

ABSTRACT

Title of Dissertation: FOLLOWING THE YELLOW BRICK ROAD: THE LIVED
JOURNEY OF NURSES BECOMING NURSE
PRACTITIONERS

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In this phenomenological study, I explore the lived experiences of registered nurses who become nurse practitioners. Text for this study comes from narrative sources such as reflective writings, one-on-one conversations, and group conversations with seven new nurse practitioners.

The guiding question for this inquiry is: “What is the lived journey of nurses who become nurse practitioners?” Phenomenological philosophers such as Heidegger, Gadamer, and Casey guide this work. Other authors are drawn upon for grounding the study and to draw out the phenomenon for examination. The six research activities of van Manen (2003) provide the methodological framework for the research.

The “yellow brick road” traveled by the registered nurse to nurse practitioner is the metaphor that has revealed itself as we reflect on the journey. Literature from the disciplines of nursing and education, poetry, and narrative accounts complement the stories told by nurse practitioners and open up new ways to think about the lived experience. Stories are the bricks that form the yellow road that lead us to a new way of being.

Nurses who become nurse practitioners experience the journey from school to beginning practice and finally to comfort in the new place. Conversations reveal the meaning of the journey. The webs of support woven with other students are found to be very important. Before reaching the end of the road, many detours are encountered that slow, but never stop, the journey. During this journey new nurse practitioners find that the nurse part of nurse practitioner is as important as the new skills they have learned. At the end of the journey they find that the greatest source of strength is from themselves.

Both teacher and students are transformed as we travel together on the path. A call is made for a revolution in nursing curriculum as narrative leads to a new way of teaching and learning. The journey reveals a new way of living curriculum and being with students as mentor and teacher.

FOLLOWING THE YELLOW BRICK ROAD: THE LIVED JOURNEY
OF NURSES BECOMING NURSE PRACTITIONERS

by

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DEDICATION

I dedicate this work to my husband, Pat, without whose love and support this journey would not have been possible; to my children, Keldie, Jennifer, Liz, and Jeff, who have been patient and loving; and to my grandchildren, Briar, Hanna, Raegan, and others yet to come, who have kept me smiling and young.

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I also acknowledge publisher's permission to reprint the following:

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Prologue: Turning to a Call

Often our lives take an unexpected turn and we find ourselves in a new place. Writing a dissertation is something I never pictured myself doing. It is much too bold a step for someone who has been cautious most of her life. I have fought change and looked for comfort in the status quo. I was reluctant to make waves or take chances. I never left one job until I had another – was the mediator in disagreements – liked the safety of the “known.” Life was secure, safe, and predictable. I pictured my professional self as a nurse working in the Emergency Department of the local hospital until retirement.

There was, however, a small voice that called to me. It sounded amazingly like my father’s voice and became louder after his death. “You can do anything you want, just try it” the voice said, a new idea to someone who had been content to float where the winds took her rather than making a path. It took many years for me to answer the call; I was 40 years old when I went back to school for a Bachelor’s and Masters degree in nursing. Still the voice called, “Keep trying, you can do anything.”

I changed careers, turning to the path of nursing education that entailed moving in a direction that was unknown and different. The urge to remain in a clinical setting called me to the role of a post-masters Nurse Practitioner – another place that was new and challenging. Still, the voice continued to urge me forward. I moved into the unsafe place of doctoral education. While this led to new friends, experiences, and knowledge, it continued to challenge my equilibrium, rather like being caught in a tornado. In spite of this turmoil, I listened to the voice and continued forward to – what?

The poet Rilke reflects my feelings in a poem called *Remembering*:

And you wait, are awaiting the one thing
that will infinitely increase your life;
the powerful, the uncommon,
the awakening of stones,
depths turned towards you. (1938, p. 73)

Has my father's voice awakened my mind to the call of possibility in my life?

Questions such as these have led me to my current place as a student, teacher, and nurse. Where will this voice lead me in the future? The experiences of the past few years have made me more open to possibilities in my future. Oriah Mountain

Dreamer helps me to express this new openness in *The Call*:

I have heard it all my life,
A voice calling a name I recognized as my own.

Sometimes it comes as a soft-bellied whisper.
Sometimes it holds an edge of urgency.

But always it says: Wake up, my love. You are walking asleep.
There's no safety in that!

Remember what you are, and let this knowing
take you home to the Beloved with every breath.

Hold tenderly who you are, and let a deeper knowing
color the shape of your humanness.

There is nowhere to go. What you are looking for is right here.
Open the fist clenched in wanting and see what you already
hold in your hand.

There is no waiting for something to happen,
no point in the future to get to.
All you have ever longed for is here in this moment, right now.

You are wearing yourself out with all this searching.
Come home and rest.

How much longer can you live like this?
Your hungry spirit is gaunt, your heart stumbles. All this trying.
Give it up!

Let yourself be one of the God-mad,
faithful only to the Beauty you are.

Let the Lover pull you to your feet and hold you close,
dancing even when fear urges you to sit this one out.

Remember, there is one word you are here to say with your whole being.
When it finds you, give your life to it. Don't be tight-lipped and stingy.

Spend yourself completely on the saying.
Be one word in this great love poem we are writing together.
(2003, p. i)

As I listen to the call I look forward to the new dances and places that conquering fear
will lead me. This dissertation is an exploration of answers to a call that I have made
and that my students continue to make. Thank you, Daddy.

CHAPTER ONE: THE CALL OF A JOURNEY

We are all little children walking down a road of yellow brick in a crazy, outlandish, Ozzy sort of world. We know that wisdom, love, and courage are essential virtues, but like Dorothy we cannot decide whether it is best to seek better brains or kinder, more loving hearts. (Gardner, 1960, from the introduction to *The Wonderful Wizard of Oz*)

As a child, *The Wonderful Wizard of Oz* was one of my favorite books. I would escape to the privacy and security of my room, or a corner of the basement, and travel with Dorothy and her companions. I, too, longed to escape the realities of everyday life and go on a long journey. Only as I have aged and lived my life have I recognized that it is life itself, with all its twists and turns, that is the most exciting journey of all. Dorothy's dream of magical journeys, however, continues to call to me as I follow my personal/professional road. This road has taken me many different places as I decide what I really seek. About ten years ago I decided that higher education was one of the paths that would help me find my personal Oz.

My educational journey began about 35 years ago with graduation from a diploma program in nursing. It took another 20 years before I returned to school to earn the Bachelor's degree in nursing, and then the Master's degree as a nurse educator. While I love teaching, my heart has always been called to continue patient contact. With the encouragement of friends and other faculty members, I decided to become a Nurse Practitioner (NP). I could, then, teach students in the Master's program and continue to practice in a clinical home. It was my personal experience with the journey from nurse to Nurse Practitioner that sowed the seeds of this study. Travel with me as I reconstruct this journey through the metaphorical assistance of "Dorothy."

The Call Back Home

When Dorothy arrived back in Kansas after her trip to Oz she had come to realize in the course of her journey that “There is no place like home.” There is something which calls us always toward home no matter how far we journey. The journey may be exciting and educational, as it was for Dorothy, but the pull toward the familiar comfort of home is even stronger. If we think of life as a journey, then each decision that we make turns us along another path. At times the path doubles back to a place that we have been before, like home. Sometimes it is important to pause and get our bearings, but the path leads ever forward to an ending place, only to begin again. As a student Nurse Practitioner, I walked along this path and know that the journey requires intelligence, courage, and caring in order to succeed. As I think about my own journey, I am led to wonder about what this journey is like for the Nurse Practitioners I have taught.

Having been in the roles of student, nurse, Nurse Practitioner and teacher there are several questions relating to this journey that call to me. What does it mean to be called back to a place we have been before? When we come back to “home” how do we feel about the changes that have occurred in both ourselves and home? When nurses journey to the new place of NP what does the journey mean?

Somewhere Over the Rainbow

In the book by Baum (1900) and the 1939 MGM movie, *The Wonderful Wizard of Oz*, Dorothy is taken on a journey unwillingly when the tornado takes her house from Kansas to Oz. Dorothy desired to escape the grayness of Kansas and to go “over the rainbow” to a place that she thought would be better than her current

home-place. As nurses re-turn to school to become NPs, they are leaving a place of knowing, their current nursing practice, and turning to a place of not-knowing, that of a student Nurse Practitioner. Those who make the choice to re-turn are usually experienced nurses who are comfortable in their current professional place. Most of them are not expecting to experience difficulty while making the journey to a new place of not-knowing. In making this choice, they are re-turning to a place of student which they left when they graduated from their nursing programs many years ago. E. V. Walter writes that “a place is a location of experience” (1988, p. 21). Most of these nurses have become experienced in their positions and have advanced along a set career path. They are comfortable with their current place of knowing and often must exist in knowing and not-knowing places simultaneously as they work as nurses and attend school as students. Why, then, would they willingly leave the safe and familiar place of nursing for the not-knowing place of a student NP?

Casey (1993) states that all animals must change places to survive; perhaps this change of place is a part of the survival-growth experience for humans. Moreover, NP students may not expect the uncertainty that the change process brings to them. As confident, knowledgeable professional people, they have enjoyed a certain level of comfort. Suddenly, they are once again in a place where they are uncomfortable and uncertain. Casey uses the term “place-panic” (p. ix), that might be likened to what the NP students experience as they move from their familiar place of nurse to the unfamiliar place of NP. In a recent journal entry, Sally (names are pseudonyms), one of my students who is in her second clinical course, writes:

Sometimes I wonder why I still feel so inept – I don’t feel this way in my RN role. Is it just inexperience in the role?

I think it has something to do with being “a student” because I don’t take charge of the situation like I usually do as an RN.

What does it mean to Sally and other student NPs to be “a student”? Does being back in the student role feel familiar to them? In what ways does this familiar become strange? Is the student role one that we ever truly leave, or is learning a continuous part of the journey? Perhaps one should always be a student of nursing, because there is always so much to learn.

If I Only Had A Brain

Brains are the only things worth having in this world, no matter whether one is a crow or a man. (Baum, 1900/1960, p. 47)

When the Scarecrow is telling Dorothy the story of his short life, his only lament is that he does not have any brains. He feels that without any brains he is a fool and chooses to go with Dorothy and ask the Wizard of Oz for brains. In choosing this place in their lives, student NPs re-turn to a student role that is similar to, and yet different from, the lived student experience when they were student nurses. They are searching for the “brains” that will enable them to become NPs.

I, too, returned to school for undergraduate, graduate, and post-masters education after 25 years of practice as a Registered Nurse (RN). Leaving that familiar place of RN practice and moving to a place that was different was threatening and anxiety producing. I had felt in control and sure of my decisions as a RN. Other nurses, and sometimes doctors, had come to me for my opinion. Suddenly, after all those years of experience I was now the “new kid on the block.” Rather like Dorothy’s first day in Oz, I felt disoriented and out of place. What if I made a mistake? People could die if I gave the wrong medicine or missed a

diagnostic cue. How could I possibly compete and compare with all of these other students who were much smarter, not to mention younger than I was? Obviously there had been a secretarial or clerical error as to why I was admitted to these programs. I imagined that I was the only person who felt this way in the class. Everyone else seemed so assured and calm, as if this were a familiar place. This feeling is, in part, what has led me to the questioning surrounding the lived experience of nurses who choose this same journey to become NPs.

Changing Places

Student NPs, in particular, feel that they must absorb huge amounts of knowledge in order to “keep up” with the physicians with whom they will be practicing. Medicine remains a male-dominated profession, while most NP students are women who are entering an unfamiliar place in which they must compete and associate not only with each other, but also with physicians, in a different way. In an article written soon after the NP role was developed, Anderson, Leonard, and Yates describe this changing relationship: “As soon as the student moves into the areas of management and intervention, a new relationship with the physician begins to evolve” (1974, p. 1815). How does this change in relationships increase the tensionality and anxiety that are experienced by the student NP?

As a student NP, I felt that the nursing place I had been in for many years had not prepared me adequately for the NP place in which I wished to be. I felt that it would take a lot of study and work to achieve the standard that I was setting for myself. This feeling is echoed by the voices of students with whom I have conversed and in the journals they keep in my classes. Alicia speaks of knowing where her

boundaries are as a RN, but finding it harder to locate those same boundaries of practice as a NP student. Gina sees herself as physically changing places, “jumping into” the student setting and leaving the setting in which she is an accomplished nurse. Lashley (1994) discusses similar feelings in her students and states that “Failure to meet one’s own or another’s expectations may leave one feeling inadequate and vulnerable” (p. 42). It is often in a vulnerable place, however, that one experiences the most growth. Heidegger (1953/1996) speaks of boundaries being the starting point for growth. In what ways are student NPs jumping over the boundary of nursing practice to continue their growth?

In choosing a new path along their journey, student NPs are leaving the “beaten” path and taking a path into an unknown place. They do not feel fully prepared and “armed” for the difficulties they might encounter in this new place. The scarecrow in *The Wonderful Wizard of Oz* also felt unprepared to meet the challenges of everyday life. He felt that he did not have any brains and, therefore, was not able to think as well as the others around him. “... I do not want people to call me a fool, and if my head stays stuffed with straw instead of with brains, as yours is, how am I ever to know anything?” (Baum, 1900/1960, p. 39). Do student NPs feel (as I did) that their heads are full of straw and not brains?

Lions, and Tigers, and Bears: The Danger of the Unknown

Changing your place in the world requires courage. As Dorothy and her companions traveled the yellow brick road, they were required to pass through many dangerous and alarming places. They tried to stick to the path in order to remain safe, for to wander off the path into the unknown brings danger. Casey (1993) speaks of

the places that are unknown to all animals as they wander. “A mobile animal, however, continually confronts the unhappy prospect of disorientation, of not knowing its way between places” (p. xii). How much easier it would be for us as human animals to have a path that was fenced and clear from one place to another. But, human nature forces us to explore that which is deep in the woods, off the path and unknown.

Most people have a place in which they feel safe. Their home, a friend’s warm kitchen, a bed, or somewhere just to stay out of the rain may serve as a safe place. When someone leaves that safe place, one is exposed to the dangers and insecurities of the “outside” world. Casey (1993) states that “The home territory embodies the plenitude that being placeless so painfully lacks” (p. xii). In what ways does leaving the comfortable place and path of familiar nursing practice to go back to school make NP students feel placeless? Why then, would they willingly leave the safe place of nursing and re-turn to the not-knowing place of a student NP? Most student NPs speak of wanting autonomy in practice, or of the wish to provide care to underserved persons in society. Whatever their reason for leaving a place of comfort and knowing, many students are surprised by the impact of the re-turn.

When I was a student, I expected that the NP program would be similar to the Masters program I had already completed. I was amazed at my reaction during the first few weeks of school. My perceptions of myself as an experienced nurse and competent student quickly were shaken. It was as if the foundation of my safe place had worn away and I was lost, wandering off the path and into the woods where there were “lions, and tigers, and bears” to fear. Sinclair (1994), in *Looking for Home*,

speaks of stepping outside the home into a hostile world. As I stepped outside the comfortable boundary of a known place (nurse) into a completely unknown place (Nurse Practitioner), I felt that the world was indeed hostile and repelling. Perhaps, like Dorothy's longing for Kansas, I experienced home sickness for the familiar.

Casey speaks of a "here and there" (1993, p. 55) that repel each other. This is similar to what I felt as a student NP. I was "here" in the role of experienced nurse. While I was preparing for my role of NP, I also was repelled by the reality of beginning a new role and afraid of the "there." I have had conversations with students who express similar fears. Gina speaks of feeling "panic stricken" at the beginning of classes. She states that this feeling is shared with her classmates, and they try to support each other as they explore new places and paths. Alicia also speaks of self-doubt: "Sometimes I wonder if I'm doing the right thing." The desire to return to a familiar place is evident in *The Wonderful Wizard of Oz* and in students' comments. Dorothy's request from the Wizard was to return to Kansas, as much as she had wanted to leave it before the tornado.

Lashley (1994), in her work with student nurses, found that they had "the desire to return to their familiar home ground of the hospital institution" (p. 93). It is impossible, however, to grow as a person and professional while standing still. As students step off the well traveled and known path of the yellow brick road and into the woods of not-knowing, are they choosing to continue their personal and professional growth? This place of not-knowing, as opposed to a place of unknowing, is not a place of ignorance, but rather a place of questioning. The questioning may be a guide to new experiences and environments. Gadamer gives a

clue as to the importance of asking questions as a way to knowledge: “It is clear that the structure of the question is implicit in all experience. We cannot have experiences without asking questions” (1960/1999, p. 362). As students move out of their comfortable environments and begin to ask the questions that lead to knowledge, do they feel exposed and vulnerable to constant change?

Fear of the unknown is universal. In *The Wonderful Wizard of Oz*, the cowardly lion covers his fear with bravado: “I learned that if I roared very loudly every living thing was frightened and got out of my way” (Baum, 1900/1960, p. 68). Students cover their fears with bravado also, pretending to be unafraid and not sharing their fears with their peers or with their teachers. The lion admits to Dorothy and her companions that being afraid makes him unhappy, but also that he finds support from being with them. Both Alicia and Gina speak of the importance of peer support while going through the NP program, stating that it helps to share their feelings and to have others who are supportive. How are other students able to “be there” as peer support in a way that teachers cannot? What is the meaning of having peer support?

Off to See the Wizard

To move to another place, we leave a comfortable lived space and make the decision to go to another that may be unknown and less comfortable. Van Manen (2003) states that this lived space is “the world or landscape in which human beings move and find themselves at home” (p. 102). When Dorothy arrived in Oz, she was reluctant to leave the house in which she had traveled. It was only when she thought that the wizard could send her back to her home-place that she was willing to set out

on the journey. This home-place is important for nurses since they must enter the place of another (the patient) in order to care. Casey writes of “built” places (1993, p. 120); do we build/form/develop an emotional place around ourselves as well as a physical place in order to have a sense of control? When we come to a new place at the end of a journey we familiarize ourselves with the new place to get our bearings. Often we must consult a map in order to “find” ourselves. How can students get/keep their bearings along the journey? Is there a “map” that helps them along the way? Journeys after all, are not just travels in time and space. Neal (1994) discusses how individuals “feel” with the other by entering the other’s world. If nurses were to build a wall around this place that is their personal caring place, then they lose the part of themselves that identifies them as “nurse.”

The journey to NP from nurse involves the discovery of and development of a new self. Lashley (1994) states, “Self discovery and the possibilities one faces in redefining who one is and what one stands for create many tensions” (p. 43). Although, according to Lashley, these tensions can be a positive experience, helping one find direction and orientation in the world, the tensions also create discomfort. Gina states that “You come into a new setting...you realize what you have undertaken is so huge.” Alicia feels that as a NP there would be risk involved and expresses concerns about it: “No one else is double checking...it’s really important to not mess somebody up.” These concerns reflect the tension involved in the journey from a knowing place of nurse to a not-knowing place of NP.

Follow the Etymological Road

Just as Dorothy had several stops along her way in Oz, I have selected several key words that help to show the way to understanding the lived experience of nurses who journey from a knowing place to the not-knowing place of NP student. The root of the term place is from the Latin, *platea*, to Middle English *place*, from Old French for open space, and from the Sanskrit *prthu*, meaning broad. It dates from the 13th Century, and Webster defines it as “a physical environment, physical surrounding, or an indefinite region or expanse” (1999). Similar to van Manen’s “home-place” (2003), it also may be a psychological place, such as “My mind is not in that place right now,” or a metaphysical place, such as “She has died and gone on to a better place.” The places that NP students are in may be many. They have the nurse-place in which they are comfortable, experienced, and knowing. They have the student NP place in which they are anxious, fearful, and not-knowing. In other areas of their lives, they also may be in a parent-place, spouse-place, family-place, or friend-place. Walter writes of place: “The real ‘sense’ of a place, therefore, is twofold. On the one hand, people feel it; on the other hand, they grasp its meaning” (1988, p. 2). What is the meaning of these places to the participants?

In order to move from one place to another it is important to have a path to follow. The origin of path dates from before the 12th Century and is from Old English. It is akin to Old High German *pfad* or path. According to Webster, a path is “a trodden way or a track specially constructed for a particular use” (1999). More significantly for the NP journey is that Webster relates path to course or route, meaning “a way of life.” Again Walter asks an important question: “How do people

change their lives when they have to change their place?” (1988, p. 6). The meaning for path connects with van Manen’s statement about the importance of the phenomenological approach, “...reflection on the lived experiences and practical actions of everyday life...” (2003, p. 4), or with Pinar’s (1995) “currere” – the course to be run as it is experienced.

As Dorothy moved along the yellow brick road to Oz, she was on a journey that took her to many interesting places. Student NPs move along their paths and make a journey from the familiar place of nurses to the unfamiliar place of the NP. Journey dates from the 13th Century Middle English, from Old French *journee* or day’s journey. Webster defines journey as “an act or instance of traveling from one place to another or something suggesting travel or passage from one place to another” (1999). Those places to which NP students travel are the knowing place of nursing, and re-turning to the not-knowing place of the student NP.

Know or knowing dates back to before the 12th Century and comes from Middle English, from Old English, and from Latin *gnorscere, noscere*, to come to know. Webster defines knowing as “to have understanding, to have knowledge, to have a practical understanding” (1999). When used as an adjective, knowing is defined as “having or reflecting knowledge, information, or intelligence” (1999). While the Webster dictionary’s definition of not-knowing is simply “ignorance,” this is not a true reflection of the place to which NP students journey.

It is in relation to questioning that Gadamer addresses not-knowing:

So also the logical form of the question and the negativity that is part of it culminate in a radical negativity: the knowledge of not knowing. This is the famous Socratic *doca ignorantia* which, amid the most extreme negativity of

doubt, opens up the way to the true superiority of questioning. (1960/1999, p. 362)

Gadamer continues to ponder the importance of questions: “When a question arises, it breaks open the being of the object, as it were” (p. 362). In this “breaking open” new ways of being are discovered. The “being of the object” of not-knowing is one that has been explored through conversations with my former students.

When speaking about the places of knowing and not-knowing, the definition of re-turn is important. Return, from the Middle English, dates from the 14th Century and is defined by Webster as “to go back or come back again, to go back in thought or practice, to cause to continue in a different direction, to bring, send, or put back to a former or proper place” (1999). When nurses re-turn to school and the place of not-knowing, they are going back to a former type of thought and to the former place of student. They are moving along a path that now takes them in a different direction. They come to a former place, that of student, which is also a new place, student NP.

When exploring the definition of the word student it leads to the term learn. Learn dates from before the 12th Century and the origin is Middle English, from Old English *leornian* from the Latin *lira*, to furrow. Webster defines learn as “to come to know, to acquire knowledge or skill” (1999). As student NPs re-turn to the not-knowing place they are there to acquire knowledge and skills, but also to come to know themselves as nurse in a new way.

The “Heart” of Caring

The carative aspect of nursing involves the use of the self in order to care – for patients and others. This self is shared with the patient in order to connect with another’s genuine presence (Slunt, 1994). When this sharing is missing, the nurse is

simply performing tasks and not making a human connection with the patient.

Bishop and Scudder write that “Nursing is primarily a practice which has traditionally been concerned with caring for the ill in such a way as to foster comfort and healing” (1990, p. 67). The “heart” of nursing is care. Along the path to becoming a NP many students lose this heart and take up the technical place of medicine. Slunt (1994) writes that caring and connecting with others, or being authentic, is so much more powerful than the technical, structured activities associated with being a nurse. What makes it possible to continue the caring and incorporate the technical/medical model that is necessary to help patients heal?

As NP students struggle to gain the knowledge needed to provide excellent care, they tend to focus on the technical or curative side of medicine and temporarily lose the carative side that made them excellent nurses in the first place. Neal addresses this issue when she speaks of the importance of relationships that are “attending to the primacy of caring in spite of technical and bureaucratic domination” (1994, p. 73). As students embrace the medical technology model, they misplace the nursing self that contains the carative aspects of their practice. How is it possible that they leave the caring place temporarily behind? NP students are distracted by the complexity of technology and the medical model. The anxiety of students to learn the medical or scientific model quickly may cause them temporarily to lose the caring self. Must these students choose between the medical-technical aspect of practice and the caring aspect? Or, as Bernardo (1998) believes, can a nurse’s caring ways be demonstrated in his/her caring expressions of curing, fixing, or healing the person and family?

The Heart of the Matter

While on the trip to see the wizard, Dorothy, the scarecrow, the tin-man, and the lion often discuss what they will request. The scarecrow wants brains, the lion courage, and the tin-man states, “Once I had brains, and a heart also; so, having tried them both, I should much rather have a heart” (Baum, 1900/1960, p. 58). The “heart” of nursing is care. Along the path to the new place of NP, one may find the courage and gain the “brains” to succeed. It is, however, not a place of comfort for patients if nurses have lost their carative heart and their ability to Be-with patients. Lurie recognizes the possibility of this loss when she writes:

Nursing roles are characterized by strain from the conflicting expectations of nursing and medicine concerning “core”, “care”, and “cure” functions, and by constraints on professional behavior in the areas of authority over clients or patients, autonomy in decision-making, and application of unique knowledge and skills. (1981, p. 33)

How are students torn between the care and cure functions of the NP role? In what ways does the pull toward each increase the in-betweeness that is felt by the students? Do they fear the loss of the “heart” of their nursing practice, or, are they so consumed by the difficult technology of medicine that they do not feel the loss?

In today’s society, the technological expertise of medicine and nursing is admired. We only need to watch an episode of *ER* or *Trauma - Life in the ER* on television to see that it is the drugs, machines, and procedures that keep the attention of audiences. It is only rarely that the caring aspects of nursing take center stage.

The value that society places on caring is addressed by Godwin:

In our contemporary bottom-line society, heart-knowledge – based on feeling values, relationship, personal courage, intimations of the ineffable, a passion for transcendence – tends to be mistrusted as impractical, profitless, or nonexistent. (2001, p. 18)

Even Dorothy, in her search for a way back home, felt that only the technology supplied by the wizard could help. How are NP students searching for the wizards of technology?

Technology and Care

The treatment and prevention of disease is called health *care*. Bishop and Scudder (1990) state that before World War II, physicians were more engaged in healing rather than curing, since the technology for curing did not yet exist. The Oxford English Dictionary (OED, 1989) defines heal as the restoration of wholeness, well-being, or spiritual restoration. In addition, the OED defines heal as restoring a person from grief, disrepair, unwholesomeness or danger. While the OED includes the word cure in the definition of heal, the word care is not found. This omission gives the impression that it is technology that achieves the healing of disease. How can NP students incorporate the technology part of the healing process and maintain the care? Healing also means being with the patient and supporting him/her during the process of self-healing. How is letting-be part of the care that NP students must maintain?

Florence Nightingale (1859) resisted the germ theory of disease because she believed that it would get in the way of the care that fostered healing. The technology of health care has progressed beyond the imagination of any health care professional early in the last century. We have CAT scans, PET scans, miniaturized cameras that explore every part of the body, and monitors for every body function. Patients are poked and prodded, body fluids are withdrawn one minute and injected the next. In my practice, all prescriptions are ordered on handheld computers and sent

automatically to the pharmacy. I expect to be handed a scanner similar to that of Dr. McCoy's on *Star Trek* sometime very soon. This change to technology in medicine is echoed by Peacock and Nolan:

There is a tension at the heart of modern health care. It affects nurses perhaps more acutely than any other group of health professionals because it is about the increasing trend towards replacing caring with scientific technologies designed to meet the needs of populations rather than individuals. (2000, p. 1066)

This tension is felt in all aspects of patient care. According to Bishop and Scudder (1990) the rapid transformation of medicine to a high technology environment may raise the question if medicine is now more concerned with cure rather than care. The many advances in the ability to cure have led some to believe that the practice of health care is an applied science. Hultgren (1994) indicates that "When practice is reduced to applied science or technology, persons are treated as objects; their humanity is denied as they become things determined by natural forces" (p. 23). Are we rushing in with technology whether it is wanted or not? What does the disconnect of caring and technology contribute to the NP's discomfort?

Called to Care

What does it mean to care? Caring is a way of being in relationships, not a specific set of behaviors that can be written down and practiced every day. The desire to care and be cared for is a universal human characteristic. How can teachers incorporate caring into their teaching and their relationships with students? Nurse Practitioner students are functioning in the world of caring, and in the world of curing, as they incorporate the medical or technical model. In the medical model,

utilized by physicians and coveted by NP students, the emphasis is on doing for patients rather than the meaning of caring for these patients.

Bishop and Scudder (1990) ask, “If medical practice is founded on cure and cure is founded on medical science and physicians become technicians, what would nurses become, especially since they have identified their profession with caring?” (p. 31). Will nurses, especially Nurse Practitioners who function in the curative and curative world, be forced to become technicians? Schoenhofer and Boykin (1998) recognize that “The value of nursing in high-technology environments is typically communicated in outcomes derived from a medical science vantage point” (p. 31). Nurses who practice in high technology, or medical model settings, such as intensive care units, verbalize the challenge of finding time to care in the face of the demands of those settings. In these settings there is a sense of competing demands that produce an either-or choice between time for high-technology/medical practice and time for caring. Bishop and Scudder (1991) define this scientific-technological approach to health care as one that “attempts to find the cause of an illness, then to define illness as a disease on the basis of cause, and finally to discover ways of intervening in the cause, thus bringing about cure” (p. 7). What does it mean to be forced to choose between the technology and caring? Is it possible to find a between place in which both are possible?

Philosophy of Care

Why examine the importance of caring? As a phenomenologist, a teacher, and a nurse, caring is an important part of who I am and how I am able to “be-with” students and patients. Heidegger (1953/1996) suggests that there are two types of

caring, one where a person “leaps in” and takes over for the other, and the other type of caring which “leaps ahead” and gives back the ability to care. This type of care, according to Heidegger, is authentic care. Bishop and Scudder (1991) state that authentic care “...is threatened by technological thought which treats human beings as objects and prescribes their way of being” (p. 57). Thinking about the things of medicine, rather than the human beings involved, assigns the patient a static place in medicine rather than a place that involves self-care. Nurses have historically been in a dynamic caring place in patient care, rather than in a static medically based place. How is it possible for student NPs to be in both places at the same time? What is it like for NPs to live in the tensionality of the nursing and medical models?

Gadamer (1993/1996) recognizes that health and health care are unique. He states, “Health is not something that can simply be made or produced” (p. vii). His writing emphasizes the difficulty in defining not only caring, but health itself. What does it mean to be healthy? Is it up to each person to define his/her own health? Is health influenced by culture or environment? When trying to define health, Gadamer indicates that regaining lost health is not one factor, but rather “depends on many different factors and the final goal is not so much regaining health itself as enabling patients to enjoy the role they previously fulfilled in their everyday lives” (p. 129). Bishop and Scudder (1991) agree with this definition of a person’s illness as “a disruption in their lives as lived” (p. 9). Since the definition of health is so elusive, it follows that the importance of caring in the attainment of health is equally difficult to define. The role of caring in illness has been discussed by those in the medical and nursing fields for a long time. Nurse Practitioner students recognize that they are in-

between the nursing role and the physician role. In one of her descriptive papers

Melody writes:

I believe that by having the nursing component, I would be able to see the whole patient instead of the disease process. I am not afraid to touch patients or cry with families in times of sorrow. In my experience, I can think of one physician who cries with families and goes out of her way to make sure that the patient's roommate and staff are comforted as well as the family. This is what caring for people is all about.

Melody recognizes the importance of caring in her nursing practice and contrasts it with what she perceives as the less caring role of the physician. What does it mean to be in the in-between role of NP?

Caring for a Patient

Several authors have explored the experience of being cared for. Gadow (1985) states:

Caring, defined as a commitment to protecting and enhancing the dignity of patients, can be described in another way that further identifies it as a distinct moral position: caring is attending to the "objectness" of persons without reducing them to the moral status of objects. (p. 34)

Zaner (1985), on the other hand, identifies that the hospital environment itself is foreign and forbidding to the patients who enter there; it is, he states, a culture shock. Patients, who outside the hospital are sure of themselves, become timid around the doctors and afraid to question procedures and decisions. Other patients, according to Zaner, report a sense of strangeness and displacement.

In this strange environment the importance of caring becomes obvious.

Bottorff (1991) addresses the issue of touch when being comforted by a nurse:

"Perhaps it is in the touch of a nurse's hand, the nature of the contact, the nearness of the other, that caring is revealed" (p. 9). The patient perceives the nurse as caring

through the act of touch and comforting. How does the act of caring affect the nurse? In what ways does the caring of a registered nurse change when she or he becomes a Nurse Practitioner?

Caught Between

Student NPs feel that they must learn huge amounts of technical knowledge in order to catch up with the physicians with whom they will be practicing. In their journals some students write of their anxiety at trying to be in both a curative and curative place. Gina writes: “How can I jump quickly from one role to another? I’m so afraid of leaving my nursing role behind and becoming a ‘junior doctor.’” Alicia feels that she does not have time to care about patients because she is trying to cure them in the short visit time that is allowed in the current profit driven world of HMOs. Are students learning to take the technological pulse and forgetting that the taking of a pulse involves touch?

Gadamer (1993/1996) addresses a primary difference between physicians and nurses, the issue of authority. He states that patients expect and desire that doctors will have this authority when they care for them. “Authority is something which doctors have almost pressed upon them” (p. 119). Nurses, on the other hand, are not given this authority by patients, physicians, or by the institutions for which they work. They work in the in-between places and care for patients in a quiet way. What then, of NPs who are in-between nurses and physicians? How are they able to find their place of caring in a constantly changing medical environment?

Nursing students are told from their first day of nursing classes that nursing has come a long way and fought hard to be defined as a science. Nursing is

considered an art and a science. The profession of nursing has spent many years trying to “prove” itself as a profession of physical science. In order to do this the carative aspect of nursing has been pushed aside to develop the “numbers” of science. According to Bishop and Scudder (1990) in order for nursing “to be a discipline worthy of inclusion in a university, it must copy medicine or the behavioral and/or social sciences” (p. 7). However, as stated by Slunt, “Nurses and educators are privileged to have the ongoing, daily opportunity to affect the lives of others” (1994, p. 57). How can hard numbers ever measure the effect we have on others? In the rush to prove that nursing is hard science have we forgotten to care softly?

Learning and Caring

Noddings (1984) states that caring is a connection between two human beings. She describes the one-caring as “receiving” the other and letting motivational energy flow toward the other. In letting this energy flow, Noddings warns, it is important to keep part of the self so as not to be overwhelmed. It is also important to have some reciprocity in the caring, or the one-caring may become resentful. The most important part of a caring relationship, states Noddings, is attitude. This attitude is expressed on the part of the one-caring by expression, openness, eye-contact, and touch. The one-caring views the world through not only their own eyes but through the eyes of the cared-for. When teachers are able to view the world through the eyes of their students, they are able to take advantage of the opportunities and occasions for learning.

It is not enough to care, but the caring must be of the ethical sort (Noddings, 1984). Ethical caring “requires an effort that is not needed in natural caring,” a form

of caring that is inherent in all humans (p. 80). This ethical sort of caring requires that we make an effort to build upon the caring that occurs naturally. The building of an ethical sort of caring may take time, since according to Noddings, “We need time to develop relations of care and trust, and we need time to monitor the effects of our efforts” (1996, p. 162). It is for this reason that Noddings recommends that young children spend several years with one teacher, rather than changing every school year as is currently the tradition in American schools.

Palmer offers a suggestion that is applicable for both young students and older students, “What we teach will never ‘take’ unless it connects with the inward, living core of our students’ lives, and with our students’ inward teachers” (1998, p. 31). In order to achieve this connecting, teachers must care-for their students. When they are able to look through the students’ eyes they will realize if what they teach is “taking.” This caring-for is admittedly more difficult in higher education with adult students who guard their feelings and are less willing to share than young children. These adult students do, however, have the advantage of life experience that they can use to make more of a connection with teachers and each other. It is not only the teacher - student interaction that creates learning experiences, but also the student - student interaction. In a clinical log a student writes of the importance of peer support: “I thought I was the only one who felt this way!” As they become more comfortable with each other in class, they share clinical experiences and, as I listen with them to the experiences of the week, I can see many students nodding in agreement regarding how insecure and anxious they feel as they travel to this new place.

The Journey to Oz

In order to go to a new place one must abandon the old. Even if we return to the old place, we do not come back unchanged. Dorothy found her way home again, but both she and the place had changed. T.S. Eliot states:

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time. (1943, p. 59)

For most NP students who return to school, the role of student is familiar since they have earned their undergraduate degrees. However, they now must learn the “language” of a new role and a new place. The language of the medical model is like a foreign language that we have heard many times. It is familiar, but we are unable to speak it fluently. In a journal written in her last clinical course before graduation, Debbie writes: “I am beginning to realize how much we need to know and I am scared. I feel like I forgot everything!” In clinical conference another student speaks of feeling as if she were standing on quicksand, afraid to move forward or back in case she should sink. The place of the primary care health provider is unfamiliar and must be explored before student NPs can return and know the place, bringing with them the value/heart of nursing care.

As I traveled the path from knowing as a nurse to not-knowing as a Nurse Practitioner I encountered and experienced many of the same fears, decisions, and insecurities that student NPs now encounter. I completed the journey with the support and encouragement of family, mentors, and faculty. Without this support and encouragement I would not have arrived at the end of this particular journey with a minimum of trauma. The focus of my research is to understand the lived experience

of other NP students who are making a similar journey. I have explored the lived journey of nurses who become Nurse Practitioners. The journey along this path is not simple. To arrive in Oz and have our wish granted we need brains, courage, and the heart to survive.

The Road Through the Forest: Phenomenological Meanderings

Towards evening they came to a great forest, where the trees grew so big and close together that their branches met over the road of yellow brick. It was almost dark under the trees, for the branches shut out the daylight; but the travelers did not stop, and went on into the forest. (Baum, 1900/1960, p. 48)

The exploration of the lived experiences of nurses who journey to the world of NP is one of discovery for me. Like Dorothy's journey, however, I will not have to face the forest alone, as many will journey with me. Some of my most important companions will be my former students in the NP program in which I taught. These former students volunteered to be the conversants with whom I explore the lived experience of the journey from nurse to NP. Other companions are those who support me through many academic endeavors, my family, friends, fellow students, and faculty advisor. Still other companions encourage me through their writings: Heidegger, Gadamer, Casey, and van Manen are just a few who show the way through the forest of dissertation.

I recall hearing the word phenomenology for the first time in a graduate nursing theory class. The professor indicated that this was a "method" that was used for research in the social sciences, certainly not in the hard sciences into which nursing had evolved. I thought to myself: "Just what is this phenomenology that nursing has turned against?" As I investigated further, I found that phenomenology is "...a human science which studies persons" (van Manen, 2003, p. 6). To a novice

researcher it seemed strange that nursing, which deals so much with people, should turn away from a science that studies people and interprets their lived experiences. Benner helps to clarify phenomenology: “By engaging in the interpretive process, the researcher seeks to understand the world of concerns, habits, and skills presented by participants’ narratives and situated actions” (1994, p. xiv). In choosing phenomenology as the method of exploration, I have broken with what has become the “tradition” in nursing – quantitative research. The process of phenomenology and interpretation is addressed again in Chapter Three of this dissertation. It is clear to me, however, that I have found my research home in hermeneutic phenomenology which seeks to interpret the lived experiences of people.

It is van Manen who defines the six research activities that serve as the “yellow brick road” during my journey:

- (1) turning to a phenomenon which seriously interests us and commits us to the world;
 - (2) investigating experience as we live it rather than as we conceptualize it;
 - (3) reflecting on the essential themes which characterize the phenomenon;
 - (4) describing the phenomenon through the art of writing and rewriting;
 - (5) maintaining a strong and oriented pedagogical relation to the phenomenon;
 - (6) balancing the research context by considering parts and whole.
- (2003, pp. 30-31)

These six research activities are accomplished in the chapters of this dissertation. Here, in Chapter One, I have turned to the experience of nurses who are journeying toward the world of NPs. I have remembered some of my own experiences as I made the same journey, experiences which are the first “brick” in the yellow road of the phenomenon.

In Chapter Two the journey along the yellow brick road continues as I explore the journey for nurses who become NPs. Other voices call to me as I look for the meaning of being between places.

Chapter Three is devoted to the “Wizards” of phenomenology as I look to them for opening the question in order to show the phenomenon. Some of these wizards are Heidegger, Gadamer, Casey, Merleau-Ponty, and others who serve as guides on this dissertation journey.

In Chapter Four the stars of this journey are introduced as my former students tell their stories of leaving the place of RN and becoming NPs. I have taped their conversations and interpreted the stories to reveal their lived experience of becoming NPs, and explored meaning of the themes identified.

The final chapter is one in which the end of the yellow brick road is near. Using the metaphor of Dorothy’s journey through Oz, I illustrate the lived experiences of former students who have made the journey to NP, and provide pedagogical insights to help others who make this NP journey.

One of the most important parts of a phenomenological exploration is finding the opening question that guides the journey. I start on the yellow brick road with this question: **What is the lived journey of nurses who become Nurse Practitioners?** Let us begin the journey through the forest to the city of Oz together.

CHAPTER TWO:

CAUGHT IN THE CYCLONE: TRYING TO RE-TURN

The north and south winds met where the house stood, and made it the exact center of the cyclone. In the middle of a cyclone the air is generally still, but the great pressure of the wind on every side of the house raised it up higher and higher until it was at the very top of the cyclone; and there it remained and was carried miles and miles away as easily as you could carry a feather. (Baum, 1900/1960, p. 15)

In *The Wonderful Wizard of Oz*, Dorothy was carried away in the cyclone and journeyed to Oz and the Emerald City to find a way home. She was concerned about the dangers of the journey, but the call to get back home to the familiar was stronger than her fear. The Good Witch of the North kissed Dorothy to try to keep her from harm, but it was up to Dorothy and her companions to conquer their fears on the journey.

Do NP students experience fear as they journey? What does it mean to be afraid? The OED defines fear as coming from the Old English *foer* and means an apprehensive feeling towards anything regarded as a source of danger (OED, 1989). In this chapter I follow the yellow brick road of nurses who become NPs and feel with them the pull back to an old home, as well as toward a new home. I hear the call of other voices who have explored similar paths of change as nurses and, just as Dorothy was between Kansas and Oz, I find myself with other explorers of this “in-between” place. Dorothy had the kiss of the Good Witch of the North to help keep her safe on the journey; on my long journey of exploration I have my former students who, through their voices, help me find the way.

Turning From Home: An In-between Place

When nurses return to school to become Nurse Practitioners (NP) they look for guidance and protection as they journey. Chris, a nurse in her last semester of graduate school, expresses these concerns in her clinical journal:

From here I must stretch out and jump my greatest hurdles. I must challenge my personal fear within, of self-acceptance, in order to continue to grow. To do this, I need only to tap into the roots of my education and utilize familiar steps to broaden my horizon and my scope of influence. The best way to accomplish this is with a plan. Like following the yellow brick road. Just follow the yellow brick road, Cowardly lion. That road will take you to the Emerald City where your dream job awaits you – along with your courage!

Chris expresses fear and hope of where her educational journey will take her. She finds herself looking to the familiar and formulating a plan in order to conquer her fear. How does the familiar comfort us in trying times? Unlike students in undergraduate nursing programs, NP students bring experience with them: they have the familiar place of RN practice; they are not starting from a brand new place. Nurse Practitioner students have journeyed as undergraduate students and have experience as nurses. They now find themselves in a place that is both new and old, a place in-between.

Casey (1993) recognizes the importance of the in-between as we journey: “A beginning-place and an end-place may stand out as the most conspicuous parts of a journey ... but the in-between places are just as interesting, and sometimes more so” (p. 275). As they journey, NP students find themselves in-between many places: they are in-between nurse and Nurse Practitioner; in-between experience and inexperience; in-between traditional male and female roles; and often in-between family and student roles. Bishop and Scudder (1990) state that nursing itself is “in-between”

since nurses are between the patient and physicians. Nurse Practitioners are in even more of an in-between place since they are in a role that includes both nursing and medical aspects of patient care.

Going In-Between

The Oxford English Dictionary (OED) indicates that the word between has its roots in the Old English *betweon* and is defined as “the local relation of a point to two other points in opposite directions from it” and “the space which separates two points” (1989). These definitions hint at a tensionality that exists between two points that are in opposite directions. In what way do NP students feel they are pulled between these two places? Matthews states that these between places are not to be feared:

The between-places are neither fearful nor horrific, as popular opinion has so often depicted them, nor are they filled with monsters and demons; rather, they are thresholds of awakening where the soul is alert and watchful for omens of change, auguries of joy, promises of belonging. (1999, p. 128)

Are NP students aware of the promises of in-between places, or do they only feel the fear and uncertainty? How are promise, fear and uncertainty part of the journey from nurse to NP? Jennifer, a student in her first clinical course writes of entering a “different world” when she starts her NP student clinical practicum. Is the NP practice such a different world from that of the RN practice? Certainly, the skills required of NPs are more complex and the decision making is independent rather than subservient. However, the primary goal, caring for patients, remains the same. As they go back to school how do NP students find themselves re-examining the meaning of nursing?

Slunt (1994) addresses the tension that is present as nurses contemplate the meaning of their profession. She recognizes these tensions are present in the form of contradictions that minimize the knowledge base of nursing, and reward the technical rather than caring aspects of nursing practice. How do NPs feel the tensions of this transition, this turning? Do they feel as if they are caught in the center of a cyclone with pressure from every side? In general, students experience more pressure toward the end of the NP program than in the beginning. In a journal written four months before graduation Linda writes:

Within a few months I will be out of the secure cocoon of the academic world. I will have to plunge into a new role and go from expert to novice. The prospect is daunting.

This feeling is echoed by Susan who is one semester behind Linda in the program:

Some days I actually feel like I will be able to do this for a living, and other days I wonder what I am doing! I can see progress from the first clinical, but I get butterflies in my stomach when I realize that next semester is our last semester of clinicals before we have to go out into the cruel world and find NP Jobs (YIKES)!

Linda and Susan both indicate that they have come to think of the academic setting as a safe place, a “secure cocoon” that protects them from the “cruel world” outside of school. What does it mean to feel safe? How has the academic place become the safe-place of home for these students?

While writing about the experience of returning home Shaw indicates one reason for a feeling of safety:

It is familiar and predictable. Better that than the unknown, the unpredictable, with a stranger imposing strange ways. It is also the primordial sense of the need for security, of being held, of belonging. (1990, p. 224)

Do students feel that if they break the bond with the RN-home of nursing early in their NP education it will be less painful at the end? They are on their way to becoming what Shaw calls an “outsider in the family.” I have noticed that NP students in the first several courses do not write of the anxiety of the new role, just of the excitement. Perhaps the anticipation of the role this early in their education overshadows the regret of leaving their RN-place for a new place. Another possibility is that the comfort they have experienced in the nursing place gives them the courage to move forward. Shaw reminds us:

The point or place in which we feel secure enough to begin taking risks and from which we embark on adventures, to which we return triumphant or discouraged, is home. (1990, p. 232)

It is not only NP students who experience this reluctance to explore the “cruel world” away from academia; other authors indicate that RN students experience similar difficulties as they are about to graduate. Howkins and Ewens (1999) indicate that right after graduation students begin to get a better understanding of their role and show greater flexibility in their thinking. Holland (1999), on the other hand, finds that students experience a lack of clarity as they begin their professional practice. What makes the experience different for NP students? The main difference is mentioned by Linda when she indicates that she will be going “from expert to novice.” Do students feel as if they are stepping back instead of forward? This is part of the question I explore with my former students. In this journey of questioning I am reminded by Heidegger to let things speak for themselves since “That is how things look – until we take a closer look and let the matter speak for itself” (1957/1969, p. 29).

Turning Between

As I begin to question the turning of nurses becoming NPs I am called to the writings of MacEowen who says this about Celtic questioning:

Our questions speak quite profoundly about the quest we are on. Whether or not we ever receive an answer, just posing certain questions about our lives is a process of soft illumination into the shaded domains of our inner world. (2002, p. xxxiii)

So the questioning in hope of illumination continues. What does it mean to be turning toward a new place? What does turning mean to the person who is making this turn away from a home place?

Heidegger indicates that turning is an important part of the journey to Being:

The in-turning [*Einkehr*] that is the lightning-flash of the truth of Being is the entering, flashing glance – insight [*Einblick*]. (1949/1977, p. 45)

When, if ever, does this insight happen for NP students? In clinical logs students indicate that it happens at different times for each. Rhonda is in her first semester of clinical practice when she writes:

I have to come to a balance between what is in the textbook and what is in real life when I become a NP. Also I have to have my own philosophy of practice and not do what everyone else does.

Liz, in her last semester of graduate studies, continues to "...feel bad about being 'wrong' although I know I am still learning." Many others have talked in clinical conference about being pulled between their RN practice and the new place of NP practice. What, then, is confronted in the betweenness of these places?

In *Representing Place* Casey discusses the concept of an in-between place:

To be "in-between" is not to fail to have a place, as might seem to be the case were we to construe the idea of the "between" in a strictly site-bound manner. To be between two mathematical points, or two edges in an indifferent geometric space, may well be to lack a place – to be a-topical, exiled and

having no location...Here the “in” is the actively formed “in” of *inhabitation*, not the passively produced “in” of merely *occupying* pre-given positions in an indifferent space. The action of this “in” is such that the “between” with which it is associated is likewise an active affair, effecting as it does the copresence of places. (2002, p. 35)

If NP students are dwelling in-between, what does it mean to be in two places at the same time? Is it possible to be IN two places at the same time? Perhaps one of the places is an “occupying” place as defined by Casey and the other is the active in-place. Which one, the RN place or the NP place, is the occupying place? Does this vary from day to day or occur as the student progresses in the NP program? Do students actively choose in which place they truly will be present, or, is this an unconscious decision? How does this copresence of two places increase the stress that students experience? During my NP education I was not aware fully of the copresence of places. I did know that I felt emotional strain as I tried to reconcile my RN practice-place with that of the new NP practice-place. As I journey with my former students many of these questions are opened as we explore together.

The Nursing Between

In a classic work, Anderson, Leonard, and Yates (1974) indicate that students undergo an identity crisis as they make the transition from the traditional nursing role to the NP role. This crisis may take the form of feeling inadequate in their new clinical skills, or uncertainty about the role they have chosen. The authors find that students “...become excessively task oriented” (p. 1814), especially in situations where they must work with other nurses. The NP students have difficulty deciding if a simple task such as giving an injection is part of the new role or is part of the old role and should be assigned to someone (a nurse) who is still in that role. In what

ways does assigning a task to someone who was formerly a colleague change what van Manen (2003) calls relationality? Is redefining relationships part of the turn toward a new place? Shaw indicates that once someone leaves home, “The absent member thus becomes an outsider...They are still part of the family but in a sense do not belong to it” (1990, p. 229). NP students are not yet part of the new family of practicing NPs, but they have made the break from their old family of RNs and are again in-between the old place and new as they turn.

The OED defines *turn* as rotating and revolving or the process of changing or reversing position. It is from the Old English *tyrnan* or *turnian* which means to turn in a lathe or round off (1989). NP students are rounding off or finishing one form of nursing as they begin another. A look at different meanings of turning might reveal some clues about the transformations NPs experience. Turning is defined as changing direction or course but can also mean reversing course or going back (OED). Do NP students feel as if they are moving forward in a new direction, or moving back to a previous place?

As I question the journey of NP students another OED definition of turning is particularly significant – a place or point where a road or path turns (1989). Do RNs find themselves, like Robert Frost, on a road less traveled?

The Road Not Taken

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;

Then took the other, as just as fair,
And having perhaps the better claim,

Because it was grassy and wanted wear;
Thought as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I –
I took the one less traveled by,
And that has made all the difference.
(Frost, 1915/1969, p. 105)

What has made the difference for RNs as they turn toward the new NP place?

Why did they choose this particular road? In one way NPs are traveling both the nursing and medicine roads, yet they remain nurses. My nursing license still states that I am a “Registered Nurse.” It also includes the statement that I am a “CRNP (Certified Registered Nurse Practitioner) - Family.” In the textbooks that we read in class my students see the role described as Advanced Practice Nurse, a nurse that can assess patients, make a medical diagnosis, order diagnostic tests, and prescribe medications, all actions that only physicians could do in the past – a combination of medical and nursing roles – an in-between. Is this in-between place where nursing has always been? Nurses traditionally have been in-between the physician and the patient, using the orders of the physician to care for the patient. The place of the NP in the medical system has blurred the lines between physician and nurse. A look at the history of nursing may explain how the nursing role has evolved.

The Nursing Home Place

As NP students leave their original place of nursing and move to the NP place, I look to the history of the profession for clues as to the meaning of “being a nurse.” The practice of nursing started with the Sumerians and the Babylonians. The physicians or “healers” who care for the sick often had handmaidens who helped with the care. Often these helpers were the wives, mothers, or female relatives of the sick person. Hebrew nurses were the first to promote community health as they visited the sick in their homes and encouraged cleanliness and health maintenance. The early Christian period was a time of expansion for nurses. These women were socially and culturally skilled, well educated, and believed in the Christian ethic of charity in action (Donahue, 1985).

St. Helena is an example of one of the many “Roman matrons” who were Christian converts and founded hospitals to care for those who did not have family to care for them. Many of the matrons left comfortable homes and devoted themselves to the care of the sick and poor. In the early Middle Ages it was men who cared for the sick and the poor. Most of them were affiliated with religious orders, and the hospitals were connected to monasteries. The religious orders remained the main source of care of the sick and poor outside the home until the eighteenth century (Dolan, 1978).

In eighteenth century America health care was assumed by the best educated man in town, often the minister. Many physicians of this period had no formal education and received their training by being apprenticed to another doctor. Recovery from disease often was hampered by the lack of understanding of basic

hygiene and how disease is spread. In the early eighteenth century nursing was considered a profession that was one step above prostitution, with the exception of the religious nursing orders. Hospitals had such a high death rate that going to the hospital was often considered a death sentence.

Things began to change in the mid nineteenth century. The Crimean War produced not only thousands of fatalities but many soldiers who were wounded or affected by illness. Florence Nightingale arrived in Crimea in 1854. Although she had only three months' training as a nurse, she organized a band of women volunteers who would care for the sick and injured soldiers. Many of the medical officers were opposed to the idea of women nurses and felt that the untrained male orderlies could give better care than the women. While caring for the soldiers, Nightingale observed that the patients were held in old barracks in filthy conditions and with food that was not edible. Men were left alone at night, and the death rate was nearly 50% (Haynes, Butcher, & Boese, 2004).

Nightingale and her nurses began by cleaning the facility and letting in fresh air, contrary to opinion of the time which stated that fresh night air would cause "chest diseases." The nursing team demanded the best food for the patients and insisted that clean bed linens be provided every day (Nightingale, 1859). They also staffed the hospitals at night, making rounds with lamps and reassuring the patients. Nightingale became known as the "Lady of the Lamp," and to this day a lamp continues to be the symbol of nursing.

After the war Florence Nightingale established the first school to train nurses in England. She was the originator of the nursing process, an organized way to think

clinically, and insisted that nurses should teach and control nursing. Nightingale stressed that "... the sick person must be treated and not the disease..." (Dolan, 1978, p. 167). The nurses who cared for patients during the American Civil War used Nightingale's example and philosophy to develop hospitals that treated wounded and ill soldiers.

The first school of nursing in the United States was established in the early 1870's at the New England Hospital for Women and Children. The purpose of the school was to train professional nurses who would have an academic degree as well as practical training. The first professional nurse, Melinda Richards, graduated in 1873. Mary Eliza Mahoney, the first black graduate of the school, completed her education in 1879 (Donahue, 1985). The majority of the schools were connected with hospitals, as well as universities, and the students spent as many hours on the wards as they did in the classroom. The greatest resistance to the training of nurses was from the physicians who feared that poor medical techniques would be exposed by those who were caring for patients directly. It was only after Florence Nightingale wrote a letter of support for such schools that the resistance decreased for the time being (Dolan, 1978). In her letter she reiterated that the position of the nurse is different from and complementary to that of the physician (Dolan). How does the story of Florence Nightingale give full meaning to "being a nurse"?

The word nurse comes from the Anglo-Norman *nourice* and Middle French *nurric* meaning nursemaid or wet nurse (OED, 1989). The OED indicates that a nurse "cares for (a person) during sickness or infirmity; to help *through* an illness."

In addition, a nurse is one who works providing health care. All of these definitions indicate that a nurse is female and imply a subservient role.

I had the opportunity to discuss the idea of “being a nurse” with some undergraduate students at the university where I teach. These students are not yet nurses but are studying to take the licensure examination. Some of their answers to “What does it mean to be a nurse?” were surprising. “I’ll never be without a job,” answered one student in her first clinical class. “I know it will be hard work and bedpans and all,” responded another. A third thought that she wanted to get “away from the bedside as soon as possible after graduation and do research.” When asked about the idea of being-with patients they all looked blank. Is this something that comes with time and experience? Is this the “thing” that NP students carry with them into NP practice? As I ponder the idea of being-with as a way of being in nursing I am called to wonder how RNs who have made the transition to NP will be able to answer the question.

Turning to Nurse Practitioners

The physician shortage in the early 1960’s in the United States was the momentum behind the establishment of the first program for “Nurse Practitioners.” Loretta Ford, a nurse educator at the University of Colorado, saw a place for nurses in the primary care of children with minor acute and stable chronic conditions. The first students were nurses who took courses with medical students and served an “internship” with a pediatrician. After a two year program the nurses received a certificate to function as a pediatric Nurse Practitioner. These NPs practiced in

communities that had little access to medical care. They specialized in the care of underserved patients (Sheehy & McCarthy, 1998).

The success of pediatric NPs soon led to the expansion of the role. Nurse Practitioners who worked with adults, the elderly, women, and families were soon being educated at universities across the United States. In the early 1980's NPs were required to have, at minimum, a Master's degree in nursing in order to be certified. They began to provide care for patients in hospitals, community settings, and in private offices. Nurse Practitioners are considered advanced practice registered nurses. According to the American Nurses Association:

Advanced practice registered nurses are RNs who have acquired advanced specialized clinical knowledge and skills to provide health care. These nurses are expected to hold a masters degree or doctorate. They build on the practice of registered nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and significant role autonomy. (2004, p. 14)

The role of the NP is one that encompasses the nursing model, which focuses on care of patients, and the medical model, which is focused on the cure of diseases. In the traditional nursing role orders are written by physicians who examine and diagnose patients. It is then the nurse's responsibility to carry out the orders as written. The nurse who becomes a NP now writes orders for other nurses after the NP assesses and diagnoses the patient. Some physicians continue to resist the evolution of the nursing role, continuing a conflict that started with Nightingale and the development of nursing as independent practice. Perhaps some of this conflict is the recognition of independent thinking that began with the first schools of nursing. Kilchenstein recognizes contrasting ways of knowing:

Nightingale asks each nurse to “think” through her experience in order to develop “knowledge” that is “apart from medical knowledge.” She asks nurses to “think” through their hearts in order to perceive the needs of that individual patient... In this way she calls nurses to identify the steps in nursing, forcing nurses out of the “participation mystique”, and in this way, resolving the paradox of being and doing. (1998, p. 20)

Is the resolution of the paradox part of the transition from RN to NP? Perhaps the being and doing of NP practice comes with more experience and real comfort with the new role. Only then can NPs be-with their patients in a genuine way. This process may involve turning away from the RN self in order to discover the NP self.

Turning Away

Transition, even when the future holds promise, is a time of turmoil. We feel pushed away from our current place and toward a future place. Casey recognizes the importance of stability in a time of change: “Even when we are displaced, we continue to count upon *some* reliable place, if not our present precarious perch then a place-to-come or a place-that-was” (1993, p. ix). For nurses who are making the journey to NP, do they long for the “home” of nursing practice, even as they look forward to the place-to-come of NP practice? What will this new home be like? How long will it take to find their way around? In my home I can find my way into different rooms in the dark. They are familiar and comforting. I am able to tell by the creak on the stairs when I am near the bottom, and the sound of the wind in the trees at night is my lullaby.

Bachelard recognizes the importance of our first home:

But over and beyond our memories, the house we were born in is physically inscribed in us. It is a group of organic habits. After twenty years, in spite of all the other anonymous stairways; we would recapture the reflexes of the “first stairway,” we would not stumble on that rather high step. The house’s entire being would open up, faithful to our own being. We would push the

door that creaks with the same gesture, we would find our way in the dark to the distant attic. The feel of the tiniest latch has remained in our hands. (1958/1964, p. 14)

Is RN practice our first professional home? Is it possible that NP students are reluctant to leave because they can find their way “in the dark”? Many nurses return to school to escape the difficulties of nursing practice. When they interview for graduate school positions they indicate a desire for autonomy in their practice, for the opportunity to help patients in a more primary way, for the chance to practice in a holistic manner, and for the chance to make health care decisions with the patients. In spite of the desire for all of these opportunities, however, there remains the tension between the unknown and the known or familiar. Shaw writes: “Loss of living within a family is frequently one of those things that is not thought about to any great extent until that loss actually is experienced” (1990, p. 225). In their push to a new home do students underestimate or ignore the loss of the former home?

Saying Goodbye

Writing about grief, Bozarth recognizes the importance of place:

Place is how you define your sense of space – of what is *your* space. You know how you feel in your own space. Life is secure. Your own responses are predictable. But lose the space that means “home” to you, and your whole psychological system may be askew, sometimes much to your surprise or shame. (1986, p. 132)

NP students may be surprised by the extent of their grief over the loss of their RN place. Perhaps they had not thought about losing the RN-nursing part of themselves until it was lost. I recently visited a family member in the hospital I had worked in for many years before becoming a NP. As I walked into the hospital I had strong memories of the many hours, days, and years I had spent there. The smell of the

cleaning fluid, the voice of the page operator, and the sounds of the medical machines all evoked a memory-response from my mind and heart. How many friends had I made here? How many patients had I touched in a physical and emotional way? I was almost overwhelmed by the nostalgia of this former, familiar home-place.

Baldursson, writing on the nature of at-homeness, identifies the importance of the familiar: “An intrinsic part of the wellbeing we experience at home is undoubtedly due to the fact that at home we are in a *familiar*, well-known, environment, surrounded by personal things” (2000, p. 4). For nurses who are journeying to the place of Nurse Practitioner, the familiar things might be comfort with their skills and their “home” of the hospital.

As Casey (1993) points out, separation anxiety begins in childhood and continues as we encounter other separations in our lives. Often, it is the memory of home that comforts us in times of transition and stress. The comfort of the familiar is sought by children and adults. Children long for the sight and smell of a favorite blanket or toy. Adults seek comfort in foods, places, or people who are familiar. NP students may be seeking the comfort of familiar nursing practice even as they transition to their new practice place.

Other nursing authors and researchers (Brown & Olshansky, 1997; Heslop, McIntye, & Ives, 2001; Thomes, 2003) address the issue of transition. Most of the literature on nursing transition focuses on undergraduates becoming new nurses. Those students who choose to journey to the new place of Nurse Practitioner bring their past experiences of being both student and nurse with them. In one of her first clinical logs Susan, one of my previous NP students, expresses some of her anxiety:

I was the expert ER nurse. I could do my job blindfolded. I was the one with all the answers. Now, I am the one with all the questions. I find it so difficult to come up with a quick clinical solution, as I can in my current RN role. I have to think so hard as a NP student it makes my head hurt!

Susan writes of her concerns as she begins the transition from nurse to Nurse Practitioner. She was so comfortable in her RN role that she could do her job “blindfolded.” Now she must think in a different way – think about the history and assessment of patients and how she will decide on a treatment plan. As a former ER nurse I, too, felt this tension between my role as the “one with all the answers” and my role as a NP student. I often tell my students the story of how much time I spent in my first year of NP practice “holding up the wall” outside my collaborating physician’s exam room waiting to ask what I knew was a simple question, but still unsure of my new skills.

Klaich (1990) writes that individuals in transition may be ambivalent because of conflicted feelings about change and the opportunity for growth. Once again, the tensionality is observed between the desire for higher education and a new place in the nursing profession, as well as reluctance to leave the familiar place of current practice. Does this leaving induce a feeling of being between one professional role and another? Brown and Olshansky compare this feeling to one of “launching” or “moving from the protected shores of school into the unknown and often turbulent waters of the first primary care work” (1997, p. 49). The image of turbulence is one that elicits fear of what may be under the turbulence. Perhaps this fear generates the desire to return to the home-place of RN practice.

Turning Back

Casey tells us that nostalgia is a “pining for *lost places*, for places we have once been in yet can no longer reenter” (1993, p. 37). While NP students are still nurses, they are losing the part of themselves that they identify as RN and moving to the place of NP. Again, I am drawn with Casey to the idea of nostalgia for important places:

One of the most eloquent testimonies to place’s extraordinary memorability is found in nostalgia. We are nostalgic primarily about particular places that have been emotionally significant to us and which we now miss: we are in pain (*algos*) about a return home (*nostos*) that is not presently possible. It is not accidental that “nostalgia” and “homesickness” are still regarded as synonyms in current English dictionaries and that one and the same German word, *Heimweh*, means both at once. (2000, p. 201)

Do NP students long to turn back or re-turn to the place that they miss, the place where they were comfortable in the dark? The OED states that to turn back is to “reverse the direction of” (1989). What does it mean to want to turn back to a previous place?

The house I grew up in is now owned by my sister. When I go back “home” to visit I always am surprised when I first walk in and see the changes that have occurred, even though I have been there many times. The memory of the original house is the one that is strongest in my mind. Although I know the new place, I bring with me the experience of the old place. In a similar way, NP students bring with them their old home of RN practice and experience even as they move into a new home of NP practice. Bachelard again writes of the importance of a home: “For our house is our corner of the world. As has often been said, it is our first universe, a real cosmos in every sense of the word” (1958/1964, p. 4). What does it mean to leave

this cosmos and journey to a new place? What is important enough to bring with us on this journey?

In *The Things They Carried*, Tim O'Brien (1990) writes of items soldiers carried with them during the Vietnam War. For some soldiers things from home such as letters and pictures were important. For others, mementos of friends who had been killed were carried as good luck charms. Without exception, there were one or two items important to each soldier. For NP students it may be the nursing skills and experiences that are the most important to bring with them to a new place. At first, students may not recognize the value of these things they carry. In a landmark study of students in a NP program, Knafl (1978) suggests that initially they focused on the medical aspects of their education since they have no prior experience with many of those skills. By the end of the program, however, Knafl found that the students "believed that both nursing and medicine benefited from the blending of nursing and medical skills in the practitioner role" (p. 652). The students find that as they progress in their education the nursing-self that initially was discarded becomes more important to them in patient care. What does it mean to take back a part of the nursing-self that was discarded? In what ways are NPs re-turning to a familiar place and incorporating that place into the new one?

Recently I was cleaning out a drawer and came across the bandage scissors from my original RN program. They no longer make scissors like these and nurses now carry heavy-duty scissors that can cut through leather. These, however, have special meaning to me. They have my name engraved on the handle and I vividly remember putting them proudly into the pocket of my blue and white striped student

uniform on my first day of clinical practice in 1966. I was going to be a nurse! The “trappings” of NP are different. I wear a white coat and carry a stethoscope and prescription pad in my pockets. These things, while important to my new place, cannot compare to the feeling I had holding those scissors all those years long ago as I started my journey to my first home-place in nursing.

Re-Turning Home

On my way home, I do not feel that this goal – home – lies in my future. On the contrary, I feel I am moving back in space and time. Home connotes the past for a number of reasons. It is the familiar world, and familiarity implies the passage of time, a lengthening past. Home is also considered the center of one’s life; and center, insofar as it connotes origin, is the point from which one moves out to the world and the future, and so cannot itself be the future. Home is the place we come from and return to, rather than just go to. As a child learning English, I was struck by the asymmetry between “going to school” or any other place and “going home.” I wanted to know what happened to the *to*. (Tuan, 2002, p. 60)

As much as NP students may long for the familiar of the RN place, they have chosen to journey to a new place of NP practice. They bring with them all of their experiences as nurses and students as they move to this new place. The poet Rainer Maria Rilke writes:

This is the sense of everything that once was,
that it does not stay with its whole weight,
that it may return into our being,
woven through use, deep and wonderful...
(1938, p. 103)

How is the essence of nursing woven through NP students? Is this essence what makes them long for their home of RN practice? What is the essence of nursing?

Bishop and Scudder state:

Although much attention in nursing has been focused on doing rather than meaning, for the profession to mature it is now imperative to consider the essential meaning of nursing itself. (1991, p. 2)

For these authors the essential meaning of nursing is caring. Chinn, a well known nursing researcher, believes: “In my view, it is proper to consider nursing as an art and as a science, and as a subject of scholarly inquiry” (1994, p. 26). Still another point of view on the essence of nursing comes from an antique nursing textbook:

The word nursing implies activity – a process in which a nurse is actively thinking about and doing for a patient... A nurse must prepare herself for nursing by acquiring a body of scientific facts and nursing principles with which to direct her thinking and a body of skills with which to carry out her plans. (Smith & Broadhurst, 1937, p. 7)

Later in the same book the authors address the nurse-doctor relationship:

The nurse depends upon the doctor for prescription and direction of treatment, and the doctor depends upon the nurse in turn for carrying out the treatment for observation, interpretation, reporting and recording, as well as for loyalty and co-operative service. (p. 42)

While this passage made me smile as I read it, I also was reminded of my own days in nursing school where I was taught to stand when a physician walked into the nursing station, offer him my seat, and ask if he would like a cup of coffee while I accompanied him on his patient rounds. This was expected no matter how busy I might be or whatever I might be doing with a patient – the doctor’s needs came first. The essence of nursing, therefore, has changed drastically over time. I believe that nurses must define the meaning or essence of nursing practice for themselves.

For most nurses their practice is a familiar center in their lives.

The successive houses in which we have lived have no doubt made our gestures commonplace. But we are very surprised, when we return to the old house, after an odyssey of many years, to find that the most delicate gestures, the earliest gestures suddenly come alive, are still faultless. In short, the house we were born in has engraved within us the hierarchy of the various functions of inhabiting. (Bachelard, 1958/1964, p. 15)

This nursing home has engraved on us the memory of a nursing place. For nurses, the hospital is the home they are “born in” for their professional nursing lives. What makes NP practice different and unfamiliar from nursing practice? Is NP practice simply a continuation of the nursing journey?

After Dorothy met the Scarecrow they discussed their reasons for visiting the Wizard.

The Scarecrow listened carefully, and said, “I cannot understand why you should wish to leave this beautiful country and go back to the dry, gray place you call Kansas.”

“This is because you have no brains,” answered the girl. “No matter how dreary and gray our homes are, we people of flesh and blood would rather live there than in any other country, be it ever so beautiful. There is no place like home.” (Baum, 1900/1960, p. 44)

Dorothy wished to return to her home even though she had yearned to escape from it just before the cyclone hit. Do NP students feel this same pull to home in spite of their wish to journey? Eventually, we all must journey to other places. Welty speaks to this journey through time and place:

It is our inward journey that leads us through time – forward or back, seldom in a straight line, most often spiraling. Each of us is moving, changing, with respect to others. As we discover, we remember; remembering, we discover; and most intensely do we experience this when our separate journeys converge. (1983, p. 112)

Is the transition to NP practice one of convergence? How has the nursing journey led each of us to this new place?

When we move to a new place we establish a new home. When we move to a new home we usually bring some of our older possessions with us. For RNs who are making the journey to NP, those possessions are their nursing knowledge and carative self. A move means that we must learn new paths and sometimes a new language.

Who will serve as a resource for this new language? As discussed by Casey, we may long for the familiar: “We only inhabit that which comes bearing the familiar; and the familiar in turn entails memory in various forms. Familiar places are places we are apt to remember – to hold and keep in mind” (2000, p. 191). How can the new place become familiar?

As my students turn from home and enter an in-between place they may feel the pull back to their original home-place and have difficulty saying good bye. Most of them have spent many years in the nursing home-place and find the journey forward daunting. The potential of the in-between places and new homes, however, calls them ever onward to a new sense of Being. Bozarth helps me to express this call onward.

Continue Becoming the Person You Want to Be

The future is like death –
Unknown –
and requires as much faith.

So Becoming
is like Dying.

The lapse between
a single
inbreath/outbreath

a slash or question
mark in time,
the act of transformation

the monarch butterfly knows.
It flies alone.

Sometimes the dead do not know they have died.
Sometimes the winged one dreams itself a cocoon.

Everlasting Change comes, all the same.
(Bozarth, 1986, p. 148)

Bozarth writes beautifully about the inevitableness of transformation and change. Do students envision their time in school as the “cocoon” before they are able to fly as NPs? They are declaring an act of faith as they prepare to leave the comfort of home and explore.

Turning Toward a New Home: Homesteading

As NP students arrive at the new nursing place, they are called to build a new home. This is the end of this particular part of the nursing journey. Casey states that the ends of journeys “fall into two extreme exemplars: homesteading and homecoming” (1993, p. 290). Homecoming involves returning to the same place that we left. In this way, my return to the home where I grew up is a homecoming, even though it has changed and so have I.

Homesteading involves making a new home. What does it mean to make a new home? The pioneer women knew that when they moved across the country they were leaving familiar things and home. How were they able to choose what to bring with them? What was important in their new home-place? Did they take a silver teapot, or their grandmother’s quilt in the limited space of the wagons? What things made the new place seem like home? RNs take things with them into the new NP-place as they build a new professional home-place. Stratton writes of the end of the journey for pioneer women:

With the long journey at an end, the emigrants faced the demands of building their homesteads and forging their futures. At first, while the family sought to locate a good homestead site, their home was often no more than their wagon, a tent or a makeshift lean-to...For the newcomers, their first days in the wilderness were only a preview of the strenuous life ahead. (1981, p. 46)

As they journey to the new NP place RNs are facing the demands of building a new home-place for themselves. Casey reminds us that “The homesteading place is typically unknown to me, or known only from accounts given by others who have preceded me” (1993, p. 290). On the journey to NP nurses look to teachers, preceptors, and each other for knowledge of the unknown. It is only through their own experience, however, that they truly can claim the place of NP as their homestead and become settled and familiar.

In her writings about women on a journey to find themselves Duerk proclaims:

Woman grounds herself in being as she claims a settling ...settling into time and space. She may resist moving her household each third year, as corporation, military or ministry dictate, so that she may remain long enough in one place to grow familiar with the sounds and spaces of her home, the corners, nooks, and crannies offering refuge to body and spirit alike...the humming of the furnace...the creaking of the cellar stair...the whispers of the summer evening as the shadows of the bamboo blow across the window. (1989, p. 53)

Duerk identifies a resistance in moving to a different place for women who are searching for self. As RNs search for their professional self is there a resistance in moving from the home-place of the hospital to the NP-place? In this move from one place to another is there a transition place – a middle place? As much as they are looking forward to the new place is there ever a pull back? Perhaps Eliot says it best:

To arrive where you are, to get from where you are not,
You must go by a way wherein there is no ecstasy. (1943, p. 29)

My wondering leads to the words of my former students who speak of a pull back to a home place and the journey they took to get there.

One or the Other

Like Susan, who identified herself as the “expert” in her home hospital-place, many NP students write of leaving the familiar, comfortable place and finding themselves in the less-known world of medicine. In her last clinical course before graduation Joyce writes:

NP practice feels like a combination of nursing and medicine, and while I knew the nursing piece, I’ve had to learn the medicine, which feels like a very different way of looking at things to me. For example, the fact that there are multiple treatment routes for a diagnosis, often all of which are equally valid; playing with a list of differential diagnoses in your mind to arrive at the best conclusion are a few examples. NP practice is a complex interplay of factors: pathophysiology, assessment, pharmacology, etc. If you’re like me, when you go to look something up, you stand for a minute at the bookcase deciding which text to use, which of the above factors you need more info about. Nursing practice felt much more cut and dried to me.

Perhaps the movement from “cut and dried” to one of new choice has the potential for re-energizing. Might the tension of the between-ness of NP practice be seen as a positive force? The OED defines tension as “A condition of strain produced by... a sense of mental, emotional, or physical disequilibrium” (1989). Could this between-ness be a place in which the NP is able to be-with patients? How does being-with patients give NP students a sense of equilibrium in an otherwise tension-filled place?

In a poem called *Medicine Woman*, the poet Marilyn Krysl writes:

Don’t just zero in on a schedule: be present.
Accept what is wild. This is the medicine.
This is the medicine. Accept what is wild.
Don’t just zero in on a schedule: be present.
(1996, p. 50)

How can experienced nurses remain present with patients as they make the transition to NP?

Patricia Benner, in her book on clinical nursing practice, identifies several stages experienced by nurses during the development of clinical expertise. At either end of the stages are the novice, or beginner, and the expert. Benner states that “Students are not the only novices; any nurse entering a clinical setting where she or he has no experience with the patient population may be limited to the novice level of performance if the goals and tools of patient care are unfamiliar” (2001, p. 21). At the other extreme is the expert nurse. Benner writes:

The expert nurse, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. (p. 32)

While these stages might be appropriate for nurses who are just out of nursing programs, what of the new NPs who bring with them many years of nursing experience but little medical experience? Are they once again between – expert in one role and novice in another? “Zeroing in” on a diagnosis may be an important “expert” trait to Benner; however, NPs must consider a broad range of differential diagnoses in order to make an accurate medical diagnosis.

The OED defines expert as “experienced, or trained by experience or practice.” The novice is defined as “an inexperienced person; one who is new to the circumstances in which he is placed; a beginner” (1989). Are these two places mutually exclusive? In my personal journey from experienced nurse to inexperienced NP, I found myself in both places at the same time. I was in a middle place having left my home of the hospital for the unfamiliar place of a primary care office. I was between places. How might this in-between place also be seen as one of possibility?

I turn to Gadamer for more thoughts about experience:

Experience stands in an ineluctable opposition to knowledge and to the kind of instruction that follows from general theoretical or technical knowledge. The truth of experience always implies an orientation toward new experience. That is why a person who is called experienced has become so not only *through* experiences but is also open *to* new experiences. (1960/1999, p. 355)

Gadamer indicates that a person who is experienced acknowledges that there is more to learn.

Betwixt

Dorothy did not say anything, for she was puzzled to know which of her two friends was right, and she decided if she could only get back to Kansas and Aunt Em it did not matter so much whether the Woodman had no brains and the Scarecrow no heart, or each got what he wanted. (Baum, 1900/1960, p. 61)

Dorothy felt disconnected from her new friends as she longed to go home.

Are NP students experiencing a disconnect from both the new and old place – not yet comfortable in the new, but no longer belonging in the old? Exploring the transition of NPs into their first position, Kelly and Mathews (2001) focus on the transition and the feeling of disconnectedness that is experienced by new graduates. Do NPs feel that the end of the journey, NP practice, is worth the losses sustained, such as relationships and isolation, during the journey? Anderson indicates that transitions are difficult for all women as she writes about finding sea glass while walking on the shore:

Now they are cracked and broken, but time has softened their edges, each becoming new on their own – a nice metaphor for a woman who has evolved through various passages, integrating the soft and the hard sides of her personality, now beginning to relax into understanding what her life is all about. (1999, p. 111)

How are NP students, mainly women, beginning to understand what their professional life is all about as they make the journey to their new place?

Anderson, Leonard and Yates (1974) base their classic article regarding the epigenesis of the NP role on observations of their NP students. The common denominator that they identify in their students is an “identity crisis that the individual student undergoes during transition from the traditional role of the nurse to the emerging role of the nurse practitioner” (p. 1813). In 1997 Roberts, Tabloski, and Bova revisited the epigenesis of NPs transition by observing their students and examining their written journals. Their findings reaffirm the identity crisis that students undergo and they describe three factors that influenced this crisis:

- 1) taking an “expert” and asking them to be a “novice” again; 2) the movement to a new developmental stage which allows recognition of the limitations of existing knowledge; and 3) the assumption of responsibility for one’s own judgment and decisions. (1997, p. 73)

Once again, the exclusionary terms of expert and novice appear. Where is there a place for the between-ness of NPs?

Brown and Olshansky recognize the between-ness of NPs when they state that NPs are “in limbo, being at the border and straddling two identities while not feeling a part of either” (1997, p. 48). According to this study, NPs felt “launched” into practice as they moved from the protection of school into the unfamiliar place of primary care practice. Gerrish (2000) states that new nurses have a similar transition that she identifies as “fumbling along” while they learn to perform the new role. In what ways do new NPs feel as if they are fumbling along without a path as they start their practice?

Kelly and Mathews (2001) identify seven areas that are part of the path from nurse to Nurse Practitioner: 1) loss of control (personal time and privacy); 2) isolation (not belonging to the nursing group anymore); 3) professional relationship changes (physicians and nurses); 4) relationship loss (friends and colleagues); 5) role ambiguity (difficulty changing to the new role); 6) gains in personal satisfaction (increased self-confidence and autonomy); and 7) network of support (other Nurse Practitioners). Do these seven areas indicate the wish to re-turn to the nursing place? How are these changes different from ones experienced when students first became nurses?

These identified areas are echoed in journals by some of my former students as they made the transition of RN to NP. Mary receives feed back from her family that indicates both relationship loss and role ambiguity:

The feedback I have received from my family since I have decided to be a Nurse Practitioner is mostly confusion. They wanted to know what a nurse practitioner does. Then they wanted to know if I regretted not going to medical school.

In her journal Chris echoes difficulty changing to the new role in addition to increased self-confidence:

I believe my combined experiences have provided me with a strong foundation to practice as a FNP. Although there are days that I feel quite competent to practice there are other days I feel I know nothing. I am convinced that education, to be truly effective, must be an ongoing process: there is really no such thing as being “finished.”

Maryann indicates loss of control when she states that being in graduate school “results in putting many aspects of my life ‘on hold.’” These and other student writings echo the transition areas identified by Kelly and Mathews (2001). In

particular, a poem written by a former student expresses her impression of her path to

NP practice and of similar feelings along the journey:

Phenomenology

A long low corridor, colored grey
In misty paint, emerging fey
Shuttered doors lined up like stones
I look around, I am alone

Behind me doors are open wide
Sparkling colors spill outside
Calm & clear or storm & strife
These are the moments of my life

I face the hallway, doors still closed
And wonder what's behind all those
Am I ready to open them
Or should I stay right where I've been

Friendly voices call me back
With undertones of things they lack
Asking why I go on alone
Alluding that I can't come home

And as I turn to head to light
A crack appears off to the Right
A glittering pledge of a different Way
Presents itself among the grey

The warmth behind me intensifies
And pulls me back with older ties
Another door along the hall
Also cracks the low grey wall

This too shines with promise new
And beckons, asking what I'll do
So I take that next step down the Way
Hoping the past won't go away

Rooms are filled with hope and dream
I hope they offer what they seem
It's difficult to enter doors
But helpful hands enhance the chore

There's friendly faces here as well
Who've also made the journey tell
They too have pasts that beckon yet
And still they walk, their journey set

Voices call from down the hall
Come back to us, maybe you'll fall
And others echo from outside
Go on & dream or run & hide

A long low corridor, colored grey
I'll keep on walking as I may
Past and future mingle here
My faiths & goals and joy & fear
(Elayne Crain, 2001, used with permission)

Like Elayne, I continue to question the lived journey of my former students as they move from RN practice to that of a NP. This questioning leads me down many different paths. I am reminded by Maxine Greene:

The phenomenologist takes issue with both the rationalist and the empiricist for their neglect of the stream of thought in inner time. Unlike either one, he embarks on his epistemological inquiries with questions about how the phenomena of the world – “things themselves” – present themselves in inner time. (1973, p. 131)

Even as my initial question: **“What is the lived journey of nurses who become Nurse Practitioners?”** continues to call to me, I look to others to help answer some of the other questions that arise. What does it mean to be between places? Is there a way for NPs to be comfortable as they search for their new path?

These and other questions can be understood best, I believe through the philosophical groundings of phenomenology. In Chapter Three I call upon the “Wizards” of phenomenology to help me find my way on the path of questions.

CHAPTER THREE:

THE WIZARDS OF PHENOMENOLOGY: HELPING US FIND OUR WAY

Things are not all so comprehensible and expressible as one would mostly have us believe; most events are inexpressible, taking place in a realm which no word has even entered, and more inexpressible than all else are works of art, mysterious existences, the life of which, while ours passes away, endures. (Rilke, 1934, p. 17)

In Rilke's *Letters to a Young Poet*, he speaks of events that are not expressed by words but which endure in life. It is not only in art, but in life, that events and experiences are inexpressible. How does one make meaning of events that are experienced and have a large impact upon a life? In this chapter I explore the use of phenomenology to express lived experiences and how various philosophers can help me interpret the lived journey of nurses who become nurse practitioners (NPs).

Opening the Path

When we walk on a path we follow in the footsteps of those who have gone before us. On this journey of exploration I follow the path of the philosophers Gadamer, Heidegger, and Casey, and an interpreter of their work in methodology, van Manen. I also find that the footsteps of poetry and prose writers help me to express the inexpressible as I journey. Van Manen (2003) writes that phenomenology examines the lifeworld of individuals before they have reflected on that world. Phenomenology, then, attempts to answer questions about experiences in life and what meaning they have for individuals. This process begins with questions. How does the phenomenologist arrive at these questions? Often, it is based on personal experience, for example, the lived experience of giving birth or caring for an ill parent. At other times it is an observed event or casual conversation that might start

one wondering. A teacher might wonder about her students' classroom experiences, or a mother may see her child participating in play. According to van Manen "...it is not at all surprising that wonder is the central methodological feature of phenomenological inquiry, since phenomenology is a philosophical project" (2002, p. 5). With this statement van Manen identifies the critical difference between human science research and research concerning the natural sciences and opens the path to phenomenology.

Following the Path

The phenomenologist does not present the reader with a conclusive argument or with a determinate set of ideas, essences, or insights....Therefore, the human science researcher is not just a writer, someone who writes up the research report. Rather, the researcher is an author who writes from the midst of life experience where meanings resonate and reverberate with reflective being. (van Manen, 2002, p. 238)

Human science research attempts to understand the meaning of events or experiences as they are lived. In phenomenological research, according to van Manen, "The only generalization allowed by phenomenology is this: Never generalize!" (2003, p. 22). It is up to the phenomenologist to write text that "speaks" to readers in a way that validates their experiences (van Manen, 2002). Starting from our own wondering, questioning, and experiences, phenomenological researchers attempt to get to the lived experience of a phenomenon. It was my own life experience as a RN who became a NP that started me on this path of wondering. Now I turn to others to help me explore this wondering and make meaning of the lived experience.

Writing a dissertation is like having a long conversation with a far-away friend; it is essential to explain everything since they are not there with you,

experiencing the “things” that you are living and feeling. This long conversation continues with the words unique to phenomenology. Wondering about lived experiences started me on the path to phenomenology. How could this philosophy help me to interpret things that seemed impossible to express? As I read and explored, I found that phenomenology and nursing are similar; they both are hard to explain to “outsiders” but essential to those who wish to explore meaning in either health or research. It is Dreyfus who has identified the connection between nursing and a phenomenological way of thinking:

There can be no abstract, analytical theory of the human way of being in all its cultural and historical diversity and because it is holistic skilled practice, there can be no abstract, analytical theory of it. Caring is what one might call an existential skill. It is, indeed, what Socrates would have called a knack, but because, unlike cooking, it is a matter of life and death and involves the whole person, that term hardly seems appropriate. (1994, p. ix)

Through phenomenology we attempt to answer the meaning questions that are produced by living in the world. In order to answer questions of meaning we must look “To the things themselves!” (Heidegger, 1953/1996, p. 24). What “things” am I seeking to explore in the phenomenon of nurses who become NPs? Conversations with former students who are in early practice (less than 18 months) as a NP reveal the meaning these students give to their change in place and help me as I try to express the inexpressible.

Asking for Directions

I want to beg you, as much as I can, to be patient toward all that is unsolved in your heart and to try to love the *questions themselves* like locked rooms and like books that are written in a very foreign tongue. Do not now seek the answers, which cannot be given you because you would not be able to live them. And the point is, to live everything. *Live* the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer. (Rilke, 1934, p. 35)

In what way can I understand the lived journey of nurses who become NPs? Rilke indicates that is through love of questions and living into the questions that we are able to, then, live into the answers. It is impossible to understand something without asking questions about that experience. Heidegger (1953/1996) addresses questioning in *Being and Time* when he states, “Every questioning is a seeking” and “Every seeking takes its direction beforehand from what is sought” (p. 3). To take the direction I am open to the words and meanings given to the experience by my former students.

As discussed in Chapter One, I came to this question through the personal experience of being a nurse who became a NP. In my role as educator I soon began to hear echoes of my uncertainty in the voices and writings of my students. In her second clinical class Karen writes of her feelings:

Going from being an expert in my field to a novice is not easy to do. It is hard feeling “stupid” when I have 17 years of nursing experience under my belt. I bring all this experience to the table with me, and I believe that all my experience will help me to better care for my patients. To meld all this together right now seems like an insurmountable task, but I can accomplish this goal.

Questioning their skills as they progress through the NP program, students pressure themselves to succeed. Why is this learning experience so different from their nursing programs? In basic nursing programs all students begin from a place of not-knowing and gain knowledge as they go through the program. In a NP program the students are usually experienced nurses, some of whom have been in practice for 10 or even 20 years. What is the experience of being back in a place of not-knowing? They are familiar with the role of experienced nurse and push themselves to regain

this place. Chris writes, “It is very hard to work my RN staff job on the weekend as the ‘expert’ nurse, and then during the week be such a novice!!!” What is the experience of being in two places at the same time? Once again, NP students find themselves in an in-between place. Perhaps the dichotomy between “expert” and “novice” is not a useful one. What might be learned from dwelling in this place of “between?”

As I begin to ask these questions I look to the wizards who will light my way and help me to open the phenomenon of this nursing journey and to wonder and question with my former students. As Heidegger, Casey, Gadamer, and van Manen all point out, however, it is not just the philosophers to whom I must turn. Finding meaning in the lived journey of RNs who are be-coming NPs will involve exploration of stories and poems that “speak” to me about the phenomenon. I have found inspiration in some unusual places and have ventured far from the nursing place that was my original home. The poems of Rilke (1938), Rumi in Barks (1999), and Frost (1915) speak of journeys and choices to be made. Writings from authors such as O’Donohue (1999), Anderson (1999), and Lindbergh (1983) resonate in a different way now that I read with eyes seeking meaning and connection to my phenomenon.

Questions before Answers

Let us get on with the telling of the best stories of all, our own stories.
(Birren, 1987, p. 92)

In phenomenology questions are the heart of any experience. Gadamer states “It is clear that the structure of the question is implicit in all experience. We cannot have experiences without asking questions” (1960/1999, p. 362). As I explore the lived journey of nurses who journey to become NPs, I try to find the right questions

to ask. But are there “right” questions, or is the questioning found in listening to the stories students tell of their experiences?

It seems that there are always more questions than answers for the students who are becoming NPs. Will I pass this course? Can I pass the certification exam? Will I have enough clinical experience to feel competent? Will I be able to find a job as a NP? Many of the questions they must answer themselves as they experience their new roles. It is this questioning that van Manen (2003) addresses: “From a phenomenological point of view, to do research is to question the way we experience the world...” (p. 5). I find myself in this questioning place with my students, questioning the phenomenon of the lived journey of nurses who become NPs.

It is Heidegger who responds to many of my questions about phenomenology: “Thus the meaning of the expression ‘phenomenon’ is *established as what shows itself in itself*, what is manifest” (1953/1996, p. 25). Heidegger goes on to state that the phenomena are revealed by the “light of day” or what can be exposed by this light. As I first began this journey of exploration I often wondered what would be revealed by the light of questioning and opening. As I have explored with my former students many meanings have been revealed in this light. As explained by van Manen (2003); I am not just writing a research report; rather, I am writing from the midst of my own life experiences and those of my former students.

Questioning the Journey

In the song *Pilgrim* the singer Enya asks questions regarding a journey and choices that are made during the journey:

Pilgrim, how you journey
On the road you chose
To find out why the winds die
And where the stories go.

Later in the same song she addresses the source for the answer:

Will you find the answer
In all you say and do?
Will you find the answer
In you?
(Ryan, 2000)

It is my former students' stories and their experiences that help me to find the answers to my questions regarding their journey. Different types of questions arise during the journey. Heidegger (1953/1996) tells us, "Questioning can come about as 'just asking around' or as an explicitly formulated question" (p. 4). How can I ask the questions that will uncover the meaning of the journey for nurses as they become NPs? The questions that must be asked, according to van Manen (2003) are phenomenological "meaning questions," that explore the meaning and significance of certain phenomena.

Part of a poem by the Chinese poet Wang Yu called to me. The title of the piece is *Someone Outside the Door*:

There are doors all over the world
You are the one who collects what others have lost
Then you generously throw them out
on the long journey

Though you are wildly arrogant
and want to rush into the thundering storm
to search for the future
as you would search for poems in the sleepless midnight
You cannot help but admire
the unhurried clouds on their way across the sky
We are travelers on a trip of little distance
but we never reach our destination on time even when we hurry

You were formed before you
You will be yourself after
Your life is an endless whistle
The echo of your footsteps will be heard through time
(2003, p. 55)

In this poem Yu expresses some of the emotions felt by those making a journey to a new self. The desire to hurry and get to this new self and the frustration of never seeming to get there, in spite of our hurrying, is echoed by NP students who “wish this was over.” At the same time there is the anxiety produced as the end of the educational journey draws near. When I ran into a student in the grocery store, she spoke of her fears now that graduation was only weeks away: “I’m afraid to go out and look for a job. What if no one wants me? What if I can’t really do this?” My reassurances did little to calm her fears and I know from my own experience that she must make most of the journey on her own.

Another student, Karen, started a paper in her final clinical course with these words:

My journey to become a nurse practitioner began before I knew I was going to embark on the journey. My preparation to assume this role began decades ago but the preparation has intensified over the last seven years. Now that I will soon complete the formal education component of the preparation to be a nurse practitioner, it is time to analyze where my journey began, where it has taken me, and what my next steps will be.

Karen acknowledges that her journey has been a continuous one since she started her career in nursing over 20 years ago; now she is ready for the next stage of her journey. It is the lived experiences of this next stage that call me.

Conversing in the Journey

Gadamer (1960/1999) states, “Conversation is a process of coming to an understanding” (p. 385). According to van Manen (2003) it is essential that

experiences be brought back in a way that can, then, be interpreted. Conversations with nurses who have journeyed to NPs reveal the meaning of the journey to a new place. The conversations develop different questions of meaning for me and for the new NPs. When Dorothy and her friends reached the Emerald City they were asked why they were there, and they replied: “We came here to see the Great Oz” (Baum, 1900/1960, p. 116). Each of the travelers wanted something from the Great Oz, answers to questions about home, bravery, brains, and a heart. As we journey from one place to the next we constantly ask directions or search for a map that will show us the way.

Even as we journey, however, we tell stories about where we have been. As a beginning place in the first class, I ask my students to introduce themselves to me and their classmates. I give them no directions as to what they should include in these introductions. Shelly describes herself: “I am an ICU (intensive care unit) nurse and have been in nursing for about 15 years.” Beth begins: “I’m not quite sure why I’m here because I love my job as a cardiac nurse.” All the students start by telling a story of themselves as nurses. Through these stories students are creating a nursing-learning place in which they can be together on their journey to NP.

I overheard a conversation the other day and someone said: “In order to find ourselves we sometimes have to first get lost.” How are student NPs losing themselves during the educational journey only to find themselves again as they begin in a new place? What does it mean to lose yourself? What does one need to do in order to find oneself again at the end of a journey?

Casey (1993) reminds us that journeys are not only travels in time or across space. A journey takes us from one place to another. When we have journeyed to another place in life it usually is not possible to go back to the previous place. Once they have journeyed to the new place of NP, are nurses nostalgic for their lost place? Do they wish to go back because it is familiar? Between one place and the next is somewhere, which Casey calls the in-between. This in-between place is just as interesting, if not more so, than the end place of the journey. Is the educational experience the in-between place for nurses? Is this between place one of chaos or “place panic,” as identified by Casey (1997), in which travelers find themselves without place? Or, can I, as a nurse educator, help them make this in-between place interesting and less threatening? The stories told by my former students guide my footsteps on this path.

Tell Me A Story

Tell me a story so that I can See-
Things that are and have been and will be.
Things that are special, things that are plain
But tell me things that help me see who you are.

Tell me a story so that I can Hear-
Things that are special, a song and a prayer
Things that are everyday, the wind and the waves
But tell me things that help me hear who you are.

Tell me a story so that I can Feel-
Things that are special like happy and glad
Things that are painful like grieving and sad
But tell me things that help me feel who you are.

Tell me a story so that I can Know-
Things that are special to you as you grow
Things that are everyday as you travel and go
But tell me things that will help me to know who you are.

(Ogle, 2002)

In this poem I ask my students to tell me a story of their Being. I want to see, hear, feel, and know who they are and how they experience this journey to NP. Each of us must make this journey alone, and the experience of the journey is different for each student. I ask my wizards to help me step into and open this phenomenon.

Wands and Words of the Wonderful Wizards: Lighting the Path

“Who are the Wizards?” asked Dorothy. “Oz himself is the Great Wizard,” answered the Witch, sinking her voice to a whisper. “He is more powerful than all the rest of us together. He lives in the City of Emeralds.” (Baum, 1900/1960, p. 24)

Dorothy and her companions had certain goals in mind when they approached the Wizard of Oz. The scarecrow wanted brains, the tin man a heart, the cowardly lion courage, and Dorothy wanted to return to her home. In order to fulfill these goals they had the help of wizards and witches. As I make this phenomenological journey I look to the “wizards” who help us find our phenomenological way.

Coming to Our Place

In order to find our place we must first start on the journey. I again ask the question, how can I express the inexpressible? Gadamer (1960/1999) suggests that “Conversation is a process of coming to an understanding” (p. 385). Through conversations with NPs who have made this journey I seek to understand the phenomenon of nurses who become NPs. What does it mean to understand? I picture myself standing under a huge pile of words related to phenomenology. To try to understand phenomenology and my particular phenomenon I turn to the meaning of understand, from the Old English *understandan*, meaning “To comprehend; to take, interpret, or view in a certain way” (OED, 1989). Rather than standing-under

phenomenology and my phenomenon, how can I stand-in the words for better comprehension? Gadamer writes that: “Understanding begins...when something addresses us” (1960/1999, p. 299). As I think about under-standing and standing-in, I am reminded of van Manen’s term: standing in the midst. I interpret this to mean that in order to under-stand or comprehend a phenomenon we must stand in or immerse ourselves in that phenomenon.

Merleau-Ponty writes,

The phenomenological world is not pure being, but the sense which is revealed where the paths of my various experiences intersect, and also where my own and other people’s intersect and engage each other like gears. (1962, p. xx)

How can I explore an inexpressible thing such as lived experience? Diaconis gives me clues: “Questioning is used in phenomenology to discover and to understand what this or that phenomenon is like” (2001, p. 75). Once again, I turn to the wizards with questions about phenomenology in hopes that they will light my path.

Phenomenology is not an easy subject/methodology to negotiate. It is not a linear process, and its focus on interpretation of text goes beneath that which is seen at a surface level of appearance. Van Manen shows this intent:

Contrary to what some think, phenomenological human science is a form of qualitative research that is extra ordinarily demanding of its practitioners. (2003, p. 33)

Heidegger’s writings, in particular, I have found to be difficult to grasp. Translations of words that have a distinct meaning in German or Greek may not convey the same meaning to those of us forced to read them in English. This concept becomes somewhat easier to understand when Heidegger speaks a language that I understand, the language of illness: “One speaks of ‘appearances or symptoms of illness’. What

is meant by this are occurrences in the body that show themselves and in this self-showing as such ‘indicate’ something that does *not* show itself” (1953/1996, p. 25). I interpret this to mean that lived experiences are those that do not show themselves easily, but have to be coaxed out of hiding through interpretive rendering much in the same way that I, in my role of NP, interpret the symptoms and laboratory tests of patients when I make a diagnosis.

Getting to the meaning of *Da-sein*, a central concept in Heidegger’s phenomenology, follows a word path of twists and turns. As a fledgling phenomenologist I wade through the words hoping that one will help me open my own phenomenon. At times I feel that I am beginning to see what it means to “be-with” others in a genuine way or to understand the importance of place. The words start to flow from my brain to my fingers and onto the page, only to hit a new, different, definition in another volume. Once again, I hit the imaginary wall that keeps me from seeing into my phenomenon. I go back to my wizards hoping that their wands will magically throw down the wall.

I re-turn, again, to Heidegger and ask him to bring some light into the dark of my understanding. Opening *Being and Time*, I turn randomly to a page and ask for help from whatever Greater Power is currently listening. The Gods, indeed, have a sense of humor, for at the top of the page are these words: “The world of *Da-sein* is a *with-world*. Being-in is *being-with* others. The innerworldly being-in-itself of others is *Mitda-sein*” (Heidegger, 1953/1996, p. 112). I whisper words of thanks to my German grandmother for speaking to me in her native tongue for all those years. I hear her voice asking if I want something “mit” my dinner. This is something that I

can connect to nursing. The profession of nursing was developed as a way to be-with others in a genuine way. I begin to see a glimmer of light in the wall. How am I with patients? I try to give them my full attention, feel with them what they are feeling, and connect with them on a level that is emotional and spiritual. Could this be what Heidegger calls *Mitda-sein*?

Even as I see the glimmer it begins to diffuse. If I begin to think too hard about what it means to be-with others it fades. It is rather like trying to look directly at something that can only be seen with peripheral vision, such as shooting stars.

Writing about the idea of *Da-sein*, Glendinning seems to agree with this:

...When an entity with this kind of Being attempts to make that understanding explicit (and it is the only entity which can attempt such a thing) its virtually unavoidable tendency is to *misunderstand* its own Being by interpreting itself, as humanism has, categorially. (1998, p. 49)

My own ponderings about the writings of Heidegger inspired this poem during one long night of reading and writing:

Ode to Martin Heidegger

Please Professor Heidegger
Give me a clue
I'm never quite sure
What to write or to do

My poor head is spinning
I'll never read Greek
I just need a hint –
A moment, a peek

Dear Professor Heidegger
Send me a sign
What does it mean
When you speak of Da-sein?

What are the secrets of
Being and Time?
I'm wandering lost in
The land of Da-sein

I'm happy with caring
It fits to a "T"
If now I only can
Learn to just "Be"

I'll just keep trying
I know I'll succeed
If only to follow
Where Heidegger leads
(Ogle, 2004)

While attempting to work my way into my phenomenon and the writings of Heidegger, Gadamer, and Merleau-Ponty, I had the opportunity to go away for a long weekend with my husband. Every morning I started the day with laps in the indoor pool, swimming up and down, thinking about what I would write on my laptop that day. Looking only from side to side and at the bottom of the pool I saw the blue of the tiles and the blur of the lane markers. On the final day of our mini-vacation I became tired during my swim and rolled over to float for awhile. On the ceiling a new world was revealed! From this different angle I could see that the ceiling was intricately carved wood and that sunlight made many different patterns on the walls of the pool house. With my ears under water as I floated I was much more aware of the sounds of my breathing and heartbeat. The sounds of other swimmers took on a muffled, musical sound and were much less obtrusive into my quiet thoughts.

I experienced a moment of inspiration. This is what phenomenology is: looking at an experience as it is in a certain moment, but from a different angle and making meaning of the experience! How can floating on my back in my phenomenon

help me see the intricacies that exist in this lived experience? That can only be revealed by listening to the sounds of the other swimmers – my former students.

Starting on the Path

As an interpreter of phenomenology, it is the wizard van Manen (2003) who will wave the wand of methodology as I guide this dissertation journey. In his work on researching lived experience, van Manen developed six research activities to guide those embarking on hermeneutic phenomenological research:

- 1) turning to a phenomenon of interest;
- 2) investigating experience as it is lived rather than as it is conceptualized;
- 3) reflecting on the essential themes of the phenomenon;
- 4) describing the phenomenon through writing and rewriting;
- 5) maintaining a strong and oriented pedagogical relation;
- 6) balancing the research by considering parts and whole (pp. 30-31).

Turning to the Phenomenon

The first activity is that of turning to a phenomenon of interest. In Chapter One I share with those who choose to make this journey with me, the origin of my interest. It was my own lived experience of becoming a nurse practitioner and the journals of my students that began my wondering about the lived experience. The importance of more than surface exploration is emphasized by van Manen:

“Phenomenological research is a being-given-over to some quest, a true task, a deep questioning of something that restores an original sense of what it means to be a thinker, a researcher, a theorist” (2003, p. 31).

It was my experiences as a teacher that began this dissertation journey with a turning to the phenomenon of nurses who become NPs. The voices and journals of my students echoed my own lived experience of nurse to NP. I could remember how I lived the journey, was it similar for my students? Were they living the same insecurities and fears?

Investigating the Experience

Investigating this experience as truly lived rather than as conceptualized by researchers who have explored this in the past is the next challenge. In Chapter Two I begin the exploration of nurses who are becoming NPs. My own experiences and those of some of my past and current students start the journey. It is imperative that I recognize that this is only the beginning, however, as phenomenological research requires that I "...stand in the fullness of life, in the midst of the world of living relations and shared situations" (van Manen, 2003, p. 32).

In their journals and papers students indicate that the journey from knowing to not-knowing is a shared situation. Conversations with former students who are practicing as NPs will enable me to stand in the midst of the shared situation of nurses who are now new NPs. In this way I turn to the lived experience itself.

Reflecting on Essential Themes

The third activity requires that I reflect on the essential themes of this phenomenon. During this activity themes reveal themselves through conversations with my former students who have been NPs for less than 18 months. This revealing occurs after reflection and interpretation on the conversations. This is important because, "A true reflection on lived experience is a thoughtful, reflective grasping of

what it is that renders this or that particular experience its special significance” (van Manen, 2003, p. 32). My former students help me to reveal the special significance of their journeys.

Van Manen suggests three ways in which that which is obscure may come into nearness. The first approach is a wholistic reading approach in which the text is treated as a whole and a phrase which captures the meaning of the text is formulated. The selective reading approach involves listening or reading text several times and identifying those phrases that seem to reveal the phenomenon. The third and final approach is a detailed one in which every sentence or sentence cluster is examined for meaning about the phenomenon (2003). During this dissertation journey, a combination of these approaches, guided by the text, reveals the most meaning.

Writing and Rewriting

While I may feel that writing and rewriting has already occurred in these early chapters, the act of interpretive writing continues in Chapters Four and Five. The fourth activity is “describing the phenomenon through the art of writing and rewriting” (van Manen, 2003, p. 30). This writing is a way of “bringing to speech” the phenomenon (p. 32).

While these research activities are not performed in a rigid order, the greatest amount of writing and rewriting has occurred after conversations with the participants. I describe the phenomenon through writing and rewriting, working my way into the phenomenon as it reveals itself to me. Gadamer writes of the importance of artistic rendering: “...where speaking is an art, so is understanding” (1960/1999, p. 188).

Maintaining a Strong Relation

It is through writing and rewriting that we accomplish the fifth activity of “maintaining a strong and oriented pedagogical relation to the phenomenon” (van Manen, 2003, p. 31). These two activities occur throughout the research. It is only by staying focused on the path of my phenomenon that I avoid straying and “...get side-tracked or to wander aimlessly...” (p. 33).

In addition, van Manen encourages phenomenological researchers to be “strong in our orientation” and not settle for superficialities (2003, p. 33). Immersing myself in the words of my former students helps me reveal the meaning of the phenomenon. Reading poetry and books assists as I look for the depth of the phenomenon rather than the superficial.

Maintaining a strong and oriented pedagogical relation has been a challenge as I try to balance work in nursing education, which is still rooted in the scientific attitude, with interpretive work. Diekelmann, Ironside, and Harlow ask:

Do faculty in the health professions, even as they support the need to implement innovation and reform, continue to teach as they were taught and for a healthcare system that no longer exists? (2003, p. 3)

My challenge as I research and write has been to move away from the historical tradition of nursing education and toward a new pedagogy of nursing education.

Balancing the Research Context

The final activity suggested by van Manen is one that is ongoing during the whole of the research, “balancing the research context by considering the parts and whole” (2003, p. 31). At times, during research as complex as phenomenology, it is easy to get distracted by details and lose site of the whole. Van Manen calls this

getting into a “hole” that we may dig while writing. It is important to stop and re-orient to the phenomenon and the themes that may be emerging.

These six activities are not to be followed in a specific order, but rather, are continuous during the writing and “doing” of phenomenology. It is important to keep the lived experience at the center of all the activities and keep turning back to it. The lived experience of becoming NPs is what I keep as the center of this research.

Researching with van Manen: Lived Existentials

From a phenomenological point of view, to do research is always to question the way we experience the world, to want to know the world in which we live as human beings. (van Manen, 2003, p. 5)

With these words van Manen explains why phenomenology is the exploration of lived experience; it is questioning the experiences of human beings. It is up to the phenomenological researcher to find the meaning that human beings give to these experiences. In order to do this van Manen suggests that there are lifeworld existentials that serve as guides to reflection. These existentials are lived space, lived body, lived time, and lived human relation (2003).

Place. As defined by van Manen (2003), lived space includes places in which we can feel protected and safe. “Home is where we can *be* what *we are*” (p. 102). This thought is echoed by O’Donohue: “Home is where you belong. It is your shelter and place of rest, the place where you can be yourself” (1999, p. 32). We all know the comfort of first coming home after a journey, or even after a long day at work. The feelings of safety and comfort greet us at the door. Bachelard speaks to the importance and memories of home:

Thus the house is not experienced from day to day only, on the thread of a narrative, or in the telling of our own story. Through dreams, the various

dwelling-places in our lives co-penetrate and retain the treasures of former days. And after we are in the new house, when memories of other places we have lived in come back to us, we travel to the land of Motionless Childhood, motionless the way all Immemorial things are. (1964, p. 5)

What is the meaning of this call back to home? Casey suggests that it is not so much the home as a place that calls to us: “Getting back into place, the homecoming that matters most is an ongoing task that calls for continual journeying between and among places” (1993, p. 314). In a similar vein O’Donohue speaks to places where we belong: “Where you belong is where you inevitably continue to return” (1999, p. 6). He continues: “As you grow, you develop the ideal of where your true belonging could be – the place, the home, the partner, and the work” (p. 6). How do new NPs may long for a place of belonging as they continue to feel in-between their former place of RN and their new place?

O’Donohue writes of native places: “No one knows the feel and memory of a place the way a native does. The one who remains knows the place from the inside and is attuned to the subtle world of longing the native place holds” (1999, p. 41). Experienced RNs are natives of the nursing world. When they move away from this world to the new place of NP practice they have lost their claim to being a native of the place. Like any other newcomer they must search for a map and look for cues to the new culture. Living in a new culture sometimes induces a culture shock. Familiar people, ways, and places have been left behind. It is, however, only a matter of time until these new paths become as familiar as the old. On this dissertation journey, my former students assist as I try to map the new places.

Giving through our bodies.

I move external objects with the aid of my body, which takes hold of them in one place and shifts them to another. But my body itself I move directly, I do not find it at one point of objective space and transfer it to another, I have no need to look for it, it is already with me – I do not need to lead it toward the movement's completion, it is in contact with it from the start and propels itself towards that end. The relationships between my decision and my body are, in movement, magic ones. (Merleau-Ponty, 1962, p. 94)

If I think too long about a part of my body it becomes heavy, almost as if it is no longer part of me. As I type I do not need to think about moving each finger independently since the connection between my mind and body is seamless. If I do try to think about moving each finger I begin to make mistakes and must begin again. Body contact is important for RNs and for NPs. Touch is how we communicate with patients and make a diagnosis. Many patients who have been unconscious relate when they wake up how they are aware of the touch of nurses. In basic nursing programs nurses are taught the importance of speaking to and touching patients who are unconscious, dying, or in a coma. During this contact with patients it is almost as if their body has become a part of the nurse's body. Benner recognizes the importance of touch in caring for patients: "Touch conveys relational and support messages as well as physical stimulation and comfort" (2001, p. 64).

As I examine a patient in my role as NP I percuss and palpate, picturing what is happening under my hands. What organ is here? What could be happening to make this sound and produce these symptoms? In my mind I try to get into the patient's body to understand the meaning of the symptoms. As a RN travels the path to NP is there a body change that happens as well as a mind change? How is the nursing touch different? Benner writes of the importance of touch for nurses who are

considered experts: “The nurses frequently touched their patients and sometimes hugged them during a very supportive and encouraging relationship” (2001, p. 269).

A new form of touch takes time to establish itself in the body. I remember when I first learned to type in high school. My fingers felt heavy and awkward on the keys of the old manual typewriter. Day after day the teacher drilled our fingers in the correct key strokes and rhythm. Now placing my fingers on the keys is automatic and ingrained into my psycho-motor memory. The RN touch is like typing in that the moves are familiar and comfortable. The new NP touch is a new keyboard to be learned and incorporated into the body. Van Manen states: “Lived body (corporeality) refers to the phenomenological fact that we are always bodily in the world” (2003, p. 103). Is it the world or place that changes, or is it body that changes for the new NP? The answer to this question may reveal itself further along this path.

Time after time. Van Manen tells us that lived time is “subjective time as opposed to clock time or objective time” (2003, p. 104). Time that is measured by clocks or calendars loses meaning depending on the situation being experienced. Time spent in a boring class or difficult situation seems to drag. Times that are enjoyable, such as vacations, seem to fly by in the blink of an eye. Newlon writes about the importance of time in nurse-patient relationships: “She taught me that giving a little extra time or listening can make life better for someone” (2003, p. 10).

In spite of all their hard work to achieve their goal, graduate NPs may wish to avoid stressful situations such as a new place of practice. They may long for the comforting, familiar place of RN practice and a time when they were sure of themselves. In order to go back to their original nursing place students would have to

go back in time. They have the memory of a comfortable place and long to re-turn to that place and time that was less threatening than the unfamiliar place in which they now find themselves. O'Donohue writes of the importance of a moment in time:

A life's journey is made up of continual daily choices. But there are moments of profound choosing, when a partner, a life-direction, or a new way of being in the world is chosen. This can be a wonderful time of focus and re-direction. (1999, p. 85)

How do graduate NPs feel about their moment of decision when they decided to leave the RN place?

Heidegger reminds me: "Time is that within which events take place"

(1924/1992, p. 3). The events along the journey from RN to NP include classroom education, clinical time and life events. The events do not take place in isolation but involve relationships with other individuals.

Seeing through another's eyes: Relationality.

What I See in Your Eyes

Out of myself, but wanting to go
beyond that, wanting what I see

in your eyes, not power, but to
kiss the ground with the dawn

breeze for company, wearing white
pilgrim cloth. I have certain

knowing. Now I want sight.
(Rumi, 1999, p. 52)

In this unfamiliar place the new NPs feel out of place and out of body. In other words, they are no longer comfortable in the place, time, and circumstance in which they currently find themselves. When someone is not comfortable with their place, time, and body how can they be comfortable with relationality? As defined by

van Manen (2003), relationality is the relation with others in a shared space. The time and place for new NPs is shared by many different others.

In the classroom environment there are other students and faculty. In the clinical practice place there are preceptors (who may be NPs or physicians) and patients for whom the students care. At the same time these students are practicing as RNs, a place in which they interact with other nurses, hospital staff and patients.

Benner writes of the importance of relationality to experienced nurses:

Often the nurse mentally placed herself in the role of the patient in order to recognize the indignities and traumas that patients often suffer at the hands of less sensitive health team members. (2001, p. 269)

In addition, most students are married and have families, creating still other places and relationships that change. How do these others see the RN becoming a NP? A study of NP role transition found that most NP students see family, friends, and coworkers as a “positive extrinsic force” (Heitz, Steiner, & Burman, 2004, p. 416). Susan, on the other hand, in one of her last clinical journals wrote that her family were “mostly confused” about her decision to become a NP. This journey is not made alone but with companions who support or hinder progress. Part of my exploration may reveal changes to the place, time, body, and relationships of these new NPs.

The Journey Begins: My Method of Engagement

Beginning this journey of exploration I choose my companions. Just as Dorothy had the scarecrow, lion, tin man, and Toto for her companions, my former NP students are mine.

My Research Companions

My participants in this journey are former students who have completed a master's level NP program. These participants have a minimum of five years experience as RNs and have been employed as NPs for less than 18 months. While there is no universal definition of "novice" NPs, authors such as Benner (2001) and Valdes-Pierce (2004) indicate that the first year of RN or NP practice is generally considered the novice year. These criteria limit the eligible participants to the last graduating class of NPs. Initially, 15 former students from this class who had started practice as NPs were contacted by phone. While the majority of my former students expressed interest in this study, seven participants were able to share their time with me. After verbal agreement to participate, the participants were mailed a letter of invitation (Appendix A) with the consent form (Appendix B). The signed consent form was collected at the first meeting.

All of the women who accompanied me on this journey are registered nurses who were students at a small state school on the East Coast. All of them finished the masters program that prepared them to be Family Nurse Practitioners in May, 2004. I was their teacher in all of the NP clinical courses so our school journey together lasted for three years.

The conversants vary in age from 36 to 56 years, and all except one are currently married. Two of the women have never had children, although one of these two is a step-mother. They all live in state in which they went to school. Five of them are Caucasian, one Hispanic and one Filipino. Their nursing backgrounds vary:

two have many years of experience as emergency department nurses; three share a critical care background; one is experienced in pediatrics; and one in gerontology.

The Process for Our Journey

I conducted two individual conversations with each participant throughout the year in 2005. The conversations occurred in a setting that was convenient for the participants. We met in their homes, offices, or other quiet settings. The individual conversations lasted approximately two hours, depending on where the conversations led. All the participants were invited by phone to a final group meeting. This was a dinner held at my home in 2006 after the individual conversations were completed.

Participants were asked to write about their lived experiences before the first meeting and at any other time they wished. The initial writing was about “One of the most memorable experiences in your transition to NP.” These written assignments were emailed to me or given to me in person during our conversations. Van Manen calls these conversations “hermeneutic interviews” (2003, p. 98) and they provided the themes and openings into the phenomenon of RNs who become NPs. The initial questions that provided these openings are: 1) Tell me what it was like when you first began to practice as a NP?; 2) What was your most memorable time as you began your practice?; 3) Tell me about your experiences as a new NP after graduation; 4) What were the first six months of NP practice like? 5) What has it been like to move from practice as a RN to practice as a NP? The participants’ responses opened many new paths of questioning that were explored in the next meetings. The phone invitation to the final meeting included a request to write about their ongoing experience. Several of the participants shared these written pieces at the dinner. I did

not prepare questions beforehand, rather, let the conversation flow from the written work and participant comments.

The taped conversations were transcribed before the task of writing, rewriting and standing in the midst of this shared experience began. According to Heidegger this process “means letting what shows itself in the ‘beings’ within the world be seen” (1953/1996, p. 59). Reading and listening to the conversations I stood in the phenomenon and allowed the lived experiences of the participants to reveal themselves to me.

I started this journey of exploration in a new place myself, that of an inexperienced phenomenologist. As I journey with my former students to a new place together we express the inexpressible and find a new place and way of being. The journey begins here.

CHAPTER FOUR: FINDING HOME

I use the words “coming home” as a way of speaking of the journey. Others might say returning to source, undertaking the whole, knowing the self, being at one, living the moment sacred, creating the vision, interpreting the divine, seeing unity everywhere, loving life as is, listening godliness, restoring to nature. All of these are expressions of arrival, of being present to our own lives, of living at home, being one with the journey. The journey is home. Life is home, and life is voyaging in Self. We are never not home, never not in life, never not journeying. (Connelly, 1993, p. 55)

With these words Connelly gives meaning to the journey toward home and the idea of being present to self as a way of finding home. What does it mean for NPs for find them-selves in their new nursing home? In this chapter the seven women who generously shared their experiences of becoming NPs with me tell their stories of finding a new home. I ponder the many meanings of home and what it means to leave one home and feel comfortable in a new home. The idea of home and its loss echoes again and again in the conversations and in my interpretation. In *The Wonderful Wizard of Oz*, Dorothy’s only desire was to return to Kansas and her home in spite of the exciting adventures and new friends she had made. The participants have expressed their desire to both leave their RN role and the weight of leaving that role.

Rilke writes of the weight of life:

Whatever is heavy and difficult, as long as it is only borne properly, also marks the precise weight of life. It teaches us the measure by which we may know our strength and which we may then also apply when we feel blessed with happiness. (Rilke, in Baer, 2005, p. 63)

Rilke identifies the importance of the “weight of life.” Each stage takes us to a new place and time to be enjoyed, although the journey might often be difficult. Who are these women who chose to make this difficult journey? What do they carry into this new terrain? As their voices, and other narrative from poems and stories intermingle,

I explore the lived journey of these nurses as they become nurse practitioners. They tell stories of leaving their home in one type of nursing and finding the reality of a new NP home, stories which “teach us the measure by which we may know our strength.”

This chapter begins with an introduction of my companions as we first hear their voices. As I interpret their stories, I question the meaning of home as themes reveal themselves in our journey toward the end of the “yellow brick road.”

Storyteller Companions

It was a bit of good luck to have their new comrade join the party, for soon after they had begun their journey again they came to a place where the trees and branches grew so thick over the road that the travelers could not pass. But the Tin Woodman set to work with his axe and chopped so well that soon he cleared a passage for the entire party. (Baum, 1900/1960, p. 57)

With the help of their new comrade, Dorothy and the Scarecrow were able to see their way through the trees and find the path. Heidegger writes that when *Da-sein* is “illuminated” it is “cleared in itself *as* being-in-the-world, not by another being, but in such a way that it *is* itself the clearing” (1953/1996, p. 125). My journey has been blessed by seven companions who have helped me clear the way through the trees to a place of greater understanding. At the first conversation the participants chose whether they wanted to use their real names or pseudonyms, two of the participants chose their own pseudonyms and the others chose to be identified by their given names.

Heather (pseudonym) attended nursing school in the Philippines and had been a RN for 20 years when she enrolled in the NP program. “I had been procrastinating for years. I was – I was scared.” Having gone to school outside the

United States, Heather was afraid that she would have trouble with the academics.

“The curriculum [in the Philippine RN program] is similar, but it was different.”

Heather then writes of what finally pushed her into graduate school: “I was bored. I wanted to do certain things that I could not do as a RN.” While Heather is single and does not have any children, she is very involved with her extended family that lives nearby.

Llyern is a wife, mother, and grandmother who also cares for her elderly mother. “I have been a nurse for over 30 years. I am an expert practitioner in emergency nursing, have been a teacher, and mentor to new and experienced nurses.” Llyern describes her transition to the NP role as a “series of small baby steps interspersed with bigger leaps and some steps back.” She is very proud of the fact that she now has her own set of patients who request her care when they call for an appointment. As her confidence has grown she finds that she has less of a need to “replay the day on my way home anymore. Step forward.” Llyern feels that the forward steps are beginning to outnumber the backward steps.

Mary (pseudonym), the oldest of the conversants, writes that she “grew up in the era when career choices for women were limited to teaching, nursing, or being a secretary.” One reason she chose nursing is that her older sister had gone into nursing. Mary was very happy with her bedside nursing career in critical care for many years. “The urge for professional and personal growth hit when I became an ‘empty nester.’ I decided I could do more with my life.” By going into the NP program Mary decided she could “use more brain and less brawn” while still having

contact with patients. Mary feels that as a NP she has more impact on patients' health "because there are more teachable moments and I am viewed with more authority."

Jennifer is the youngest of the conversants and the one with the fewest years of nursing experience. She completed her RN program in 1997 and finds one of the most important changes in her life as a NP is "the freedom of personal independence." Jennifer puts value on her "ability to make choices, differentiate and implement various types of therapy that were not possible in my position as a RN." Jennifer is married and the mother of a young daughter. In fact, her graduation from the NP program was delayed by a year due to her pregnancy. In her NP practice Jennifer believes that the freedom and increased income help to provide security for her daughter and husband.

Joan began her nursing career as a candy striper and a volunteer nurses' aide while she was still in high school. She states that her NP career was "born in the trenches of the health care system of the 1960's." As an Army nurse, Joan found herself in charge of a cardiovascular ICU and discovered that critical care was her "thing." Even in the high stress environments of ICU and emergency department nursing Joan found "that I never cared just for the individual person. There was always another family member or significant other linked to their care." After time out to raise her two children, Joan started several other masters programs before she found her place in the NP program. Even in her new NP place Joan continues her part-time job as an adjunct nursing faculty at a local community college. "I enjoyed the nursing students' enthusiasm for our profession and their quest for the acquisition of clinical skills and knowledge."

Jeaneen felt “pulled” when she started the NP program. A wife and mother of two teen-age daughters at the time she started the program, she says her family “has always been my priority.” Jeaneen describes herself as one of “those mothers who do everything for their family” and she had a hard time balancing the demands of school with the demands she placed on herself. “I’ve always tried to make sure that I was available to go to all of their things.” In fact, Jeaneen did not attend her own graduation because there was a conflict with an event at her daughter’s school. Jeaneen is glad that “the school piece of it is finished and my stress level has come down” so she can get back to her relationship with her husband and children.

Iris was raised in Puerto Rico until she was 10 years old. She had been a nurse for 10 years when she decided to go back to school. “In the back of my mind I always desired to go back to school and get an advanced degree in nursing.” While Iris does not have any children of her own, she is helping her husband with his three children. The most important aspect of her transition to NP has been to maintain the quality of care for her patients. “I have always strived to take good care of my patients and do the very best for them as a bedside nurse and will continue to do that as a NP.” For Iris, the importance of the place is what she can provide for her patients.

Each of the participants shared stories of themselves as they made their way through the educational journey and to the new place of NP. Just as Dorothy and her companions came together in different ways, each of them came to the NP program by a different path. Once there, they become companions as they made the journey through graduate school and into NP practice.

The Yellow Brick School: Competing Pathways

It is my premise that the four companions who skip arm in arm down the Yellow Brick Road can each be seen as representing an essential educational goal. When you add what Scarecrow wants (a brain) to what Tin Man wants (a heart) to what Lion wants (courage) to what Dorothy wants (home), you wind up with a fully educated person. (Good, 2005, p. 2)

According to some students the journey to a “fully educated person” is paved with barriers invented by the Wicked Witch of the West. Papers, exams, reading, and finally a certification examination are obstacles along the NP path that are to be endured and conquered rather than enjoyed. The experience of their NP education was reflected upon in different ways by my participants. Some were overwhelmed by the experience, while others felt protected while they were in school. Jennifer feared the world “outside the ivory tower of education,” while Jeaneen “could not wait to be done.” Whether they felt protected or overwhelmed by the education experience, participants spoke of the pressure from others and from themselves to finish this part of the journey.

Pressing Forward

Dorothy went to work meekly, with her mind made up to work as hard as she could; for she was glad the Wicked Witch had decided not to kill her. (Baum, 1900/1960, p. 150)

Dorothy worked for the Wicked Witch because she felt she did not have a choice if she wanted to live. Unknown to Dorothy, the kiss of the Good Witch had marked her, making it impossible for the Wicked Witch to harm her. The fact that she did not know led Dorothy to pressure herself to do well in order to stay alive. What does it mean to put pressure on yourself? The OED (1989) indicates that “pressure” is from the Latin *pressūra*, and from the French *pressure* meaning “the

condition of being painfully pressed in body or mind,” and the act of applying force against something from different directions.

This force from different directions echoes in the conversations of several of the participants. While in school Jeaneen often felt overwhelmed and out of control in spite of the support of her peers.

There were times when I thought, I just need to quit going to school because I can't take the pressure of the job and the house and the kids and the husband. It just all got so overwhelming.

I turn again to Kelly and Mathews (2001) who identify loss of control as an area affected by this educational path. What does it mean to be a mother while in school? The interviews conducted with female students by Belenky, Clinchy, Goldberger and Tarule (1986) give some indication of the meaning of being pressured from many directions:

The women we interviewed nearly always named out-of-school experiences as their most powerful learning experiences. The mothers usually named childbearing or child rearing. The kind of knowledge that is used in child rearing is typical of the kind of knowledge women value and schools do not. Much of it comes not from words but from action and observations, and much of it has never been translated into words, only into actions. (pp. 200-201)

Jeaneen's feelings of pressure leads me back to Heidegger and the "eddy" that happens when *Da-sein* is alienated from authenticity. He writes that during this time of turmoil, *Da-sein* is unable to be itself and is tangled (1953/1996). Perhaps something similar happens as RNs journey to NPs; they are pulled into an eddy and cannot find their genuine selves for a time.

Several of the participants indicated that they should have gone back to school while they were younger. Jeaneen says: "I would do it again but when I was younger." However, is this "later in life time" important to the process of becoming?

Belenky, Clinchy, Goldberger and Tarule seem to agree:

Women typically approach adulthood with the understanding that the care and empowerment of others is central to their life's work. Through listening and responding, they draw out the voices and minds of those they help to raise up. In the process, they often come to hear, value, and strengthen their own voices and minds as well. (1986, p. 48)

While Iris does not have any children of her own, she helped to "raise up" her step-children. Perhaps through listening and responding to them she came to value her own voice and begin her journey.

I knew I always wanted to go back to school, but I was always scared. Ten years, it took me before I made up my mind, and it was like, am I going to be able to make it? It was just my own insecurity. (Iris)

What is it that scared Iris and kept her from beginning her journey? Many students are afraid of academic failure, while others may be afraid of what higher education reveals about themselves. When I began my doctoral studies I had two fears. The first was that I would be revealed as an imposter and not be up to the rigors of the program, which I came to name as the "I know I'm not smart enough" syndrome. I see this same fear echoed in my students at both the undergraduate and graduate levels. The other fear was that I would not live long enough to complete my studies. Many students over the age of 50 have given voice to similar feelings. We no longer have the "I'll live forever" attitude of youth. Diaconis, in her study of nurses who returned to school for a bachelors degree writes:

Often, we experience the fear of not being able to complete a project, a task, or a lifelong dream. All parents fear either their child's death before the child lives out his or her potential, or their own death before living out the role of parent to the child who needs a father or mother. As I complete my own dissertation, I remember a nursing professor who was killed in a car accident between the dates of her doctoral defense and graduation. Tragically, Lori was the single mother of a young adolescent daughter. She was unable to

fulfill her dreams of raising her daughter to adulthood and celebrating the achievement of her Ph.D. (2001, p. 152)

While my participants and I have not had any serious illnesses, as nurses we have come to know how suddenly life can change. In spite of these fears we move along our chosen path, only to have life put up new barriers.

Finding the Right Road

Joan's initial goal was to be a master's prepared clinical specialist. "Then, you know, you have babies and you get kind of sidetracked." What does it mean to be "sidetracked?" The OED defines sidetrack as diverging from the main trail or course (1989). Hidden in this definition is a track as a straight line. As we live our lives they certainly are never linear but take detours and "sidetracks." Several years ago a friend recommended a book, *Composing a Life* by Mary Catherine Bateson. I recalled a passage about life's tracks and was surprised to find mention of Joan Erikson. I had just finished Joan Anderson's *A Walk on the Beach* which chronicled many conversations she had with Joan Erikson. In the later book, the conversations Joan Erikson began in 1989 were continued and are as relevant today. In both books Erikson tells stories of the difficulties that women have finding their place in society.

In our society, these transitions are more painful. College students feel under pressure to make the right career choices quickly, to get onto a track and stay on it, but life shifts constantly. When paths disappear in the underbrush or are blocked, we face the problem of finding a new path that will seem like a continuation of the old. (Bateson, 1989, pp. 214-215)

Bateson goes on to write about the "patterns of discontinuity" that are part of a woman's life, including the familiar discontinuity of bearing and raising children. Again, the word "discontinuity" which indicates a continuous path, rather than the

reality of life's journey, may actually be many paths that interweave and cross many times. Only one of these is education.

Joan's father was adamant that she should continue her education. "He didn't think I should be a nurse. He thought I should have been a doctor." Perhaps Joan's father was influenced by the myth of physician being a higher calling than that of nurse. On the other hand, he may have been trying to show that he believed that she could be "better" than a nurse. In a classic article detailing the difficulties of women as they become NPs, Bullough writes:

Nursing probably more than any other occupation except housewifery and prostitution, reflects the stereotyped role of women. The norms and values of nursing are feminine and the relationships between nurses and physicians reflect the extreme subordination of women with all of the male-female games that go along with that subordination. (1975, p. 226)

But Joan knew that becoming a doctor was not the path for her. She was able to wait patiently until she found a program and studies that were a fit. "You just have to wait to go to school until you decide what you want to do and it just might take you a while."

Bateson relates another story involving Joan Erikson that illustrates how women become involved in "discontinuity" in their lives and careers.

Joan's life has two patterns of discontinuity woven through it: the familiar discontinuities of women's life cycle, bearing and raising three children, and the discontinuities of Erik's career, involving constant reconstruction of her own. (1989, p. 215)

What re-constructions have the participants made in the patterns of their lives? Could these re-constructions be part of the reason why many of them delayed their return to school?

Mary's reason for returning to school lends itself to the re-construction idea: "I had empty nest syndrome, and that was part of the motivation [to go back to school]. I'm young, I need to be doing something more with the rest of my life." What is it about the "empty nest" that led Mary back to the educational path? It may be that she now had more free time or needed something to fill empty time. Once Mary started her educational journey she moved quickly. Mary, Jeaneen, and Llyern started in the RN to BSN program together and went directly into the NP graduate program. The concerns of the participants regarding their families and obligations often reveal themselves in conversation with students. Diaconis, in her study of RNs who return to school for a BSN (RRNs), writes:

The returning nurse is not the only person that is fearful. "Whatifs" become part of the experience of going back to school for family members, also. Supportive strength is visible and can be felt when there is a change of shift report. Absence of strength is visible and felt, also, when the nurse has to go it alone. There seems to be surprise, and sometimes amusement, about the kind of lamenting that husbands/partners express about the absence of the person who left them to go to school. What cries and comments do RRNs hear from other people in their lives? (2001, p. 171)

The "Whatifs" is a familiar phrase to me. My educational path started in 1987 and has continued until I find myself, here, on the dissertation part of the journey. Along with my former and current students I look back on all the missed family occasions and events and wonder if it is worth it. Jennifer speaks in class one night of being afraid that she would miss her important events in her daughter's life since she was away from home so much. "What if the babysitter sees her first steps or hears her first words!?" What does it mean to the family and the student when they feel a-part?

Several participants speak of the detours they made on their way to the NP place. Mary waited for her nest to be empty, Joan for the right type of program to

reveal itself, and several others had to overcome fear before they could begin their graduate studies. Once again I hear echoes of discontinuity of life's journey and I am called to wonder about the stops, starts and detours in their educational and professional journeys that these participants have encountered.

Detour: Another Way Home

The OED defines detour from the Old French *détour*: "A turning or deviation from the direct road; a roundabout or circuitous way; a change of direction" (1989). Roderick speaks of "detours as possibility, not hindrance" (1991, p. 103). How have these new NPs experienced detours in their lives? Heather tells of going back to school because she was bored: "I wanted to do more things." Joan tells of having started two or three other master's programs before she found the one that fit. Is it like finding that you have become a square peg in a round hole? How many "things" do we try on before we find one that fits? It may well be a detour that takes us to the place we want/need to be. Roderick writes of the significance of a detour:

Even though at times experiencing detour might mean living with discontinuity and discord, there are still the options of allowing and accepting the serendipitous, of making connections though unplanned, and of seizing opportunities to examine the meaning of the discordant in our lives. (1991, p. 105)

On any long journey there are stops and starts. For some, these side journeys make the trip more interesting; for others it may lead to frustration as the end of the journey seems farther away.

Once we reach the end of one part of a journey, detours during the next phase may take us to an unexpected place. Early in her NP journey Mary encountered a detour that shattered her confidence and stalled her journey. During our first

conversation Mary speaks of being fired from her first NP position. She was hired by a large group of physicians who knew her through her work as a RN. She tells the story of this detour:

My first position was to make rounds on cardiac patients in a hospital. I had a few days orientation with the group's other NP. During that time I was not permitted to write progress notes, orders on patients or dictate. I mainly observed what the role would be but did not get to apply it. The vagueness of the role and not actually performing as a NP left me feeling uncertain of my role... I had no guidance from the office manager as to what my role was. The group is large and the doctors had greatly varying expectations.

Starting with very little orientation and followed by not only varying but often conflicting expectations from physicians, Mary was lost in her first NP job. She was fired after about six weeks in the position. Perhaps Mary's difficulty in her first job is related to the struggle of all advanced practice nurses as they step into places previously reserved for physicians. Baer writes about the struggle of nurses to gain the authority for independent practice:

Independent, autonomous practice rests on the assumption that the agent of such a practice has the expertise from which that agent derives the authority to act. ... When nursing asserts its claim to practice independently, it invites comparisons to medicine in the extent of its authority to act in that manner. In that comparison...nursing is seen as having less authority. (1999, pp. 77-78)

The physicians in Mary's initial practice, and Mary herself, may have seen her as having less authority to practice. Since neither party believed that Mary could perform her new job, she could not.

In this instance, Mary could not recognize herself in this new advanced practice role. Heidegger writes:

It is Da-sein in its uncanniness, primordially thrown being-in-the world, as not-at-home, the naked "that" in the nothingness of the world. The caller is unfamiliar to the everyday they-self, it is something like an *alien* voice. What could be more alien to the they, lost in the manifold "world" of its

heedfulness, than the self individualized to itself in uncanniness thrown into nothingness? (1953/1996, p. 255)

Could Mary, not recognizing herself, have felt “thrown into nothingness?” Our first conversation occurred shortly after Mary was fired and before she had found another NP position. She continued to work as a RN while she looked for a NP job. During all of our conversations and in several phone conversations, Mary discusses how her confidence was shaken by this detour. “I had never been fired in my entire career. I always found it easy to get a job. I walked into the hospital and started working several days later” she says during one phone conversation.

Only after Mary found another NP position and her confidence was building again was she able to look back and objectively evaluate the experience. Initially, Mary blamed herself and her lack of skills:

I think my expectations were too high because I thought that I should be able to figure it out on my own, that I should know more than I did. But, then I was able to tell myself, this is ridiculous, these doctors did not learn how to do stress tests by reading a book. They learned by doing probably hundreds upon hundreds of stress tests.

With the clearer vision of distance from a painful episode she identifies the differences in expectations:

They [the doctors in the practice] thought that because I was experienced and very competent as a nurse, that being in the NP role would not be a big transition, and that I could easily step into that role and be equally competent as a NP, even though I did not really have experience as a nurse practitioner.

Mary’s experience echoes what many nurses face when they begin advanced practice roles. The nursing caring must now be complimented by advanced clinical skills.

In her book on postmodern nursing, Jean Watson (1999) discusses the difficulties encountered when nurses take on advanced roles. She calls some of these

difficulties “boundary concerns” and argues that as nurses take on more of the technical skills and language, medicine may take on the caring practices. What is the “boundary” between nursing and medicine? What does it mean to cross that boundary? As Watson continues to discuss the boundaries of nursing practice she writes about issues such as caring and curing that surround advanced practice:

These and related problems haunt nursing, and are both self-inflicted and culturally and institutionally perpetuated. Dimensions of self-esteem, independence, dependence, greed and jealousy ...are commonly known and experienced in nursing at all levels, whether admitted and made conscious or not. (1999, p. 43)

How did these issues of caring and curing impact on Mary and her first NP position? What did it mean to Mary to be fired from her first job? Baer writes that the conflict and boundary concerns are not limited to nurses and physicians:

Nurses’ expanded educational preparation, research-based knowledge, and highly sophisticated practice roles are not generally recognized by the public, which still thinks of nurses at the bedside, in the maternal, handmaiden role of a much simpler era. Development of expert authority occurs interactionally between the group needing a service and the group providing that service. Medicine has been the group recognized as interacting with society’s need for primary care. Nursing’s role has been seen as necessary, but secondary and dependent, not primary and independent. (1999, pp. 79-80)

It is no wonder that Mary had a difficult time seeing herself in this new role; she had been shaped by the expectations and confined by the borders of society, nursing, and medicine.

By the second conversation Mary had found another NP position, only to have it be eliminated after several weeks due to budget problems in the practice.

If I let myself think about it, I get very frustrated, thinking there must be something wrong with me, that I can’t hold onto a job. I never had this problem before in nursing, I don’t know why I should have a problem now. But anyway – then I feel that, you know, it’s like [the movie] *Groundhog*

Day. There is always that lurking fear that, was it something I did or didn't do that they are just not telling me about.

Mary stayed in touch with classmates she considered her support group as she searched for another NP position. It was through one of them that she found the NP position she now holds at a walk-in clinic. "I am finally able to think of myself as a real NP" she said at the last group dinner meeting. In spite of the detour she crossed the border and found her way back to her main path.

Scared: Facing the Lions and Tigers and Bears

Whenever I've met a man I've been awfully scared; but I just roared at him, and he has always run away as fast as he could go. (Baum, 1900/1960, p. 68)

The Cowardly Lion admits to his companions that he is scared of everything but covers this fear by scaring others away. He joins Dorothy and the other companions on the journey to Oz to ask for courage. What does it mean to be scared? The word scare has a Middle English root *skerre*, and as a verb means to frighten or terrify and to drive off (OED, 1989). When Dorothy and her companions were frightened they ran off the yellow brick road and hid in the woods; they were forced off the path by fear. Casey writes of being guided by "landmarks or by one's own pathmarks" (1993, p. 26). My conversants lead me to ponder the bodily experience of place and fear. Is part of the reluctance to change places fear of the unknown or of failure in the new place? This vulnerability shows itself in the words of my participants.

Standing Alone

In her book about places that scare you, Pema Chödrön addresses the desire to avoid change:

Many of us prefer practices that will not cause discomfort, yet at the same time we want to be healed. But the truth is that we can never avoid uncertainty. This not knowing is part of the adventure, and it's also what makes us afraid. (2001, p. 6)

The participants all indicate a degree of discomfort and fear as they changed from their RN to NP practice. I could hear the fear echoing in their voices, especially during the first round of conversations which occurred when most of them were very new to NP practice. Heather admits: "My first day [of NP practice] there was a lot of anxiety." She continues to discuss what causes the anxiety in her new practice: "It was all new and different in the way you were going to be functioning on your own without, really, anybody overlooking you or backing you up."

Jeaneen relates similar feelings of needing a back up person as she started her practice:

When you actually get out there, you are thinking: Where is that person that is supposed to be standing behind me that I can just turn around and say, 'Do you agree with me?' I think it is kind of a shock when you get out there and you turn around and that person is not there anymore.

Later during the conversation Jeaneen comes back to the same idea: "It is scary without that person. I didn't realize when I was in school how much I grew to depend on that person behind me."

In a classic book written for nurses as they go into practice, Schmalenberg and Kramer write:

For the new graduate, the movement from the yesterday of school to the today of nursing practice can create feelings of helplessness, powerlessness, frustration, and dissatisfaction. This turmoil can be labeled "reality shock." ... Reality shock is the conflict resulting from the movement from the familiar subculture of school to the unfamiliar subculture of work. The two subcultures have their own values and behaviors. (1979, p. 1)

Although the participants were already nurses they experienced “reality shock” as they moved from RN practice and the protective school environment to that of an independent NP. As evidenced by their words, the change produced mixed emotions. Jeaneen admits: “It was still very stressful, very anxiety producing, just knowing that, okay, now it’s my name on the chart and I’m responsible.” Jeaneen made the change from practice as a pediatric nurse to practice as a NP at a walk-in clinic. “Big people were scary in the beginning. I know they are just big kids, but the big people were still scary because they have a list of meds as long as your arm.” Bateson affirms the idea of reality shock as we make our journeys toward the new culture of NP:

It has become commonplace to speak of the discomfort that occurs on meeting members of another culture as “culture shock,” but the same experience can occur in rediscoveries of the self. (1994, p. 57)

As they move into the new place of NP the participants also find a new self with whom they must become familiar.

Mary moved outside of her comfort zone of critical care and accepted a position in family practice. Her anxiety was the opposite of Jeaneen’s and was created by small people rather than big people. “It is scary. I’m still not real comfortable with sick little kids.” She continues: “The responsibility level is scary. It is just that there is a difference in the level because I am not calling the doctor to report what I’m seeing and what he wants done about it. It is more like: This is what I’m seeing. What am I going to do about it?”

I turn to Chödrön to help explain the tension between wanting to change places and the fear of changing places:

All too frequently we relate like timid birds who don't dare to leave the nest. Here we sit in a nest that's getting pretty smelly and that hasn't served its function for a very long time. No one is arriving to feed us. No one is protecting us and keeping us warm. And yet we keep hoping mother bird will arrive.

We could do ourselves the ultimate favor and finally get out of that nest. That this takes courage is obvious. That we could use some helpful hints is also clear. We may doubt that we're up to being a warrior-in-training. But we can ask ourselves this question: "Do I prefer to grow up and relate to life directly, or do I choose to live and die in fear?" (2001, p. 7)

Jennifer agrees with the feeling of being alone when she started her practice: "When I first started I wanted somebody to hold my hand because I was unsure about this process. I didn't want to be out there all by myself." During clinical practice as a NP student Jennifer and the other participants were in clinical practice with a NP or physician preceptor. That person was always available, as was I, to answer questions and to take the ultimate responsibility for patients that were seen. After graduation, the participants found themselves "alone in the nest" waiting for the mother bird to arrive and help them. When the mother bird does not arrive they must make the decision to get out of the nest themselves.

Jennifer relates how it felt the first time she was called for a problem: "The first call I had as a NP, well, I was scared to death. I was hoping that it would be things like, you know, a skin rash or skin care, or something like that." Her first days in practice were marked by feelings of insecurity, "I was scared to death. I wanted someone to hold my hand. I was scared. I was really scared." Listening to Jennifer's voice during this conversation I hear the fear still echoing even after months in practice. Having been in that same place I know that Jennifer was scared of making a mistake and causing harm to a patient.

Llyern, too, felt the difference between RN and NP practice right after she started her new job: “The first days in NP practice were very intimidating.” While Llyern had been an expert emergency department RN she was comfortable presenting patients to the doctors she worked with. This comfort left her when she was expected to function at the increased knowledge level of a NP: “When first presenting patients to the doctor, it was very scary. What if they asked a question I didn’t know?”

Could the anxiety of new NPs be linked to the difficulty of identifying themselves as knowing practitioners? Torres and Dominguez give strength to this argument:

Nursing was a “woman’s career,” with all suggestions of subservience and sexism that the phrase implies. Most nurses were “trained” in hospitals to be task oriented. They were discouraged from questioning and were expected to submit to hospital routines. Nurses were taught deference to physicians and were not free to think or act in the best interests of the patient. Consequently, patient advocacy became a subordinate function of the nurse, who had assumed a subordinate position within the hospital hierarchy. Hospital privileges of patient care and decision-making functions were domains reserved exclusively to the physician. Collaboration between nurses and physicians was not considered. (1998, p. 220)

Given the history of nursing and the historical physician – nurse relationship, it is no wonder that the transition is difficult not only for the NP, but for the physicians with whom they collaborate.

Joan felt anxious because of her own level of expectation after many years of practice:

I expected myself to know more. I expected myself not to, maybe, miss a murmur, you know. I did not expect to have some of the difficulty with my own time management. I didn’t think I would have a hard time, you know, figuring everything out.

Their words and the tone of voices in conversation tell the story of finding themselves in a new place and feeling alone and out of control. I am led to wonder, what does it mean to feel like you are out of control?

Spinning Out of Control

While writing this dissertation I changed both my home place and my work place within the same month. I was living amongst boxes and trying to find the important dissertation books that had been packed into unlabeled boxes while trying to impress my new Dean with my organization skills. Things were out of control. It was with a jolt of recognition that I read the words of Chödrön:

Once I was changing jobs and houses at the same time. I felt insecure, uncertain, and groundless. Hoping that he would say something that would help me work with these changes, I complained to Trungpa Rinpoche about having trouble with transitions. He looked at me sort of blankly and said, “We are always in transition.” Then he said, “If you can just relax with that, you’ll have no problem.” (2001, p. 18)

The statement about always being in transition is certainly accurate. Joan recognizes the turmoil involved in the transition of life: “As I start this new practice I’m more anxious and I just feel really tense. The hard thing is, I’m not in total control and I don’t know everything.” Nurses have traditionally placed a great deal of value on being “in control.” It is impossible to care for as many as 12 patients, which involves: giving medications; administering treatments; assessing patients regularly; delegating tasks; and coordinating care; in an eight hour shift without some organization and control.

When asked to recall her feeling of being out of control, Joan tells this story of her NP practice: “The first time I had to write a prescription I actually had to sit and think about it and I had to look it up. It was just that insecurity because now my

name was going to be on the bottom of the pad as the one that prescribed it.” What does it mean to new NPs to be the one responsible for patient care? Iris finds it another reason to be scared: “Being responsible for a set of patients all by yourself, that’s very scary.” Iris relates this feeling of being scared to death about her new place of practice: “Sometimes I feel scared. I’m like, oh my God, am I up to this? There is so much doubt in me.” Heather hesitated to do simple things when she first started her NP practice: “It was fear. It was fear that – you know, fear of messing up things when I’m just a new grad and I don’t want to miss – or mess up anything.”

What does it mean to take on these new responsibilities? As with most changes and choices there are two sides to consider. On one side is the freedom of practice and increased confidence that comes with advanced practice. On the other side are doubt and an awakening to the responsibilities that come with this place. The root of the word responsibilities is responsible from the French *responsibile* and from the Latin *respondēre* meaning “capable of fulfilling an obligation or trust; reliable” and “involving responsibility or obligation” (OED, 1989). Looking at the word responsibility I can see “response-ability” reveal itself. Could the root of these feelings of fear be in the inability to respond to the trust placed upon the new NP? Joan’s insecurity when writing her first prescription reveals the amount of response-ability she expects from herself and the obligation of being in an advanced practice role. Over time they became response-able, that is, able to respond when complex, split second decisions are required.

Watson discusses some of the implications of nurses taking on new and advanced roles:

As modern medicine became increasingly technical, nurses assumed many of the tasks that previously were within the physician's domain. These ranged from administering treatments, taking a blood pressure, doing a venepuncture and undertaking physical medical assessments, to assuming advanced practitioner roles within medicine's domain. Generally, nurses have been eager to take on these tasks, rarely questioning whether they enhance nursing, advanced nursing's caring-healing practices or serve the public better. There has been limited attention to addressing questions about whether nurses' advanced medical skills assisted the physician and the institutional needs of the moment, or whether this so-called advanced practice assisted the public. (1999, pp. 39 - 40)

Reading this paragraph of Watson's makes me pause. Is my practice one that serves the physicians with whom I work? Or does it benefit the patients for whom I care? Perhaps the answer lies somewhere in the middle, between again, helping physicians with a busy practice while caring for patients. As new practitioners, however, the participants do not have the luxury of looking back on years of practice as a NP to assess where they are in that place. They are still feeling alone in a new place.

Lost and Alone

[Dorothy] hugged the soft, stuffed body of the Scarecrow in her arms instead of kissing his painted face, and found she was crying herself at this sorrowful parting from her loving comrades. (Baum, 1900/1960, p. 258)

The feeling of being alone as they began their NP practice surfaced often in conversations. Jeaneen reflects on the similarity between her initiation into nursing and into advanced practice:

Being a very shy person when I was in high school – like I was the wallflower. I could have vanished and no one would have noticed – but having to talk to somebody about their sexual history, and doing the full assessment thing, it was a revelation for me. I thought, “Can I really do this?” I had a nursing instructor that, I have to say, was the only reason that I continued. She told me, “You have two choices. You can get in there, and you can do what you need to do and suck it up, or you can go home right now, and you can go check out at Giant.” It [nursing] really asked me to change my entire personality, and I wanted to be a nurse bad enough that I was willing to do it.

Jeaneen made a similar discovery when she began her practice as a NP. Once again, she had to reach inside and look for strength that she did not know she had.

Then you get out there and it is suddenly like you are in the middle of a field with nobody in sight, and you are thinking, I don't have a map or a compass. How am I going to find my way out of here? (Jeaneen)

Listening to Jeaneen's words I am called again to Roderick's idea of a detour that may occur when we do not have a map or a compass: "This turning *away from*, which can also nurture a *turning to* self, opens to the traveler opportunities to contemplate, to ponder possibilities the detour unfolds" (1991, p. 105). This idea of detour seems a familiar one and I wonder how detour and between are similar. I turn back to Chapter Two and Casey's words about the interesting places that can occur between the beginning place and the ending place. Is it in this detour or between places that NPs *find* them-selves? There is a tensionality in being between; perhaps it is this uncomfortable feeling that urges us to move forward on the path.

Jennifer discovered an uncomfortable feeling as she started her practice: "I have gotten lost a little bit. I'm kind of lost. I have lost what I thought I knew at one time, and I'm confused about that." Jeaneen and Jennifer echo the feelings I had as I started my NP practice. I would spend time "holding up the wall" outside another provider's office waiting to discuss the patient I had just seen and for them to confirm my treatment decisions. They assured me that I was making the right decisions but I needed the reassurance of others to build up my confidence and show me the way just as the participants did in their turn.

Those first days of practice come back to me clearly now as I struggle to find words that seem to hide from my thoughts and run from the page. I look for support

from others who have made or who are making a dissertation journey but each one of us must find our own way. Once again, poetry is an outlet for feeling.

Lost in the Forest

Lost in a forest of words
Searching for an individual tree
That refuses to reveal itself

Searching alone, calling for help
From anyone who can hear my voice
Echoing in the forest

I wander in circles
Passing each tree once, twice,
Many more times than I can count

Often I am tempted
To settle for just any tree, but
The need for the right one leads on

Sometimes I see a glimmer
Is it a stream? Or a road?
That might lead

Out of the forest
And into the clearing
Of knowing and Being

At last a path - a yellow road
That leads to friends
And the end of a journey
(Ogle, 2006)

Seeing the glimmer and the end of the journey in this poem brings to mind the words of Heidegger as he writes of sight:

We must, of course, guard against a misunderstanding of the expression “sight.” It corresponds to the clearedness characterizing the disclosedness of the there. “Seeing” not only does not mean perceiving with the bodily eyes, neither does it mean the pure, nonsensory perception of something objectively present in its objective presence. *The* only peculiarity of seeing which we claim for the existential meaning of sight is the fact that it lets the beings

accessible to it be encountered in themselves without being concealed.
(1953/1996, p. 138)

I interpret these words of Heidegger to mean that the being is able to see self in a genuine way as one truly is. In their conversations the participants reveal that they are not yet able to see themselves in a new way – as NPs. This new vision of themselves and the way it is revealed to others is still to come, as they find themselves in relation with others.

Relationships: Change and Change Again

Next morning the Scarecrow said to his friends: “Congratulate me. I am going to Oz to get my brains at last. When I return I shall be as other men are.” “I have always liked you as you were,” said Dorothy, simply. “It is kind of you to like a Scarecrow,” he replied, “But surely you will think more of me when you hear the splendid thoughts my new brain is going to turn out.”
(Baum, 1900/1960, p. 197)

Like the Scarecrow, the NP participants both fear and welcome the change in themselves and their careers. These changes, however, require a change in not only place and role but in “the splendid thoughts” of self.

Voyaging in Self

Most of us identify ourselves in part by our role be it teacher, mother, wife, nurse, or NP. Any change in our self-identity leads to a change in our relationship with others in our lives. Heather speaks of her changed relationship with other nurses after she changed her role: “I didn’t like it in the way they are separating me or they take me out of the nursing circle and put me in a place that is kind of, upgraded a little bit. I’m out of the loop and I’m in a different category.” Heather was particularly disturbed when a doctor told some of the other nurses, “She’s not a nurse anymore.”

She was not quite sure how to respond, but indicated to the doctor and the nurses that the “nursing part is always going to be there – just in a different role.”

As I read Heather’s words, I reflect upon “role.” What does it mean to have different roles? I turn to the OED for clues as to meaning. “Role” is from the French *rôle* and the meaning that calls to me is: “the behaviour considered appropriate to the interaction demanded by a particular kind of work” (1989). As I was on-line researching the meaning of “role,” I noticed a 2004 draft addition to the above definition: “role strain: stress experienced by a person as a result of being required to meet a number of differing or incompatible expectations within a single social or professional role.” I consider some of the roles required of my participants: RN, NP, wife, mother, student, daughter, and grandmother. One of the roles I enjoy the most is that of reader and explorer of books. While exploring in a college library, I came across a book that was being given away since it was older and no one had ever taken it out. In this book, *The Silent Dialogue*, the authors use qualitative methods to study the movement of students into the nursing role. What made this remarkable to me is that the book was written the year before I graduated from nursing school, 1968.

Words written about multiple roles of students were as true then as they are now:

From this description of the multiple roles involved in the process and the variegated quality of the occupants’ roles, we may infer that the students’ progress in becoming a professional may be continually problematic, beset with halts and starts and even backsliding from time to time. (Olesen & Whittaker, 1968, p. 12)

These multiple roles weave in and out of each other, sometimes complimentary and sometimes conflicting. What is lost in this storm of roles? My participants give clues when they describe themselves as “lost.” Echoing in their words is a loss of self, not

only the nurse self, but the self with whom the participants are familiar. The unspoken question is “Who am I?” This question has been asked by humans since the beginning of time. I attempt to answer part of the question with a poem:

Finding My-Self

Finding my-self
Wandering from one place
Looking for the place where I now belong
How have I lost my-self?
When did I dis-appear into the mist of confusion?
I await the dawn that brings
The clearing of the mist and the awakening
Of a new self with whom I become acquainted.
(Ogle, 2006)

How do new NPs find themselves in their new place? What changes occur to form this new self? Writing this poem brought to mind the research of Erik Erikson and his stage of “Identity versus identity confusion.” During this stage “The adolescent tries to answer the question, Who am I, and what is my place in society?” (Berk, 2004, p. 17). The NP is trying to answer a similar question of where she/he belongs in the new society of advanced nursing practice.

These and other questions accompany a change in place. As she continues to reflect upon her role, Heather speaks of another change: “I’m put in a role model category. Now they [other nurses] are looking at somebody that is already a role model in their eyes and has stepped up some more.” In fact, some of the nurses that Heather worked with in the past have enrolled in NP programs and have asked her to be their mentor. Llyern sees changes not only with nurses but feels that the relationship with her family has changed. “I think the biggest change for my family was when I started back to school. I was kind of an inspiration to my kids because I

worked full time and went to school full time.” Heather and Llyern serve as role models for co-workers and family, even as they explore the boundaries of their new role and of their new home.

Living in Space and Time

The house is the location of our shared *lived space*, the home. In the home and in its immediate environment the child is offered the opportunity to explore the world from a safe haven. (van Manen, 2003, p. 106)

With these words van Manen describes how a child learns from the safety of the home place/space. To the RN the hospital is like a home in that it is familiar and feels safe. It is full of the “known.” As the RN makes the transition to NP this space is now shared with the physicians with whom they practice. This place previously felt safe. Bachelard writes of a first house which is visited again: “The house’s entire being would open up, faithful to our own being” (1958/1964, pp. 14-15). Now, rather than being faithful to their being, this space has become threatening as they take on the responsibility of patient care and decision making.

In living their time of transition, the NP desires to “...become someone himself or herself, to live for something and to create personal meaning in life” (van Manen, 2003, p. 105). Jennifer speaks of her transition from RN to NP as one that “opened up a whole different world for me, but in some ways I miss who I used to be.” The NP may feel that they had already created meaning in their previous life as a RN, and now this has been replaced with the insecurity of the NP place. In their anxiety to get back to a place of comfort and experience, the new NPs may feel as if they are living their past (RN), present (inexperienced NP), and their desired future (experienced NP) at the same time.

Thinking about lived time leads me to the idea of experiences as things that occur again and again. Reading Mary Catherine Bateson's book *Peripheral Visions I* connect with the idea of things that occur repeatedly.

Even what appears to be a repetition is often a return at the next level of a spiral or, more mysteriously, the other side of a Möbius strip. Take a narrow strip of paper about six inches long and give it a single twist before taping the ends together. Then start anywhere to draw a continuous line along the surface. The first return will be to the opposite side of the paper; only on the second full round will you meet the beginning of your line, "And know the place for the first time." Mathematicians call this a one-sided surface since the entire surface can be covered without ever lifting the pencil. (1994, p. 29)

This idea of going around and around leads me to a tornado as it spins. When a child draws a picture of a tornado, or when it is depicted simply, the drawing goes around and around. It passes itself in many places, but the line continues onward and the place is changed each time it passes. It is impossible to go back to things and have them be the way we remember them. With the passage of even a minute, changes in time, place, the environment, and people prevent recognition when we pass by again. It is natural, then, that our relationships change with the passage of time.

Keeping a Distance

Mary and Llyern spoke of putting a distance between themselves and the RNs with whom they worked. After graduation, Llyern worked as a RN while she studied for the certification examination and searched for a NP position. This was in the same hospital that she had been employed in before she went back to school. During that time, "I didn't make a lot of ties that were going to be difficult to break – because I knew that I would be leaving." Perhaps Llyern would feel "tied" to new friends just as she was planning to leave and avoided the "break" by not forming

those friendships. The idea of friendship and work takes me back to O'Donohue as he writes of the need to belong:

Everyone loves to belong. We want to belong to a group, to a family, and particularly to the place in which we work. Here is the point at which an immense creativity could be released in the workplace. Imagine how lovely it would be if you could be yourself at work and express your true nature, giftedness, and imagination. There need be no separation between your home, your private life, and your actual world of work. (1997, p. 143)

As NPs begin this new part of the journey, they feel the separation between not only home and work lives, but between the "old" work place of RN and the "new" work place of NP. It is no wonder that they are reluctant to belong to the group when their intention is to leave it as soon as possible.

Rather than feeling a distance growing between herself and other RNs, Mary felt herself moving from them.

I almost feel like I'm moving away from the other RNs that I have worked with. I don't know if that is because psychologically I'm trying to distance myself from them, thinking that I am going to be leaving this hospital position someday.

Social events have always been an important part of staff bonding on hospital units. Mary saw herself as moving away from these events too. "I don't feel as included. I don't feel it is as important to go to the bridal showers and the baby showers as maybe I once did." Like Llyern, Mary is avoiding the group in the old work place, perhaps in anticipation of a new group in which she will become a member.

Joan, too, felt a distance growing between herself and her former co-workers. Joan's NP job is at the hospital in which she worked as a RN in the emergency department. "The first week [of her new job] I tended to walk through the ER and stop. I would see people I knew." After a month or so at her new job, however, she

changed that routine. “I purposely now have been parking by the Department of Medicine, so that I can go upstairs and kind of socialize with the new nurse practitioners that I’m with now, just because I thought that was better for me kind of emotionally to do that detachment.” Joan feels drawn toward and pushed away from the life and people she knew as a RN. In a way, she is grieving for her previous life.

I turn to Bozarth to help explain this grieving:

Things change. No one stays the same. Life moves. We move with it or die. But there are natural resistances within us; even organisms born to change fight it. From the safety of sameness, we confront the possibility of change, with fear, tension, then yielding, letting be. We grieve for change, yet we grow through change. (1986, p. 132)

This pulling and pushing creates another between place for those who are on this journey. I am drawn again to the question of a journey to where? Once again the author John O’Donohue gives meaning to my question:

The secret heart of time is change and growth. Each new experience that awakens in you adds to your soul and deepens your memory. The person is always a nomad, journeying from threshold to threshold, into ever different experiences. In each new experience, another dimension of the soul unfolds. It is no wonder that from ancient times the human has been understood as a wanderer. Traditionally, these wanderers traversed foreign territories and unknown places. Yet Stanislavsky, the Russian dramatist and thinker, said that “the longest and most exciting journey is the journey inwards.” (1997, p. 127)

It is natural that during a journey of self discovery old friends may be left along the way. In part this may be a defense against the pain of separation.

Rilke helps me to understand the meaning of creating a distance between those we once knew:

Departures create a burden within our emotions. The distance stays behind them with greater emphasis and works and grows and gains hold of all the commonalities that ought to remain instinctive even for those who are very far apart... (Rilke, in Baer, 2005, p. 42)

Even as the distance grows between ourselves and those we knew before, we create new relationships that sustain us when the path becomes rocky and uneven. At those times it is nice to realize that we have formed a circle of support.

Circle of Support: Being With

This part of the journey leads into a circle and begins with words from John O'Donohue's *Eternal Echoes*:

It seems that in a soul-sense we cannot be fully ourselves without others. In order to *be*, we need to *be with*. There is something incomplete in purely individual presence. Belonging together with others completes something in us. (1999, p. 258)

During my phenomenological research on nurses who are becoming nurse practitioners, one of the themes that has revealed itself is the notion of togetherness on a journey. What does it mean for students to support each other as they make their educational journeys? Llyern discusses the importance of this support: "At one time or another we all played the role of cheerleader, it was important that we did not all melt-down at the same time." I turn to Heidegger to help explain the importance of being with others on a journey:

But the characteristic of encountering the *others* is, after all, oriented toward one's *own* Da-sein. Does not it, too, start with the distinction and isolation of the "I," so that a transition from this isolated subject to the others must then be sought? In order to avoid this misunderstanding, we must observe in what sense we are talking about "the others." "The others" does not mean everybody else but me – those from whom the I distinguishes itself. They are, rather, those from whom one mostly does *not* distinguish oneself, those among whom one is, too. (1997/1936, p. 111)

What does Heidegger mean when he writes of being among those from whom we do not distinguish ourselves? Perhaps this is a hint of his definition of friendship.

The poet Rumi offers these words that further define friendship in the poem

Grainy Taste:

Without a net, I catch a falcon
and release it to the sky, hunting

God. This wine I drink today was
never held in a clay jar. I love

this world, even as I hear the great
wind of leaving it rising, for there

is a grainy taste I prefer to every
idea of heaven: human friendship. (1999, p. 7)

How important is the friendship to RNs who are making the journey to NP?

Once again O'Donohue writes of feelings that I find difficult to express: "This is the appropriate art of belonging in friendship: friends do not belong *to* each other, but rather *with* each other" (1999, p. 3). I turn to the words of my former students and look for meaningful words that I might choose to express the importance of support among colleagues. The OED (1989) defines the word support in many ways. The definitions that speak to me include: spiritual help and mental comfort; the action or fact of holding up, keep from falling, or bearing the weight of something. This leads me back to Llyern and the importance of not all melting down together. There had to be at least one member of her circle who was able to hold another up and keep her from falling. It is clear during our conversation that all members of her group took turns bearing the weight of others.

I try to visualize the bearing of weight. I am transported back to the time when I was a RN in labor and delivery. Many times during the birth process, the woman in labor would be supported by a circle of women. Mothers, sisters, friends,

nurses and coaches supported a leg, held from behind, and murmured words and non-verbal sounds of encouragement with which to share the pain and joy. The circle of women was bearing the weight of the laboring mother as she gave birth. In a similar way the participants bore each others weight so they could “give birth” to the advanced practice place.

Jeaneen affirms the importance of bearing each other’s weight for not only educational support, but for personal support as well. She says:

In school, peers were important I think not so much for like clinical and practice issues, but when you were in school going through the program, peers there were more important for social support. I could go to Llyern and Karleen and say, “My husband and my kids are killing me. They are driving me nuts. I can’t do this anymore,” and they would be there to say, “Yes, you can. We are going to help you.”

Before class began students would sit with their cup of coffee and catch up on the latest news and stories of their families. How is that child who was sick last week? When is that new grandchild due? How is your husband’s health? Only when they had shared their stories and commiserated about how hard the paper that they were currently writing was, could they move on with the work of class and being with each other.

Oriah Mountain Dreamer tells of the importance of stories in her book, *The Call*:

Stories honestly told and deeply contemplated offer us a glimpse of the meaning in our lives and give us insights into how we can consciously live this meaning. (2003, p. 14)

Shared stories lend strength to the circle of students and friends that had formed over the years. They know many of each other’s secrets and fears and have held each

other up through many rough periods. Llyern says of her peer group: “They were the people who understood.” The author Richard Louv helps me define “friend:”

A friend, it seems to me, is someone you can call when you have nothing to say. But a good friend is more than that. Friendship, by nature, is mysterious, and these days undervalued. (1996, p. 42)

I do disagree with one part of this definition and do so by virtue of experience. I have a friend, Susan, who I have known for about 40 years. Far apart and both leading busy lives, we do not speak frequently. Sometimes we go months without a phone call. However, when we do speak we can pick up a conversation as if it was begun yesterday. Rather than saying nothing, we speak of important things and once again weave the circle of support around ourselves.

Weaving the Circle

Those who are on an educational journey together are looking forward to the end of the journey and reaching their goals. This is part of the understanding that Llyern speaks to, the connection between the students. The OED defines connect as “To unite *with* others,” and connection as “A body, or circle of persons connected together” (1989). Once again I am led into a circle. What is this circle and who are with-in this circle? Jean Bolen, in writing about circles of women, helps to answer my questions:

Whatever it is called, whatever the agenda may be, if it is a circle with a center its members are witnesses, role models, and soul connections for each other. Providers of intangible spiritual and psychological support, validators of reality and possibility. Mutual aid and learning societies. Agents of change. (1999, p. 27)

The words of my participants echo here. They support each other’s weight as they each dream of the reality of change and the possibility of the new NP place at the end

of the educational journey. The circle of support moves and changes as the members provide and accept the bearing of weight.

Circles within circles which all connect to and from each other lead me into and out of conversations with the participants. I am reminded of the hermeneutic circle which leads in, out and among meanings given to phenomenon. Gadamer defines hermeneutics "... as the bridging of personal or historical distance between minds" (1964/1976, p. 95). How do my students connect within their circle of learning and support? A definition of circle from the OED, "a number of persons united by common interests" (1989), brings me back to Llyern's words. "Sometimes when someone was really down it was a matter of being present for that person so they could get back to a good place."

Parts of a poem by Sue Espinosa (1999) called *Webs* help me to understand how important connections between women are:

I have several friends
we are all of an age
changing
pausing
rearranging
poised on a millennium edge
huddled together on a cosmic window ledge.

Among us – healers and crones
skeptic and dry bones
we live here and there
each to her own lair
divided by zones
held together by phones.

We are wives and mothers,
nurses, nuns, and daughters
mud-covered
star-studded

blood-rivered
from large to small
goddesses all.

The power once given in trust
vanquishes and eludes us.
It smashes and destroys
denuding our joys
and lost in leaden slumber
our bodies lumber
ugly, incomplete
our spirit deplete
we seek to find
some rent in time
a fairy, a saint
a new coat of paint
and then we recall
the web that relates us all.
And so we cast our dreams
in shimmering streams
undiluted
surefooted
woman-rooted
we reconnect
in every aspect. (pp. 10-13)

The phrase “woman-rooted” catches my attention. During the writing of this dissertation I have been a member of a writers group. All women, we are writing our way into and out of many different topics in many different styles. One of my fellow writers is exploring the idea of gardening and aging. She often talks in our group about roots that go deep into the ground in order to support the plant above. I picture in my mind the roots of many plants intertwining underground and combining to support all of the plants together. Once again, they are bearing the weight of each other.

As I ponder and finish reading the poem, I look out the window in my office. In the poplar tree outside a spider has spun a web and it shines in the sun. Here is

another web of circles within circles. Each one connected by lines that in places touch, and in others do not. The NP group, “woman-rooted” together, reminds me of a web of support. If you touch a spider web on even one small, fine strand the entire web vibrates. From their words, the participants indicate that their support groups have vibrated together and responded in similar ways.

The book *Women’s Ways of Knowing* gives another clue in the section entitled “Listening to the Voice of Others.” In this section the authors identify women learners who “had learned to speak with one another in a way that they could cultivate most easily in relationships imbued with care, trust, and endless discussions” (Belenky, Clinchy, Goldberger, & Tarule, 1986, p. 39). I know that endless discussions exist on how are students able to develop relationships based on care and trust. Jennifer gives a clue when she talks about the importance of her peers during her master’s program:

We were each other’s safety net. We all had different perspectives. If you share the different perspectives you sometimes get a clearer picture.

Jennifer feels that she was connected to her peers and that their communication and “safety net” of care helped to make the journey easier.

I am called to wonder about this journey of women. What does it mean that we have chosen to take this journey together? This circle that has formed fills needs not only of support, but also of companionship. In a book appropriately called *Circle of Stones*, Judith Duerk writes of the importance of support among women:

How might your life have been different if there had been a place for you to be, a place of women...? And, for many months, the women helped you ... to go inside yourself and consider all the experiences of your life and to reflect on them... if the women had helped you draw your thoughts and feelings together and to weigh them... So that you could come to a clearer knowing of

what your life was about. And if the women had listened as you told them of your whole life and the sense and meaning it held for you... the happenings of your whole life?

And at the end of the process, the oldest women had come and sat in a circle, and you saw that they had left an empty place... a place for you. And you softly and timidly made your way to the empty place and quietly claimed your wisdom, the wisdom of your soul.

How might your life be different? (1989, p. 25)

Duerk asks how our lives would be different with-in a place of women. Llyern describes her peer support group as the “safety net” for each other. Isn’t a net another form of web? Once again the circle forms around and between us. The childhood game of “Ring around a Rosie” comes to mind. At the end of the game we “all fall down.” The purpose of the circle formed for this journey is to keep all standing up by bearing the weight of others as needed.

Both Jennifer and Llyern speak to the “safety” of being in the circle. Outside the circle is the scary world of NP practice and increasing responsibility. Are there things to fear inside the circle? The very forming of the circle is an act of bravery for those who come together in trust. When we take a journey that moves us to another place, we leave the comfortable space we have come to know. Casey (1993) writes of the “place-panic” that occurs when animals and humans find themselves away from the familiar, when they find themselves place-less. The formation of the circle creates a place in which the members feel at home and safe. Jean Bolen quotes a women’s spirituality song with an unknown composer in her book about women’s circles:

I am a circle
I am healing you.
You are a circle
You are healing me.
Unite us
Be as one...
(1999, p. 70)

In this circle of women a safe place is formed in which connections are made and the members are able to be and be with each other.

The conversants on this journey have made the connections of support for each other. This circle has led back to the beginning, to the words of John O'Donohue who helps me define the meaning of belonging to a support group: "The word 'belonging' holds together the two fundamental aspects of life. Being and Longing, the longing of our Being and the being of our Longing" (1999, p. 2). The participants all discuss the importance of their circle of support and what it means to have companions on a difficult journey.

"Noble Friends": Webs of Support

The participants speak of the meaning of having companions on their school and early NP practice journeys. I consider the meaning of the word "companion." What does it mean to be someone's companion on a journey? The etymology of the word is from the Old French *compaignon* and means a mate or fellow. Another definition given by the OED is "A person who lives with another in need of society...and who is treated rather as a friend and equal" (1989). Does this society of learners need friends on the journey? Llyern speaks fondly of the importance of her support group, both while she was in school and now as a NP.

You each bring a little bit different perspective to it [school work]. If you share your perspective, sometimes you get a clearer picture of what the problem is because you don't see things only through your own eyes.

Llyern's words about seeing through different eyes bring to mind the writing of John O'Donohue as he gives meaning to friendship:

The Buddhist tradition has a lovely concept of friendship, the notion of the *Kalyana-mitra*, the "noble friend." Your *Kalyana-mitra*, your noble friend, will not accept pretension but will gently and very firmly confront you with your own blindness. No one can see his life totally. As there is a blind spot in the retina of the human eye, there is also in the soul a blind side where you are not able to see. Therefore you must depend on the one you love to see for you what you cannot see for yourself. Your *Kalyana-mitra* complements your vision in a kind and critical way. Such friendship is creative and critical; it is willing to negotiate awkward and uneven territories of contradiction and woundedness. (1997, p. 25)

I look deeper at the "noble friend." The OED indicates that noble is from the Old French *noble* and indicates one of high social rank by virtue of their birth. It is only when I look deeper that I find the definition that calls to me: "Of a person having or displaying high moral qualities or ideals, of a great or lofty character; free from pettiness or meanness, magnanimous" (1989). This definition rings true since these are the qualities that must be present before one is willing to share time, experience and self with others.

Student peers enabled Llyern to see things from a "different perspective." More than one of the participants spoke of the importance of new perspectives as they worked with each other to reach the end of the journey. Jeaneen, Mary, and Llyern met regularly to compare notes about assignments and clinical experiences. If one of them did not understand something, one of the others could look with new eyes to help them all see more clearly.

At times these fellow travelers were the ones who kept each other on the path to completion of this part of their educational journey. With tears in her voice Jeaneen states, “Without my student peers, I probably would have left several times before I finished my degree.” Jeaneen, Llyern, and Mary have all stayed in touch after graduation. It was Jeaneen who found Mary the NP position in a walk-in clinic where both of them currently work. Jeaneen names the importance of having these friends around her:

I think having your peers, your colleagues, whether you are in school or whether it is once you have finished and you have gotten out into the work force, they are a big piece of your support. They are there to answer questions for you, to back you up and say, “Yes, you did do the right thing.”

Words from van Manen connect me to my students and their questioning:

As soon as we gain a lived sense of the pedagogic quality of parenting and teaching, we start to question and doubt ourselves. Pedagogy *is* this questioning, this doubting. We wonder: Did I do the right thing? (2003, p. 147)

The questioning and doubting of the participants, then, is part of the learning journey which they are taking together with their peers.

I turn to words from Llyern to define “peers”: “Peers are people who share your same experiences. They became friends and they are your support system.” The friendships that were formed during the stress filled days of school continue into NP practice as they bear the weight of each other. O’Donohue tells of the importance of nurturing and allowing friendships to Be:

Friendship needs a lot of nurturing. Often people devote their primary attention to the facts of their lives, to their situation, to their work, to their status. Most of their energy goes into doing. (1997, p. 24)

In spite of all the “primary attention” that students had to pay to the school path, these lines of support were woven into a net of safety as they gave and got advice and friendship.

Gadamer gives another clue as to the importance of giving and taking for friends:

Both the person asking for advice and the person giving it assume they are bound together in friendship. Only friends can advise each other or, to put it another way, only a piece of advice that is meant in a friendly way has meaning for the person being advised. Once again we discover that the person who is understanding does not know and judge as one who stands apart and unaffected but rather he thinks along with the other from the perspective of a specific bond of belonging, as if he too were affected. (1960/1999, p. 232)

I picture a group united in their need for support. At times they are the one supporting, at others the one needing support. Each of the participants, indeed every student, brings different strengths and weaknesses to their studies. The sharing of these strengths and weaknesses forms a wall of support in which each student is an essential part.

Llyern expresses how she sees her travel companions, “There was somebody there who was not going to let you fall.” Imbedded in not falling is the idea of a net or web that will catch you. According to the OED the roots of both net and web are from Middle Dutch, *nette* and *webbe* (1989). Both words are defined in part as a spider’s web or a cobweb. Net gives the idea of safety: “a means of catching or securing a person or thing,” while a web, as in a spider web, is defined as something flimsy or unsubstantial (1989). This is not always the case. While watching a nature show on television recently, I observed the commentator emphasizing many times how strong each strand of a spider’s web is. Any part of the web is able to catch and

hold an insect much heavier than the spider, yet a single strand is able to float and move with the slightest breeze. Mary gives voice to the idea of taking turns at supporting each other:

I had so much support from my friends, and that really got all of us, I think, through school. When one of us was discouraged, one of the others was usually not into the depression stage yet and would cheer the others up. So it was a mutual support society.

Mary views her net of support as a “mutual support society” that is available when needed. Once again, the idea of a safety net or web is present.

While exploring caves in Bali, Abram finds himself in a sudden downpour and finds shelter in the company of spiders:

Soon I was looking into a solid curtain of water... My senses were all but overcome by the wild beauty of the cascade... And then, in the midst of all this tumult, I noticed a small, delicate activity. Just in front of me, and only an inch or two to my side of the torrent, a spider was climbing a thin thread stretched across the mouth of the cave... Whenever I lost the correct focus, I waited to catch sight of the spinning arachnid, and then let its dancing form gradually draw the lineaments of the web back into visibility, tying my focus into each new knot of silk as it moved, weaving my gaze into the ever-deepening pattern. (1996, pp. 17-18)

Is this “ever-deepening pattern” an echo of the relationships that are established between/among students? NP students may notice “small, delicate” acts they perform for each other. During classes they would bring each other coffee, share notes, and support each other during particularly stressful times, like finals weeks and the comprehensive examination. Iris sees her classmates as being in the same place in order to give support:

The peers during school were very valuable to me because we were in the same boat – we would call each other and discuss our assignments and help each other out.

Joan echoes this feeling of safety in numbers: “We were all together [in school] so we had to pull each other through.” What does it mean to be in a web of safety?

Matthews helps me give meaning to the web of support:

The circle itself is a restatement of the web of life, of connection and unity. Whenever we meet together in this way, we potentially recreate its delicate networks of connection. Even within each encounter with another person, we have to carry this intention of peacefulness, to send over to that person a thread that can become a pathway to peace. If we meet in anger, disgust, or scorn, we sever all possible connections that can exist between us. When we have learned what maintains us within the circle of life, then we are able to be in right relationship to its supporting web. (1999, p. 213)

I picture in my mind each student sending “a thread” over to others in order to form a web of support and safety which they can all use when the need arises to get to the end of the path together.

Rilke gives voice to the importance of togetherness on a journey:

When two or three people get together they are still not linked in any way. They are like string puppets whose wires rest in separate hands. It is not until *one* hand guides them all that they are enveloped by a commonality that forces them either to bow or to punch each other. And a human being’s strengths are even there where his wires come to end in a hand that holds and governs them. (in Baer, 2005, p. 37)

The conversants see themselves as linked by webs or nets of support in which they “are enveloped by a commonality” of completing this part of their education journey. Once these RNs reach the end of this journey, however, there are new challenges ahead on the yellow brick road.

Identity Tensions: The Meek and Powerful

When Dorothy arrived in Oz, she asked the Wizard to send her back to Kansas.

“Why should I do this for you?” asked Oz. “Because you are strong and I am weak; because you are a Great Wizard and I am only a helpless little girl,” she answered. (Baum, 1900/1960, p. 128)

In spite of Dorothy’s perception of herself as weak, it was she who defeated the Wicked Witch of the West and helped her friends fulfill their dreams. In a similar way, RNs may identify themselves as less powerful than physicians. As they move forward into the NP role they formulate a new identity. Some of them find this transition to more power difficult. They did not find the less powerful place of RN comfortable since they chose to move away from it. Now, they are identifying their power in a new place while attempting to keep the essentials of nursing in their practice.

“Just a Nurse”

Several participants speak of the feeling of powerlessness when they were RNs. Jennifer states: “As an RN, I think I felt like a diligent worker. Now I feel like a free agent.” Iris expresses a similar feeling: “In the hospital setting the patient is not truly your patient because you have the physician in charge.” Freire’s words help to explain why Joan describes nurses as “just carrying out orders:”

Self-depreciation is another characteristic of the oppressed, which derives from their internalization of the opinion the oppressors hold of them. So often do they hear that they are good for nothing, know nothing and are incapable of learning anything – that they are sick, lazy, and unproductive – that in the end they become convinced of their own unfitness. (1996, p. 45)

One way in which Llyern and other participants identify their powerlessness as RNs is in the “ownership” of patients for whom they care. Llyern states: “They were not my patients [when she worked in the ER], they were Dr. so and so’s patients.”

Jeaneen says: “I’ve had physicians say to me as an RN, ‘You’re the nurse, I’m the physician.’ Sort of to keep my place.” Joan agrees: “The nurse carries out the orders.”

Thinking about being “kept in place” brings me back to the idea of power and who might be powerful in the RN – physician relationship. Kreisberg provides clues as to the nature of power:

Most prominent definitions of power share a common conception of power as a *relationship of domination*, as *power over*. Dominating relationships are characterized by inequality: situations in which one individual or group of individuals, in order to fulfill their own desires, have the ability to control the behavior, thoughts, and/or values of another individual or group of individuals. (1992, p. 36)

Mary confirms the idea of “power over”: “As an RN, you are really more carrying out the orders and don’t have quite the feeling of ultimate responsibility for the patient outcome.” What has changed that the NPs now feel more responsible or responsible for their patients? Baer suggests that the image of nurses, including the one they hold of themselves, may be part of change:

Nurses’ expanded educational preparation, research-based knowledge, and highly sophisticated practice roles are not generally recognized by the public, which still thinks of nurses at the bedside, in the maternal, handmaiden role...Nursing’s role has been seen as necessary, but secondary and dependent, not primary and independent. (1999, pp. 81-82)

Perhaps this history of dependence is one reason why Joan says: “I was just a RN before I became a NP.” As I pondered these words I remembered a poem I had written recently in response to another nurse friend who thought of herself as “just a nurse.”

Just A Nurse

A colleague was heard to say the other day:
“What can I do, I’m just a nurse”

I reacted with emotion:
Just a nurse?
Am I also just a nurse?

I save lives and help stamp out disease
I comfort the dying and those in pain
I visit homes and manage care of patients from cradle to grave

I teach about health promotion and maintenance
I assess every day the common and uncommon ills of humanity
I soothe and medicate, examine and counsel anyone who seeks my help

I care about and care for paupers and presidents,
Men and women, children and grandparents –
All in one day

I educate and mentor the students who will take my place
Easing them through the shock of a new culture
Into the world and work of caring

Well, I may be “just” a nurse
But I would rather be a nurse than “just”
Anything else in the world
(Ogle, 2006)

As I was reading this poem again I tried to remember the reasons I gave when I interviewed for my nursing school placement 40 years ago. I was pulled back to a book that I read many times over as I worked toward the magic initials, RN, that would appear behind my name. I wanted to be Cherry Ames and have exciting adventures as I saved lives. Going back to the same book after all these years I am drawn to other important words from Cherry:

Most of all, Cherry loved nursing itself. Her dream was the dream of being a nurse, of helping people on a grand scale in the most important way there is. She had come to believe in it... and she always would believe in it. (Wells, 1944, p. 23)

It is over 60 years since Wells wrote of the belief Cherry Ames had in nursing and the power it had to help people. The power of belief and the power to help, these are part of the essence of nursing.

Called to Nursing

What is the essence of “nurse?” It goes beyond the definition of the word as discussed in Chapter Two of a nursemaid or one who cares for the sick. Hawley writes about the essence of nursing: “Sometimes nursing is not so much a kind of doing but a kind of being: being present in a moment of crisis and need” (2000, on-line). When I turn to the OED for the meaning of “essence” it is linked to the word “essential.” The definition with which I connect is “that which constitutes the being of a thing; that by which it is what it is” (1989). Williams helps give meaning to remembering essence:

Remember your essence.

Forget everything else that you know,
and get back in touch with the feeling
of being who you are.

Remembering means re-experienced.

It is an inexhaustible source of nourishment
and support.

It is your most trustworthy and dependable friend.

When you need somebody to lean on,
lean on your experience of who you really are.
(1994, pp. 8-9)

When considering the essence of nursing I wonder how one decides to become a nurse. I turn again to my participants and to my own memories of that first interview for nursing school. Most of the participants speak of the reasons they became nurses

during our conversations. Llyern can “not remember when I did not want to be a nurse.” For Joan, Mary, and Jeaneen the reason is simple, “I wanted to help people.” This was similar to the answer I gave so many years ago when asked by the nursing school administrator “Why do you want to be a nurse?” What is this wanting? What does it mean to help? The essentials of nursing as defined by the conversants are helping, caring, and being.

Want is from the Old Norwegian *vanta*. In addition to meaning the lack of something, the definition of “to feel the loss of” is the one that calls to me (OED, 1989). What is it that we felt the loss of those many years ago? What were we looking for? Iris helps to answer the question: “I was called to help.” To help is to “benefit, do good to, or to relieve or cure a malady” from the Old English *helpan* (OED). A question that comes to mind is where did the call come from? Berman writes of the call:

Being called to care means having a voice and entering into relationships with the other – sharing the joys, fears, and darkness of others. (1994, p. 12)

For those of us who grew up in the mid-twentieth Century, the role models for women were traditional. Women became wives and mothers. If they had a job before becoming mothers it was expected that it would be a “woman’s job.” Secretary, teacher, and nurse were the jobs that were encouraged when I was in high school. If a girl had a religious call, then she could become a nun. Girls were discouraged from taking courses like engineering and calculus since they would be “wasted” on women. The author Sue Monk Kidd, a nurse herself, echoes the career choices for women:

When I was six years old someone asked me, “What do you want to be when you grow up?” At that age, living in a small Georgia town in the 1950s, I could think of four careers for women – they were the only stories I knew: teacher, nurse, secretary, and housewife. (2006, p. 70)

With so few choices for women at that time how can we say that we were “called” to nursing?

In the book *The Call* Oriah Mountain Dreamer writes of experience:

Each of us needs to experience the truth for ourselves, each of us needs to follow our own path to self-realization even though the self we realize is in essence identical to and not truly separate from all other. There is simply no way to get there except by going through the process yourself. (2003, p. 14)

How does this relate to becoming a nurse? While some may have chosen the nursing path because of expectations, it remains their individual path and leads to self-realization. Calls happen in different ways. Mary got her call through her sister; Jeaneen was influenced by a guidance counselor in high school, and I followed the example of my mother. Other nurses have been influenced by the romanticized notion of nursing as portrayed in books, movies, and on television. Cherry Ames, Sue Barton, and even Florence Nightingale were romanticized in the popular press. Jean Watson writes in a commentary in the commemorative edition of Nightingale’s

Notes on Nursing:

Just as a century ago nursing was considered a “calling” there is once again an open call for compassion, commitment, involvement, a passion, if you will, for nurses to recommit to a “calling” to engage in reform based on basic human caring – healing and health values; reform based on knowledge rooted in ancient feminine wisdom and knowledge... (1992, p. 81)

The call the participants heard to nursing continued as they continued their travels on the yellow brick road and came to dwell in the NP place. Heidegger writes of the importance of finding place:

To dwell, to be set at peace, means to remain at peace within the free, the preserve, the free sphere that safeguards each thing in its essence. (1993, p. 351)

In this place they continue to find the essence of nursing and try to safeguard its meaning. In this new place there are new challenges to face.

Keeping the Essence – Taking the Power

The conversants help to further identify the essence of nursing. Llyern is emotional when she states:

To be a good NP you need to be a good nurse first and you need to understand what nursing is – the whole picture of nursing.

The “whole picture of nursing” has been evolving since Florence Nightingale first began educating nurses. At the same time, a struggle has continued over the power held by nurses in the health care environment. Hawkins and Thibodeau help to identify the “roots” of this struggle:

The roots of powerlessness in the profession today can be partially traced to nurses’ socialization in traditional female roles and the profession’s relations with physicians and hospital administrators... One reason that nursing’s power base has remained weak is that power tends to be associated with males, especially white males... Florence Nightingale was astute enough to recognize and use to her advantage the need men have to exert power over women and the threat that a competent woman presents to them. (2000, pp. 91, 94)

Joan is quick to identify the source of power in hospitals: “MDs [Medical Doctors] were more important than the RNs; there was no way to question an order.” Joan’s words lead me to consider the word “order” with interest. The OED (1989) begins the definition of order with “rank in a hierarchical structure.” It is interesting to note that included in the definition of order as “an authoritative direction; or mandate” is the term “doctor’s orders.”

Affirmation of the existence of a “game” between MDs and nurses comes from Benner, Tanner, and Chesla who write about the “doctor-nurse game,”

...in which physicians and nurses interacted in ways to avoid open conflict at all costs. The nurse could make recommendations, but could do so only indirectly, to avoid the appearance of making recommendations; the physician, in asking for a suggestion from the nurse, could do so only without appearing to. The game served to preserve the dominance of medicine over nursing and the higher status afforded the physician. (1996, pp. 280-281)

Is this “game” part of the boundary between nursing and medicine? Jeaneen agrees with the idea of MDs as higher in rank than RNs:

I’ve worked with physicians that definitely had that chain of command thing going on and you could have no input.

Jeaneen’s use of the word “command” is interesting since it gives a visual picture of someone with higher authority standing over and issuing orders to “underlings.” It is interesting that the issuing of orders involves communication. Kreisberg writes that “the *power over* relationship cuts off human communication and creates barriers to human empathy and understanding” (1992, p. 47). This same difficulty with communication shows itself in the writing of Freire:

It is necessary for the oppressors to approach the people in order, via subjugation, to keep them passive. This approximation, however, does not involve *being with* the people, or require true communication. It is accomplished by the oppressors’ depositing myths indispensable to the preservation of the status quo... (1996, p. 120)

The “myth” of MDs’ power over RNs is continued as the NPs enter the realm of advanced practice. It is up to both MDs and NPs to establish communication and be with each other to improve patient care.

Hawkins and Thibodeau agree with both the games and the “power over” scenario between MDs and RNs:

In nursing, women have played games with physicians, allowing themselves to assume and maintain positions of subservience which fosters attitudes of medical paternalism in their professional relationships. Such behaviors may have been appropriate for survival in the past, but... for too long, physicians have assumed the right to dictate nursing's role. (2000, pp. 104-5)

What does it mean that NPs have now changed the rules of the game and ventured onto the physician side of the playing board? When nurses are educated as NPs, emphasis is placed on collaborative practice. Collaborative practice involves “the sharing and integration of team members’ skills and expertise, as a collegial relationship of equal authority” (Torres & Dominguez, 1998, p. 220). The change then, from the “games” of inequality to collaborative practice must happen from both sides of the game board. Baer writes: “As the ‘new’ professions emerge, the balance of power is disrupted, particularly between groups that share clients, content, and workplaces” (1999, p. 83). The MDs must accept NPs as equal partners in patient care and NPs must become comfortable in their new role and relationships with MDs.

How can nursing reclaim its role? The word reclaim is from the Old French *reclamer* and means to call back. It leads to “claim” and the definition with which I identify is to “demand one’s due or affirm one’s possession of” (OED, 1989). Nurses must affirm possession of their own role in health care. It seems that the changing health care environment will help. As more nurse practitioners and more female physicians join the ranks of those providing care, “medical paternalism” will become less of an issue. Another way for nurses to not only reclaim their role but to advance it, is to learn the rules of the game. Once the rules are known they can be changed or adjusted to benefit other players.

At the group dinner, Heather, Llyern, and Joan agree that there is usually a difference in the way male and female physicians interact with nurses. “Perhaps women recognize the value of other women” says Joan. Chinn helps identify the importance of women’s work:

Women traditionally have been peacemakers, but women’s peacemaking work and the skill it requires have been privatized and made invisible. In part because this work has been invisible, exactly what skills are required to be effective are not widely known or generally practiced in the world at large... Women in the feminist tradition have been remembering and are continuing to remember the wisdom of doing what we know, and of knowing what we do. (2001, p. 2)

Does moving to the NP place make a nurse more “visible?” Street, in her study of nursing, writes of the “invisibility” of nurses:

This indicates a process of selective visibility in medical and paramedical staff who tend to pay attention to particular nurses such as charge and associate charge nurses and ignore other nurses until such time as they particularly need the help of a particular nurse. (1992, p. 156)

As they move, NPs often experience another place of between – between the RN role and that of the NP. What happens when someone moves from an invisible place to visibility?

In *The Wonderful Wizard of Oz* it is Oz himself who becomes visible and exposed when the curtain is pulled away:

“Making believe!” cried Dorothy. “Are you not a great Wizard?”
“Hush, my dear,” he said; “don’t speak so loud, or you will be overheard – and I should be ruined. I’m supposed to be a Great Wizard.”
“And aren’t you?” she asked.
“Not a bit of it my dear; I’m just a common man.”
“You’re more than that,” said the Scarecrow, in a grieved tone; “you’re a humbug.” (Baum, 1900/1960, p. 184)

The Wizard admits to Dorothy and her friends that he is a “humbug.” Is this the fear of the participants? Are they afraid of being exposed as humbugs? The participants

identify one of their fears as they start NP practice as being the “imposter.” Not having confidence in this new role, they are afraid that someone will identify them as humbugs or “common” nurses, not able to fulfill this new role. According to

Altrows:

People who feel like imposters seem to believe that everyone else fits the ideal except them. There seems to be a blindness to the fact that no one is perfect and that most people do not expect us to be perfect either (even though we might expect perfection from ourselves). (2002, on-line)

Having been experts, or “perfect” in their RN roles, do new NPs expect this of themselves again? How can NPs define themselves in health care with these elevated expectations?

Jeanen describes the nurses’ role in health care as “the middle man” who carries out the MD’s orders, a difficult place to be. Llyern’s words echo the betweenness of the nurse’s place:

As a RN, the physician prescribes the plan ...it hasn’t changed in 30 years. You are still carrying out the physician’s plan of care. As an NP, you are deciding a plan of care for your patient.

Perhaps, as Casey writes, coming to the new place, “is an ongoing task that calls for continual journeying between and among places” (1993, p. 314). Being between is a place of opportunity and a place of danger since they have moved out of invisibility and into the visibility of the NP role. The challenge is to bring into light the essence of the nurse. The new NPs remember the essentials or “essence” of themselves as nurses and take this with them into their new role as they add power and make it their new home.

Clicking Your Heels: Arrival Home

In the 1939 movie *The Wizard of Oz* the good witch Glinda tells Dorothy how to get home again:

Then close your eyes, and tap your heels together three times. And think to yourself – “There’s no place like home; there’s no place like home; there’s no place like home.” (Langley, Ryerson, & Woolf, 1939)

Glinda helped Dorothy to realize what it was she really wanted and how to achieve those dreams of home. I wonder what Dorothy found once she returned home again. Certainly, there was a new house since the one she remembered was now left behind in Oz. The landscape with which she was familiar would also be changed. Anyone who has seen the aftermath of a tornado knows that the topography of the land is changed by such a violent event. The people she left behind would have changed also. The 1900 book, *The Wonderful Wizard of Oz* ends with Dorothy running into Aunt Em’s arms and declaring how glad she is to be home. It does not explain that things, people, and places have changed in the time since Dorothy left and she must get to know a different place once again. Once the participants “click their heels” into their new lives as NPs they must get to know this new place and a new way of being nurses.

Telling Stories: Learning from the Past

How do we learn about a new place? What stories of Oz did Dorothy tell to Auntie Em and Uncle Henry? One that she may have told is of her companions on the journey and how they become not only her friends but her guides. Sometimes it helps to have a guide, and at other times we learn by ourselves. Dorothy needed help to find the magic in her shoes, but then she was able to find her own way home.

When I started my first nursing job I was given a short orientation or initiation into my position. Currently, hospitals have entire departments of nursing education that are devoted to guiding nurses into their new roles. MacEowen writes:

Initiation is the process of defining and refining one's role in the life of our longing, determining how we can be conduits for its influence in our lives and world. (2002, p. 67)

Once new NPs graduate, pass the certification examination, find their first job, and negotiate their first contract, they must then orient themselves into place. Often they are oriented in their new jobs by NPs who are already in place. Joan says, "The other NPs were wonderful. They were a resource I could always call on." This carries on the tradition of nurses sharing information with those who follow, one generation of nurses bearing the weight of the next.

I picture long lines of nurses passing information and knowledge down the line to those who are following behind in the generations of nurses. I connect to the generations of my family. I think about my grandparents, parents, siblings, children, and grandchildren, each of whom has a special place in my thoughts. I see them as connected to each other through me as I pass along stories, recipes, and the very genes that make us who we are.

Generations

My granddaughter holds my hand and I feel the pull of generations.
Running away and toward me like sand in the waves.
So many relatives known and unknown, their stories and genes making us whole.
How can we possibly measure the tide of generations?
Only by the stories and a child who smiles my father's smile.
Ogle, 2006

How can we measure the tide of generations of nurses? One way is through the stories that are told to new nurses and NPs. In my classes, I always tell "stories of

care,” which are stories of the many times during my career when a patient made a particular impression on me. I try to connect the students to the topic we are studying, telling the story of an unusual heart attack patient while studying cardiology, for example. I remember hearing similar stories from my nursing teachers, stories that helped me identify myself as the next generation of “nurse.”

Each of the participants tells stories of patients who gave meaning to their identity as “nurse.” Jennifer has tears in her eyes as she tells of a patient who particularly touched her:

He was probably my age, I guess I was about 28 then. He was a patient at the first hospital I worked in and he had a Whipple [a very invasive surgical procedure for cancer]. He was a young guy, you know, but he had cancer all throughout the belly. He was in so much pain, and his wife was my age, too. He was a big Italian guy who was healthy until the surgery reduced him to just this mush of a man. He was bawling and crying all the time. The doctors would come around and just kind of dismiss his pain. They were more interested in the physiology of what was going on, but not so much in the actual person.

I would go in on the evening shift and he would call me his angel because I tried to spend time with him. I think I saw him as the person he had been, not the physical wreck he had become. I think about him all the time. There are many patients that stick out in my mind, but I always think about him.

What does it mean to have stories to share? For Jennifer and for the other participants who all shared stories of memorable patients, it is a part of their nursing past that influences their nursing future. Jennifer’s story helps to connect her to the importance of being with patients and continuing carative nursing practices. Street writes of the experiences of nurses who witness the invisibility of patients:

Many nurses echoed this frustration when medical staff entered the ward or bay where they were working and ignored both them and the patients, making decisions based on their assessments of the data in the carts. In situations where the patient information is not kept at the bedside the doctors may not even visit the patient, relying entirely on their judgement of the data collected

by the nurse and the information acquired through the technological interventions. (1992, p. 157)

Has Jennifer's story helped to identify the invisibility of patients? What does it mean to tell these stories and keep them in our memories? Louv writes that "The way to preserve our memories is to make gifts of them" (1996, p. 11). In a way, the telling of patient stories is preserving the memories of those patients and making gifts to other nurses. Sue Monk Kidd makes a connection with "inner stories:"

The inner story creates identity, transforming our vision of who we are. Creating story is an act of self-knowing. Through the lens of story we see the mystery of ourselves more clearly. Knowing who I am hinges on remembering who I have been in the past and embracing the hope of who I may be in the future. Story allows me to enter the tension between memory and hope. (2006, pp. 17-18)

Through the telling of stories of their journey from RN to NP my participants have entered the tension between the memory of who they were and the expectations of who they will become.

High Hopes: Elevated Expectations

When I graduated from my NP program I had been a nurse for over 30 years. I expected that the transition into a new nursing role would be easy. After all, not only did I have nursing experience, I was no longer a new 20 year old graduate and I had life experience. However, what I expected and what I experienced were two different things as my "holding up the wall" illustrates. Joan has about the same number of years in nursing experience and life experience as I. She expresses similar feelings as she finds her place in NP practice: "I think I expected myself to be further along than I am right now." According to Larisey, Joan and I are not alone in our confusion:

After being initially socialized in a basic nursing program, a nurse must be resocialized...when the nurse undertakes new roles, such as assuming a leadership role or returning to school. Both initial socialization and resocialization involve changes within the individual as a new self-identity emerges. Often, these changes are stressful, evoking strong emotional reactions and inner conflict. (1996, p. 47)

This statement emphasizes the identity dimension of what it means to be “resocialized.” My participants describe the lived sense of this resocialization. “As a NP I should be more independent and autonomous and I should be able to figure out my own role” (Mary). “I feel very scared, you’re a NP now, you’re supposed to put one and two together to come up with three” (Iris). These new NPs have a bad case of the “shoulds.” This case of “shoulds” most likely comes from the past place and identity of knowing as nurse. The expectation is that the new place and identity of NP “should” be just as knowing.

In almost all of the conversations the participants acknowledge that the pressure to “come up with three” is from them-selves. Bateson writes:

We improvise and struggle to respond in unpredictable and unfamiliar contexts, learning new skills and transmuting discomfort and bewilderment into valuable information about difference – even, at the same time, becoming someone different. (1994, p. 66)

As the RNs become NPs they pass through periods of learning and bewilderment as they become someone different. Is it the past self that is putting pressure on the someone different? Heather says:

It is my expectation that I will know more things. I felt a little incompetent at first because I couldn’t just spit it out or write it down.

What does it mean to “expect” things of your-self? To expect is to “look out for, await” from the Latin *expect-āre* (OED, 1989). Are the participants awaiting the self that was so comfortable as a RN? Words from Joan seem to affirm this: “When I

worked in the ER I had control, now I don't have control." Jeaneen has even higher expectations of her-self as NP: "My expectation of me is that I would be 100% right 100% of the time." Why does Jeaneen expect so much of her-self? Could this be part of the process of reality shock? Kramer writes:

Another form of rejection is against oneself. The person in this phase of culture or reality shock may feel he is a failure, that he cannot possibly make good, that all the money spent on him was wasted. He blames himself for every mistake, and feels utterly defeated when he is not an instantaneous success in everything. (1974, p. 6)

Although Kramer's classic work explored the reality shock of new RNs, I believe that a similar "shock" occurs with new NPs. Unlike new RN graduates, NPs have success as nurses in their past; like Jeaneen they expect success 100% of the time. They have set such high goals for themselves that no one could possibly attain them. Mary affirms: "I think I'm very hard on myself; I set very high expectations." How then, do NPs make the leap into the new place? It may not be a leap at all; often it is one small step at a time along a long road. At others, it is the baby steps and big steps of progress as visualized by Llyern. No matter how the journey is made, however, the important part is finding your-self at the end.

Finding Your Own Voice

Oz, left to himself, smiled to think of his success in giving the Scarecrow and the Tin Woodman and the Lion exactly what they thought they wanted. "How can I help being a humbug," he said, "when all these people make me do things that everybody knows can't be done? It was easy to make the Scarecrow and the Lion and the Woodman happy, because they imagined I could do anything. But it will take more than imagination to carry Dorothy back to Kansas, and I'm sure I don't know how it can be done." (Baum, 1900/1960, p. 199)

Even the great Oz had difficulty gaining confidence in a new or unknown skill or place. Once he lost the "screen" of un-self he was able to become comfortable

with his own voice and plans. What helps new NPs find this real self? It may be that they now have the opportunity to stop, think and actually be themselves.

While in school and early in NP practice, the pace is frantic. School is taken up with assignments, reading, clinical practice, and preparation for the certification examination. Early practice may be just as busy: orientation to a new job, learning new routines, meeting new people, and getting to know the NP-self. Jeaneen voices the feeling of early practice: “I couldn’t find my comfort level initially.” While Jennifer expresses, “like I was drowning.” Jeaneen calls the overload “information constipation” and wonders how to give her brain a laxative. While none of the participants give a definite time when the frantic feeling abated, all of them relate that there came a time when they could “step back and take a deep breath” (Llyern).

What helped them “take a deep breath?” Perhaps, like Kidd, they were able to stop and listen:

When I come upon one of those places where I can’t see which way to turn next, my best response has been like hers: to quiet my anxiety and focus on the voice of the guide within myself. There is a source of divine wisdom in us that simply knows. A nudge, an awareness, a dream, an intuitive flash, a gradual dawning, a gut reaction – guidance comes from within, step by tiny step. (2006, p. 198)

Where does the guidance come from? Jeaneen identifies two sources: the first is herself, “I actually knew more than I thought I knew.” The other source is her teachers: “I could hear preceptors’ and instructors’ voices going through my head.” The “voices” in the participants’ heads helped them to continue their journeys during the first few months of NP practice. There came a time for each of them, however, when the voice that was the loudest was their own.

During the last individual conversation with each of the participants the voice of an uncertain NP is replaced with one of growing confidence. Iris is very clear about her feelings: “I feel like I’ve grown up. I’ve grown professionally and personally.” What does it mean to grow? Grow is from the Old English *grówan* and means “to flourish” (OED, 1989). Iris and the other participants speak of growing or flourishing in their new places. When I connect grow to a plant growing I think of setting down roots in a new place, once again becoming “rooted” in order to grow.

Joan gives voice to the importance of confidence in her new place: “My confidence is high now. I have my own way of doing things – finding my own way.” What does it mean now that Joan is finding her own way? Bateson writes of being comfortable in a new place:

Arriving in a new place, you start from an acknowledgment of strangeness, a disciplined use of discomfort and surprise. Later; as observations accumulate, the awareness of contrast dwindles and must be replaced with a growing understanding of how observations fit together within a system unique to the other culture. (1994, p. 27)

Once immersed in the new NP culture, the participants find their own way. Mary, who had a difficult beginning to her journey, has found her NP-self: “It certainly helps the confidence level to be able to say [to a patient] ‘I know what is wrong with you.’” Mary is able to say those words more frequently as the months have gone by.

Jennifer agrees with the evolution of confidence: “Everybody’s confidence level takes a different amount of time. You can’t do it until you are ready.” Spending the time has certainly paid off for the participants. By our final group conversation each of them is able to identify at what time she would identify herself as a “real” NP.

End of the Road: Feeling Real

“What is REAL?” asked the Rabbit one day. “Does it mean having things that buzz inside you and a stick-out handle?”

“Real isn’t how you are made,” said the Skin Horse. “It’s a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become Real.”

“Does it hurt?”

“Sometimes.” For he was always truthful. “When you are Real you don’t mind being hurt.”

“Does it happen all at once, like being wound up, or bit by bit?”

“It doesn’t happen all at once. You become. It takes a long time. That’s why it doesn’t often happen to people who break easily, or who have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby.”

“But these things don’t matter at all, because once you are Real you can’t be ugly, except to people who don’t understand.” (Williams, 1922/1985, pp. 9-10)

Just like the *Velveteen Rabbit*, students and new NPs spend time wishing they were “Real.” Conversations in class often started with the disclaimer, “When I am a real NP...” followed by information about just what wonderful things they would do. How do you become a Real NP? Unlike the rabbit, there is no nursery Fairy to come and grant wishes. The Skin Horse gives directions to becoming Real, “You become.”

The final activity with the participants was a dinner at my home. The dinner conversation focused on catching up on family happenings and professional progress. At one point someone asks: “When will you know that you are really a NP?” The responses are as varied as the participants and give a clue as to the meaning of being one with the journey and finding home in the NP place.

Most of the answers to the question about being “real” go back to the meaning given to confidence. Iris, Joan, Llyern, and Heather all give answers that have an element of practicing with confidence and giving good care to patients. Jeaneen says:

“When I have the confidence to do a physical assessment and come up with the diagnosis all on my own.” What a change from the new NP who was constantly looking for the support person behind her. At the final meeting, Jeaneen tells the others that she has been given additional responsibility in her NP position, one that involves orienting new NPs. Her comfort in the place of NP is enough that she is able to pass the stories and information to the next generation of NPs and help them become Real.

Mary, who had a difficult beginning, says: “When I see a patient and know what is wrong and what to do.” Now that Mary has a place in which she is comfortable being, she can take the time to become. For, as the Skin Horse indicates, it takes a long time to become Real and sometimes it is painful.

Opening doors is Jennifer’s key to being Real: “When I feel comfortable enough that I’m not scared to death when I open the door and walk into the office.” Sometimes when you get to the end of one journey, there is another door that leads to the next path. The important part is to be brave enough to open the door and begin the next part of the journey.

Opening the Door

Hour after hour passed away, and slowly Dorothy got over her fright; but she felt quite lonely, and the wind shrieked so loudly all around her that she nearly became deaf. At first she had wondered if she would be dashed to pieces when the house fell again; but as the hours passed and nothing terrible happened, she stopped worrying and resolved to wait calmly and see what the future would bring. (Baum, 1900/1960, pp. 15-16)

Once Dorothy landed safely in Oz she opened the door to a whole new world. There were friends to be made, new experiences to enjoy, and many new things to be learned. The door opened on a path – a Yellow Brick Road which was the way to

these new experiences and the way home. Chapter Four is the way in which we understand the meaning of one journey and find our way to the next door. Nurses who have become nurse practitioners tell stories of the journey as they move from school, to beginning their NP practice, and finally to comfort in a new place. We realize together that the telling and gathering of stories has transformed us.

Like Bateson (1989) we see messages of possibility in times of change. As the participants have changed, so have I. In Chapter Five I explore not only changes that have occurred, but the possibilities that exist with further travel. The transformation of teacher and the meaning of that transformation are revealed. Chapter Five also opens the door of significance to curriculum work and the things that are to come, for according to Rilke:

How numerous and manifold is everything that is yet to come, and how differently it all surfaces and how differently it all passes from the way we expect. (In Baer, 2005, pp. 10-11)

CHAPTER FIVE: WHAT THE YELLOW BRICKS HOLD

Dorothy asks, “How do I start for the Emerald City?”
Glinda replies, “It’s always best to start at the beginning – and all you do is follow the Yellow Brick Road.” (Langley, Ryerson, & Woolf, 1939)

Once Dorothy opened the door on the world of Oz, she began her journey to the Emerald City. Dorothy’s journey starts at the beginning of the yellow brick road and leads to unimaginable possibilities. The same is true for my journey. With each step we move toward what we think we want and will be in what is yet to come. We find, however, that everything is different from what we expect. Dorothy certainly did not expect to find witches, flying monkeys, and munchkins when she opened the door in Oz. In the same way, what we expect to happen today, tomorrow, or next year may change in the blink of an eye.

In this Chapter I explore the journey to this dissertation place and the changes that have occurred along the way. Like Dorothy, I find myself along a yellow brick road and look back to see what each step has revealed. I also look forward to what is to come and take a deep breath in preparation for the surprises that will follow.

Throughout my research I have listened carefully to the voices of my former NP students – my co-researchers. I enter their stories as they each tell of their lived experience of being new NPs – stories that reveal the themes embedded in the phenomenon that called forth this phenomenological investigation. The stories of my co-researchers offer possibilities for deep interpretation; the co-mingling of our stories paves the yellow-brick way to significant new understandings.

I have started at the beginning, and I have been on the yellow brick road. Now, I find myself at yet another new beginning. I have followed, led, and lived in

the stories of my students; from those lived understandings I must now create the path to a place of pedagogy. The interpretive work, indeed, brings the phenomenon into “nearness” (van Manen, 2003) and lays the foundation for a pedagogy of story and story-telling. With intention and care the bricks are exposed and new ones created – leading to a transformative curriculum and pedagogy in nursing education. I start with what the bricks hold in this story of nurses who become nurse practitioners. Then I re-trace my own transformative journey that brings me to this time and place and the person who helped me take my first steps. Through this re-turn, I come to know most fully the terrain of my phenomenon from the lived path of my being-there.

Bricks of the Journey

Dorothy: “Oh, will you help me? Can you help me?”

Glinda: “You don’t need to be helped any longer. You’ve always had the power to go back to Kansas.”

Dorothy: “I have?”

Scarecrow: “Then why didn’t you tell her before?”

Glinda: “Because she wouldn’t have believed me. She had to learn it for herself.”

Tin Man: “What have you learned, Dorothy?”

Dorothy: “Well, I – I think that it – that it wasn’t enough just to want to see Uncle Henry and Auntie Em – and it’s that – if I ever go looking for my heart’s desire again, I won’t look any further than my own backyard. Because if it isn’t there, I never really lost it to begin with!” (Langley, Ryerson, & Woolf, 1939)

As Dorothy reached the end of the Yellow Brick Road, she discovered that she had always possessed the power to return home. In order to use the power, however, Dorothy first had to look into her own heart to find what she truly desired. Reaching the end of the dissertation Yellow Brick Road, I look back at where I have been. Sometimes it is only when looking from a distance that a pattern is revealed and we see the truth.

Heart's Desire

Looking at individual bricks in a path reveals only color and a rough surface. As I look from a distance, however, I can see designs reveal themselves. Circles appear here, squares appear there, and diamond shapes come into sharp focus. What does it mean to look at things from a distance? In the book *Zen and the Art of Motorcycle Maintenance*, Persig addresses this question:

You look at where you're going and where you are and it never makes sense, but then you look at where you've been and a pattern seems to emerge. And if you project forward from that pattern, then sometimes you can come up with something. (1974, p. 149)

The "something" that I come up with as I look forward and back is the new sense of self recognized by the participants. As this new self is revealed, the participants have looked into their hearts and come to realize the value of the NURSE part of nurse practitioner.

In *Leading with Soul*, Bolman and Deal write of the importance of looking into the heart:

Maybe your head and hands have taken you as far as they can. Consider a new route. A journey of the heart. Your heart is more than a pump. It's your spiritual center. Heart is courage and compassion. Without it life is empty, lonely. You're always busy but never fulfilled. (1995, p. 25)

During the journey from nurse to NP, the participants come to depend upon their head and their hands as they absorb the knowledge and learn the skills necessary for advanced nursing practice. Once they find them-selves in the new practice place, however, there is time for a deep breath and looking inward at the heart. A recent email conversation with Joan brought this response to my question about her comfort with her NP practice: "I've been at it for almost 3 years and I think I'm feeling

comfortable with the advanced practice part. I'm also finding that I'm going back more and more to my nursing skills." Has Joan, like Dorothy, found that part of what she was looking for is in her "own backyard?"

Knowing Self

Sometimes we tend to assign less value to those things that have become very familiar. Dorothy wanted to leave behind her flat Kansas roots to go "over the rainbow." Jennifer, reflecting on her nursing career in the first conversation, says, "Being in nursing, it's difficult. There are always people there who are questioning your judgment." By the second individual conversation, Jennifer says without hesitation, "I am still enthusiastic about nursing. I find myself relaxing more into nursing." In the first conversation, Joan identifies herself as, "Providing the medical care from a medical place. I'm not providing the nursing care." These statements reflect the tension between the perceived place of the nurse versus that of the doctor or health care provider. While learning the "head and hand" skills required of NPs, the participants feel it necessary to put distance between the nursing place and the NP place. This tension between places is recognized by Street:

Medical knowledge is generally treated as objective, value-free scientific knowledge, a view that mystifies both medical knowledge and the work of the doctors who use it. This view of the value of medical knowledge has been legitimated by the state through legislation, which accords specific responsibilities and rewards to doctors while legally subordinating the roles and responsibilities of other health professionals to them. (1992, p. 8)

Both Mary and Llyern affirm this "value" during their first conversations. "I feel between – one foot planted in the NP world and one foot still stuck in the RN world" (Mary). "When I first graduated I was straddling the roles and they [doctors] expected more of me" (Llyern). Heather expresses similar thoughts during her first

conversation, “You realize you’ve got to let that [the RN role] go and go on forward with your new role.” During their careers as RNs, the participants have absorbed the greater value given to medical knowledge and the subordinate role given to nurses. It is only with the vision of distance that clarity occurs and they can once again recognize the importance of the nurse part of NP.

What the participants have found in their backyards is the nurse part of self that they never really lost. In *Toward Curriculum for Being*, Ted Aoki responds to Francine when she writes of leaving things behind:

My interest focuses on “leaving.” When you leave anything behind, is not whatever you leave behind still hanging on with you? If so, is not what you left behind a part of where you now are? (1991, p. 62)

Perhaps the participants believed that they had to leave the nursing-self behind as they journeyed to NP. Once there, they found the real value in nursing that was difficult to see when they were living in the nursing place. Ted Aoki, in his continuing conversation with Francine, writes of this difficulty:

...nor is it a mere disavowal of the old, but rather it is a returning to that place which people in their eagerness to turn away tend to hurry over. I see your turning as a paradox – both a distancing and a coming near to a place that is often difficult to see because it is so near. (1991, p. 63)

Could the participants have missed the importance of the nurse-self because they were “so near” to it? Possibly it was only with the clearer vision of looking for the pattern from a distance that they are able to see the value of what they tried to leave behind.

True Power

Knowing others is intelligence;
knowing yourself is true wisdom.
Mastering others is strength;

mastering yourself is true power.
(Lao-tsu, 1988, p. 33)

In Chapter Four I turn to the issue of unequal power between nurses and doctors. During the journey to NPs, nurses must realize that the power structure has changed as they change. In her book *Inside Nursing*, Street writes:

The consequences for female nurses of being treated as less than equal has led many nurses to accept and support these inequities based on class and gender relations. (1992, p. 205)

Part of the transition from RN to NP, then, involves mastering themselves and taking true power over their role. In casual conversations with nurses and NPs, they all acknowledge the tension between the nurse and provider roles. I picture NPs as the perfect ambassadors since they are in both places at the same time.

As the numbers of NPs increase, their voice and political power will also increase in the health care system. With this voice they will be able to bridge the gap that separates nurses and doctors and prevents true collaborative, caring practice. A true claiming of their identity as NPs will enable the participants to add their voices to the increasing volume of those who want to make a difference in health care. In order to make the volume even louder, these new NPs will become the mentors for the future generations of advanced practice nurses and add more bricks to the nursing road. As an example of such mentoring, I return to the source where my mentoring began.

Mother-Mentor: Taking Care

Everything I ever did, or ever made, was beautiful, according to her. I couldn't wait to give her presents, because I knew how much she loved everything I did. Each time, I tried to make things even better than the last time, because I always wanted to please her, and hear praise on how good I was at what I did. And, needless to say, I got just that. As a result, I turned

out to be a pretty creative person, one who believes in herself. (Modica, 1999, p. 109)

In this essay called *Pondering*, Linda Modica reflects on the connection she has with her mother and how each of them perceives the past differently. As I strive to enact a pedagogy that embodies mothering and mentoring, I have been reflecting on the relationship I have with the woman I consider my “phenomenological mother,” Francine Hultgren. In Francine I found someone who seeks to uncover the beauty in all things made by her students. The first attempts of a fledgling poet are praised as much as a completed dissertation. Presentations at conferences remind me of the dance recitals in which I performed when I was a child. Each of them had a proud parent sitting in the front row – giving silent encouragement and announcing that you are the “best one ever” in spite of any mis-steps that might have occurred. My reflections lead me to re-call just how I came to be writing a dissertation after mis-steps in my journey, and how I came to a deeper understanding of being mother-mentor with my students. I draw breath and balance from Francine who leads and follows on the yellow brick road.

Through the Door

My footsteps echo down the long industrial green hall as I search for a certain room number. On the inside, my thoughts are whirling like a tornado. “Whose idea was this PhD anyway? Why do I really need one?” The meeting I had just left with a faculty member was less than satisfactory. In fact, I was mad/sad and frustrated, having just been told that the qualitative research I wanted to do would not fit with that department.

This was the second time I had been told that I was a mis-fit for a department. Two years into my previous PhD program my planned qualitative study was dismissed as not rigorous enough for the program I was taking. I was beginning to think that doctoral study was not in my future. A chance conversation with a fellow educator at the School of Nursing where I was teaching started me down this current path. “Talk to Linda,” she said; “Linda is so happy with her program. Maybe you could fit there.” On the phone Linda was warm and welcoming to a complete stranger who called for information. She encouraged me to go to the University and investigate.

So, here I am walking down a long hall feeling frustrated and afraid to hope. I find the room I am looking for and knock on the door, ready for rejection. The door opens – a warm, calm smile and a quiet voice dissipate most of the mad/sad. Francine asks a few questions but most of all, she listens. At the end of our conversation I am surprised that so much time has gone by – and that I am now in another doctoral program. I am elated! The qualitative research that I believe is necessary in nursing is possible here in this place and with this person. Looking back, I am called to wonder about my feeling that qualitative research is important to nursing and teaching. The words of Levin help me to clarify this wondering, “We should certainly not reject the accounts of science; but we must at all costs resist the discrediting and invalidating of our so-called ‘merely subjective’ experience” (1989, p. 77). Nursing education, in particular, walks a line between science and “subjective” experience.

Thinking back and pondering about that time about eight years ago, I pause to wonder: What made the difference? How was I able to finally find my dissertation place? The difference is Francine who created a warm listening space in which students can learn, grow, and most importantly, Be. In finding Francine I answered the question Levin asks, “Do we in fact *know how* to listen to others in an open, welcoming, receptive way?” (1989, p. 85). The answer is yes; there are people who care enough to listen in a welcome, receptive way.

Many of us long for the security of a caring person, someone who will take us by the hand when we are lost and make us feel safe. This guiding is an important part of the role of mother and mentor. A vivid childhood memory comes into my mind. I am about four years old and shopping with my mother. I grew up in New York City so shops were within walking distance of our apartment. We were in a butcher shop, one with sawdust on the floor and the smell of freshly cut meat in the air. I recall being distracted by a cat outside the door and going out to see it. The cat went around the corner and I followed only to find myself unable to find the butcher shop again. The few minutes that I was lost seemed like an eternity to my four-year-old mind. Suddenly, my mother is there again, holding my hand and wiping my tears, while at the same time scolding me for walking out the door. Students who have been lost in other programs find this same feeling of security and caring when they find Francine.

Guiding Through

What does it mean to mother? The connection in my mind between my mother and Francine is a strong one and leads me to the etymology of mother. In the OED almost every language has a root word for mother. Because of my German

background I am called to the Middle Low German *moeder* and to the German *Mutter*. The verb mother is given as “to bring up, take care of, or protect as a mother” (1989). Another definition hints of mother as a guide for her children which leads to the definition of guide: “One who leads or shows the way, especially to a traveler in a strange country” (OED).

When I entered the world of doctoral studies I was indeed a traveler in a strange county. I was lost and unsure if I could ever find my way through the maze of doctoral studies. What I needed was someone to guide me through the maze and safely out the other side. The idea of a guide is continued in the definition of mentor: “a person who acts as guide and advisor to another person, especially one who is younger and less experienced” (OED, 1989). While Francine and I are contemporaries in age, she has been my guide, mentor, and advisor as I engage in this phenomenological investigation.

What does it mean to have or be a mentor? Parker Palmer gives part of the answer:

The power of our mentors is not necessarily in the models of good teaching they gave us, models that may turn out to have little to do with who we are as teachers. Their power is in their capacity to awaken a truth within us, a truth we can reclaim years later by recalling their impact on our lives. If we discovered a teacher’s heart in ourselves by meeting a great teacher, recalling that meeting may help us take heart in teaching once more. (1998, p. 21)

In this phrase “teacher’s heart” I am called to Noddings who says “...it is time for the voice of the mother to be heard in education” (1984, p. 200). Here, then, is a connection between the voice of the mother-mentor and the voice of the teacher – through the heart. This is the truth that has been awakened within me during this journey. I have come to see the impact that I have on students as mentor and teacher.

No one starts their career declaring, “I think I will be a mentor.” Even for those of us who have chosen the path of teacher, mentoring is not in the job description. I could name many of my teachers during my long journey of education, but only a few would I call mentor. The answer lies within those who have made an impact on my life. Certainly, Francine and I teach very different subjects in very different ways. Yet, I find her and the others whom I have considered mentors influencing my learning and my teaching of nurses who are searching for their place as NPs.

Being in Place

Going to a place on earth that speaks to us is not enough. We have to be able to listen with the very cells of our being to truly receive what the place has to offer us. But if you can listen, what you will hear is the truth you may have forgotten, the truth that lets you sit still, the truth that who you are is enough. Of course you are still yourself. Don’t expect someone better, someone saner or more insightful or miraculously and infinitely wiser, to suddenly occupy your body no matter where you are. (Dreamer, 2001, p. 119)

The story of becoming NPs was shared by the participants in the previous chapter. They traveled from the RN place to the NP place by stepping over the bricks of school and the insecurity of new NP practice before they were able to recognize them-selves. Having made the transition to this new place the NPs may feel “foreign” as they find them-selves living the role of both caring nurse and NP. As a traveler to another country, Wu sees division between the two worlds:

However from the point of view of the foreigner, his or her past has been severed and has become two unconnected pieces. Having undergone the disintegration and reorganization of his or her own self, and having established the new relationship with the world, the foreigner has gone through a profound change. This change is irreversible. To him or her, to recollect one’s old memory is to dig out one’s own identity, and to reevaluate oneself in a new light. (1991, p. 275)

It certainly is true that the change one experiences after entering a new world is irreversible. When I think about going back to nursing as a RN and not as a NP, I find myself becoming anxious. Things have changed since I worked as a staff nurse more than 14 years ago, and I am not, and will never be, the same person. Somehow, the place that was my second home, the hospital, has now become the foreign land. When visiting a family member in the hospital recently I found that the terrain was unfamiliar. The smells were the same and the general hustle and bustle were familiar, but I was unable to connect with the machines, computers, and place that I once called home. When did this change take place? Like the participants, I cannot name the day and time. I have, however, found a new home in the place of NP practice and now call this “familiar.”

Launched into Place

Launching, refers to moving from the protected shores of school into the unknown and often turbulent waters of the first primary care work...Launching was the most painful part of the first year of practice. (Brown & Olshansky, 1997, p. 49)

The idea of “launching” has been used to describe things as different as the movement of young adults from home to putting a rocket into space. Ideally, the new NP is not “launched” as in an unwilling movement, but rather guided from the protected shores of the school environment into the first year of practice. My participants lived this painful experience. In my clinical practice I often treat patients who are in pain. I try to find the injury that has caused the pain and give medication or advice to alleviate the pain. It is here the pedagogy unfolds from the interpretive work with my participants as I seek to provide comfort. In the presence of comfort the NPs find themselves in the midst of this anxiety and turbulence. Here in the

“thrown into nothingness” of launching, the NPs confront *Da-sein* (Heidegger, 1953/1996, p. 255).

Perhaps the key to a less painful launching is the cushion of a mentor. I turn again to the words of Duerk (1989) and ask “How might your life be different?” if there was a mentor who could smooth the road to the NP self? Belenky, Clinchy, Golderger, and Tarule (1986) write of “connected knowing” in which learners access other people’s knowledge. In addition to the connected knowing they admit that true knowledge comes from experience. Mentors willingly share their knowledge and experience in order to provide the cushion of a soft landing as they begin in this new place.

Metamorphosis: Becoming

Butterflies and moths go through a life cycle known as complete metamorphosis...The chrysalis is not a “resting” stage as many people think. Quite to the contrary, a lot is happening to the pupa! The body of the caterpillar is transforming into an adult butterfly! (Missouri Botanical Garden, 2006, ¶ 1, 6)

In order to find them-selves in a new place, new NPs must take a journey on a yellow brick road during which they undergo metamorphosis from nurse to NP. As I look back on my journey and that of my participants, I am amazed at the changes revealed by this gaze. Just like the pupa metamorphosis, this is not a passive changing, but an active one during which students are able to be-with each other; new NPs find detours and fear as they break out of the chrysalis, and finally they are able to spread their wings as Real NPs. The revealing of this metamorphosis has brought change to me as well as to the participants. They have given me gifts of themselves and their stories that I now use and pass on to others.

Gifts of the Wizard

“Oz was not such a bad Wizard, after all,” said the Tin Woodman, as he felt his heart rattling around in his breast. “He knew how to give me brains, and very good brains, too,” said the Scarecrow. “If Oz had taken a dose of the same courage he gave me,” added the Lion, “he would have been a brave man.” Dorothy said nothing. Oz had not kept the promise he made her, but he had done his best, so she forgave him. As he said, he was a good man, even if he was a bad Wizard. (Baum, 1900/1960, p. 221)

When my children were small and I was returning from a trip, they always asked as I walked through the door, “Mommy, what did you bring us?” Parts of the excitement of a journey are the gifts or souvenirs we bring back for ourselves and others. What gifts did Dorothy receive while she was in Oz? She found many new friends and saw many exciting and new things. While she lost the ruby slippers on her journey home, she brought with her a new sense of self. Kidd writes of the importance of these gifts:

We take our journeys and bring back the gifts. We find our hearts and we plant them. We do it as we voice our souls and find our authority, and we do it also in the quiet enactment of a natural spirituality. We do it for ourselves but also for our daughters, all the women, all the men, all creation. We do it out of love for the women we are becoming, out of love for the earth. (1996, p. 225)

The journey of nurse to NP has given the participants the gift of becoming – a gift they have given to them-selves. While the Scarecrow, Tin Woodman, and Lion speak proudly of their new gifts, their voices also speak to the fears encountered during this journey and of the triumph of arriving in Oz. The participants remember the gifts given to them during this journey, and the meaning of becoming along the way.

This journey has brought me back to the beginning – to a questioning of meaning. I turn back to Heidegger who gifts me with words of meaning that I see with new eyes:

Every questioning is a seeking. Every seeking takes its direction beforehand from what is sought. Questioning is a knowing search for beings in their thatness and whatness. The knowing search can become an “investigation,” as the revealing determination of what the question aims at. (1953/1996, pp. 3-4)

I have come back to the question of journey of nurses who are becoming NPs. This question has led my “investigation” and helped me uncover some of the meaning in these bricks.

Opening the Chrysalis

On this journey nurses have become NPs. I think about the process of *becoming* and how it connects to the stories told by the participants. As I look deeper into the stories I uncover an opening of them-selves as person, nurse, and finally NP as they journey. They tell stories of their classmates, their families, and of the patients for whom they care. During the telling they open the chrysalis of becoming further with each story. Levin writes of the importance of this opening:

In opening ourselves to others, and especially to others in need, we *are* opening to Being; in developing the one, we develop the other. Compassion, or solicitude, essentially involves an awareness of universality and wholeness: we are not alone; and we are not whole, without caring for others. (1985, p. 97)

In opening our-selves, then, we allow caring and compassion to become part of our Being. This reveals itself through the stories told by the participants – stories of caring and compassion for others.

Jennifer tells her story of caring for a memorable patient in Chapter Four. During this journey each of the participants tells of a patient who touched them in a special way and helped them open to a more caring way of being. Several speak of caring for patients who are about to die and how intimate that moment is for them.

Joan tells of an apparently healthy man who came to the emergency department and tells her, "I think I am going to die." In spite of negative tests and reassurance from the physician, he had a cardiac arrest and died. Jeaneen, whose nursing career was in pediatrics, tells of the special pain that a nurse, who is also a mother, feels when a child dies. What echoes in these stories? It is the echo of caring and the importance of that caring to the patient and the nurse. Echoes remind us not only of where we are but where we have been and where we are going.

Arms of the Wind

There is a story about a stream that flowed around many obstacles until it arrived at a desert. The stream tried to cross, but its waters disappeared into the sand...The stream heard a voice. It said, "the wind crosses the desert. So can the stream." The stream protested, "the wind can fly but I cannot." The voice responded, "Let yourself be absorbed by the wind." The stream rebelled, "I want to remain the same stream I am today." "That is not possible," said the voice. "But your essence can be carried away and become a stream again. You've forgotten your essence." The stream remembered dimly that she had once been held in the wind. She let her vapor rise into the arms of the wind, which carried the vapor across the desert and then let it fall in the mountains. There it again became a stream. (Bolman & Deal, 1995, p. 32)

In this story the stream is able to remember that she once had a different way of being. By recapturing this way of being the stream is able to continue her journey while remembering her essence. As nurses end their journey to NPs, they must remember that while they have found another way of being they bring with them their essence.

In this new way of being, new NPs must shed the skin of silence and subservience. In Chapter Four the conversants identify the invisibility of nurses in their professional relation with physicians. As she tells stories of teachers' becoming, Clandinin writes:

And we need to learn to tell our own stories as women and practitioners that acknowledge our conflicts, our dilemmas, our struggles. For it is only in telling our own stories, stories that allow us to speak authentically of our experiences, that allow us to acknowledge the way we have made sense of the cultural story, that we can help create those spaces into which young women can move in order to begin to tell their stories. We need to provide another kind of role model, not one of “niceness” nor ones of playing the system’s games, but models of collaboration with them as we join with them in a kind of resistance to being silenced. (1991, pp. 75-76)

The rules of the game have been changed to allow voice to those who were previously silenced. The stories of having been silenced and of overcoming that silence, serve as models of change for new generations of NPs. Changing the rules is part the change that is the becoming for new NPs.

During the conversations both Heather and Mary relate stories of change.

“Sometimes I feel so different. Then I look in the mirror and am surprised to see the same face looking back” (Mary). Heather has similar feelings about her practice as a nurse: “It’s just a new level, you know. This [NP] practice takes you up to something different.” As new NPs both Mary and Heather are not yet comfortable in their new “skin;” they are still feeling their way around. Like a new butterfly, they must let their new wings dry before they can be fully expanded and take flight toward a new beginning.

Beginning Again

Teaching and learning are critical to our individual and collective survival and to the quality of our lives. The pace of change has us snarled in complexities, confusions, and conflicts that will diminish us, or do us in, if we do not enlarge our capacity to teach and to learn. (Palmer, 1998, p. 3)

I believe that the new year begins in September, not in January as the majority of the people in the world celebrate. The beginning of the school year always has held the opportunity to begin anew with a clean slate and no marks in the grading

books for or against me. The smell of a new box of chalk was intoxicating, and listening to the cracking of a textbook spine as I open it can still make me dizzy with anticipation. Ahead lay unending opportunities! The road of the academic year was paved with black and white notebooks filled with potential.

As a young child I played games that involved a teacher who “taught” other children. As the oldest in my family, I was usually the one at the blackboard writing out “ABC” and trying to keep the attention of my bored siblings. Little did I know that this was an echo of what was to come. Starting my career as a nurse, I came to teaching in a round about way. As I completed my RN to BSN program, I was invited by the faculty to begin the accelerated Masters program with a position as Graduate Assistant to help with tuition. The graduate nursing tracks offered at this University were Nursing Administration and Nursing Education. I knew, and continue to know, that administration is not the correct career choice for me. For a short time during my career as an emergency department nurse, I was the manager of the unit. I found myself dealing with policies, procedures, and red tape by the mile. I missed contact with patients and conversation with fellow nurses. In other words, I hated being an administrator. The memory of teaching my siblings and of continuing education classes conducted at the hospital, led me down a different path. I went into nursing education and found my place.

Stumbling Along the Yellow Pad Path

This finding of self would not have been immediately obvious to someone who walked into one of my early classes. Writing about nursing education, Chinn gives this definition of pedagogy:

Pedagogy is the art, science, or profession of teaching. Pedagogy, as an idea, is as old as education itself. However, those who teach and those who learn are most often unaware of what constitutes the particular pedagogy with which they are working. (1989, p. 9)

This unknowing was certainly true of my early teaching. During a recent move I came across an old folder with some yellow legal pad pages inside. These were the notes from one of the first classes I ever taught. I looked them over to see what words of wisdom I was trying to share with the students in that early class. The notes began with “Step 1: Introduce self. Step 2: Have students introduce themselves. Step 3: Pause for questions.” I could just feel some early educational theorist like Tyler standing proudly by my side as I spelled out each movement and word for the class and prepared to pour wisdom into the empty vessels of my students. Of course, over time I relaxed and allowed my teaching style to become more natural, but I continued to hold firmly onto the idea of giving my students what I thought they needed to learn.

I cannot remember the exact moment when my ideas of teaching and learning began a transition. I taught in the ways that I had been taught – providing information and expecting students to give it back to me at a later time. My educational journey exposed me to good teachers, bad teachers and mediocre teachers. I attempted to emulate the good teachers and avoid the teaching styles of the bad and mediocre teachers. After several years, however, I began to feel emptiness in my teaching and felt the words echoing back at me as if there were no students in the room to stop them. I find that Freire is of a similar mind:

The teacher talks about reality as if it were motionless, static, compartmentalized, and predictable. Or else he expounds on a topic completely alien to the existential experience of his students. His task is to

“fill” the students with the contents of his narration – contents which are detached from reality, disconnected from the totality that engendered them and could give them significance. Words are emptied of their concreteness and become a hollow, alienated, and alienating verbosity. (1996, p. 52)

No wonder my words began to echo back. They, not the students, were hollow and I, as well as the students, were disconnected from them. I had lost the sound of my own teaching voice. Parker Palmer provides a clue to my dilemma:

But the call to teach does not come from external encounters alone – no outward teacher or teaching will have much effect until my soul assents. Any authentic call ultimately comes from the voice of the *teacher within*, the voice that invites me to honor the nature of my true self. (1998, p. 29)

Looking back, I can see that my teaching was not honoring my true self. Once again I was lost – once again it was Francine who helped me to find myself.

Searching for Self

I have related the story of finding Francine, my “phenomenological mother,” earlier in this chapter. Now, I will tell the story of how Francine helped me to find my teacher self within. What does it mean to someone when they feel empty? In my teaching it meant that I knew that something was wrong but did not feel that it was within my power to identify that something. In nursing and medicine the first part of any treatment is to assess the patient and to make a diagnosis; only then can one begin to formulate a plan to care for the patient. The assessment of my-self as teacher revealed that something was missing, but I had no idea how to identify that something and make the all important diagnosis.

I walked into my first class with Francine expecting the usual stuff. Get the syllabus, go over the syllabus and reading list, explain briefly the assignments and highlight the dates they were due. Some of this happened that first day. We did

indeed get a syllabus, and what a reading list! Not simply one or two chapters before each class; some weeks there were one or two books to be read. Once again I wondered what I had gotten myself into with this doctoral study idea. It was at this point that things began to veer from the expected path.

Francine began to talk about “making meaning” of the readings, not just reading to spout information back. She related her personal philosophy of teaching and told us a little of her life story, opening herself more to these student/strangers than any teacher I had ever encountered. When she suggested that she would not assign grades to individual papers, but would give us a final grade based upon all our work, the student part of me was frantic and the teacher part of me amazed. Francine then spoke of our class as a conversation between and among herself and all the students in the class. I was sure that I had landed on a different planet, not just in a different classroom. No teacher in my previous doctoral program gave any value to what I might think about readings. I felt a small shaking begin in the foundation of my teacher-self that was soon to become a tornado of discovery. The original teacher in me was re-formed by this tornado just as a landscape is re-formed by a natural occurrence like a tornado. The diagnosis was made; while I was destined to be a teacher, I had to begin again.

Learning to Listen

What does it mean to teach? According to the OED the root of *teach* is from Old English *técan* and from Old Teutonic *taikjan*. The definition varies from “to show or make known” to “let one know the cost or penalty of something.” The

definition with which I connect is “to guide” and “to give in trust or commit” (OED, 1989). To give further meaning to teaching I turn to the words of Ted Aoki:

In our busy world of education, we are surrounded by layers of voices, some loud and some shrill, that claim to know what teaching is. Awed, perhaps, by the cacophony of voices, certain voices become silent and, hesitating to reveal themselves, conceal themselves. Let us beckon these voices to speak to us, particularly the silent ones, so that we may awaken to the truer sense of teaching that likely stirs within each of us. (2005a, p. 188)

Once again, I am called to find the teacher within. How do I find that teacher when this is one of the silent voices? I ask myself if this is something that other teachers struggle with. Perhaps some do not even ask the question. Could these be the teachers who teach the same way their entire careers? Perhaps, like Kozak, it is an unconnected curriculum in which:

Teacher ceased to exist. The movements became empty as I withdrew myself from the nothing exercises and from my students. Sure they were there, imitating my voice and my movements, but beyond that, they, too, had wandered away...All that remained were the empty voices and movements about the room. (1991, p. 6)

Perhaps, like me, they started with the yellow pad but stayed on the same path, losing the teacher within in the cacophony of voices that drown out questioning.

I am called to the idea of silence and questioning. How can one question if the voice is silent? Is it the questioning that opens the voice and leads to a consciousness of being? I turn to the words of Levin and the importance of listening and Being:

But it would be utterly impossible for us to hear anything at all unless, despite our ignorance or indifference, our ears remained open and attuned by the openness of Being. (1989, p. 71)

I interpret Levin to mean that we must remain open to Being in order to hear. This is a place in which we give others the power of voice by listening. In this place teachers

give power to students as they listen to a cacophony of voices and divide them into individual beings.

Through Francine's example I learned that teachers not only teach, but learn from their students. Teaching and learning occur through a conversation that allows for questioning and letting learn. Once students and teachers allow themselves to enter into conversation the opportunity is created to make meaning of the teaching/learning experience. Diekelmann writes of the importance of allowing the conversation:

The struggle for the teacher then is to learn how students develop meanings for their practice out of the experiences teachers provide. This problem of trying to understand how and what students are learning will be a problem that will help all teachers be forever learners. Students and nursing knowledge will always change, and so must the teacher. In this manner, the teacher both shapes and is shaped by learning. (1989, p. 38)

Teaching, then, is not just a giving but a receiving. It is a sharing of meaning between student-teachers and teacher-students. Freire agrees and writes:

There is, in fact, no teaching without learning. One requires the other...Whoever teaches learns in the act of teaching, and whoever learns teaches in the act of learning. (1998, p. 31)

This giving and receiving occurs in places and spaces in which we find each other. The classroom, a clinical site, in an email, or in the hall are all places in which conversation occurs and in which the teacher and student listen to each other. In these places an atmosphere is created that allows the giving and receiving of information and the development of a caring relationship between student and teacher.

Teaching on the Hyphen

I often wonder how I came to this place. How was it that the stars aligned and I was in the right place at the right time? Whether it was walking into Francine's classroom for the first time or the first class I taught and was "hooked," it all has been part of the journey toward the teacher I have become. During this journey I have been student and teacher at the same time. What is it that connects the student and the teacher? As I look at the words student-teacher and teacher-student I realize that there is often a hyphen between them. If we believe, as I do, that teaching and learning are connected, then I can say that teaching occurs on the hyphen between student and teacher. I notice that a hyphen does not have a directional arrow. Rather, the information flows in both directions, from student to teacher and from teacher to student.

Aoki writes of teaching that occurs in a "black box" in which educational researchers "were primarily interested in the outcomes of teaching rather than in the understanding of teaching itself" (2005a, p. 188). Within this black box information and caring cannot flow since there is very little light in a dark box. It is up to the teacher to open the box, let the light in, and allow the hyphen to be revealed. The connectedness of the hyphen is revealed in the words of Moccia:

Our experience of being, within the time and spaces of the eternal process which we find to be our own, such experiences are *connected* to the others, to their experience of being *connected* also to the unfolding of nature's experience of itself – and all is *connected*, in quite profound ways, to the evolution of being itself. (1990, p. 209)

This hyphen, then, connects not only words but all experiences and evolution to being. Once again, I find my self wondering how to fulfill this hyphen space of

potential. One way is to let go of expectations and allow things to become as they will. Another is to recognize the connectedness of student-teacher. An OED search for the word *hyphen* reveals that it is from the Latin and is “a small connecting link” (1989). Here again is the connection between one person and another. In order to fulfill the potential of this connection I must create places in which it is safe, yet open to the development of self. They are the places in which teachers are care-givers.

Learning to Give

I am defined in my clinical practice as a “caregiver,” one who provides care to patients in a primary care setting. Nurses and teachers are care-givers, giving care to those who come to them in trust. During this dissertation journey I have come to know my-self as teacher and nurse in a different way. Do I now care-give differently? I believe that I do. I “see” students more clearly, “listen” to their voices and “feel” our being together. All of my senses have come to know students as I try to guide them along their path.

What have students given me in return on this two-way path? More than they can ever know. Berman (1991) writes of students and teachers who are pilgrims together. The OED defines pilgrim as “a person on a journey, a sojourner” (1989). What if that person becomes “people” on a journey? Enya sings of a *Long Long Journey*:

Long, long journey
through the darkness,
long, long way to go;
but what are miles
across the ocean
to the heart that’s coming home?
(Ryan, 2005)

The long journey of education follows a path and leads to a new home for both the participants and myself. During this journey discoveries and friends are made and we “arrive where we started” (Eliot, 1943, p. 5) to know the place again. When we arrive where we started we know not only the place but our-selves again. The journey enables transformation of not only self but of those who have elected to come on the journey with us. The people who accompany me on this pilgrimage have helped me find my-self as teacher, NP, and care-giver. We have been two-gether on this journey. Having come back to the place transformed, I now look for the possibilities that exist in times of change. The transformed teacher-self looks for these possibilities in the place of curriculum.

Creating Curriculum: Pedagogy of Stories

Live as if your life were a curriculum for others, and balance that principle by realizing that every life you meet could be a curriculum for you if you perceive with sufficient perspective. (Schubert, 1986, p. 423)

The first time I heard the word “curriculum” I was a RN to BSN student. I was invited to be the student representative on the Curriculum Committee. I naively asked what a curriculum was and was informed that the curriculum dictated what and how I should learn. The OED seems to agree with this definition indicating that curriculum is “a regular course of study or training, as at a school” (1989). I know, however, that curriculum is much more than just the course of study. It is formed by the relationship between teacher-student and student-teacher and becomes lived as they weave and form it together just as the bricks in the yellow road have been made.

Weaving Curriculum

A spider’s web is stronger than it looks. Although it is made of thin, delicate strands, the web is not easily broken. However, a web gets torn every day by

the insects that kick around in it, and a spider must rebuild it when it gets full of holes. (White, 1952, p. 55)

In the book *Charlotte's Web* Charlotte is a spider who saves a pig. In turn, the pig, Wilbur, saves Charlotte's eggs and becomes friends with Charlotte's descendants. Wilbur tells each new generation of spiders the story of Charlotte and how they were best friends. In the telling of the story, Charlotte becomes "real" to those generations that have not known her. By telling the story, Wilbur continues to weave, this time with words instead of silk strands. How can stories weave a curriculum? Like a web that must constantly be repaired, curriculum has become "full of holes" and must be repaired.

The poet Rumi gives clues as to how the repair might begin:

Of Being Woven

The way is full of genuine sacrifice.

The thickets blocking the path are anything
that keeps you from that, any fear
that you may be broken to bits like a glass bottle.
This road demands courage and stamina,
yet it's full of footprints! Who *are*
these companions? They are rungs
in your ladder. Use them!
With company you quicken your ascent.
(1995, pp. 246-47)

In this poem the importance of companions is identified. The companions are considered as rungs in a ladder as they help clear the way on the road. These companions assist in the repair of the web of curriculum.

Curricula have historically been developed using guidelines written by theorists like Ralph Tyler. Tyler suggests that curricula be developed by committees

that then “select the objectives for the school” (1949, p. 127). I note that a book written the year I was born is still used for curriculum development. Grundy writes:

This approach to curriculum design implies that the educator will produce an educand (a pupil) who will behave according to the image (*eidos*) which we already have of a person who has learnt what we set out to teach. To accomplish this we must control both the learning environment and the learner. (1987, p. 29)

My “step” approach to education was my attempt to control both the environment and the students. No wonder the “empty vessel” theory of teaching and learning still exists in most educational settings. I think back to the yellow pads of paper that gave students the information I thought they should know and memorize to give back to me on the next test. Applebee recognizes similar teaching methods:

The pattern of emphasis on memorization and rote learning – on knowledge-out-of-context – that developed in the early teaching of literature had its parallels throughout the school and college curriculum. (1996, p. 25)

How many times in school did we memorize information? How much of that information do we now retain? I retain very little of what I memorize as “knowledge out of context.” This same type of teaching is used not only with young children but in the health professions such as nursing.

In health professions education, teachers’ own histories of learning influence the ways they teach and what they choose to evaluate. We tend to teach as we were taught, and most of us learned in traditional ways. This teaching was intended to be efficient, to be technologically sophisticated, to change behavior and encourage the memorization of content, and to be teacher-dominated. (Swenson & Sims, 2003, p. 158)

Yes, we do teach as we were taught and not until my doctoral studies was I taught in a manner that used narrative. Now I realize that when knowledge is connected to a patient, a student, or a story it makes a connection in my mind that is difficult to break. Witherell and Noddings give meaning to stories:

The stories we hear and the stories we tell shape the meaning and texture of our lives at every stage and juncture. Stories and narrative, whether personal or fictional, provide meaning and belonging in our lives. (1991, p. 1)

Conversations with my former and current students reveal the importance of stories in education. “The stories make it [nursing] so real,” reads the evaluation from one student. During our final dinner meeting Jeaneen says, “I did not realize how far I had come until I read the transcripts [of our conversations].” This is the type of teacher I am seeking to be, one who helps students learn on their own rather than pouring information into them.

What type of curriculum can be woven that will allow students to learn on their own?

Letting learn is not the traditional way of teaching. Hultgren writes:

Teaching, traditionally, has been viewed as doing rather than being. The doing is a reflection of the dominant technocratic rationality and knowledge base in teacher education which is exemplified in thing-like qualities (behavioral competencies from the field of educational psychology) that can be performed and then measured. (1987, p. 35)

The words “performed and then measured” conjure pictures of performing animals as they run through a maze and are timed. Under these conditions the teacher becomes a part of the “doing rather than being.” What does it mean to be part of the being of teaching? Letting students learn in their own way is a beginning.

This type of teaching is not easy as recognized by Heidegger:

Teaching is even more difficult than learning. We know that; but we rarely think about it. And why is teaching more difficult than learning? Not because the teacher must have a larger store of information, and have it always ready. Teaching is more difficult than learning because what teaching calls for is this: to let learn. (1954/1993, p. 381)

I wonder about Heidegger's words "let learn." In these words I see "let go." Perhaps in a letting go we find that "...to teach is not *to transfer knowledge* but to create the possibilities for the production or construction of knowledge" (Freire, 1998, p. 30). To help students construct or produce knowledge we must not only let go but provide them with the materials needed to build their knowledge. The bricks I would prefer to use are narrative ones.

Making Bricks: Telling Stories

I recently reviewed the comments put on the course evaluations by students in a class I taught. Many of the students included comments about the "people stories" that were told in class. These stories are memories of patients for whom I have cared that have helped me make connections. One student comments how the stories make the information "more real." Another says that the stories "expanded" the information from "dry facts" into reality she could visualize. How do stories help or change how students learn? I consider the bricks that make up the yellow road and go on-line to see how bricks are made. I discover that if any steps in the making of bricks are skipped or changed the bricks will be weak and will not hold the weight of a building. I think back to the stories that bear the weight of my teaching and find connections with the way curriculum is formed.

There are five steps involved in the making of bricks: winning; preparation; moulding; drying; and burning (Bonomo, 2007). During the "winning" steps clay that will be used to form the bricks is mined. The stories that are shared by students and teachers help to mine meaning from our experiences as givers of care. Until the late 19th Century the clay was dug by hand, and it was important that it be clay that

was exposed to winter weather so it would be soft and remove unwanted oxides. It is interesting that the most protected clay cannot be used for bricks, but it must be clay that has been exposed to the “real world.” Perhaps this is what stories do, give students a picture of the real world of patient care and the advanced practice role of NP.

The next step in making bricks is to prepare the clay. In this step the clay is sifted to remove any stones or other foreign objects and then is mixed with water and worked by hand. What rough foreign objects must be removed before we can let learn? Several come to mind: insecurity, prejudice, and xenophobia, are examples. I connect to the idea that at this point the clay must be worked by hand. I visualize the mixing of ideas and facts with caring just as the clay is mixed with water. The hand of the mother-mentor is also visualized as she touches and blends the elements of the student into Being. During this mixing the elements are kneaded with the hands, and it is the most difficult part of the brick-making process (Bonomo, 2007). The OED defines “knead” as a blending together from the Old English *cnedan*. The Swedish root of the word connects to “tread” meaning to “follow a path” (1989). Following this yellow path leads to the preparation of the new self as teacher or NP.

When I think of working with hands I picture my grandmother’s hands mixing bread dough in the big yellow bowl at a table covered with flour. I loved to “help” her with this weekly event and would put my small hand print on top of hers in the dough, wishing that I was big enough and strong enough to really make bread.

Heidegger writes of working with hands:

Every motion of the hand in every one of its works carries itself through the element of thinking; every bearing of the hand bears itself in that element. All the work of the hand is rooted in thinking. (1954/1968, p. 16)

Once again, I find the importance of being “rooted,” this time rooted in thinking as hands do everyday work of making bread and teaching.

Just as clay and bread demand hands to mix, so must teaching-learning be “hands-on.” It is not enough to stand in the front of the class and pour out facts. Heidegger lends meaning to the importance of preparation: “Leap and vision require long, slow preparation” (1954/1968, p. 233). Letting learn involves the hardest work of preparing, letting go, and being open to stories, student experiences, and interaction with the “real world.” How can this happen in NP education which is so rooted in the sciences? Remembering the essence of nursing that has its roots in caring will keep both students and teacher connected with the “real world.”

Palmer expands this idea of kneading with hands:

If we believed that knowing requires a personal relation between the knower and the known (as some new epistemologies tell us) our students would be invited to learn by interacting with the world, not by viewing it from afar. (1993, p. 35)

How can we help NP students to this knowing? How can they interact with the world from a classroom? One way is through the stories told by teachers and students. Stories make the world seem real and give mental pictures that can be formed into bricks of knowing.

Moulding

After the clay is kneaded, it is sent to the brick moulder who is the key member of the team. The moulder takes the clay and presses it into the mould for shaping and drying. As the person who does the actual formation of the bricks, the

moulder is the most important person on the brick team since the output of bricks is dependant on him (Bonomo, 2007). In the team of teacher and learner the result is knowing, as the student is helped to mould herself into a NP.

People cannot and should not be reformed as the moulder reforms clay into the raw bricks. Rather, opportunities for interacting with the world are offered. One way to make meaning of this interaction is through stories:

Stories are part of our everyday life, accessible and understandable, they allow – even celebrate – the meaning of experience. (Swenson & Sims, 2003, p. 161)

Stories offered and received by student and teacher help them to make meaning of experiences and mould one another's lives. Metzger writes of the importance of stories:

In story, we are moved by the relationship between the events in a way that each individual event or experience cannot or does not move us by itself. When we perceive beauty, fitness, and grace in the coexistence of the elements of the story, independent of its content, we recognize the necessity of the story. (1992, p. 55)

Stories are “necessary” for curriculum. Nehls writes of rethinking nursing education:

Narrative pedagogy is a new approach to teaching and learning. The issue is not whether narrative pedagogy is better than other approaches, but rather, how it can be employed as a useful philosophical and practical approach to rethinking nursing education. (1995, p. 209)

The stories told by the participants of their educational journey reveal that stories told and heard help them make meaning and connect to patients. “I care for my patients in a different way [as a NP],” says Mary. “I think that there is more of a connection when you are caring as a NP.” This connection forms the basis of a new narrative pedagogy for nursing curriculum.

Bateson writes of the significance of stories:

Wherever a story comes from, whether it is a familiar myth or a private memory, the retelling exemplifies the making of a connection from one pattern to another: a potential translation in which narrative becomes parable and the once upon a time comes to stand for some renascent truth....Our species thinks in metaphors and learns through stories. (1994, p. 11)

When I consider stories I am not thinking of fiction without purpose. Instead, the stories are narratives which “are the connection between experience and interpretation” (Swenson & Sims, 2003, p. 155). As the connection is made students begin the moulding that is completed in the NP place.

Yellow Bricks

As I continue to ponder the making of the yellow bricks of this journey, the final step is encountered. The bricks within their moulds are burned in a kiln to finalize their shape. During this burning a “metamorphosis” takes place in which any water left after drying is burned off and new minerals are formed that make the bricks hard and strong (Bonomo, 2007). Here is a metamorphosis of another kind. My interpretation of the stories told by my participants reveals that they await the metamorphosis from RN to Real NP. How can teachers help students become?

As I wonder about the formation of bricks and NPs I look again at the word metamorphosis. The OED gives the meaning of the word as “a complete change in appearance, circumstances, or character of a person” from the classical Latin *metamorphōsis* and indicates that this change often takes place under pressure (1989). Conversations with the participants reveal that they feel pressure during their education and during the first year in practice as NPs. Perhaps this pressure is part of the metamorphosis to a new “person” or way of being. I turn to the wisdom of *The Velveteen Rabbit* to help explain the longing to be Real:

The Rabbit sighed. He thought it would be a long time before this magic called Real happened to him. He longed to become Real, to know what it felt like; and yet the idea of growing shabby and losing his eyes and whiskers was rather sad. He wished that he could become it without these uncomfortable things happening to him. (Williams, 1922/1985, p. 10)

Like the Rabbit, however, it is impossible to become Real without some discomfort and pressure. Just as students look forward to new places and backward to known places, so must teachers look both forward and backward. The telling of stories brings the past and present together to be interpreted by each new generation.

Storytelling

From the time I was a young girl I have always had memories of my grandmother telling countless fascinating stories of the past. It has not been until recently that I have recognized the importance of this custom of storytelling. (Fisher, 2007, ¶ 1)

Most cultures have a tradition of storytelling. I vividly remember hearing stories of “the old country” told by both my German and Irish grandparents. Although the stories were of people and places I would never personally know, they became real through the spoken words. Many of the stories that impressed me the most I have now passed on to my grandchildren who listen with the same amazement and skepticism that colored my childhood memories. They cannot imagine a time without computers or televisions from my childhood, never mind a time without cars or planes as in my grandparents’ youth. Telling stories is a way of bringing the past to new generations and making it real. For nurses and NPs stories make not only situations but patient care real. The challenge for any teacher is to connect the yesterday of stories with the today of the patient care.

We are beginning to acknowledge the conflicts that exist between our theories of education and our curricular practices; between our philosophies, theories, and beliefs about health and human caring and our professional nursing

practices; and between our educational programs, with all the scientific-technical knowledge they contain, and our expectations for professional clinical care. We are beginning to recognize that one can have an extensive command of scientific facts and theories and be technically an expert without being a true professional. (Watson, 1988b, pp. 1-2)

Nursing knowledge has grown with the expansion of medical and scientific discoveries. Certainly the type of care given to patients in hospitals today has changed since I was in nursing school in the late 1960s. What has not changed is the way in which nursing students are taught. My teachers stood in the front of the room and lectured about the importance of the “Digestive System” or the “Neurological System.” While the terminology has changed to “The Care of the Patient with Digestive Problems,” the method with which the information is given to students has not. My experiences as a NP student are more recent and consisted of NPs or physicians standing in the front of the room and lecturing about disease entities.

After graduation I knew the facts of many conditions but did not consider myself a Real NP. What changed the concept of my-self as Real were the conversations I had with the NPs with whom I worked as they told stories of their patient care. How can these stories be incorporated into curriculum for nurses and NPs? Swenson and Sims offer:

Narrative Pedagogy is not a single teaching or curricular strategy, but rather an approach that creates an opening for all kinds of teaching and learning to co-occur in classroom and clinical arenas. (2003, p. 156)

The invitation to storytelling comes from the teacher but occurs on the hyphen of teaching-learning that I create from the bricks of story. Not all bricks are newly made. In the process of restoring old homes many layers of old paint may be sand-

blasted away in order to expose the old bricks. Peeling away the layers we discover what has been there all along – beauty.

Restore, Re-story

The telling and re-telling of stories surrounds me with beauty that must be shared. As I step I look down and see the rich color of the yellow road. O’Donohue gives meaning to the color:

The colour yellow holds such warmth, brightness and attraction for us because it is the colour of the source that sustains us. A room that is yellow can throw a glad brightness back into the space it surrounds. (2004, p. 101)

Just as the yellow sun “sustains us,” so do the yellow bricks sustain the journey to a new pedagogy of story, each brick a re-telling of the words that have brought us to this place. In the African-American culture the stories tell of a very long journey which was made involuntarily. These “Folktales take us back to the very beginning of people’s lives, to their hopes and their defeats” (Patton, 2007, ¶ 1), and serve to keep the culture of ancestors alive. The hopes and defeats of the participants are revealed in the stories they told during this phenomenological research. “Just talking I realize how far I’ve come” was expressed by several of them. They have created their own stories which become richer and stronger with each re-story.

In China, the tradition of story-telling is old, dating to “...the time of the Song dynasty (960-1279)” and served to bring information and entertainment to the citizens (Børdahl, 2007, ¶ 1). The place of story-telling as pedagogy takes me along the yellow road to the possibility of bringing new ways of being to students.

Today we recognize that there are many conversations, not one. They offer us alternative perspectives, new ways of knowing and doing, not a single set of truths winnowed by time. (Applebee, 1996, p. 41)

With each re-telling of stories the possibilities of “new ways of knowing and doing” are opened. How can I as teacher invite students into this place of story-telling? The door to the space may be opened through the telling of my own experiences and tales of patients who have influenced my giving of care. Students may share family stories or stories of their own experiences and give meaning to the conversation. It is from my place as teacher, however, that the invitation is opened.

The Teacher Within

There comes a point in every dissertation when the question becomes “now what?” What do I intend to do with the meaning I have made of the journey of nurses to NPs? As I ponder the question asked by doctoral students and committees everywhere I consider the path that has led me to this place and imagine the places it will take me. Along the way I have become more “Real” as teacher, researcher, and nurse and try to answer the question that has revealed itself on the journey. My companions on the road are showing the importance of story-telling. Their stories have revealed the fears and insecurities that enabled them to become Real NPs. My fear of teaching in a way that is not Real is exposed as I think of the ever expanding mountain of knowledge that my students must know. Swenson and Sims see similar problems and offer a solution:

In a world of ever more information and concern with detail, it would be easy to rationalize the need to continually expand knowledge at the expense of deeply knowing our selves, our students, and our patients. Listening makes clear what is important, which details can be set aside, and where attention should be focused. (2003, p. 183)

Allowing a space for listening shows itself as a way to be Real. By this showing I see the continuation of my path – one that is paved not only with bricks but with the stories that form the bricks.

The bricks of my story undergo change even as I reveal it. Since beginning this dissertation journey I have changed my work home to one in which I teach undergraduate students, RN to BSN students, and am involved in the development of a graduate program for nurses. My vision for this graduate program is one that educates nurse educators. Included in this vision is the development of curricula for nurses that are based on narrative. The meaning of stories as the basis for education of caring nurses flows from Francine, to me, to my educator students, and finally to the nurses and NPs they will teach. Words from Louv guide this education, “...true literacy is impossible without the ability to value and tell our stories” (1996, p. 13). Another way to pass the meaning of narrative curriculum to others is through continuing research into narrative pedagogy, presentations, and writing. The flow of stories continues.

The flow of stories from teacher to student and from student to teacher will open the way to a new curriculum. Applebee writes:

A curriculum provides domains for conversation, and the conversations that take place within those domains are the primary means of teaching and learning. (Applebee, 1996, p. 37)

As this new curriculum is lived a place is created in the syllabus, assignments, classroom, and clinical area for stories to live. I find myself looking forward to being present in the stories told and re-told by my students just as I have been present with the participants. Hultgren provides clues as to the meaning of narrative ways of

research, “Sooner or later one no longer merely uses that language but begins to think differently by having undergone interior renewal” (1990, p. 361). Sometimes an “interior renewal” leads to not only a different way of thinking, but to a revolution.

Revolution: Revelation

Revolution is the attempt to free people and their institutions through radical political, social, and economic change, so by it’s [sic] very definition, a revolution disturbs rather than comforts. It overturns relationships of power. (Moccia, 1989, p. 139)

In the late 1980’s the National League for Nursing published a series of books with the theme of “Curriculum Revolution.” That revolution, however, failed. Nursing curriculum continues down the path of the Tylerian model of curriculum design. We, nursing faculty, have been unable to change the language of nursing education in any significant way. Kavanagh addresses the issue of textbooks used by nursing students which reflect this language:

Nursing textbooks often speak to holistic and humanistic aspects of nursing care while failing to present clearly how those broad philosophies or the client’s participation might be effectively integrated into nursing process. (2003, p. 96)

Why has nursing education failed to live up to the promises of a curriculum revolution? Part of the answer lies in the fact that nursing education, like other forms of education, is dwelling between.

When Dorothy and her friends completed the task given to them by the Wizard of Oz, they returned to receive the rewards he had promised. During their meeting the curtain was pulled away and a man says:

Pay no attention to that man behind the curtain. Go – before I lose my temper! The Great and Powerful Oz – has spoken! (Langley, Ryerson, & Woolf, 1939)

Imagine the surprise of the friends when what they think is a powerful wizard is revealed to be human. In nursing and nursing education power has been given to those who live behind the technical curtain and give orders. Dwelling behind the curtain the “wizards” of nursing education plan curriculum and assign tasks that must be performed in order to earn their approval. What will pulling this technical curtain away from education reveal?

It is Ted Aoki who calls attention to the between world of “Curriculum-as-Plan” versus “Curriculum-as-Lived.” In Aoki’s definitions, the curriculum-as-plan, “has its origin outside the classroom,” and the curriculum-as-lived, is the one that is experienced every day by teachers and students (2005b, p. 159). Nursing education has been dwelling for too long in a curriculum as planned by those who are not living the curriculum. Accrediting agencies dictate what must be part of a nursing curriculum, and without accreditation students may not sit for national certifying exams. The language used by these agencies would be recognized by Tyler since it addresses “outcomes” and “objectives” that must be clearly measured by an “evaluation plan.”

Lost in this language is what it means to be a nurse or a NP. How have we lost control over our own way of being nurses and educators? Grundy gives clues as she addresses the “products” of education:

The “images” of what the students will become as a result of receiving the skilled attentions of the teacher are also represented in various curriculum documents and syllabus statements. This could be called a reproductive view of curriculum. It is a view which suggests that the purpose of a teacher’s work is to reproduce in the students the various *eideis* which guide that work. (1987, p. 25)

Do we want nurses who are just copies of each other and of their teachers? One of the best things about nursing is that there are many different places in which nurses can be. Psychiatric nursing is as different from medical-surgical nursing as trauma nursing is from mother-baby nursing. As nursing educators walk the line between the planned curriculum and the lived curriculum we must make a way for nurses to find their place.

Is it necessary to pull the curtain away from nursing? Street addresses the public's confusion about the role of nurses:

The generalist nature of the nursing role and the fact that nurses are available to the patient and their families when other health professionals are off duty means that many nursing functions overlap with the work of other health professionals causing confusion and a general lack of appreciation of the complexity of the nursing role. Clinical nurses themselves find it difficult to describe their role and so often resort to descriptions of the basic tasks unique to nursing in relation to the bodies of their patients, thereby ignoring the role of the nurse as interpreter of the healing process to the patient and their family. (1992, pp. 183-184)

How can nurses and nursing educators help clear the confusion and take control of the identity of their role? This must be part of the revolution in nursing education.

Student nurses and RNs should be encouraged to speak often and loudly about their role and their place in the health care system. The same is true for nursing educators who will sow the seeds of revolution. As nursing leaders we must expose the authentic, caring nature of our profession and help the public to see the REAL profession of nursing.

My contribution to the revolution has begun with this dissertation journey. I plan to publish and present this work to nursing educators. I expect that this will not be an easy part of my journey. Nursing and nursing education have become mired in

routine and repetition. It is a habit that must be broken. It is time for nursing and nursing education to be disturbed rather than comforted. It is time to pull away the curtain, confront the false wizards, and reveal the true nature of nursing and nursing education. The revolution begins one person at a time – it begins with me.

As I develop syllabi for courses, I will find a way to not simply use the language of lived-curriculum, but to think differently about teaching and learning. Using terms like “valued ends” instead of “outcomes” will model behaviors for student educators. Students will be offered narrative opportunities in classroom and clinical places. Autobiographical writing by developing nurses and stories of patient care in journals will help connect the necessary scientific facts with an emerging way of being. I will continue to serve on curriculum committees and encourage other faculty members to explore lived curriculum. In this way I will carry on the tradition of modeling lived curriculum started by Francine early in this journey. The journey two-together has opened places for me that will carry me onto a new way of thinking and being on the yellow brick road in which students and I dance to the tune of curriculum based on stories.

Dancing Along the Yellow Brick Road

My relationship with students calls the yellow brick road into a circle upon which we dance together. In this circle we are with each other in a new way – giving and taking stories, time, and ways of being. Palmer writes of the dance:

Mentors and apprentices are partners in an ancient human dance, and one of teaching’s great rewards is the daily chance it gives us to get back on the dance floor. (1998, p. 25)

As I get back on the dance floor with each new group of students I learn not only from my mentors but from my students who are constantly teaching new steps as I begin again. O'Donohue expresses the importance of dance as a way to fill emptiness: "Great dance is like fluent sculpture. The body arches itself around the emptiness to fashion a sequence of transient shapes..." (2004, p. 121). On this dissertation journey with nurses who have become NPs I have found a way to fill the emptiness that had crept into my teaching. I have also found my-self in a circle with my participants, with my fellow writers, and with my mentors. Levin writes of this continuing circle:

As a symbol for the hermeneutical method, the circle demonstrates the fact that processes of reflection, and enquiry in general, can have no absolute beginning, no absolute end. It demonstrates, further, that every beginning is also an end, and every end is also a beginning. (1985, p. 163)

With stories from my students, help and guidance from Francine, and a searching of self, I have found that there is not an end to the yellow brick road, rather a new beginning that I enter with anticipation. An appropriate ending place is offered by Elayne, a former student, who expresses through poetry how my teaching influenced her.

Phenomenology Revisited

A chance remark
Awoke a thought
As I listened to her words

So full of questions
Thoughts
And dreams

I remember yesterday.

Did I also
Think that way

When I was by your side

Was I scared
And brave
And awed

Not so long ago.

I feel taller
Smarter
The answers seem to flow

Her trepidation
Admiration
Joy

So I felt for you.

And then the next challenge
Creates puzzles here for me
A long low corridor, colored grey

I'll keep on walking as I may.
(Elayne Crain, 2007, used with permission)

Appendix A

AN INVITATION TO PARTICIPATE IN A RESEARCH STUDY

Dear _____,

You are invited to participate in a research study that will explore the lived experience of Registered Nurses who have become Nurse Practitioners. This study is being conducted by Kathleen Ogle, RN, MSN, CRNP, a doctoral student in the Department of Education Policy and Leadership at the University of Maryland at College Park, MD.

The purpose of this study is to explore and understand the lived journey of registered nurses who become nurse practitioners. This research is qualitative in design. It is a search for the meaning of the nurse who is now a nurse practitioner.

Your participation will involve sharing your experiences as a new nurse practitioner through two private conversations as well as a group meeting with the researcher. Each private conversation and the group meeting will be tape recorded to preserve the integrity and completeness of your experiences as they are shared. The tape-recorded conversations will be transcribed into written form in order that the underlying themes might be identified and explored. All conversations, tape recordings, and written transcripts will be held in strictest confidence. Your identity, and that of any persons mentioned by you, will remain confidential.

As a participant in this study, you will be agreeing to meet with the researcher on three separate occasions over the next six months. Each meeting will last approximately 60 to 120 minutes. Meeting times will be arranged at a time and place that are mutually agreed upon by participant(s) and researcher.

During this research study you will be asked to reflect on what it has been like for you as you move from registered nurse to nurse practitioner and the meaning of this experience for you. Also, you may be asked to write a short description about your experience. Example questions are the following: Tell me what it was like when you first began to practice as a Nurse Practitioner? How have you experienced the change from your role as a Registered Nurse to the role of a Nurse Practitioner? What has it been like to move from practice as a nurse to practice as a Nurse Practitioner? What were the first six months of Nurse Practitioner practice like for you?

The experience of the registered nurse who becomes a nurse practitioner is unique to each individual; however, there are some similarities that are common to all of us. By sharing your insights and experiences in this research study, you will be contributing to a more complete understanding of the registered nurse to nurse practitioner experience. If you decide to participate in this study, please contact the research by phone. If you have any questions at any time, please contact me or my advisor at the following numbers.

Thank you.

Kathleen Ogle
(410) 263-7347
KathyOgle@comcast.net

Dr. Francine Hultgren, Advisor
University of Maryland
(301) 405-4562

Appendix B

CONSENT FORM

Initials: _____ Date: _____

Page 1 of 2

- Research Title: Following the Yellow Brick Road: The Lived Journey of Registered Nurses Becoming Nurse Practitioners
- Purpose: The purpose of this study is to explore the phenomenon of registered nurses who become nurse practitioners. The participants and this researcher will be seeking to reveal the meaning of the journey from experience to inexperience and the in-between places they encounter on this journey. Part of the journey will be to seek the implications for nursing education pedagogues.
- Procedures: As a participant, I agree to meet with the researcher three times over a three to four month period of time. These meetings will be both tape recorded conversations and written accounts of the lived journey of nurses becoming nurse practitioners. The first two meetings will be held individually with the participant and the researcher. The last meeting will be a group meeting with other participants and the researcher. The meetings will be held at a variety of locations including office and home environments to facilitate accessibility. Example questions include: Tell me what it was like when you first began to practice as a Nurse Practitioner? How have you experienced the change from your role as a Registered Nurse to the role of a Nurse Practitioner? What has it been like to move from practice as a nurse to practice as a Nurse Practitioner? What were the first six months of Nurse Practitioner practice like for you?
- Statement of Age: I state that I am over the age of 18 years and that I agree to participate in a study conducted by Kathleen T. Ogle, a doctoral student in the Department of Education Policy and Leadership at the University of Maryland, College Park.
- Confidentiality: I understand that I will be identified only by a pseudonym throughout the text to provide confidentiality. I understand that I have the right to request that specific written information or conversations not be used in the study. I understand that I will be informed of all tape recorders present during the recorded conversations and that I may request that recorders be turned

off at any time. The content of the conversations will be held in confidence and the names of the participants will be omitted from the report of findings. All tape recordings of the conversations will be kept in a locked storage area and destroyed after a five-year period.

Risk: I understand that there are minimal risks associated with participation in this study.

Freedom: I am aware that I am free to ask any questions throughout the study and to withdraw my participation at any time without penalty.

To Contact Graduate Researcher Kathleen Ogle
2564 Hidden Cove Rd.
Annapolis, Maryland 21401
410-263-7347

To Contact Faculty Advisor Dr. Francine Hultgren
College of Education
University of Maryland, College Park
2110 Benjamin Building
College Park, Maryland 20742
301-405-4562

To Contact Institutional Review Board *If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: **Institutional Review Board Office, University of Maryland, College Park, MD 20742; (email) irb@deans.umd.edu; (phone) 301-405-4212***

Participant _____

Date _____

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