt that teachers had to make the connections, between CNT partnerships with students and student partnerships with patients clear for students. It “has to be more explicit than just hoping that from their experience from me they’re going to use it in all other situations. It doesn’t happen automatically for all people.” This teacher made partnership experiences explicit by talking about partnerships with students, patients, and staff to student partners in clinical debriefing sessions.

In short, learning was viewed as the ultimate outcome of a student-CNT partnership. Some CNTs believed that students learned how to form partnerships with patients and nurses by experiencing partnerships with teachers; others felt that this type of learning only occurred when partnership experiences were made explicit to the students by the teachers.

**Practice**

The participants felt the consequences of student-teacher partnerships could be seen in nursing practice in a variety of ways. Some CNTs stated that previous student partners (now graduates) viewed new students as partners; that previous student partners were more motivated to the profession.
I meet them [former student partners, now registered nurses (RNs)] like I’m meeting them as friends as opposed to there’s an X student. Yeah, the outcome I see down the road, it’s a benefit for the profession I think. . . the RN’s that are there are more motivated to impart knowledge to the new student because they sort of see it as a partnership and they’re interested in life long learning. Maybe it’s all in my mind but [laughter] it seems like they’re much more motivated towards nursing and the profession.

It was also felt that previous student partners were more accepting of CNT limitations. One participant stated that RNs on the ward had certain, rigid expectations of instructors but working with RNs who have experienced partnerships as students was different. “Now when I have students that have gone through our program and they’re out there working they recognize the limitations, the realities of being an instructor. And, you know, they just seem to be more forgiving. . .”

One CNT pointed out that many graduate nurses were not accepting of student-teacher partnerships in the clinical setting and did not welcome students wanting to establish partnerships with them. This CNT felt that graduate nurses needed to be educated about the benefits of partnership relationships and that often it became the CNT’s job to educate the nurses. At times the CNT became more of a “defender” of, rather than an educator for, student-teacher partnerships on the ward.

The outcomes of partnership were also seen in the practice arenas. Nurses, who had been previous student partners, viewed students on the ward as partners and were more sensitive to the nature of the CNT’s role. The consequence of student-CNT partnerships in the clinical setting also resulted in challenges to the partners. Student-CNT partnerships were not always welcomed on the wards, nurses did not accept the idea of partnership with students, and teachers felt that they needed to become “defenders” of ideals of partnership.
Ongoing Relationships

Before the participants commented on ongoing relationships as an outcome of student-teacher partnerships, they often needed to talk about when partnerships ended. Most of the participants agreed that partnerships between a student and a teacher ended at the end of the clinical rotation. Many CNTs felt that there was a need for the CNT and their student partners to celebrate at the end of the clinical rotation. This celebration acknowledged the end of that partnership relationship and often consisted of the students and the CNT going out to lunch or having a party in the clinical area. One participant stated that partnerships needed to be “terminated effectively.” If students were not aware that the partnership had ended, they could feel “cut off” or abandoned by the clinical teacher when a new rotation, with new student partners, started.

One participant reflected that, after the rotation was over, it was not the CNT’s job to maintain the partnership but that, at times, partnerships with students could be naturally resumed. This participant felt however that the nature of the resulting partnership was somehow changed. One CNT stated that the partnership was not as “intense” at this time. Another CNT said that collegiality was easier with a student after the rotation was over because at that time, there was less external stress in the relationship.

Some CNTs felt that partnerships did not continue but that relationships with students could continue after the end of the rotation. In fact, it was easier to form a relationship with a student after having had a partnership experience with that student. The CNTs viewed these relationships as informal but still professionally based relationships. Two participants talked about partnerships with some students evolving
into friendships. It was felt that this did happen as a result of some student-teacher partnerships but that its occurrence was rare. These participants did not elaborate as to why friendship, as an outcome to partnership, was a rare occurrence.

In summary, student-CNT partnerships generally ended at the close of the clinical rotation. Often, some type of relationship might occur after the clinical rotation ended. Although there was no agreement as to what to call this relationship, it was seen as a more informal, less intense experience. On rare occasions friendship resulted from student-teacher partnerships.

The findings related to the outcomes of student-teacher partnership add the final dimension to the description of the nature of student-CNT partnership.

**Summary**

This chapter has presented five CNTs’ descriptions of their experiences with student-teacher partnerships. Although partnerships were viewed, to some extent, as individual experiences between a student and a teacher, many common findings emerged from the participants’ discussion of the nature of a CNT’s partnership experience. These findings contributed to an increased understanding of the look of partnership, the essential qualities inherent in partnership, the factors that affect the course of a partnership, and the outcomes of a partnership. These findings and their implications for nursing education and future nursing research will be discussed in detail in the following two chapters.
CHAPTER FIVE
Discussion of Findings

In this chapter, a discussion of the research findings is presented. The four themes that have emerged from the analysis of the interview data will serve to organize the discussion of the findings. These findings represent the essence of the participants’ experiences of, and beliefs surrounding, partnership with students. This chapter will conclude with a discussion of my reflections on this study’s findings.

A Discussion of the Research Findings

Thorne and Paterson (in press) warn against researchers having a static interpretation of partnership in health care relationships. They believe that qualitative research methods help nurse researchers (a) to appreciate the complexities of human experience and (b) not to overgeneralize or reduce these complex experiences to simplistic forms. The following discussion will present the complexities of the nature of student-teacher partnership by comparing and contrasting the research findings with the literature on partnership.

The Look of Partnership

The participants’ discussions of the necessity of goals to provide a direction to the student-CNT partnership can be seen in the literature on partnership relationships (Bayntun-Lees, 1992; Goodlad, 1987; Koerner & Bunkers, 1992; Pender, 1996). LaBonte (1992) states that individuals in a health partnership need to identify a visionary goal that is larger than any one of their independent goals. The participants spoke of mutual, common, and individual goals between and among the partners but did not identify which goals take precedence in the partnership.
Several participants identified that clear, open partner communication, and CNT partner assistance in the form of guidance and direction, was often needed to help student partners identify and meet goals. They did not elaborate upon what occurs between partners if student and CNT goals are not congruent. Paterson (in review) points out that in partnerships, ongoing dialogue between the partners is recommended in order for partners to find a match between the student goals and the goals of curricular content. She also points out that the literature on partnership does not discuss the process that needs to occur when such a match does not happen. Paterson states that often there comes a time when teachers need to state their own objectives for the student partner. This belief was also expressed by some of the participants. The participants did not identify that student partners could play a role in identifying CNT goals and/or assisting CNTs to meet goals; rather they focused on the teacher establishing the goals of the partnership.

Walker (1985) identifies responsibility as one of the important attitudes necessary for the building of partnerships. The participants' comments supported this belief; responsibility was viewed as a key element in the maintenance of a student-teacher partnership. Although the participants viewed responsibility as mutual, their discussions often centered around student responsibilities. A student that is irresponsible was believed to jeopardize a partnership. The participants never spoke of CNTs being irresponsible within a partnership. They only spoke of their role in creating a sense of responsibility or in increasing responsibility in student partners. It seems that teacher responsibility in a partnership is a "given."
Like the participants, several partnership authors feel that trust between the partners is necessary in order to develop healthy partnerships and to work effectively together (Cameron & Turnbull, 1992; Koerner & Bunkers, 1992; Quill, 1983). Koerner and Bunkers talk about feeling an intuitive sense of trust with a practice partner. The participants did not express the belief that trust between partners was an intuitive process. They viewed trust as something that was created between partners through use of techniques such as self-disclosure and humour. Participants felt that at times students may enter partnerships with issues of trust surrounding their lives. Jewell (1994) points out that teachers have trust issues too. She states that there are countless mistrusts in nursing education and that trusting our students is more difficult than it may seem. The participants’ discussions did not reflect Jewell’s point of view.

Bayntun-Lees (1992) defines trust in terms of patients feeling emotionally and physically secure with their nurse partners. Although the participants did not speak of security, their descriptions of trusting partnerships centered around student partners experiencing feelings of acceptance from CNT partners, regardless of the students’ questions or actions and even if those actions resulted in mistakes.

Bayntun-Lees (1992) speaks of the provision of freedom within a trusting nurse-patient partnership. Muetzel (1988) states that nurses must also believe in the moral right of another to exercise choice and control, and to trust the individual [patient] to make meaningful and adaptive changes. The participants did not talk of partner freedom, nor of an individual’s moral right to exercise choice, with respect to trust or any other theme. It may be that, in student-CNT partnerships, partner freedom of choice operates within limits. Perhaps these limits are determined by CNT expectations of student freedom of
choice. Certainly, the existence of, and effect of, partner freedom of choice on student-CNT partnerships has yet to be determined.

The literature on partnership occasionally refers to partnership relationships being based on honest communication (Cascio, Campbell, Sandor, Rains, & Clark, 1995; Chamings & Payne, 1994; Jewell, 1994) but often fails to describe the nature of that honesty. Many of the participants' contributions linked honesty with the way a partner communicates and they described the nature of honesty in partnerships. The general consensus that relationships between partners were rarely one hundred percent honest at all times and that student-CNT partnership relationships had varying degrees of honesty (or lack of honesty) portrays the complex nature of student-teacher partnerships. The examples of students' and teachers' lack of honesty serve to illustrate this. Many of these examples support Koerner and Bunkers' (1992) beliefs about honesty being linked with a partners' congruency or consistency in behaviours. Koerner and Bunkers feel that honesty "means that words and actions used in a communication fit the inner experience of self and are appropriate to the context" (p. 55). A participant's example of the CNT who allowed a student partner to believe that they were progressing in clinical when in fact, the student was not, illustrated the lack of congruency in partner behaviours that is associated with dishonesty in partnerships.

The participants' contributions with respect to the effect of culture on honesty in a student-teacher partnership were worthy of future investigation. Not only were "foreign" cultures seen to influence partner honesty but "west coast culture" had an apparent effect on the partner's ability to maintain an honest relationship. The partnership literature does not acknowledge or examine the effect of culture on partner honesty.
Atkins and William's (1995) study points out that individuals need to share something of themselves in order to work together in partnerships. The participants' discussions revealed the importance of partner self-disclosure in establishing and maintaining student-teacher partnerships. Self-disclosure was generally described in greater depth by the participants than in the literature's treatment of self-disclosure in partnerships (Kenny, 1994; Koerner & Bunkers, 1992). The participants identified self-disclosure as an individual process that is determined by the person's "personal comfort zone" or "gut-feelings".

The participants' discussions of the purpose of self-disclosure in student-teacher partnerships, and the benefits and the drawbacks of self-disclosure contribute to a deeper understanding than what is generally provided by the current literature of what it takes to make partnership work. Nolan and Nolan (1997b) state that students consider it important for teachers to be friendly, caring, and fallible. The participants identified that through teacher self-disclosure, students may view their CNT partners as more caring, vulnerable, and fallible individuals. They also cautioned that too much self-disclosure on the part of a CNT could expose that CNT's fallibility in such a way that teacher credibility would be in jeopardy. Self-disclosure needs to be selectively and purposefully used and located within an individual partner's boundaries.

In their discussion of mutual disclosure, Gains and Baldwin (1996) believe that the existence of boundaries between individuals represents traditional educational teacher-student relationships. They state that disclosure is represented by one individual sharing experiences and feelings to the same depth and breadth as the other individual. The participants' beliefs regarding the existence of boundaries with respect to self-disclosure in
partnership was contrary to Gains and Baldwin’s views. Many participants felt that the act of establishing boundaries was a necessary part of self-disclosure and that boundaries served to maintain the integrity of the partnership. They did not view boundary setting as detrimental to partnership relationships. It is interesting to note that, although the participants spoke of mutual self-disclosure, their contributions only centered around CNT self-disclosure. In future it will be important to investigate the student’s perspective on self-disclosure in partnership relationships.

The participants spoke about the importance of needing time when forming and maintaining student-CNT partnerships. Almost all of the participants identified time as one of the key elements in making partnership work. Paterson (in review) identifies that a lack of time and a large number of students can impede a CNT’s ability and willingness to engage in partnerships. Teacher workloads that prevent CNTs from meeting regularly with their student partners are seen by Paterson as detrimental to the partnership relationship. Most of the participants expressed these same concerns about lack of time and clinical group size. They also expressed concern over the lack of partner time available in short (six and seven week) clinical rotations.

Koerner and Bunkers (1992) believe that time is needed in order for partners to be responsive to the needs of each other and of their partnership. The time needed to be responsive to other partners is similar to the participants’ descriptions of time needed to allow for increased physical and/or mental involvement or effort on the part of the CNT and the student partner in making the partnership work. The participants also raised a valid concern about the time needed to educate other health professionals with whom they, and the students, have contact in the clinical areas.
The participants placed a high value on the element of time with respect to making partnerships work and affecting the course of partnerships. As cost constraints and institutional policies adversely affect the CNT’s workload (Paterson, in review), time for student and CNT partners to be together will be shortened. Nursing programs that view student-teacher partnerships as integral to their educational philosophy may need to examine innovative curricular approaches to counteract the effect of shrinking educational budgets. These nursing programs may also need to take into account the time needed by faculty to educate other health professionals about student-teacher partnerships.

When discussing partnership, several authors identify the need for a contract between the partners (Cahill, 1996; Quill, 1983; Slevin & Lavery, 1991; Stower, 1992). Cahill states that nurse-patient partnerships demand “… a working association between two people in a joint venture which is based upon a contract which may be verbal or written and which may have risks and benefits” (p. 567). Quill describes a contractual approach to physician-patient partnerships, while Slevin and Lavery talk about formalizing plans in student-teacher partnerships through the use of learning contracts. Although all participants spoke of the need for the student and the teacher to identify goals, no participant suggested the use of written or verbal contracts between each partner for this purpose. As well, it was never suggested by any participant that contracts be used to identify each partner’s roles or requirements while in the partnership.

Both Quill (1983) and Cahill (1996) describe the nature of a partnership relationship in the presence of a contract as one that is obligatory. Quill believes that contracts define the obligations of all parties, while Cahill states that the presence of a contract requires that relationship to be obligatory. Cahill describes the obligatory
partnership as one where there is partner commitment and partner involvement in the processes of assessment, goal setting, planning, implementation, and evaluation. Although the participants did not identify student-teacher partnerships as obligatory relationships containing contracts, they often spoke of the importance of mutual partner responsibility and commitment to the student-CNT partnership. It is interesting to note that some authors feel that partner commitment implies that there is a chosen obligation to the partnership (Koerner & Bunkers, 1992). The idea of partnerships being contractual, obligatory relationships certainly needs to be explored further in the future.

In partnership literature in law, Anderson (1989) describes partnerships as a tiered model. In this model, students have “limited” partner status until their knowledge and skills are developed to a point where they are able to assume “full” partner status. Lave and Wenger (1991), in their discussion of situated learning, point out that until new students learn the shared symbols and unspoken rules of the community, they are unable to be full participants in the learning community. The participants did recognize that it was often easier for more senior students to engage in partnerships with CNTs but did not express any ideas related to students having “limited” or “full” partner status in the relationship. Student-CNT partnerships were not conceptualized in this way by the participants of the study.

In summary, mutual goals were seen to provide direction to a student-teacher partnership; however, there was minimal discussion from the participants about what needs to happen in a partnership if student and CNT goals do not match. Although there was agreement upon the role of mutual responsibility in maintaining partnerships, the participants generally spoke of student responsibility, while CNT responsibility was
viewed as a "given." Trust was viewed as an element that was created between partners. Although discussion centered around students with trust issues, CNTs too could have issues of trust. Trusting partnerships were described in terms of partner acceptance but did not incorporate the concept of partner freedom found in the existing literature. The participants' contributions regarding the actual nature of honesty in partnerships exhibited a depth of understanding that no existing partnership literature has portrayed. Their conceptualizations of honesty and their discussion of the effect of culture on honesty highlighted the complexities of partnership. Partner self-disclosure was important to establishing and maintaining partnerships; however, the participants did caution that self-disclosure had to be selectively and purposefully used. Contrary to some current partnership literature, the participants' believed that self-disclosure needed to be located within an individual partner's boundaries. The participants valued the time needed to build and maintain partnerships and identified many factors that adversely affected needed time. Several contributions from partnership literature were not reflected in the participants' discussions of their descriptions of partnership.

**Essential Qualities Inherent in Partnership**

The nature of equality in the partnership and the amount of power that each partner holds at any one time is a complex aspect of student-teacher partnerships. Cahill (1996) states that a partnership between a patient and a nurse is based on equality and that within a partnership relationship, the nurse must abnegate all power and control. Although the participants spoke of partners being equal in relation to learning or use of humour, they recognized that often power (control) was not shared equally among the partners. They believed that usually the teacher held more of the power, rather than
relinquishing it, especially early in the partnership relationship, and that often novice students wanted their CNT partners to take power. This expression of power relationships in partnerships is supported in the recent research of Nolan and Nolan (1997a) on self-directed learning. Their research indicates that students, especially those in the early stages of their educational program, want a tutor or teacher to take the lead.

The idea expressed by some participants that teachers hold more power in partnerships because of their knowledge and experience is also found in the literature. Paterson (in review) points out that there are socially legitimized powers that teachers exercise by virtue of knowledge and expertise. She states that a student’s enrolment in a nursing program signifies their consent to this socially legitimated imbalance of power. Even though several participants recognized that beginning students often wanted their teachers to hold more of the power in partnerships, none of them espoused the view of the socially legitimized imbalance of power between the student and the CNT.

Paterson (in review) speaks of equality of function and/or identity in student-CNT partnerships. Equality of identity occurs when each partner is seen as deserving respect and trust. She points out, however, that each partner may not be capable of equality of function. Although the participants did not use these descriptors, they spoke of student partners being equal with CNT partners with respect to learning or use of humour (equality of identity) but acknowledged that there are “certain things” that teachers have to do that affect the equality of function between the student and CNT. It seems that a CNT’s sense of equality in a partnership is often dependent upon the context within which it occurs.
The CNT's evaluator role during times of summative evaluation was viewed by the participants as one of those "certain things" that had a large influence on equality in a partnership. The power of the CNT as evaluator was often seen as greater during times of summative evaluation. This belief is supported in the literature (Paterson, in review; Styles, 1984). It is interesting that several participants expressed the belief that the amount of insight that students had concerning their clinical progress affected the equality of a partnership. Partnership literature does not address this in its discussion of summative evaluation.

The participants gave examples of times when students held more power than CNTs in the relationship. No literature deals directly with the issue of students holding the balance of power in a partnership. The examples that the participants presented were few and were often negative in nature. For example, some teachers felt that students' abdication of responsibility or "hiding of behaviours" could shift the balance of power to the student. The lack of data and presence of negative data in this area points to the need for nursing research to be conducted into students' perceptions of who holds, and how they hold, the balance of power in partnership relationships.

One participant spoke of the student's power to negotiate with the CNT. This participant felt that the ability to negotiate exemplified equality in the relationship. This belief is supported in partnership literature (Stower, 1992; Quill, 1983). Quill defines negotiation as "a process between two persons with relatively equal power willing to be influenced by one another" (p. 229). He views negotiation as an important strategy for resolving differences between partners. It seems that the ability for partners to negotiate
signifies a shared balance of power in a relatively equal relationship; however, it is noteworthy that only one participant expressed this belief.

Koerner and Bunkers (1992) state that when partners provide accurate information to one another, they help each other to develop their own personal and professional power. The participants' discussions of power never included the means by which one partner could increase the power of another. As well, the participants did not acknowledge that different types of power (personal versus professional) existed in student-teacher partnerships.

Several of the participants experienced students from other cultures wanting the CNTs to assume the greater proportion of power. This belief is in agreement with some of the teaching and learning literature on different cultures that is presently available. For example, Pratt (1992) states that in China students and teachers occupy a certain location within a hierarchy of relationships and that teachers occupy a place of social and economic status over students. These students may see their role as consumers of knowledge from their more powerful teachers rather than equal creators of knowledge with their teachers. This again points to the need for research regarding not only students' descriptions, but the descriptions of students from other cultures regarding their experiences of equality in student-teacher partnerships.

In contradiction with some of the literature on the subject of partnerships (Bennett et al., 1992; Pender, 1996; Slevin and Lavery, 1991), the participants expressed the thought that a static or given amount of equality does not exist in a partnership. The participants did not view equality in partnerships as a "fifty-fifty split." They spoke of the balance of equality in a partnership and described the variable nature of this balance as one
that was “constantly in flux, not stagnant.” The participants felt that power was rarely shared on an equal basis between the partners; often one partner held the balance of power and often that partner was the CNT. In church group literature, Kenny (1994) states that unequal partners can eventually emerge as equals if the power of one partner empowers the other. Although one participant spoke of partner power equalizing as the partnership progressed, other participants did not express this view. No one expressed the belief that CNTs empowered their student partners and that, as a result, both attained equality within the partnership relationship. In fact, several participants talked about the need for partners to accept the inevitability of inequality in their relationship.

The participants’ belief that partnerships should be a reciprocal experience between the partners is also found in some of the literature (Atkins & Williams, 1995; Bayntun-Lees, 1992). Koerner and Bunkers (1992) suggest that partner sharing of information is crucial to the survival of partnerships. Several participants felt that partnerships that were “one-sided” could not exist and that healthy partnerships included partner sharing. Cahill (1996) describes a nurse-patient partnership as implying a reciprocal sharing or closeness between the patient and nurse. Participants spoke of the resentment partners could feel in a relationship that lacked reciprocity. The participants spoke about the different benefits that partners received from engaging in reciprocal relationships and felt that it was often difficult for a CNT to be the receiver of benefits in a student-teacher partnership. For example, some participants spoke of the difficulty that they initially had in being the recipient of care from a student partner. Muetzel (1988) points out that in nurse-patient relationships reciprocity can be threatening to the nurse for it suggests that nurses can be
the receiver of not only information and co-operation, but also of support and care from
the patient.

Goodlad’s (1987) discussion of the importance of dissimilarity between and among
the partners highlights the view that each individual must bring something unique to the
partnership relationship in order for the partnership to be called “good” or effective.
Koerner and Bunkers (1992) believe that partner diversity strengthens nursing
partnerships. Although the participants did not talk about dissimilarity or diversity
between student and CNT partners, they often spoke of the need for partners to value the
expertise and contributions of the other partner(s) in the relationship. In other words, the
participants spoke of valuing partner dissimilarity but did not really acknowledge the
strength that partner diversity can bring to a partnership. This belief in valuing partner
diversity is also expressed in the literature. Gains and Baldwin (1996) believe that valuing
each others’ life and work experiences is important in promoting partnerships. Nolan and
Nolan’s (1997a) research on self-directed learning supports the belief that students expect
to be in a learning environment where there is a respect for differing opinions.

The literature on partnership contains almost no discussion on partner risk-taking.
Koerner and Bunkers (1992) refer to risks partners take in giving each other feedback.
The ways in which partner risk-taking enhance the working of student-teacher
partnerships and the variety of forms of CNT and student risk-taking identified by the
participants assist in the development of our understanding of risk-taking in partnerships.

All of the participants spoke of the role of partner connection in student-CNT
partnerships; however partner connection is rarely described in partnership literature.
Two authors, writing on practice partnerships, describe connection as a “positive
togetherness" that is created by partners attending and attuning to each other (Koerner & Bunkers, 1992). Although the participants' descriptions of connection were varied and often not reflective of Koerner and Bunkers' definition, the belief that connection enhanced or made partnerships work was unanimous. Some participants expressed the belief that connection occurred at different levels with different partners and that student-teacher connection enabled CNT partners to help student partners more. The authors of partnership literature dealing with connection do not, however, express these views.

Rarely does the literature on partnership deal with the presence of boundaries within a partnership. Koerner and Bunkers' (1992) discussions about practice partnerships acknowledge that boundaries and rules are needed in order to ensure that individual partner behaviour is in harmony with the expectations of the members of the partnership. Although the participants did not provide a succinct purpose of partnerships as Koerner and Bunkers do in their descriptions of boundaries, the participants' contributions to the subject of boundaries in partnerships and the possible consequences of CNT partners extending boundaries, revealed a wealth of data on this subject. The participants' discussions of boundaries centered around the CNTs establishing, maintaining, and re-establishing boundaries within student-teacher partnerships. They did not, however, discuss the need for and/or desire of student partners to establish boundaries with their CNT partners. It seems that student partners expect their CNT partners to take on the role of delimiting the boundaries within the partnership and that CNT partners naturally assume this role.

In summary, equality, a complex and yet essential aspect of partnership, was identified as having a variable, changeable, and contextual quality. Power was not shared
equally between partners. A partner’s experience, knowledge, and/or culture could affect the power that she/he held within a partnership. Summative evaluation was generally a time when a CNT’s power was heightened. No participant espoused the view of the socially legitimized imbalance of power between student and CNT yet several spoke of the need for partners to accept the inequality of their relationship. Reciprocal sharing existed in partnerships and could be seen in aspects of partner caring and communication. The need for partners to value the expertise and contributions of the other partner(s) in the relationship was considered essential to partnership building. Although the participants valued partner dissimilarity they did not acknowledge, as does some current literature, the strength that partner diversity can bring to a partnership. The variety of forms of CNT and student risk-taking presented by the participants exemplified the ways in which partner risk-taking can enhance the working relationship of student-CNT partnership.

Descriptions of connection between partners varied but the belief that connection helped CNTs to better help students and create more satisfying partnerships was strong. The participants felt that boundaries needed to exist in partnerships and that often CNTs take on the task of setting boundaries in the partnership. Although boundaries were somewhat fluid in nature, they had to be respected, otherwise the consequences of partners extending boundaries could be seen as changes to the nature of the established student-CNT partnership.

The Factors that Influence Partnership

The participants identified that “the person you are” had a great influence on the course and success of a partnership. In the literature, Paterson (in review) states that “partnership can only occur if there is a shared desire or need for this type of relationship”
The participants identified that a student had to be willing to enter into a partnership with their CNT and that often a student’s attitude of “entitlement” jeopardized the partnership. Students may need to be asked about their desire to enter into a partnership with a CNT. Thorne and Paterson (in press) suggest that in health care, the idea of patient partnership may have been interpreted too rigidly. Not all patients are willing to enter into partnerships with their nurses. Nursing programs need to be cognizant of this and need to ensure that potential students are made aware of the program’s emphasis on partnership relationships with CNTs. Perhaps not all nursing students are willing to enter into partnerships with CNTs. Potential students need to be encouraged to reflect on whether they are suited to, and ready for, this type of learning relationship (Paterson).

The participants’ identified that personality conflicts with students could also jeopardize the integrity of the partnership. The literature has not addressed the issue of student-teacher partnerships developing conflicts. In literature, the discussion of partnerships is often presented in such an idyllic way that the idea of partner conflict is unimaginable.

The willingness of an individual to enter into a partnership is also dependent upon that individual’s background. Paterson (in review) states that prior experiences may limit a student’s willingness to enter into a partnership. The participants’ discussions on partner background and previous learning experiences are congruent with Paterson’s statements.

Paterson (in review) points out that the developmental level of the student or the level of learner maturity affects the student’s willingness to engage in partnerships. Middlemiss and Van Neste-Kenny (1994) also support the idea of learner maturity
affecting a student’s ability to enter into more complex types of learning such as partnerships. The participants’ contributions reflect these beliefs. They felt that often senior students were more accepting of a partnership with a teacher because of their previous experience as a student partner and a learner. This statement compares with Paterson’s comments on senior students being more open to partnership models because of having developed an understanding of shared symbols and the unspoken rules of the profession. Some participants pointed out, however, that the unique experience of each student-teacher partnership could never totally prepare a student, senior or otherwise, for a new student-teacher partnership. As well, the fact that some students may have experienced less than positive partnerships in their past could also effect their ability to form a new student-teacher partnership. These are valuable contributions that should be considered when examining a student’s willingness to enter into a partnership.

Many of the participants believed that novice students needed orientation to the partnership philosophy and experience. Some participants felt that students received this orientation in first year classes, while others felt that it was up to the CNT to provide students with this orientation. Paterson (in review) is in agreement with the belief that novice students need partnership orientation. She states that beginning students need to be offered skills, learning experiences, and opportunities to prepare them for partnership.

The participants commented on students’ cultural background influencing their ability to form partnerships. Pratt (1992) states that students from other cultures can have difficulty in forming partnerships. For example, a student from China may be unfamiliar with, and reluctant to adopt, the role of a student partner because of cultural educational conceptions of the teacher as a superior and the student as an obedient, dutiful learner.
Some participants pointed out that the tenets of the curriculum revolution are to a high degree based on North American culture and questioned whether students from another culture can adapt to values congruent with partnership philosophy. Paterson (in press) points out that the cultural background of student partners may influence their willingness or desire to enter into partnerships with teachers. Some partnership authors express the view that teachers need to be aware of and sensitive to student diversity. Tagliareni (1993), in discussing the cultural diversity of nursing students, recommends that teachers listen well and be sensitive to a world that they may have never witnessed or known. Tagliareni cautions that this awareness and sensitivity to cultural differences in student partners does not mean, however, that teachers give up expected program standards.

Teachers' abilities to form partnerships were considered by the participants. Some of the participants felt that there were certain teachers that would never be able to form partnership relationships with students because of their previous teaching experience and belief in the superiority of traditional student-teacher relations. Nolan and Nolan (1997a), in their discussions on self-directed learning in the United Kingdom, describe how an experienced nurse teacher's change in role, from expert to co-learner, can cause difficulties and internal dissonance. These nurse teachers have worked in hierarchical educational systems for decades. Like some of the participants, these authors felt that the transition to a different educational system may be too daunting and unattainable for some individual teachers. Although some participants spoke of the existence of CNTs who were "stuck in an old mode" and who were not suited to work in partnerships with their students, they did not speak of the possible effect these CNTs had on teachers, students,
and the curriculum. Authors of partnership literature have not commented further on this issue other than to acknowledge its existence (Nolan & Nolan).

The participants felt that a teacher's previous experience with student partners also affected her/his ability to form future partnerships. Like students, teachers may have experienced less than positive partnerships. The "fear of litigation" concern raised by one of the CNTs is of interest. At present partnership literature does not address this issue.

The literature also alludes to a CNT needing to possess the skills and to be familiar with the techniques required to engage in partnerships with students (Nolan & Nolan, 1997b). Paterson (in review) speaks of teachers having had no prior experiences with partnerships and suggests that transition to partnership may require more than just the willingness of the partners. She suggests that a period of re-socialization and teacher development may be required before CNTs' can "shed the effects of years of a teacher-dominated education" (p. 10). Bevis (1988) states that education must concentrate on helping faculty alter their perception of their role. It is interesting that many of the study participants felt that they had been forming partnerships with students well before the new curriculum was established in their nursing program. As well, no participant spoke of the need for teacher education with respect to learning the skills and techniques required in forming partnerships with students. The CNTs only spoke of the need for students to be prepared to engage in partnerships.

Paterson (in review) refers to the culture of teacher isolation as being a variable that may affect the CNT's ability to enter into partnership relationships. The isolating effect of the solitary nature of clinical teaching may make it challenging for some CNTs to
form partnerships with their students. This variable, however, was not identified by any of the participants.

The participants' felt that student progress, especially during the time of summative evaluation, had an effect on the course of a student-CNT partnership. Rolfe (1993) suggests that partnership is not possible in summative evaluation. The participants comments did not reflect such a blanket statement about the existence of partnership during summative evaluation. Their discussions, which centered around the students who failed to progress clinically, were mixed as to the continued existence of student-teacher partnerships at this time. The participants' contributions provide more detail than current literature concerning the nature of change upon a partnership or a partner's role within the partnership when student clinical failure is anticipated by one or both of the partners. The presence of student insight is cited by the participants when discussing summative evaluation. Students with insight into their evaluative progress, even if the progress was not satisfactory, were viewed by the participants as less likely to endanger the integrity of the partnership.

The trauma and sadness that some CNTs expressed they feel when having to fail a student with whom they have had a partnership is also worthy of future investigation. These feelings seem to be more common when teachers fail a student partner as opposed to when a teacher fails a student with whom they have had a more traditional relationship. Elements important to partnership, such as self-disclosure, trust, and equality, may make having to fail a student partner harder for the CNT. The effect of student failure on each partner in the relationship needs to be examined more closely.
In summary, the willingness of any individual to enter into a partnership was found to be dependent upon an individual’s personality (the person you are) and background. Issues emerging from both students’ and CNT’s backgrounds could positively or negatively impact upon partnership formation and success. Most participants felt that they had been forming partnerships with students well before the new curriculum was established and not one participant spoke of the need for CNT education surrounding partnership philosophy. Findings relating to the nature of change upon a partnership or a partner’s role during summative evaluation with student partners who failed to progress clinically were mixed. The presence of student insight, however, was identified as an important factor in ensuring the success of the partnership. Finally, the findings lead to a question of whether CNTs’ experience more trauma in having to fail a student with whom they are in partnership than with students with whom they are not experiencing a partnership.

The Outcomes of Partnership

Learning was viewed by the participants as the ultimate outcome of student-teacher partnerships. Examples of both student and CNT learning were evident in the participants’ discussions. The participants had a difference of opinion as to whether partnership experience with a teacher prepares a student for partnership experience with patients and other health professionals. Some participants felt that teachers’ modelled partnership behaviours that students were expected to have with clients and health professionals. Other participants questioned whether modelling worked and felt that the learning of partnership behaviours had to be made more explicit to students. Paterson (in review) states that the outcomes of partnership with respect to students understanding and
assuming a partner model with colleagues have not been empirically tested. Jewel (1994) adds that the idea of a role model is limiting and that role models perpetuate the status quo. The participants viewed the outcomes of partnerships as demonstrative in the graduate nurses that were past student partners. These graduates' motivation and willingness to form new partnerships was highly praised.

One of the interesting consequences or outcomes of student-teacher partnerships in clinical settings noted by the participants was the response from other nurses unfamiliar with partnership. Some nurses' refusal to accept student-teacher partnerships or unwillingness to form partnerships with students in the clinical area forced the CNT into the role of a partnership educator or a partnership defender. At present, partnership literature in nursing education does not address this outcome. It seems that the consequence of the presence of student-teacher partnerships in traditional practice settings can be daunting and challenging to both teachers and students. Several participants felt that CNTs needed to consciously prepare for and deal with this possible outcome.

Authors who write about partnership do not address the matter of termination of partnerships. It is interesting that most of the participants felt that partnerships ended when the clinical rotations ended and described different types of ongoing relationships with students after the rotation was completed. Several participants spoke of the need for an act of celebration to signify the closure of the partnership relationship. As well, authors of student-teacher relationship literature recognize the value of students and teachers celebrating their work together as a means of terminating the formal partnership (Paul, Epanchin, Rosselli, Townsend, Cranston-Gingras, & Thomas, 1995).
The participants agreed that when the partnership ended, any ongoing relationship would have to change. These post-partner relationships were more relaxed and informal and, on rare occasions, friendships grew out of partnerships. The current literature does not address the type of relationships that can occur as a consequence of student-teacher partnership.

Several partnership authors state that one important partnership outcome is the development of the "together" philosophy and the elimination of the "we-they" attitude (Lengacher & Gorzeman, 1992; Walker, 1985). These ideas were identified in the context of nurses examining partnerships formed between nursing education and service. The participants did not directly speak of the "together" philosophy and/or the elimination of the "we-they" attitude. These ideas, however, seem consistent with the participants experience of partnership. For example, the CNTs' discussion of their partnership experience included descriptions of student-CNT partnerships as collaborative relationships where teachers felt welcomed by students and where partners cared for and helped each other. As well, the CNTs described partnerships as helping students and teachers to achieve mutual goals together. These descriptions portray a feeling of togetherness rather than a feeling of separateness between CNTs and students in partnership relationships. Thus, it seems that student and CNT partners experience a sense of togetherness in their clinical journey.

In summary, the participants' recognized that learning was an ultimate outcome of student-CNT partnerships. In practice settings, health professionals' responses to student-teacher partnerships were mixed. Although partnerships ended when clinical rotations ended, most participants identified that ongoing relationships of a slightly different nature
often continued between CNTs and students. The “together” philosophy identified as an outcome in some partnership literature was not directly identified as an outcome by the participants, however, many of their descriptions of partnership experiences portrayed a sense of student-CNT togetherness.

Reflections on the Discussion of Findings

The following are my personal reflections on the discussion of findings. Detailed descriptions of student-CNT partnership have emerged from the discussion of findings from this study. It is my view that these contributions by the participants centered around the belief that partnership occupies a significant place in their curriculum. I believe that these participants are CNTs who are committed to, and value, student-CNT partnership. For example, no participant questioned partnership’s existence in their nursing curriculum. It is my view that all participants spoke with the belief that student-CNT partnership was an attainable, viable, and necessary part of their curriculum. Generally nursing education literature takes this unquestioning belief in the existence of student-teacher partnerships in nursing curricula. The existence of student-teacher partnership in nursing is only rarely questioned (Paterson, in review).

Some participants did speak of the inability of some teachers and/or students to engage in partnerships and at times, these participants suggested ways around this perceived challenge to partnership, but never was the presence of partnership within their curriculum questioned. Student-teacher partnerships were viewed by the participants as a non-negotiable mandate within their curriculum. Partnership authors in nursing education rarely address the issue of students and/or CNTs who have objections to, or difficulty with, establishing partnerships (Nolan & Nolan, 1997a; Paterson, in review). This
universal acceptance of partnership by the CNTs and by most nursing education partnership literature may serve to oversimplify the complex role and effect that partnership plays in nursing curricula. For example, when a student’s and/or a teacher’s ability to engage in partnerships is questioned perhaps what needs to be questioned is not only the CNT’s or the student’s ability to engage in partnerships but the relative importance and need for partnership relationships within the curriculum.

Some partnership authors in nursing practice suggest that there are times when patients do not want, or cannot cope with, partnerships with nurses (Thorne & Paterson, in press). At times, nurses need to assume complete control of patient care and at other times patients need to control their own care. Thorne and Paterson encourage nurses to explore and determine the times when their patients want to be, or do not want to be, treated as partners. It seems there may be times when students and/or teachers choose not to, for whatever reasons, engage in partnerships. Perhaps CNTs need to be encouraged to explore and determine the times when they, or their students, do not wish to engage in partnership relationships.

At this time the CNTs view partnership as a mandate of their curriculum and their expectations are that CNTs and students will engage in partnerships. It is my belief that the role of student-CNT partnership as a tool to enhance learning as opposed to an obligatory nursing educational experience for students and teachers may need to be questioned.

**Summary**

In this chapter, the study findings in relation to the five CNTs’ description of the experience of student-teacher partnership were presented. The findings of this study
contribute to the understanding of the nature of student-teacher partnerships. The identified themes in the findings of the study were discussed in relation to the current literature on partnership. There were many findings in this study that were not found in, or were contrary to, the present literature on partnership. Other findings served to support different aspects of literature's descriptions of partnership. Occasionally, the existing literature offered insights into partnership that were not revealed in the findings. Finally, my reflections on the discussion of findings were presented. A summary of the study, conclusions, and the implications of these major findings will be discussed in detail in the following chapter.
CHAPTER SIX
Summary, Conclusions, and Implications

Summary of the Study

The purpose of the study was to explore the descriptions of CNTs’ experiences of partnership with their nursing students and, as a result, gain an understanding of the nature of these partnerships and of the factors that influence the experience of these partnerships.

Background

Nursing education in British Columbia is currently being influenced by the philosophy of the curriculum revolution. As a result new relationships, called partnerships, are being formed between students and CNTs. Partnerships have developed from the influence of several different ideologies but, at present, there is a limited amount of literature, and virtually no research, on student-teacher partnerships in nursing. This lack of written knowledge may result in an unclear understanding, among nursing educators, of what constitutes a partnership which, in turn, could contribute to a state of partner unease, jeopardizing the success of partnership relationships (Slevin & Lavery, 1991).

Literature Review

The review of the literature from general and nursing education, community health, and church group sources revealed numerous patterns of ideas related to partnership. Commitment, communication, negotiation, and trust were evident in literature’s discussion of ensuring partnership success. Equality, power, and balance were ideas that began to describe what partnership looks like and the outcomes of partnership. Other ideas, such
as partner dissimilarity, contracting, and reciprocity did not emerge as patterns, and yet were equally of interest.

**Methodology**

An interpretive description design was chosen for the study because of its ability to acknowledge the constructed, contextual nature of experience while allowing for the shared realities of the experience. This interpretive orientation was best suited to answer the research question: How do CNTs describe the experience of student-teacher partnership?

Five CNTs from two nursing programs in the Lower Mainland of Vancouver, with at least one semester's experience in the “new” curriculum, were initially interviewed. Four of the five CNTs were interviewed for a second time. All interviews were audio-taped, however only the first interviews were transcribed verbatim. Repeated immersion into the data generated by these interviews, allowed for the emergence of relevant, common, conceptual themes surrounding student-CNT partnerships. The four themes that formed a description of the CNTs' experience of partnership with students included the: (a) look of partnership, (b) essential qualities of partnership, (c) factors that affect partnership, and (d) outcomes of partnership.

**The Nature of Student-CNT Partnership**

The CNTs' descriptions of the experience of student-teacher partnership were complex and varied, revealing the unique nature of student-teacher partnership.

Student-teacher partnerships were described as relationships where trust has been created between the partners. The participants felt that partnerships were basically honest relationships and that partner responsibility and self-disclosure helped to ensure the
functioning of a partnership. Partnerships required goals to set the direction of the relationship. The recipe for quality partnerships with students included consideration of the constraints upon each partner's time and the implementation of a variety of innovative approaches to maximize partner contact time.

The participants' descriptions of partnership experiences served as a basis for the conceptualization of several qualities inherent in student-teacher partnerships. Qualities, like partner sharing or reciprocity, valuing, risk-taking, and connection, often enhanced and contributed to the success of a partnership between a student and a CNT. The participants' discussions surrounding equality/power and boundaries in partnerships contributed to complex conceptualizations of these qualities. Partnerships were not viewed as equal in the sense of a fifty/fifty split; the balance of power and state of equality being changeable in nature and often dependent upon the context within which they were examined. Frequently, the CNT held the balance of power and usually the greater power of the CNT was visible during the time of summative evaluation. This power may be viewed as the socially legitimized powers that teachers hold and needs to be considered in future conceptualizations of partnership equality. The need for the existence of boundaries within student-CNT partnerships was clear. CNTs needed to establish boundaries early in the partnership and be aware of the possible consequences of extending or over-stepping boundaries.

The findings suggested that there were many factors within each partners' background and personality that affected the course and ultimately the success of a student-CNT partnership. A number of these factors included consideration of a partner's attitude, culture, previous experiences with learning, previous experiences with teaching,
level in the nursing program and/or level of obligation to a partnership relationship. Student clinical progress could also have an impact on the partnership relationship. When students were in danger of failing clinically then the partnership could begin to deteriorate, dissolve, or change into a therapeutic relationship and often the CNT’s role in the partnership would change. Students’ insight about their clinical progress seems to have a positive influence on the viability of the partnership.

The length of a student-CNT partnership was usually determined by the length of the student’s clinical rotation. Relationships that continued, or resumed, after clinical rotations ended were generally not viewed as partnerships, but as ongoing relationships that were different in nature and purpose than the original student-CNT partnership.

The perception of outcomes related to learning were mixed. Some participants wondered whether students were better able to form partnership experiences with patients after experiencing partnerships with CNTs. Resistance of health professionals to the emergence of student-CNT partnerships in practice settings was identified as a reality. This resistance may reflect the possibility that student-teacher partnerships in clinical settings may further distance teachers and students from practice health professionals.

In summary, all the CNTs in this study generally experienced student-teacher partnership positively, although at times concerns and challenges were raised. Partnerships were viewed as more “natural” and “liberating” than traditional teacher-student relationships and although partnerships took effort to establish and maintain they were seen, by the participants, as the way to proceed in forming relationships with students.
Conclusions

The discussion of this study’s findings suggest the following conclusions. The CNTs believed that:

1. Student-CNT partnerships are often established at the beginning of a nursing student’s clinical rotation in programs that have adopted the new paradigm of nursing education students. CNTs are obliged by the curricular tenets to enter into partnership relationships with each other at this time. Individuals begin establishing partnerships through the use of techniques such as mutual self-disclosure and honesty.

2. Student-CNT partnerships may be maintained in a variety of ways. Mutual goal-setting provides direction and purpose to the partnership, while partner responsibility ensures that the partnership’s planned direction is followed. The creation of trust through techniques like self-disclosure and humour contributes to the viability of the partnership. The survival and success of a partnership is dependent upon the amount of time available. Time is needed for the increased physical or mental involvement or effort that is required of each partner in the relationship.

3. Partnerships may terminate naturally at the end of the clinical rotation. A celebration, which marks the end of the partnership may occur between the CNT and the student partners. Often, some sort of student-CNT relationship evolves from the original partnership. On rare occasions, a friendship will develop between a student and a CNT.

4. Each student-CNT partnership is unique and yet all possess some measure of the essential qualities inherent in all student-CNT partnerships. These qualities include: (a) equality, (b) valuing, (c) risk-taking, (d) reciprocal sharing, (e) connection, and
(f) boundaries. The strength of these qualities within each student-CNT partnership may be dependent upon each partner’s abilities to enact these qualities. Often the greater presence of these qualities in a student-CNT partnership results in more fulfilling, richer, and rewarding partnership experiences for each partner.

5. Student-CNT partnerships being formed today face many challenges. A variety of factors affect the course and outcome of partnerships between students and CNTs. These factors may be derived from the: (a) individuals within the partnerships, (b) beliefs and policies associated with the institutions and educational programs from which the partnerships arise, (c) practice settings in which student-CNT partnerships occur, and (d) nature of and qualities inherent in the partnerships themselves.

6. Generally student-CNT partnerships are enjoyable educational experiences for teachers. They allow CNTs to feel more liberated, have an enhanced feeling of “togetherness” with student partners, and at times be transformed by the partnership experience. A number of concepts associated with partnership formation are not new to nursing education’s conceptualization of student-teacher relations and as a result, many CNTs feel a familiarity and comfort with many aspects of partnership building.

**Implications for Nursing**

The findings of this study carry implications for nursing education and nursing research.

**Nursing Education**

This study suggests several aspects relevant to time be considered when reflecting on nursing curricula that promote partnership relationships between students and CNTs. I believe that nursing educators may want to consider the high value that ought to be placed
on time as a factor in the development of student-teacher partnerships. The CNTs in this study felt that partners needed time in order to make partnerships work. They also felt that short clinical rotations made establishing partnerships between students and CNTs a formidable challenge. As well, economic constraints and institutional policies could adversely affect teachers' workloads. On the basis of these findings it seems clear that teachers in nursing programs that promote partnership should consider being innovative with respect to managing teacher time and maximizing the time (length) of each student-CNT partnership. Some participants felt that public relations and advocacy work with nursing staff was valuable but required a considerable investment of time from teachers. It might be useful for teachers and administrators involved in nursing programs that encourage partnership relationships to take into account the amount of time and work needed for CNTs to introduce the concepts of student-teacher partnerships into traditional clinical settings.

The participants identified that a student's willingness and attitude toward entering into a partnership with a CNT had an influence on the viability of the partnership. I believe that CNTs in nursing programs that promote student-teacher partnerships ought to consider this finding. If not all students desire or are suited to partnerships, then it might be useful for teachers to examine what this might mean in relation to the planning of nursing programs. It may be that teachers in these nursing programs will want to ensure that potential students are made aware of their program's emphasis on partnership. Perhaps potential students should also be encouraged to consider whether this type of learning is suited to them. As well, it might be useful for nursing educators to consider whether all nursing programs within a geographical area should offer partnership
experiences exclusively. Conversely, I believe that it could also be valuable for CNTs working in nursing programs that promote student-teacher partnerships to examine their rationale for wanting all students and teachers to engage in partnerships. If partnerships are viewed as a tool to enhance teaching and learning, then partnership relationships may become the choice of individual students and teachers rather than an obligatory educational experience.

Many of the participants believed that novice students needed orientation to partnership philosophy and experience. On the basis of this finding, it seems clear that teachers in nursing programs that encourage partnership relationships should consider offering beginning nursing students opportunities to learn partnership skills that will prepare them for establishing partnerships with their CNTs. As well, I believe that it would be worthwhile for nursing educators to consider the level of the novice student’s preparedness and readiness for engagement in partnership. For example, some students may require a phased approach of one or two semesters before engaging in partnerships with CNTs while others may be ready for partnership relationships at the beginning of their nursing program.

From the findings of this study, it seems clear that nursing educators should continue to be sensitive to, and to take into account, the cultural background of students. As nursing programs across North America become more culturally diverse, it might be useful for educators to be aware of the effects of culture on partnership relationships. Teachers associated with nursing programs that promote student-CNT partnership might consider offering courses on partnership philosophy and skills to students from cultures or backgrounds in which hierarchical structures of teacher-student relationships are the norm.
As well, I believe that it would be valuable for nursing educators to consider exploring their expectations surrounding student-CNT partnership. Perhaps not all nursing students should be expected to be partners with their CNTs or perhaps some students may be allowed to be partners with CNTs in different ways.

Several participants believed that some teachers would never be able to form partnership relationships with students. I believe that the implication of this finding affects CNTs, students, and the nursing programs that encourage partnership relationships. Today’s economic climate and its impact on educational funding does not encourage teacher mobility. Teachers unwilling to make the transition to partnership relationships do not have the economic luxury of shopping around for other nursing programs that match their philosophical beliefs. If a nursing curriculum mandates all CNTs to make the transition to partnership relationships, then the teachers that are unable or unwilling to do so must not be forgotten. I believe that nursing educators should realistically examine whether the expectation that all CNTs will make the transition from traditional to partnership relationships with students is realistic and feasible. It may be useful for these educators to examine the role of partnership in their curriculum in order to determine whether all student-teacher relationships need to be partnership relationships. Lastly, I believe that teachers unable or unwilling to make the transition to partnership relationships with their students may need focused continuing education, mentorship, or transfer to roles outside of the clinical area.

Many participants felt that a celebration was needed in order to acknowledge the end of the student-CNT partnership and to celebrate the learning that occurred during the partnership. The value of celebration has also been reported in the literature by others
studying this phenomenon (Paul, Epanchin, Rosselli, Townsend, Cranston-Gingras, & Thomas, 1995). In view of this finding I believe that nursing educators should consider more closely the role of, and possible need for, celebration at the closing of a student-CNT partnership. If celebration does serve an important function in the educational process, perhaps it ought to be legitimized as a formal element in curriculum rather than conducted on an ad-hoc basis.

Nursing Research

The students' perspective on partnership in nursing clinical teaching should be explored in future research. By beginning to understand the students' perceptions of partnership, through their descriptions of student-teacher partnerships, I believe that nursing educators will be better able to develop strategies to promote and develop effective partnership relationships. It is my view that research into students' perceptions of who holds the power and descriptions of how they hold that power in a partnership relationship should be considered in future investigation. The participants have suggested that there are times when they feel students hold the balance of power in the partnership relationship. It might be useful to learn whether students perceive themselves to hold power in these relationships, and whether there are any predictable patterns in when and how power may be held by students. I believe that the students' perceptions of the need for and the purpose of boundaries in partnerships should also be considered for future study. If indeed students feel that they need to establish boundaries in partnerships then it would be advantageous for CNTs to have a sense of how students view these boundaries.

The students' perceptions of the role of and the description of self-disclosure in partnerships is another area of interest that I believe requires further study. It would be
useful to learn whether educators and students view self-disclosure in the same or different ways. The findings related to partner responsibility also could be examined from the perspective of the student. The participants viewed CNT responsibility as a "given" in partnership. It might be useful for CNTs to gain insight into how students view CNT and student responsibility in a partnership. Thus, in order to illuminate the perspective of the student, it seems that a similar study, involving nursing student participants, exploring the nature of partnerships between students and CNTs should be undertaken.

The findings of the study suggest that a student's culture may affect her/his perceptions of what a partnership with a teacher should look like or whether a partnership should in fact exist. As well, some participants felt that a student partner's culture could have an effect on the student's honesty within a partnership. I believe that research might help us discover whether there are certain cultural or social groups whose members might have special difficulties adapting to a partnership model of education, and if so, are there ways that we could serve those groups.

The role of partner risk-taking in making partnerships work is an interesting finding that has almost no mention in the partnership literature. The study's findings on risk-taking begin to contribute to this aspect of student-teacher partnership. It would seem that in the future, further research regarding the role of, and importance of, partner risk-taking should be considered from both the perspective of the teacher and the student, in order for individuals involved in partnership to better understand this concept.

The idea of partnerships being contractual (written or verbal), obligatory relationships was not investigated in this study. Because this idea is, however, contained in significant amounts of the partnership literature I believe it could be important to
consider the implications contractual relationships could have for partnerships in nursing education. It is my belief that for some time contracts have been an important concept in nursing education and it remains to be discovered whether contracts will or will not be consistent with this type of student-teacher relationship. As well, the exploration of the existence of, and role of, partner freedom within student-CNT partnerships contained in some partnership literature is another idea that may be worthy of future consideration in research even though the participants did not address it in this study.

The participants in this study believed that some teachers might never be able to make the adjustments toward forming partnership relationships with students. Further research is required to learn whether there are nurse educators for whom partnership relationships are especially problematic and to study the effects that such educators will have on the learning environment in the context of a partnership-based curriculum. As well, it might be useful for these researchers to examine the differences between teachers who accept and reject partnerships with students. I believe that understanding the differences between CNTs who accept and reject partnership relationships as well as understanding the potential impact partnership resistant CNTs have on their relationships with students will enable nursing educators to not only understand more fully the nature of student-CNT partnership but also enable nurse educators to begin to have a more complete consideration of the actual effect of partnerships on students and teachers.

I believe that nursing researchers should explore the effect of the role and function of student-CNT partnership relationships in nursing curricula. In particular, it would seem important that implications of mandatory partnership relationships in nursing curricula be investigated. Conversely, it will be important to study the implications of considering
partnership relationships as an optional curricular tool. It is my belief that through this type of research nursing educators will have a clearer understanding of partnership's optimal role in nursing education.

The findings of the study point toward difficulties arising from staff nurses' acceptance of student-CNT partnerships in the clinical areas. At present there is no research focusing on practising nurses' perceptions of either student-teacher partnerships in practice settings or of student-nurse partnerships. Students' and CNTs' educational experience centers around the clinical setting. In the near future, student-CNT partnerships will occur with greater frequency in these clinical settings. Based on these findings it is my belief that research into practising nurses' perceptions of student-CNT partnership should be conducted in order for nursing educators to gain a better understanding of how staff nurses perceive partnership and as a result gain further insight into introducing the concepts of student-CNT partnership into clinical settings.

I believe that it would be useful for nursing researchers to take special consideration of some of the study findings that relate to CNT factors that influence partnerships. The existence of and the effect on future partnerships of some CNTs' "fear of litigation" is an area that is not examined in the literature on partnership and may well be worthy of closer future examination. It seems that it would be valuable to know the possible extent of the existence of this CNT fear and the possible effect(s) of this fear on partnership relationships. The discussion in partnership literature of the possible effect of the solitary nature of clinical teaching on a CNT's ability to form partnerships with students is another area to be considered in subsequent partnership research. It would be interesting to know, if indeed, CNT teacher isolation has an impact upon a teacher's
ability to form and maintain partnership relationships. I believe that additional investigation of these issues could well add to a greater depth of understanding of the phenomenon of student-CNT partnership.

It would seem that several of the findings that deal with summative evaluation time in the partnership have implications for future research work. From the perspective of participants in this study, students with limited insight into their own clinical progress created a serious challenge for clinical evaluation in the context of a clinical partnership. As well, the effect of potential or imminent student failure on the partnership was an area of concern to many of the participants. Some of the CNTs spoke of the trauma and sadness they felt when having to fail a student partner. It might be useful for researchers to explore whether it is more difficult for CNTs to fail students with whom they are in partnership and whether CNTs experience more emotional trauma failing student partners as opposed to failing students with whom they had more traditional student-teacher relationships. In short, I believe that nursing educators should have a more complete understanding of how summative evaluation affects student-teacher partnerships as this study has only touched upon the existence of and possible effects of summative evaluation on student-CNT partnerships.

On the basis of the findings, it seems reasonable to suggest that many of the possible outcomes of student-CNT partnership require further examination. As partnership models in nursing education become increasingly popular, research into the implications of such issues as CNTs' modelling partnership behaviours and the transferability of student-CNT partnership skills to patient relationships becomes important. For example, I believe that teachers need to more fully examine the existence,
or absence, of a relationship between CNTs’ modelling partnership behaviours and their
students’ abilities to form partnership relationships with patients. The notion of a
“together” philosophy as an outcome of partnership learning experiences is another aspect
of the phenomenon of partnership that warrants further study. I believe that as nursing
educators develop a more sophisticated knowledge base in relation to the outcomes of
student-CNT partnership they may be able to design increasingly effective curricula for the
educational preparation of beginning professional nurses.

In conclusion, this study has explored CNTs’ descriptions of the experience of
student-teacher partnership. The findings illuminate the complex, unique nature of
student-teacher partnership and the factors and essential qualities that contribute to
partnership success and partner satisfaction. The study’s findings provide direction for
nursing education and future nursing research.
REFERENCES


APPENDIX A
The Teacher-Student Control Continuum Which Includes a Partnership Model of Self-Directed Learning

<table>
<thead>
<tr>
<th>Total Self-Direction</th>
<th>Facilitation</th>
<th>Partnership</th>
<th>Total Teacher Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete student control</td>
<td>Student-centered and with high student control</td>
<td>Control is shared equally by student and teacher</td>
<td>Complete teacher control</td>
</tr>
<tr>
<td>No teacher influence at all</td>
<td>Teacher enables but does not lead</td>
<td>Essentially a transactional model</td>
<td>The teacher makes all program decisions</td>
</tr>
<tr>
<td>Student plans and controls the programme</td>
<td>Student still makes decisions on programme plan and content</td>
<td>Student and teacher together agree programme plan and content (Learning contracts are a common feature)</td>
<td>The student is not consulted</td>
</tr>
<tr>
<td>Self-assessment only</td>
<td>Self-assessment with teacher advice on request</td>
<td>Self assessment and teacher assessment</td>
<td>Teacher assessment only</td>
</tr>
<tr>
<td>Always individualized</td>
<td>Usually individualized</td>
<td>May be individualized or in groups</td>
<td>Almost always a group of students</td>
</tr>
</tbody>
</table>
APPENDIX B
Participant Information Letter

Description of the Study

I am a nursing teacher and a student in the graduate program in nursing at the University of British Columbia. I am interested in understanding clinical nursing teachers (CNTs) experiences of student-teacher partnership. I am particularly interested in talking with full, part-time, or contract CNTs who have taught at least one semester in your new curriculum that is based on the new paradigm of nursing education. Nursing curricular change in British Columbia has enabled CNTs and students to engage in partnerships. No literature or research exists that describes the nature of these partnerships, nor of factors that influence the experience of these partnerships. I believe that nursing teachers need a clear understanding of (a) what constitutes the nature of partnership and (b) factors that influence these partnership relationships in order to gain satisfaction from, and success in, the student-teacher partnership.

Your participation would involve two meetings at a place and time convenient for you. These meetings will be approximately one hour in length. I will ask you questions about your experiences with student-teacher partnership. With your permission, both meetings will be tape recorded. Only myself, the professors supervising my study, and a transcriptionist will have access to the tapes. Your name will not be mentioned on the tapes or on the written material. You may receive one or two short (ten to fifteen minute) telephone interviews from me for the purpose of validating and/or refining collected data. You are under no obligation to participate in this study and if you do decide to participate you have the right to withdraw your consent at any time. I will be pleased to share the findings of this study with you. The results of this study will be reported in my master’s thesis and may be reported in a professional publication and/or at professional conferences.

I hope you will consider participating in this study which will contribute to the understanding of teacher’s experiences with student-teacher partnerships. If you are interested in participating or would like more information about this study, please phone me at (xxx) xxx-xxxx. Thank you for considering to participate in this study.

Sincerely,

Maureen Hornak, RN, BScN
APPENDIX C

Clinical Nursing Teacher Informed Consent

Clinical Nursing Teachers' Descriptions of the Experience of Partnerships with Students

**Researcher:** Maureen Hornak. Student in Master’s of Science in Nursing program at the University of British Columbia. Graduate thesis research. Telephone number: (xxx) xxx-xxxx.

**Supervisor:** Dr. Barbara Paterson. Faculty of Nursing, University of British Columbia. Telephone number: (xxx) xxx-xxxx.

**Purpose:**

I have been invited to participate in a nursing research study designed to explore how clinical nursing teachers (CNTs) describe the experience of student-teacher partnership? I am being invited to participate in this research study because of my experience as a clinical nursing teacher who has taught at least one semester in a nursing curriculum that is based on the new paradigm of nursing education.

**Study Procedure:**

If I decide to take part in this study, I will be interviewed about my experiences of student-teacher partnership. There will be two face-to-face interviews which will each last approximately one hour each. These interviews will be audio-tape recorded by Maureen Hornak and then a typist will transcribe the interview into written data. I may receive one or two short (ten to fifteen minute) telephone interviews from Maureen for the purpose of validating and/or refining the collected data.

Participation in this study is voluntary. If at any time I decide not to continue in the study, either in its entirety or in part, I am free to refuse without any disadvantage to myself.

**Confidentiality:**

Any information resulting from this research will be kept strictly confidential. Audio-tapes and interview transcripts will be identified only by code number and kept in a locked filing cabinet to which only the researcher has a key. Participants will not be identified by name in any reports of the completed study.
Contact:

If I have any questions or desire further information with respect to this study, I may contact Dr. Barbara Paterson at (xxx) xxx-xxxx.

If I have any concerns about my treatment or rights as a research subject I may contact the Director of Research Services at the University of British Columbia, Dr. Richard Spratley at xxx-xxxx.

Consent:

I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time without jeopardy to my employment.

I have received a copy of this consent form for my own records.

I consent to participate in this study.

__________________________  _______________________
Participant Signature         Date

__________________________  _______________________
Signature of a Witness        Date
APPENDIX D
Clinical Nursing Teacher Information Sheet

Name______________________________________ Code #__________________

Age__________ Gender________________________

Latest Degree Obtained______________________ Date of Graduation__________

Clinical Teaching Focus______________________________________________

Full-time_______ Part-time_________ Contract________

How long have you been clinical teaching in the new curriculum?_____________________

How long have you been a clinical nursing teacher?________________________
APPENDIX E

Summaries for Second Interviews

What Partnership Looks Like

Partnership involves students and CNTs establishing and meeting goals and being responsible. It is an equal relationship that involves collaboration, trust, and a certain amount of vulnerability on the part of the participants. Open communication and honesty, as well as time and energy are essential in partnerships. Partnerships involve reciprocal relationships where boundaries need to be established and observed. Partnerships usually end at the end of the clinical rotation but at times can extend beyond.

What It Takes To Make Partnership Work

People engaging in student/CNT partnerships need to be honest, responsible, trustworthy individuals who at times are “risk-takers.” With time and personal involvement these people can get to know each other better and value each other. When students and CNTs establish and work toward goals, partnership begins. Connection enhances the development and promotes the richness of partnership.

Factors That Influence Partnership

Many factors influence the development and success of partnership. Each partners personality (the person you are) and background influence the development of a partnership. The insight, communication abilities, and the degree of self-disclosure also influences partnership development. Dishonesty, lack of responsibility, and lack of student progress can be detrimental to the partnership process.
Outcomes Of Partnership

Outcomes are varied for both student and CNT and are not always perceived the same by all partners. Students can have increasing confidence, initiative, insight, and become more self-evaluative as a result of the partnership experience. CNTs can find partnership a growing, liberating, learning experience. Both can gain the satisfaction of goal achievement.
APPENDIX F
Questions for Second Interviews

1. What are your thoughts on boundaries in relation to partnership? Is there a need to establish them? Why? How?

2. What are your thoughts on equality in partnership? What about your thoughts on equality around the evaluation process?

3. Can you have varying degrees of honesty in a partnership? Can you have varying degrees of honesty on the part of both partners?

4. What do you believe about the role of risk-taking in making partnerships work?

5. Sharing of oneself with the student in a partnership is seen as both beneficial as well as potentially having drawbacks. Do you agree? Any comments?

6. Do you believe that partnerships with students serves as a role model for students’ partnerships with patients.