Narratives of Adolescent Students: the Integration of Health and Learning Through Application of Nursing Theory

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NARRATIVES OF ADOLESCENT STUDENTS: THE INTEGRATION OF HEALTH AND LEARNING THROUGH APPLICATION OF NURSING THEORY

A Dissertation
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
Marjean Huber
December 2005
NARRATIVES OF ADOLESCENT STUDENTS: THE INTEGRATION OF HEALTH AND LEARNING THROUGH APPLICATION OF NURSING THEORY

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Marjean Huber

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ABSTRACT

NARRATIVES OF ADOLESCENT STUDENTS: THE INTEGRATION OF HEALTH AND LEARNING THROUGH APPLICATION OF NURSING THEORY

by

Marjean Huber

Chair: Loretta B. Johns
Problem

There are few resources to show educators how to help students improve learning by improving health and mental well-being. There is a lack of integration in the literature in terms of how practitioners can reach these students in order to help them learn effectively and develop into successful, productive adults with meaningful lives. This study has three major sections. First, I examine my experiences within education to determine what values, truths, and principles mold my practice. Second, I identify my teaching practice in relationship to nursing theory integrating it with learning theory, thus highlighting the relationship between the health and learning of students. And third, I
analyze and discuss my experiences to develop an emerging theory that can be shared with others in the fields of education and nursing.

Method

Using a narrative autobiographical approach, I reflected upon my experiences with students, evaluated comments by students, parents, colleagues, my husband, and assessed informal conversations with colleagues. I examined my teaching practice based on nursing theory as it relates to individual adolescent learners. I wrote stories using my journals. I also presented data using stories, poems, metaphor, concept maps, and graphs.

Results

After analyzing my teaching practice, three predominant themes emerged from my practice as a nurse—caring, compassion, and student advocacy—that are applicable to the practice of teaching and connect the relationship between the health and learning experience of students. Caring provides opportunities for role modeling, dialoguing, reflection, connection, and community. Compassion requires recognition of self-involvement with students and the knowledge of the nature of life itself with all its twists and turns in order to deal with student suffering. Student advocacy requires entering into supporting, trusting, and flexible relationships with students. Together these three themes demonstrate my practice and lead to my emerging theory of Teacher Becoming.

Conclusions

Since my practice is based on my emerging Theory of Teacher Becoming, I am challenged to connect the relationship of health and well-being with learning effectiveness of adolescent students and to emphasize the human perspective. Therefore,
this bridges the lack of integration between health and learning so that educators can have the benefit of my nursing practice in teaching as a result of this research study. As I progress and cultivate my practice, the Theory of Teacher Becoming will be continually tested and continue to evolve.
To my loving family.
To all educators and nurses who have courage to follow their vision.
   To all believers—the present, the past, the future.
   To those from whom I have learned.
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CHAPTER ONE

INTRODUCTION

Prologue

There was a little girl who, when she was 8 years old, created and wrote a story about a clown named Kerchoo. She also handmade a puppet of this clown, bringing him to life. After that, she really did not write much for many years. When she was 8, she knew the magic of stories; she knew stories could create magic, that they were magic. She knew they could create worlds, could describe worlds, explore worlds, and also bridge one world with another.

In their purest use, stories not only describe reality and communicate ideas and feelings, but also bring into being the vague or obscure. Stories can leave us in the known and familiar or transport us to the unfamiliar, incomprehensible, or the unknown (Carter, 1993; Clandinin & Connelly, 2000). Stories, therefore, are one of the primary routes toward knowing the world we inhabit and our unique individual world.

With a story, the little girl of 8 years brought an invisible clown into view. Without her story that clown would not have existed. There was nothing, and then in the writing of one story, there was a clown for all times. More importantly, there existed a
little girl who saw what others did not necessarily see, and when told this same story made it possible for others to know the clown.

I was that little girl. If this little girl once knew the clown that she created and what it meant to her, why did I lose access to a world of writing and creating that is innately mine? Where did that knowledge go?

When I see a room, a seascape, or a person, my awareness of differences and similarities, the emotions I feel, and the ideas I have about myself are embedded in connection with a story in which I can identify what I see. And I can see it my way. Others will perceive it in other ways. Some of these connections between various perceptions are clear-cut—I am shown a color and am told it is blue. Others are shown the same color and are told it is blue. We may both have the same understanding of 'blue;' however, some of the connections are far more complex. My understanding of 'blue' takes on public and private meanings: blue sea, blues music, Blues Clues, Blue Boy, and Blue Cross. These are all variations on a theme that goes far beyond the simple interpretation of color. According to Bateson (1994), any description is true, offering enrichment, not loss. Bateson continues to say, “It is true that human actions dirty the sky and the rivers, but human vision creates unique versions of their beauty” (Bateson, 1994, p. 51). What we see, what we experience—we create a story within us and that is how we know what we know (Clandinin & Connelly, 2000). Our actions around others demonstrate the stories within us; our behavior is a clue to how we interpret the world.

I find it challenging to be conscious of my involvement in the experiences with my teaching practice; therefore, there is a creative path I wish to pursue. I am entering a very individual world together with others through a world of autobiography. The
following poem shows how I become a part of my experiences, in this case sitting in a coffee shop. I believe we need to look deeper into our experiences, to reflect on them so we can see who we are, why we do what we do, how we interpret events around us, and how they reflect our inner stories.

“Alone in a Coffee Shop”

I immediately felt like I had become isolated,
in an unusually crowded coffee shop,
where the tables were set close to one another,
From the facial expressions, body postures and bits and pieces I observed.
I was surrounded by excited conversation; yet it seemed to have no meaning,
The conversations were continuous as I listened to the chatter.
I felt like I should be talking to myself - talk persists even with nothing to say.
Words fill a vacuum. Was anyone listening?
It was then I became aware of the chatter in my own head
White noise
Similar babble
I sipped my coffee slowly
I was longing for my own company.
Maybe someone would come through the doors
and sit at the table, facing my direction?
Then we could nod at each other in a silent understanding:
that would be ample, that would be enough.
Maybe I need to look directly into myself.
Create a story through which the self is reconstructed from pieces of itself.

Writing poetry and stories serves as a reminder that, when I was quite young, I thought perhaps some day I could become an author. Later, when I was despairing of this possibility, I thought perhaps I would like to become a journalist or maybe a playwright. But I failed to embark upon these dreams of a creative nature and pursued a path into nursing. After all, in my day, if a girl were to pursue a career, she could become only a secretary, teacher, or nurse. The first two were not options for me. So I completed nursing school, married my high-school sweetheart, and worked for 3 years. I returned to school to obtain my Bachelor’s degree in Nursing, but it soon was put on hold as I was
pregnant with our first child. Within 4½ years I gave birth to three beautiful daughters. However, the longing to create remained within me and weighed heavily on my conscience—perhaps I could write while at home with the children. I attempted writing short stories, which eventually were deposited into a file cabinet. At the time, if I had known how undeveloped they were, I would never have written anything more. I began to realize the creative side of my writing had been stripped away by the concrete technical writing of nursing. Then my husband lost his teaching position due to the educational system's poor financial status. I returned to work full time while he and my mother cared for our children. With such little time and so many competing priorities in my life, any creative writing I chose to do had to be short and direct. So I created poems—perhaps not the greatest poetry because my poems were weak and undeveloped—in order to write and allow my creative side a voice. The children grew and I eventually forged the path to complete my Bachelor's degree in Nursing, land a position teaching in a local career technical high school, and moved on to graduate with a Master's degree in instructional leadership. Many years later, I entered a doctoral program to learn more about leadership.

This is the discovery of the unique story of my life's work through nursing as an educator. This study pieces together the elements of my career into a compelling document. It is my work experiences in retrospect. During this study, I remembered the past in order to find a thematic continuity and apply coherent meaning to my practice.

**Background of the Problem**

Nurses are the heart and healing of our health care system. Individually and collectively, nurses create an incredibly powerful healing force. I am cognizant that being
a nurse extends beyond the mortar and brick of a hospital, clinic, or office and reaches beyond the confines of a structured role. Nursing offers diverse opportunities, such as careers in various specialty areas, education, management, or public health, which were to my benefit during the progression of my nursing practice and career. I served as a staff nurse in Med-Surg and Geriatrics, a clinical manager and in-service coordinator of two nursing homes and our local hospital, a top-level manager at our local hospital and a nursing home, a staff development coordinator, enterostomal therapist, and an instructor of nursing at a community college. In reflection, many of my roles possessed the underpinnings of a teaching practice. After spending 22 years of my nursing practice in nursing homes, a community college, and a hospital, I departed the structured health care environment and entered an educational milieu to develop a new health careers’ program. I expected to find eager and energetic students who were interested in absorbing knowledge about health care as a career.

Having received state approval for a new program, Diversified Health Occupations, and having completed the required college educational courses, I believed I had all the tools necessary to educate my students and prepare them for future work in the health care system. Learning does depend upon a number of factors: student learning style, teaching methods, student interest. After all, nurses are information brokers and teaching is a competency expected of all registered professional nurses (Tomey & Alligood, 2002). Teaching students was not as simple as I had thought it might be. I never seemed to be able to accomplish what I had planned for my students to achieve. The students did not appear focused on the work given them. I seemed to spend time with the students’ personal problems regarding their health, social problems, and family
issues. I considered the fact that perhaps the fault was mine and I needed to know more about the educational process to help these students learn. Therefore, I set out to better my practice by studying for my Master’s degree in instructional leadership. I was selected Educator of the Year in 1999 within the tri-state community where I lived. Soon thereafter, I successfully accomplished the requirements necessary for National Board Certification for Professional Teaching Standards in 2000 (Appendix A) and became a nominee for Ohio Teacher of the Year in 2001. Yet my concerns about student learning and student health endured. I shared my concerns with my husband, who had been the superintendent of two local school districts and an educator for 30 years. I discussed new methodologies with my daughter, a college student majoring in education. I collaborated with other National Board Certified Teachers throughout our state. I networked with other educators through the state association for career technical educators. My concerns about student learning and health persisted, especially as I observed and analyzed my own teaching (or the lack of teaching) that occurred within my classroom. I continued to dialogue with my husband, my daughter, and other colleagues about my observations, experiences, and concerns.

From my experience of teaching adolescents, it is my hypothesis that learning, achievement, and success are directly related to a student’s health as supported in the literature (Smith, 2003). For the purpose of this study, health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1997). I find many students coming to school with a variety of health-related problems that make successful learning difficult. Learners who are not healthy do not have energy available to learn effectively (O'Connell, 2005).
Without a healthy focus, students cannot develop knowledge, skills, confidence and dreams for a healthy, successful life.

**Statement of the Problem**

Researchers within institutional research offices, higher education centers, colleges and universities, and state education departments have studied extensively a number of problems within education. These studies deal with various issues such as funding (Miller, 1999, 2001), teacher quality (Bobbitt, 1995; Brewer, 1986; Broughman & Rollefson, 2000; Zelman, 2001) and the status of the teaching profession (Bobbitt, 1995). Much research has also been undertaken in the areas of student academic performance (Miller, 1999; Zelman, 2004), standardized testing (Bagin, 2000; Perrone, 2000), racial imbalances and equal educational opportunity (Broughman & Rollefson, 2000; Hussar & Sonnenberg, 2000; Miller, 2001; Yasin, 1999), and the curriculum in relation to labor force needs (Zelman, 2004). As new problems arise in the field of education, these too are then researched: teacher shortages (Yasin, 1999; Zelman, 2001, 2004), overcrowded and unsafe schools (Devoe et al., 2003; Miller, 2003), and unequal access to educational technology (Miller, 1999). These issues and others keep education in a constant turmoil. While these areas of research mentioned are undertaken to help better understand the school environments and to improve the practice of teaching, they can also lead to substantial disparity between the needs of the students and the requirements placed upon both the students and the teachers.

As a nurse and teaching practitioner, I am astonished by the small number of studies on how to show educators/teachers how to help students improve learning by improving physical, mental, and emotional health. “In order to learn, students need to be
healthy. Compared to children with physical, emotional, or mental health problems, students in good health can concentrate better in school, which facilitates academic achievement” (Smith, 2003, p. 2). I concur that there is a link between health status, physical and mental well-being, and learning.

My experience that there is a link between health and learning is confirmed in the National Action Plan for Comprehensive School Health Education, which included the American Cancer Society and representatives from more than 40 health, education, and social service organizations that examined “education and health as interdependent systems” (American Cancer Society, 1992). Participants of the study concluded that healthy children are in a better position than unhealthy children to acquire knowledge and cautioned that no curriculum could compensate for deficiencies in student health status. Publications (American Cancer Society, 1992; Novello, Degraw, & Kleinman, 1992) hypothesize that student health status and achievement are intertwined. This notion emerged as a common theme in a synthesis of 25 key reports on the health and education issues facing American youth (Lavin, Shapiro, & Weill, 1992). In another example, the Carnegie Council on Adolescent Development identified this relationship as one of the basic concepts about adolescence, concluding that adolescents manifest difficulty learning when they are not healthy (Carnegie Council on Adolescent Development, 1995).

While school health professionals understand that a healthy child is a teachable child, those comprehensive school health programs that are most likely to positively influence academic outcomes do not exist in most schools (Greenberg, Cottrell, & Bernard, 2001; O'Connell, 2005; Pateman, 2003/2004; Spal, 1995). A comprehensive
school health program involves health care services that prevent and control communicable diseases, provide emergency care for injury or sudden illness, and provide learning opportunities conducive to the maintenance and promotion of individual and community health. Comprehensive school health programs represent an efficient means to improve both the health and education of Americans. Educators' general focus is only on some factors, such as overcrowding and environmental issues. Findings from the School Health Policies and Programs Study, however, revealed many states employ directors to coordinate state-level comprehensive school health programs, but such initiatives rarely exist at local levels (Kolbe, Kann, & Collins, 1995). Further, the National School Boards Association confirmed that estimates of implementation for the instructional component of a comprehensive school health program range nationally from 5% to 14% (National School Boards Association, 1991). Yet even with comprehensive school health programs, schools have little influence over external situations.

While literature confirms the complexity of health issues confronting today's students, schools face enormous pressure to improve academic skills (Bagin, 2000; Miller, 1999; Perrone, 2000). Local school leaders and stakeholders often remain unconvinced that improving student health represents a means to achieving improved academic outcomes (American Cancer Society, 1992). In my experience, and for the purpose of this paper, any unhealthy event (such as abuse and neglect, alcoholism, deprived family relationships, chronically poor health, poverty, and depression) can lead to difficulties within school and negatively impact upon the learning process. Individual students cope differently in these situations; however, impediments to learning may trigger inappropriate behaviors, lack of interest in learning and life, or failure as a student
(Smith, 2003). Although programs do exist for pregnant students, nutrition programs are provided by the federal and state governments, and health classes are offered, there are few resources to show educators how to help students improve learning by improving student health and mental well-being. There is a lack of integration in the literature in terms of how practitioners can reach these students in order to help them learn effectively and develop into successful, productive adults with meaningful lives.

**Purpose of the Study**

As a nurse and as an educator, I like other practitioners, desire to help adolescents find success in life and in work. The literature, however, provides little guidance to me or other practitioners on how to fulfill this desire by being conscious of a student’s health and well-being. In this study, I investigated how I integrated nursing theories from my practice of nursing into my practice of teaching in order to help the students overcome health-related obstacles to learning. The study broadened my insight about my own practice. The study brought meaning and focus to my life’s work by uncovering a perspective on the unique experience of my role as both nurse and educator, revealing values and principles that profile my practice as an educator and nurse within two career technical high school settings.

The study has three major sections. First, I examined my experiences within education to determine what values, truths, and principles mold my practice. Second, I identified my teaching practice in relationship to nursing theory, integrating it with learning theory, thus highlighting the relationship between the health and learning of students. And third, I analyzed and discussed my experiences to develop an emerging theory that can be shared with others in the fields of education and nursing.
Research Questions

The following are the three research questions that I answered during the course of this dissertation using a narrative autobiographical approach:

1. What professional experiences in the profession of teaching have molded my practice in connecting health and learning?

2. What themes emerge from my practice as a nurse that are applicable to the practice of teaching that demonstrate and connect the relationship between the health and learning experience?

3. What emerging theory can I develop that will integrate the nursing and educational literature to help educators attend to the needs of students with unhealthy dilemmas?

Significance of the Study

This dissertation conveys a fundamental relationship between education and nursing through application of nursing theories to the educational process as illustrated by stories of my experiences. As a nurse I can see the health issues, and as an educator I can see the learning issues. Thus, I am ideally placed to investigate the health/learning relationship. I do not observe poor health when students enter my classroom for the initial class and learning experience. However, it is through my relationship with each student that I learn about each individual problem. This study’s purpose is not to focus specifically on the health problems that exist, but rather to serve as a basis of awareness that students cannot learn effectively when they have external situations interfering with their ability to focus on the learning at hand. Instead, the study focuses on my
experiences with the students who own these previously mentioned problems and provides an analysis of my experiences to demonstrate how the lack of health and well-being impact negatively on learning. This research broadens my insight into my own practice. This dissertation provides a common ground for discussion because, although advocates and providers in both the health and educational systems have identified key links between a healthy child and an effective learner, there is lack of guidance showing practitioners how to use the knowledge of that link. This study presents information to impact changes in teacher education curriculum through course offerings including journaling, autobiographical research, and assessment with students experiencing unhealthy dilemmas. School health advocates need to become fluent in the literature, which confirms how poor health affects students’ school performance. Therefore, in this dissertation I narrate my experiences and explore both nursing and learning theories in order to bridge the lack of integration between health and learning. My emerging theory surfaces integrating the nursing and educational literature to help educators attend to the needs of students with unhealthy dilemmas. Consequently, knowledge of my emerging theory will assist educators, scholars and practitioners prepare students to learn more effectively.

**Definition of Terms**

**Behaviorist:** An individual who equates successful learning with behavioral change believing information is transmitted by the teacher then replicated by the learner (Brown, 1998).
**Caring:** An element of brotherly love that is interdependent with the elements of responsibility, respect, and knowledge demonstrated by persons who move out to, respond to, and give of themselves to others (Orem, 2001).

**Caring occasion:** An interconnectedness with another, leading to a healing encounter that transcends the bounds of time and space (Watson, 1985/1988).

**Cognitive theorist:** One who equates successful learning as understanding and skill performance and is learner-centered (Brown, 1998).

**Community:** A group sharing common characteristics or interests based on spontaneity of group members, social order, and perceived as distinct in some respect from the larger society in which it exists (Orem, 2001).

**Compassion:** The capacity to endure the emotion, pain, and suffering of another, recognize all aspects of human experience, and help in relief of pain (Henderson, 1966).

**Constructivism:** A theory which states that people learn by constructing meaning through interpretative interactions with experiences in the environment (Brown, 1998).

**Health:** For the purpose of this study, health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1997).

**Learning theory:** A set of related general statements used to explain particular facts about learning (Hamilton & Ghatala, 1994).

**Lived experience:** The domain of qualitative research where individual belief and action intersect with culture (Denzin & Lincoln, 2003).

**Metaphor:** A literary device that links together the experiencing and understanding of one thing in terms of another (Denzin & Lincoln, 2003).
**Nursing theory:** A group of related concepts that originate from the nursing models. Some nursing theories also derive from other disciplines (Tomey & Alligood, 2002).

**Narrative research:** A form of inquiry in which the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives (Clandinin & Connelly, 2000).

**Pain:** A nursing definition stating pain is a subjective experience including both verbal and nonverbal behavior as opposed to the medical definition associating pain with an unpleasant physical experience (Dossey, Keegan, & Guzzetta, 2003).

**Pedagogy:** The art and science of deliberate intervention involving planning and implementing instructional activities and experiences to meet learner outcome (Bastable, 1997).

**Practice:** The manner in which one performs the duties and functions of professional responsibilities based on professional and personal principles (Bastable, 1997).

**Self:** A principle underlying and organizing subjective experience (Dossey et al., 2003).

**Storytelling:** A first person account that expresses vivid details about the author's own experiences (Denzin & Lincoln, 2003).

**Student advocacy:** The belief of supporting or defending another and working to change the power structure so that there is improvement in the situation (Douglass, 1988).
Tech Prep: A national educational initiative that connects learning through a seamless pathway from high school, to college, to careers, and provides students with knowledge, skills and behaviors needed to compete successfully in the technological workplace (Bottoms, Presson, & Johnson, 1992).

Unhealthy dilemma: For the purpose of this study, the extent to which a student experiences a situation which impedes the personal state of complete physical, mental and social well-being, preventing them from reaching the highest level of achievement and satisfaction possible (Henderson, 1966; World Health Organization, 1997).

Organization of the Study

Chapter 1 provides an introduction into the who and why of this research topic. I explain the purpose and significance of the study and present the research questions. A definition of terms helps clarify meanings of words/concepts/theories for the purpose of this research document and for the organization of this study.

I explain my methodology in Chapter 2, relating my research to the designing of a quilt through the selection of pieces and patches of material.

In chapter 3, I provide details on the context of my study by sharing the history of career technical education and the learning theory that influenced my beliefs and practice of teaching. I have also included health as it relates to learning. A section on reflective thinking ends the chapter. It is important to understand this information as the reader progresses through my document since it is the source of patches and prints for my quilt.

In chapter 4, I reveal professional experiences with my students that have shaped my practice of teaching, providing material for the quilt.
Chapter 5 makes known the common themes from my experiences as I analyze my practice and stitch the quilt. Found poems are shared. Throughout the chapter I also reflect on various events within the stories. My emerging theory of teaching practice is identified in relation to nursing theory integrated with learning theory. I bring my work together to describe an emerging theory of practice for education. This chapter contains scholarly nursing literature and educational literature to serve as the underlying principle and foundation for my practice.

Chapter 6 returns to the research questions that began this study. Assessing the research, I summarize the main themes that emerged throughout the course of my study and make recommendations for teaching and future research.
CHAPTER TWO

PIECING THE QUILT: METHODOLOGY

Grandma held Tami close and patted her head. “It’s gonna take quite a while to make this quilt, not couple of days or a week—not even a month. A good quilt, a masterpiece . . . .” Grandma’s eyes shone at the thought. “Why I need more material. More gold and blue, some red and green. And I’ll need the time to do it right. It’ll take me a year at least. . . . A quilt won’t forget. It can tell your life story.”

Valerie Flournoy, *The Patchwork Quilt*

Introduction

My great Aunt who lived with my family during my childhood practiced quilting. I remember Auntie saving scraps of material from the clothes that she had made for herself, her nieces and nephews, and her great-nieces and-nephews. Eventually, she transformed those useless scraps into a quilt that would be used for years, providing great physical and emotional warmth and comfort. Preceding her death, Auntie presented family members with quilts she had pieced, and for those who were fortunate enough to have one, these works of art have been a personal tribute to her memory. As Grandma says in Flournoy’s *The Patchwork Quilt*, a quilt can tell your life story. According to Denzin and Lincoln (2003), the qualitative researcher is like a quilter who uses many different pieces and tools of the craft, and deploys whatever strategies, methods, or real materials are at hand, thus providing a theoretical basis for the metaphor. They further
explain that piecing together the set of representations results in a method of construction (Denzin & Lincoln, 2003).

I see the metaphor of quilt making as explaining the steps and layers involved in qualitative research. Similar to the scraps of material described in the above passage from *The Patchwork Quilt*, skill, patience, material, and time all come together to make a good study. Merriam (1998) listed the essential characteristics of qualitative research as: (a) the goal of eliciting understanding and meaning, (b) the researcher as primary instrument of data collection and analysis, (c) the use of field work, (d) an inductive orientation to analysis, and (e) findings that are richly descriptive (p. 11). For each of these characteristics I have imagined the work of the quilter who has envisioned a final work, a specific pattern; who seeks the pieces of material, crafting them patch by patch; and then who must stitch together each patch or block until the pattern is visibly formed. To view the pieces of the fabric individually would not provide the same effect as to view the final quilt. I have created a table to highlight the metaphor.

Table 1 Layers of Qualitative Research

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Also Clandinin and Connelly (2000) state that to engage in narrative study is “to become a part of the landscape” (p. 77). It is to transform the data or material into a written or visual form. It is to become a piece of the quilt.

The Purpose as the Pattern

One intent of this paper is to examine how my experiences in the profession of teaching have molded my practice in connecting health and learning. Through this examination I identify my teaching practice in relationship to nursing theory and learning theory, highlighting the relationship between the health and learning of students. Another intent is to analyze my experiences and observe emerging themes that demonstrate and connect the relationship between health and learning. The final intent is to integrate the nursing and educational literature to help educators attend to the needs of students with unhealthy dilemmas. I perceive an unhealthy dilemma as the extent to which a student experiences a situation which impedes the personal state of complete physical, mental and social well-being, preventing them from reaching the highest level of achievement and satisfaction possible (Henderson, 1966; World Health Organization, 1997).

According to Denzin and Lincoln (2003), there is a domain of qualitative research where individual belief and action intersect with culture identified as lived experiences. Therefore, I piece together material from my lived experiences. The threads connecting them are the context of the situations as well as the individual accounts of my perception of each story.

For any researcher, one of the most rewarding results of a study is the moving forward of the practice of the profession, not merely assisting one’s own practice. I use autobiography, which is a form of narrative seen in the work of those who are doing self-
study research. Self-study represents a type of intellectual autobiography in which the ideas the researcher cares about are in the foreground. An individual’s practice is not complete until the various voices of the experiences that make up the practice are narrated. Autobiography is a form of “research that displays multiple layers of consciousness, connecting the personal to the cultural” (Denzin & Lincoln, 2003, p. 209).

According to Clandinin and Connelly (2000) autobiography is a recognized form of research. Another key notion of theoretical cognitive belief is mental representation (Gardner, 2000). According to Gardner (2000), “cognitive psychologists believe individuals have ideas, images, and various languages in their mind-brain; these representations are real and important” (p. 67). Therefore, research is no longer kept only in the empirical design, but is also presented through different methods of intelligence and combinations of mental representations. Bullough and Pinnegar (2001) have identified what they believe are useful guidelines for establishing quality, and point toward aptitude in scholarship. The guidelines presented show support and purpose for my autobiographical writings and self-study research. They are discussed in more detail in chapter 6 as they relate specifically to my study.

Guideline 1: “Autobiographical self-studies should ring true and enable connection” (Bullough & Pinnegar, 2001, p. 16).

Guideline 2: “Self-studies should promote insight and interpretation” (Bullough & Pinnegar, 2001, p. 16).

Guideline 3: “Autobiographical self-study research must engage history forthrightly and the author must take an honest stand” (Bullough & Pinnegar, 2001, p. 16).
Guideline 4: “Biographical and autobiographical self-studies are about the problems and issues that make someone an educator” (Bullough & Pinnegar, 2001, p. 17).

Guideline 5: “Authentic voice is a necessary but not sufficient condition for the scholarly standing of a biographical self-study” (Bullough & Pinnegar, 2001, p. 17).

Guideline 6: “The autobiography self-study researcher has an obligation to seek to improve the learning situation not only for the self but for the other” (Bullough & Pinnegar, 2001, p. 17).

Guideline 7: “Powerful autobiographical self-studies portray character development and include dramatic action. Something genuine is at stake in the story” (Bullough & Pinnegar, 2001, p. 17).

Guideline 8: “Quality autobiographical self-studies attend carefully to persons in context or setting” (Bullough & Pinnegar, 2001, p. 18).


Bullough and Pinnegar state that the guidelines are suggestive, not definitive (Bullough & Pinnegar, 2001). They state research needs to be readable and engaging, themes should be evident and identifiable across the conversation represented or the narrative presented, the connection between autobiography and history must be apparent, the issues attended to need to be central to teaching and sufficient evidence must be garnered that readers will have no difficulty recognizing the authority of the scholarly voice, not just its authenticity. (p. 20)

In this study, I have adopted narrative autobiographical inquiry as my research methodology. In the works of Clandinin and Connelly (2000), narrative is referred to as a wide range of stories and storytelling techniques. They view narrative as both method and
phenomenon. Narrative names the structured quality of experience to be studied and names the patterns of inquiry for study. Through narrative inquiry, individual lives can be understood as stories. People are storytellers by nature, giving continuity and coherence to life experiences (Lieblich, Tuval-Mashiach, & Zilber, 1998). The focus of narrative research is on the individual and how that life might be understood through a recounting and reconstructing of the life story, as in the works by Dove and Meade (Dove, 2002; Meade, 2002).

Clandinin and Connelly (2000) stated, “Our excitement and interest in narrative has its origins in our interest in experience. People live stories and, in the telling of these stories, reaffirm them, modify them and create new ones” (p. xxvi). They further assert that the study of narrative as a mode of inquiry stems from the belief that social sciences are founded on the study of experience, and therefore experience is the basis for all social science. They propose narrative and storytelling as an alternative mode of inquiry, which places the researcher as centrally involved in the study of experience (Clandinin & Connelly, 2000).

My qualitative work is a narrative autobiographical study of my lived experiences as a health occupations instructor of juniors and seniors in two rural career technical schools in Ohio. In this dissertation, I tell stories of my experiences with students and parents/guardians both in and out of the classroom/lab. I utilize found poems, metaphor, and concept mapping to represent my experiences. I pull data from letters, notes and cards of my colleagues, students, and parents, my journals, and informal conversations. Themes emerge from my practice as a nurse that are applicable to the practice of teaching and demonstrate connection in the relationship between the health and learning
experience. My emerging theory surfaces, integrating the nursing and educational literature to help educators attend to the needs of students with unhealthy dilemmas. Therefore, this study includes my experiences as both a nurse and teaching practitioner.

**The Researcher as Quilter**

In describing the characteristics of qualitative design, Janesick has compared the researcher to a choreographer (Janesick, 2004). Janesick compared the questions of the choreographer, “What do I want to say in this dance?” to that of the qualitative researcher asking, “What do I want to know in this study?” In a similar fashion, my vision of a qualitative researcher as a quilter emerges from memories of Auntie working on her individual pieces of material, arranging the many squares of the quilt. I would ask, “What will the quilt look like? Where is the pattern?” and she would answer that it was in her head, and I would have to wait until the end to see it for myself. In this sense, the quilter is totally involved in the project. And for Auntie, the pattern was as much a part of her as it was anything else. Janesick supports qualitative design in her belief that the role of the researcher is not separate from the research but is a part of that work (Janesick, 2004). For this reason it is necessary throughout this study to identify my connection with my students. I understand that quilters say they can identify the maker of a quilt by the stitches. My identity becomes obvious throughout this study. Yet, the self will continue to ebb and flow over time. Bateson states, “the self is the basic thread with which we bind time into a single narrative” (Bateson, 1994, p. 66). She continues with self-identity by discussing how one “fluctuates throughout a lifetime and even throughout a day, altered from without by changing relationships and within by spiritual and even biochemical changes” (Bateson, 1994, p. 66).
Throughout their work, Clandinin and Connelly (2000) explained that those who undertake narrative inquiry must attend to a ‘three dimensional inquiry space’, the temporal, the spatial, and the personal/social. In this respect, the temporal refers to my time with each student and the continuity of time. Each of my experiences is encountered as it is being lived; yet the story draws from the past, which at the same time is shaping the future in the form of my practice. The spatial lies in the place, the context, the fields or experience. In this respect, the spatial is the career technical schools, my classroom, the homes of students, and the stories themselves. The personal/social is in the interpretation and perception that ensues. With this in mind, the personal/social will be my analysis of my experiences. “As researchers, we come to each new inquiry field living our stories” (Clandinin & Connelly, 2000, p. 63). I enter the inquiry field in the midst of my practice. I partake in the authoring of my lived experiences.

**The Settings and the Students as Patches and Prints**

The setting of my research is two career technical high schools in Ohio, the names of which I have changed for the purpose of protecting my colleagues and students. As I stated earlier the impetus for this study is drawn from my practice of teaching related to nursing. I work with junior and senior high-school students in a career technical high school. In each of the settings, I was and am the instructor with an educational goal of developing and shaping students into successful and productive members of society. During the 12 years of my teaching practice, I have had an effect on the lives of over 200 students. I have chosen to share 20 lived experiences that symbolize my experiences with students and with parents/guardians both in and out of the classroom. My stories represent my experiences of patterning and re-patterning my practice in the classroom. I
organize my stories according to the unhealthy dilemmas I have experienced with my students. My stories are not the experiences themselves—they are my realization of what is occurring within my students, within my classroom, within my very being. In the process of this study, I come to a clear understanding of what professional experiences have molded my practice in connecting health and learning.

South Joint Vocational School

The first setting is South Joint Vocational School, an 11th- and 12th-grade vocational high school located in a small agricultural, steel-producing, and mining community. It is nestled among the foothills of Appalachia on the beautiful Ohio River. It is two miles from my hometown. The road to South Joint Vocational School is a familiar one because it is so tied to my roots. I grew up in a neighborhood nearby and then lived over the hill from the high school where I practiced. I could see the school from my kitchen window.

At South, teachers are cultural insiders who have been born and raised in the area. They have developed many of the linguistic and social practices familiar to the students. For example, some teachers collect, record, and share family stories both inside and outside the classroom. Some teachers' children are friends of the students, march in band together, cheer together, or play on athletic teams together. Socializing at the county fair and attending sporting events are other common activities.

South Joint Vocational School is located within a predominantly Catholic Eastern European (Italian, Greek, Slovak) community with 92.5% Caucasian. The total population is 71,420, having declined 13.3% since 1990. Within the population, 11.8% have a bachelor’s degree or higher. The median household income is $30,853, with
15.1% of the families below the poverty level (United States Census Bureau, 2004a). The students at South Joint Vocational School are primarily from low-income families, often-unemployed households with 33% of enrolled students below poverty level. South Joint Vocational School accepts students from three local school districts (two rural and one suburban) and two city school districts, one of which has a neighborhood characterized as ‘inner-city’ due to its extreme poverty, deteriorating infrastructure, and prevalence of crime. All school districts have a high proportion of poverty due to the layoffs from the steel industry, the closing of coal mines in a neighboring county, and the merging of the two area hospitals. With little other occupational and economic diversity in the communities, jobs are sparse and low paying. The population is declining. South Joint Vocational School has a reputation of being a troubled school, filled with racial strife, suffering from low student achievement, and having minimal parent involvement.

Because of a decline in both the steel and coal industry, a number of families in the community lost their primary source of income. Many of the families of the students at the school face the difficult decision of having to relocate, leaving behind their families and their homes.

The school building is a one-level structure with four wings branching from the central office. It was built in the early 1970s and houses approximately 275-350 students each year who are enrolled in 11 different vocational programs. It is beginning to show the wear and tear of a building used by several generations. My classroom/lab was a remake of the once-taught horticulture program’s potting shed. My role was to develop and implement the Diversified Health Occupations program. Another teacher, who was hired 1 year after me to teach in the program, was also a Registered Nurse. Together we
served between 7 and 24 students in each grade level. In addition to my teaching duties, I served informally as the school nurse, since school officials chose not to employ the services of a school nurse. It is important here to note that educators in administrative positions and boards of education chose not to finance health-related services. As stated previously, while literature confirms the complexity of health issues confronting today’s students, schools face enormous pressure to improve academic skills (Bagin, 2000; Miller, 1999; Perrone, 2000). Schools are in the position to provide learning experiences, not to provide health care.

During my 10 years of practice at this school, I came to know the other teachers and staff. They each became a part of my life with significant effect. However, there are four individuals whom I came to know very well and formed a bond. We share similar values and concerns about life, family, God, education, and students. Susan White, my colleague of 8 years, with whom I worked closely to develop both my practice and our health occupations program, became a trusted friend. Together we shared stories of our students and their various achievements. I always knew that Susan’s unbridled enthusiasm and passion for her teaching practice and her love of life could help me piece together my vision for students. Lynn Williams, a young and energetic career coordinator, was very involved with students and their plans for the future, and with those teachers who were trying to prepare students for life’s work. Lynn was always there as a voice for the students—she was their best advocate. Lynn and I shared our knowledge, our experiences, our lives, and we both learned from each other. Although informed that she perceived me as her mentor, I always felt our relationship was on more equal ground. Harold Sesto served as Guidance Counselor, remaining in the shadows. He was always
there when I struggled with students or parents. He was able to initiate change through his responsiveness to the students and teachers. Lastly, Dick Webster, the county’s Vocational Evaluator, became another trusted friend and colleague. He always seemed to know what was missing from my teaching; he represented a voice for teachers. He questioned, he wrote and talked, and he reflected in order to understand and improve his classroom practice. He was dedicated. And me—he motivated!

North Career and Technology Center

North Career and Technology Center is a career technical high school serving 11th- and 12th-graders, located in a predominantly agricultural community. It is 35 miles from where I now live. The road to North Career and Technology Center is not familiar. I am in a different community with some commonalities to South Joint Vocational School, but with many differences.

At North teachers are also, for the most part, cultural insiders who have been born and raised in the area. They have developed many of the linguistic and social practices familiar to the students. For example, some teachers collect, record, and share family stories both inside and outside the classroom. They form working relationships according to departmental assignments. Some teachers’ children are friends of the students, march in band together, cheer together, or play on athletic teams together. Socializing at the four local county fairs is a common activity.

North is located within a predominantly Protestant Eastern European (German) community with 88.2% Caucasian. The total population is 128,852, with a growth of 1.6% since 1990. The median household income is $37,397, with 10.6% of the families below the poverty level. Within the population, 12.6% have a bachelor’s degree or higher.
Since opening its doors in 1968, North has provided career technical education to over 13,000 high-school students. Many have become supervisors and managers in their career field. Some have started their own businesses. In addition, services such as the Job Leads Office, Career Passport, Student Competency Warranty, Articulation Agreements with technical schools and colleges, and a wide range of rigorous academic classes are available to complement the career technical education. Many students who have graduated from high school return to North in Adult Education classes to further their education and get promotions in their jobs.

North is also a rural school with 83% of the land being agricultural. Manufacturing and service jobs combine to account for 60% of the local economy. There is an estimated daily attendance at the school of 900-1,000 students arriving from 14 schools located in four area counties, and with 100 teachers. Some of the students are on the school bus for over 1½ hours. The student population is predominantly Caucasian with 23% economically disadvantaged. Within this community, there is no major industry for employment, but light industry provides work for those who are skilled. There are eight area hospitals, numerous long-term care facilities, and other agencies providing health care.

North is where I am currently employed, serving as an instructor in the Health Academy, teaching with another Registered Nurse and a Dental Assistant. There are over 100 students in the Health Academy program with predicted growth. Although I instruct all of the students in the academy, I am responsible for the students in the Tech-Prep portion of the program. I no longer serve as a school nurse, as there is one on duty at all times during school hours, provided through the County Health Department.
The school building is a two-level structure with several wings branching in various directions. It was built in the late 1960s with several additions added over the ensuing years which are connected by a covered tunnel. Enrollment is approximately 900-1,000 students each year. The building is beginning to show the wear and tear of a structure used by several generations. My classroom/lab is a remake of a computer program classroom. During my 2 years of practice at this school, I have come to know several of the other teachers and staff. They each have become a part of my life with significant effect. However, there are three individuals whom I have come to know quite well. We share similar values and concerns about life, family, God, education, and students. My first connection to Robert Jakes began as he entered my lab one day after school. He was wearing a long white lab coat and spent his time counting my desks. Who was this man? He said little, as did I. I was intrigued. Was he a mad scientist? As I was informed later, I was getting new desks and he was to be given the science desks in my room to use in his anatomy lab. Since that time, I have worked closely with Robert to develop the science portion of our curriculum. I came to learn that Robert gives his own time to advocate for students who need special attention. As an educator, he prepares students for a society in which citizens are intellectually aware of the world around them and are capable of taking an active role in their own lives. He develops their unique individuality and exhibits a vital concern for their own well-being and the well-being of all people. He helps me in piecing together fairness and equality in my pedagogy.

Jeri Vern is the Dental Assistant who teaches with me in the Health Academy. She is the foundation of the program. She was present during the planning phase of the academy 4 years ago and has taught at North for 26 years. Therefore, she is well aware of
the policies, procedures, and departmental regulations. Jeri maintains a very structured environment in her classroom. Her work assignments for students are sequential, and lab experiences are timed. She believes very strongly that her role is to impart knowledge. With Jeri’s style of teaching, there is little time for reflection or free-thinking. Although Jeri approaches life and teaching differently than I, I need her to help me remain focused on the goals of the program. I have a propensity to concentrate upon each student, not the subject, not the policies; however, with 100 students in the academy, the mundane procedures, the planning, the instructional process, and the students’ problems become crushing at times.

Bonnie Magee is the effervescent English instructor for the senior Health Academy students. Bonnie brings English to life for the students with her unique and clever methods. Prior to teaching Bonnie served as a medical secretary, so she brings knowledge and experience to our students that provide strength in documentation and employability. She cares deeply about their learning and is a sounding board for my concerns and frustrations about students. We have collaborated most recently on a method for senior capstone projects.

The students, the teachers, and the places of my practice help shape who I am today as a teaching practitioner. There are forces connecting us—student needs, love of teaching, love of learning, respect for each other’s work, school reform—to mention only a few. These are fundamental fabrics that add to the quilt.

**Practice as Designing the Layout**

At this point in my study I share with the reader a picture of my practice. With each student I spend time coming to know them through dialogue of situations, stories,
and problems, both learning and personal. My time together at the initial stage of each
relationship begins through observations and conversations. Over time, I come to know
them through their own behaviors and descriptions of their life. Knowledge and
examination of both student and person are important. This belief is supported by
Clandinin and Connelly (2000) who write, "For us, life ... is filled with narrative
fragments, enacted in storied moments of time and space, and reflected upon and
understood in terms of narrative unities and discontinuities" (p. 17). I interpret this as the
difference between my knowing and my practice. As a nurse and educator, I possess
beliefs about learning and health—the guides to my practice. How can I separate the two?
Or should I?

Data Collections as the Material

The quilter often uses remnants from material that have been used in a piece of
clothing or scraps that were too good to be thrown away. Often the quilt design comes
from material that holds special significance, such as a favorite dress or a baby’s blanket.
If the quilter has a particular design or color scheme in mind, she may save material over
periods of time or even search through new material looking for just the right print or
color. In this respect, I followed the quilter’s practice in gathering data for this study.

Qualitative research is a form of what Creswell (2003) defines as an approach

in which the inquirer often makes knowledge claims based primarily
on constructivist perspectives (i.e., the multiple meaning of individual
experiences, meanings socially and historically constructed, with an
intent of developing a theory or pattern) or advocacy/participatory
perspectives (i.e., political, issue-oriented, collaborative, or change
oriented) or both. (p. 18)
Thus, the researcher builds a complex holistic picture, analyzes words, reports
detailed views of material, and conducts the study in a natural setting. Therefore, the
purpose of qualitative research is to understand human experience and to reveal the
processes by which people construct meaning about their worlds and to share those
meanings. One way to gain insight into the reality of my students is through the stories I
tell. I use narrative to convey classroom reality.

Clandinin and Connelly (2000) used the term *field texts* to include teacher stories,
autobiographical writing, journal writing, conversations, and family stories to refer to
data. As the researcher, I used these field texts to represent aspects of my practice. In
explaining the methodology of the narrative inquirer, Clandinin and Connelly stated,
“The narrative inquirer may note stories but more often records actions, doings, and
happenings, all of which are narrative expressions. This is the stuff of narrative inquiry
for the researcher is in for the long haul and concerned with intimacy” (p. 79).

Over a period of 12 years, 1992-2004, I was and remain in the position of an
instructor of high-school students, juniors and seniors, in health care career programs at
two career technical high schools. During those years I focused my attention on the 172
students in my classroom/lab. The data include my experiences with 18 students from
South Joint Vocational School and 3 students from North Career and Technology Center
drawn from five journals of my experiences, 13 tapes of recorded experiences that were
transcribed into 256 pages of print. These experiences represent 12% of the students who
were within my care. I include documented comments from four colleagues who read my
stories. Informal individual conversations with colleagues were tape recorded and
transcribed. The informal conversations were both face-to-face and per telephone with
the purpose of exploring and reflecting on my practice of teaching. There were preset questions, based on my practice, merely to guide the conversations. I also collected letters, notes, and cards from students, parents, community members, and administration regarding my practice. Stories are spaced throughout the document. Poems are identified by a single space format.

As with any research, steps are taken to protect the identity of those students and colleagues I have included in this paper. To ensure confidentiality, I assigned pseudonyms. Additionally, any information that is potentially incriminating has been removed or altered. However, nothing was removed or altered that affects the meaning or intent of my experience or misrepresents my practice.

Four colleagues who know my practice, read my stories and made comments regarding my practice. These colleagues included a Registered Nurse and my teaching partner of 9 years, the county Career Education Coordinator with whom I worked closely for 9 years, the county Vocational Educational Evaluator with whom I worked directly for 10 years, and the Guidance Counselor of the school in which I taught, who was a close working colleague of 10 years.

I tell my stories in a thematic format. I revisited the data and found the common themes, which I eventually used as a guide for my emerging theory of practice. I put myself into the setting or situations described to whatever extent seemed warranted for the purpose at hand. I embodied the situations. It is this autobiographical knowledge that inscribes my life's work (Smith & Watson, 2001). In this sense, I contribute and am a part of the material needed for a quilt.
Validity and Generalizability as Binding the Edges

I found it essential to examine my own beliefs and biases regarding the education of my students as I proceeded through the study. Bateson (1994) comments that “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” (p. 66).

As the research instrument, my own skills were tested—skills of observing, documenting, and analyzing what I have experienced. Guba and Lincoln (1981) stated regarding the role of the researcher that it is important to “emphasize, describe, judge, compare, portray, evoke images and create, for the reader or listener, the sense of having been there” (p. 149). Just as a quilter has a certain border within which to create a quilt, I also have certain boundaries throughout this study.

My study confines itself to my experiences with 16- to 18-year-old junior and senior high-school students attending vocational/career technical high schools in two rural settings in Ohio where I have resided and currently reside. I have chosen 20 lived experiences, 18 from South Joint Vocational School and 2 from North Career Technology Center. These experiences represent 17 junior and 4 senior students, 19 female and 2 male, as they symbolize my teaching practice of the 12 years studied. The nature of the research problem lends itself to a qualitative autobiographical approach. This enabled me to explore situations relevant to the research by highlighting the connection between the health and learning of students, and because they represent professional experiences that have molded my teaching practice.
Transferability or external validity refers to whether particular findings from a qualitative study can be transferred to another similar context or situation and still preserve the meanings, interpretations, and inferences from the completed study (Merriam, 1998). Strauss and Corbin (1998) stress the language of explanatory power by stating, “Explanatory power means ‘predictive ability’ . . . the ability to explain what might happen in given situations such as stigma, chronic illness, or closed awareness” (Strauss & Corbin, 1998, p. 267). Eisner (1998) discusses generalizability as going beyond the data presented and transferring the learning from one situation or task to another. He continues by saying that it is important to look within the qualities of education and create an image or portrait of excellence, which can become a prototype for the profession (Eisner, 1998). Strauss and Corbin (1998) state that the real merit of a substantive framework “lies in its ability to speak specifically for the populations from which it was derived and to apply it back to them” (p. 267). 

I saw my practice emerging. I began to learn about self—why I do what I do. From the surfacing of the three main themes, my emerging theory of practice evolved so others in teaching may benefit.

Generalizability is tested by readers as they determine if the experience, skills, concepts, or images speaks to them and can be applied to new situations. Eisner (1998) addresses this by saying,

Generalizing can be regarded not only as going beyond the information given but also as transferring what has been learned from one situation or task to another. A person must recognize the similarity—but not identity—between one situation and the next and then make the appropriate inference. The ability to generalize skills, images, and ideas across situations appropriately represents one form of human intelligence. (pp. 198-199)
Triangulation refers to an approach to data collection in which evidence is collected from a wide range of different sources. Triangulation can be a convincing tool to confirm the validity of the research (Feldman, 2003). This dissertation uses (a) written journals and tape-recorded journals of my experiences that were transcribed and authenticated by my colleagues, (b) personal notes, (c) tape-recorded and transcribed informal conversations with colleagues regarding my teaching practice, and (d) various artifacts, such as individual student work, a class story album, and letters, notes, and cards from students, parents, colleagues, community members, and administration.

Journal writing provides a data set of reflections and conveys ideas, beliefs and responses of the research, offering an opportunity for triangulation (Janesick, 2004). The layering of my lived experiences from multiple sources fashions the quilt.

A study’s internal validity can be determined by whether it evokes a feeling that the experience described is authentic and lifelike, believable and reasonable (Merriam, 1998). Throughout the process I questioned. I reflected. This reflection lets the reader make meaning of my stories, adding validity if the reader sees the same themes. If the reader sees differing themes, then my study has added importance and usefulness. Barone and Eisner (1997) state, “The ultimate test of validity is the extent to which it facilitates the formation of effective educational policy or the improvement of some aspect of educational practice” (p. 86). The developing of my emerging theory provides guidance to practitioners of teaching on how to help students learn by improving their health and well-being; therefore providing an opportunity for the enhancement of the profession. I believe creating a context that permits teachers to respond to students through the use of
my emerging theory, is an implication for both professional development and teacher preparation.

**Analyzing the Data as Stitching the Pieces**

Quilting involves working with multiple layers. It is an age-old craft of decoratively stitching together two layers of fabric, with batting sandwiched between them. The stitching is what pulls all fabrics together and allows the design to emerge. The stitches complement the design. According to Alex Anderson, a quilting consultant and educator, the stitching should never be something that is imposed on the top as strictly practical. The design merges with the stitching, providing texture and a character that unifies the entire quilt (Weller, 2004). Such is the role of qualitative data analysis. Data collection and analysis become a simultaneous activity in qualitative research, while all along the patterns and designs emerge and direct the researcher until the final product is at hand. Data collection and analysis are concurrent and lead to a refinement of the research questions (Merriam, 1998). Data analysis is an ongoing process in the research. The analysis is what holds the research together under the scrutiny of the reader. Quilters develop their own styles or patterns to follow for the best way to stitch the quilt. The concept of self becomes an essential part of the autobiographical format for the autobiographer. An autobiography is a self-portrait; it is how the self thinks and acts throughout life or throughout certain times of life. Therefore, the quilter alternates creating with writing (Clandinin & Connelly, 2000). Clandinin and Connelly believe that autobiographical studies are a specific re-enactment of one's narrative, and that there could be other perceptions (Clandinin & Connelly, 2000). Indeed, one of the strengths of thinking about my data as narrative is that it opens up the possibilities for a variety of
analytic interpretations. Throughout the analysis process I used HyperResearch, computer software designed for qualitative research analysis, to assist me in my study.

In my dissertation, I tell stories of my experiences with students and parents/guardians both in and out of the classroom/lab. My stories capture the spirit of my practice so that others may see and understand what is necessary to connect health and learning. In this study I share the stories of how I deal with students who experience unhealthy dilemmas. I then analyze the stories, reflect upon them, and search for common themes. My emerging theory develops by integrating the nursing and educational literature to help educators attend to the needs of students with unhealthy dilemmas.

My analysis of the data is the stitching of the quilt. The quilting stitch consists of lines of short, even running stitches. My analysis began with the stories of my experiences in which I searched for values, truths, principles, and personal philosophies that direct the action of my practice. “Stories are usually constructed around a core of facts or life events, yet allow a wide periphery for the freedom of individuality, and creativity in selection, addition to, emphasis on, and interpretation of these remembered facts” (Lieblich et al., 1998, p. 8). After writing the stories, I located key words and phrases from each paragraph by reading, rereading, and highlighting words, phrases, and statements depicting my practice. The content of the stories and lived experiences was interpreted and, as my analysis continued, my practice surfaced in a living text of teaching practitioner, nurse, and researcher. Three common themes emerged: caring, compassion, and student advocacy.

Next, I held informal conversations with six colleagues and my husband, school superintendent and leader of educational change in Ohio. We discussed my values,
practices, and principles that direct the action of my practice. I recorded and transcribed these informal conversations. I searched the data for themes about my values, practices, and personal philosophies that direct the action of my practice. Colleagues’ comments were interpreted and as my analysis continued, my practice surfaced with the same three themes emerging: caring, compassion, and student advocacy.

I also collected various artifacts including individual student work, a class story album, letters, notes and cards from students, parents, community members, and administration, and photographs of various student projects. I searched these data for themes about my values, principles, and personal philosophies that direct the action of my practice. Again I saw the same three common themes emerge: caring, compassion, and student advocacy.

**Data Representation as the Batting**

The presentation of my stories and lived experiences shows the way to better understanding my practice. Just as there is an internal padding within a quilt to provide warmth and give shape, there are multiple ways of representing my practice through stories that provide an account of my experiences. As a means of providing overall facts about the students I instruct, I included demographics and specific status reports in tables located in Appendix B. The facts were compiled from my notes and also from computer-generated reports, which remain with the schools and state department for reasons of confidentiality. The information from my notes, that I am privy to due to my individual work with students, is also confidential. I chose to use story, metaphor, found poetry, and concept mapping as representation of my data.
The Use of Story

In our everyday lives we hear many stories. Some reflect humor, others melancholy. Some have no specific purpose; others make a specific point in a highly effective manner. Some stories are told in a way that is very memorable; others leave the audience wondering about the main point. Stories told within the practice of a profession have evolved from the oral tradition of ancestors. Each of us tells stories every day. In addition to being entertaining or conveying information, stories are a method by which important values and traditions are conveyed to others, including the next generation (Neuhauser, 1993). Storytelling is considered fundamental to the investigation of life’s meaning (Bateson, 1989).

The word “story” derives from the Greek and means knowing, knowledge, and wisdom (Gill, 2001). Thus, stories help people gain knowledge about various situations and values. By sharing my lived experiences, I am helping the reader expand skill, knowledge, and understanding about the students and my practice. There is pain, disappointment, and limitations. Stories serve various purposes, including insight into self, role, goals, and values, both personally and professionally. Insight refers to the “depth of understanding that comes by setting experiences . . . side by side, learning by letting them speak to one another” (Bateson, 1994, p. 14).

Various authors provide practical insight into the benefits of telling stories. For example, James Michener was a great teacher and a great teller of stories. Those two skills—teaching and storytelling—have a potential to transform the practice of teaching. The art of storytelling is focused on a desire to connect with the audience in a meaningful and purposeful way. This connection is augmented by research data, which reveal that
people are more receptive to stories that provide a frame of reference than to data-based presentations (Neumann & Peterson, 1997). “Narratives of personal experience can educate if and when they connect, in a myriad of possible ways, with the experience of those other people who will be one’s readers” (Neumann & Peterson, 1997, p. 162).

A part of this art form is having a collection of stories that touches on each of the following categories: (a) who the storyteller is and his/her purpose for telling the story, (b) the vision story, (c) teaching stories, and (d) values stories (Simmons, 2001). Therefore, before accepting or being influenced by me as the storyteller, the reader wants to know who I am and why they should listen. My stories create trust along with the message I am conveying. When trust and a certain rapport are established with me, it is possible to see my vision. Therefore, the telling of my stories represents and conveys my practice.

Telling stories to one another is a convincing act, but I believe writing stories is empowering. Written words are strong and definite. By capturing my thoughts and memories in words, I revisited, revised, and made my analysis more precise, therefore, more powerful. As I thought about and reflected upon my lived experiences, as I followed my memories over time and space, and as I traced my thoughts and documented them, I discovered the very essence of my work and practice. Storytelling integrates research, practice, and teaching to make knowledge relevant to actual day-to-day practice. My storytelling attempts to make my research come alive, not only for me, but also for the readers. The quilt was taking form.
The Use of Metaphor

Metaphor describes one thing in terms of another, but more precisely, metaphor finds hidden, mysterious connections. Metaphor can reconstruct experiences through the form they take, not providing a closed, literal meaning but rather permitting the reader to experience that which they convey (Barone & Eisner, 1997). According to Denzin and Lincoln (2003), texts based on a metaphor of quilt making reveal “many different things going on at the same time—different voices, different perspectives, points of views, angles of vision” (p. 7). They continue in their discussion on metaphor with the belief that the essence of metaphor is experiencing and understanding, accomplished through comparison (Denzin & Lincoln, 2003).

When I was considering my dissertation, I envisioned the practice of quilting. I recalled my Auntie’s work at quilting. Quilting is a process of creating and piecing together. My own process of piecing together my experiences and narratives of those experiences resemble the work of a quilter. Therefore, I present my dissertation as a quilt patterned after my narratives that create an emerging theory of practice.

According to Lakoff (1992), metaphor is the main mechanism through which we comprehend abstract concepts and perform abstract reasoning. It allows us to understand a relatively abstract or unstructured subject matter in terms of a more concrete subject matter. Also, metaphors serve as a mapping across conceptual domains and are grounded in the essence of everyday experience and knowledge (Lakoff, 1992). That is to say, when a feeling is transformed into a metaphorical statement, it continues throughout the work and functions as a controlling image. My quilt metaphor provides depth, power, and richness to my study. This metaphor is personal and unique, giving structure to my study.
Eisner has stated that metaphors recreate experiences through the form they take, never signifying a closed, literal meaning but enabling the reader to experience that which they express (Barone & Eisner, 1997). I use metaphor as a means to secure the spirit of my work and enliven ordinary language.

The Use of Found Poems

Found poems are an attempt to understand relationships between physical places and a state of the spirit. They are the essence of my experiences. A found poem is shaped from a collection of words, phrases, and thoughts found within one's very being. Poems "construct their organization from the web-like motions of the mind, rather than in the linear discursive patterns" (Sullivan, 2000, p. 220). These poems create new ways of engaging, investigating, and mapping the data (Sullivan, 2000). My poems creatively capture the original intensity of my experiences. Sullivan (2000) states, "Aesthetic vision engages a sensitivity to suggestion, to pattern, to that which is beneath the surface as well as the surface itself" (p. 220). Poetry is rich, complex, moving, and resounding. It provides ways to impart results in a diverse, unique, and personal manner (Butler-Kisber, 2000/2001, Fall/Winter). I entered into the essence of self—a moment, a time, a place. My poems are spaces between words.

My knowledge of found poetry originates from Shirley Freed, Ph.D., Department Chair of the Andrews University Leadership Program, professor, author, and presenter of a workshop on the subject. She is also a member of my dissertation committee. It is often difficult and frustrating trying to document experiences and interpret, analyze, and synthesize. I find that constructing poetry provides a solution to represent my experiences.
The Use of Concept Mapping

Concept mapping is a general method that can be used to help any individual describe ideas about a specific topic in graphic form. Concept mapping shows meaningful relationships among concepts (Mueller, Johnston, & Bligh, 2001). Concept mapping, according to Trochim (1985), is "a structured process, focused on a topic or construct of interest, involving input from one or more participants, that produces an interpretable pictorial view of their ideas and concepts and how these are interrelated" (p. 576). Concept mapping helps in the representation of my data as I organize and interpret my practice. Trochim (1985) believes that concept mapping provides an accurate representation of what people think. I used concept mapping to help define my emerging themes and, thus, in forming my emerging theory that integrates the nursing and educational literature to help educators attend to the needs of students with unhealthy dilemmas. A concept map detailing the intertwining, intermeshing, and overlapping of the three emergent themes of my practice is located in Appendix D.

Summary

Clandinin and Connelly (2000) note the natural progression from the data in field texts to the written interpretation. They state, "As we move from field texts to research texts, our field texts are the texts of which we ask questions of meaning and social significance" (p. 130). The field texts transition to the research text. I provide rich descriptions of my lived experiences in my study. I present my findings for researchers and practitioners, creating my emerging theory for the practice of teaching. This research
was not a simple task, but evolved through layers of data, multiple representations, and numerous writings to piece together my quilt.
CHAPTER THREE

PIECES OF PERCEPTION IN THE LITERATURE REVIEW

Introduction

This chapter of my study establishes the basic knowledge and information needed as a foundation for my research. In the first section I present a brief historical background of career technical education, which poses a story of how career technical education evolved, why it exists as it does today, and the teacher qualifications. The second section presents the learning theories I apply during my teaching practice. I discuss three predominant theories in education today—behavioral, cognitive, and constructive. Next, I convey the connection between health and learning. Finally, I discuss the reflective process. All are important pieces of my quilt as I layer this material into my research study.

The Historical Piece

In the United States, vocational education in schools began early in the 20th century with roots in the traditional techniques of preparing young individuals for the world of work. Over the last 100 years, vocational education has evolved in response to changes in society, technology, education and educational philosophy, and the needs of the workplace. At the dawn of the 21st century, vocational education became known as career and technical education to transcend the specific technical knowledge and skills
required for a particular occupation. Career and technical education not only encompasses technical preparation but also academic foundations, higher-order thinking skills, and personal qualities needed for success in the contemporary workplace.

Industrialization played a significant role in the history of vocational education. Literature indicates early industrial workers were degraded, women were not accepted in the mills and other places of employment, and there was separation of social classes (Barlow, 1965). Moreover, the ethnic make up of the industrial workers consisted mainly of immigrants and minorities. Since industrial leaders wanted workers to be well-versed in the technical skills needed to do their jobs proficiently, they supported schools that trained and prepared students for work. Efficiency progressives, such as Charles Prosser and David Snedden, were advocates of industrialization and promoted their goal to restructure American education to meet the needs of industry (Swanson, 1981). At the same time, they both believed that academics should be separate from industrial or vocational education.

Snedden divided vocational education into areas based on the occupations for which individuals needed to be trained. Snedden further divided vocational education into stages based on age and educational levels. Snedden identified areas of vocational education that already formed a part of public education. He outlined areas of professional education, teacher education, agriculture, engineering, and technological education. In addition, Snedden (1910) described another example of vocational education, one undertaken for social purposes within public education. This vocational education was provided at public expense to

those unfortunates—delinquents, dependents, and defectives—for whom the home no longer exists, or for whom the home is wholly
an insufficient instrument of education; institutions attempting the education of the orphan, the cripple, the deaf, the blind, and the young delinquent, have found it necessary to involve vocational education because liberal education left the individual unprepared for the practical affairs of life and was found to be inadequate. (pp. 11-12)

On the other hand, a democratic progressive, John Dewey, maintained an opposing view to Prosser and Snedden. Dewey believed the educational setting would benefit from the integration of academics and vocational education. He argued that a democratic vocational education would recognize and teach the full intellectual and social meaning of a vocation (Swanson, 1981). Dewey felt the social efficiency views of Prosser and Snedden separated vocational and academic education and separated social classes, forming a narrow education, which was less relevant to students’ lives (Swanson, 1981).

In 1916 John Dewey presented his philosophy that education was a necessary part of the self-renewal of social life across generations. It included the development of young people’s attitudes and dispositions necessary to the life of a society. Dewey saw education as direction to guide youth in balancing the intellect and experience, and as encouragement for active thinking, inventing, and adapting to new conditions and goals (Boisvert, 1998; Dewey, 1938). So in the broadest sense, education was preparation to participate in the life of a society, to perpetuate that society, to replace impulse with control, and to adjust to the new. Dewey saw the social process of education as inevitably a reflection of society (Dewey, 1915).

In Dewey’s view, the true aim of educators was to develop in youth the continued capacity for growth, which is the lifelong ability to continue learning (Dewey, 1933). Dewey believed that education should involve three carefully balanced goals involving
development of the individual’s inborn abilities, social cultivation by experiencing common activities, and expansion of one’s perception of meanings (Dewey, 1915). Yet during the first three quarters of the century, schools progressed and developed under the philosophical concepts of Snedden and Prosser.

In the 1980s, the nature of vocational education began a paradigm shift, which continues today in the 21st century. The catalyst was the publication of *A Nation at Risk* (National Commission on Excellence in Education, 1983), a report showing that school reformers were linking regular schooling with productivity and economic competitiveness, viewing academic fitness as the means by which United States’ dominance in these spheres could be restored. Certain school reformers were clear that it was academic, not vocational education that was the solution to superiority in manufacturing. If this line of reasoning were to be maintained, then vocational education’s main claim to uniqueness in the curriculum would be in jeopardy. Vocational advocates countered, saying vocational education was concerned with student development in personal skills and attitudes, communication skills and technological literacy, employability skills, broad and specific occupational skill and knowledge, and foundations for career planning and lifelong learning (Kister, 1997).

A comprehensive education would be best defined by integrating both academic and career and technical education (Berns & Erikson, 2001). Lake defined integration as a broad curriculum centered on themes or clusters (Lake, 2000). This broad, integrated curriculum moved away from memorization and rote exercises to the connection of concepts and patterns across curriculum areas.
This call to integrate academic and career and technical education came at a time when significant changes had occurred in both the economy and the workplace. The workplace skills from the past had evolved and were very different from the skills required for today’s workplace. Current changes in the workplace call for creative and highly technical workers who can solve problems that include written and oral communication. The workplace is diverse, and the future of the global economy is an issue in the United States. Many business leaders are alarmed with what is perceived as declining skills of the labor force and proclaim the U.S. economy may lose out to global competitors (Berns & Erikson, 2001).

Federal policy mandated that school leaders take action and devise a plan to provide high-level education for students, giving them a competitive advantage in the global economy. In an effort to prepare students for the new workplace, the Carl D. Perkins Vocational and Applied Technology Education Act was signed into law by President Reagan in 1984, with amendments following in 1990 and 1998 (Kister, 1997). This disseminated a new vision for career and technical education for the 21st century through the development of the academic, vocational, and technical skills of secondary and post-secondary students who enroll in vocational and technical education programs.

Tech Prep, a national educational initiative that began in 1990, proposed restructuring traditional curricula and introducing new teaching approaches at the secondary and post-secondary levels. Viewed as one of the most innovative and effective educational reform efforts in American history, Tech Prep connects learning to career pathways and provides students with knowledge, skills and behaviors needed to compete successfully in the technological workplace (Bottoms et al., 1992). Community colleges
and high schools throughout the nation have partnered to jointly design and implement coordinated sequences of instruction to link high school and postsecondary Career and Technical Education (CTE) programs. The School-to-Work Opportunities Act of 1994 amended the Carl D. Perkins Vocational and Applied Technology Act. As a result, Tech Prep evolved into a program aimed at combining the teaching of academic and occupational skills to promote continuing education through articulation with postsecondary school programs (Bottoms et al., 1992).

In 1994, Congress passed Goals 2000: Educate America Act to encourage a broad educational reform to include preparing students for the workplace. This act required the development of content and performance standards (United States Department of Education, 2000). These content standards were to develop the academic areas of English, math, science, and art, and then link academic standards and workplace readiness skills (Kister, 1997). The integration of academic standards and career and technical education would achieve the goal of workplace readiness of students.

The School-to-Work Opportunities Act (STWOA) of 1994 provides financial support to programs preparing students for work (Kister, 1997). This act required a program of study that integrates academic and career and technical education. In addition, the STWOA reinforced the Perkins Act. The STWOA provided grant monies for states and required that schools develop school-based learning and work-based learning, then connect the two in order to improve education (Kister, 1997).

Consequently, as a practitioner of career technical education, I realize we are faced with a plethora of additional expectations and demands that make the vocational teacher of the past obsolete. First, we are expected to assist in accommodating the
growing career development needs of students to be more aware, informed, and technologically prepared for a number of employment opportunities (Brown, 1998). Second, we are charged with preparing students to be more competent in academic achievement in math, science, and communications and to also demonstrate higher-order thinking skills in reasoning, problem-solving, and collaborative work (Miller, 1999). Additionally, we are held to ever-increasing demands for greater accountability through specific testing within each career tech area (Zelman, 2004). At the same time we are in the midst of a technological revolution that requires ongoing curriculum revision (Miller, 1999; Zelman, 2004). Nevertheless, from the experiences in my practice, teachers are expected to serve a more diverse student clientele who are educationally and socially challenged and who are at risk because of their health and well-being. These forces that are impacting upon career technical education have significantly impacted the students, the teachers, the schools, and the communities.

**The Teaching-Learning Piece**

As highlighted in the preceding section of this chapter, this is a time of transformation for career technical education as it responds to a changing society and rapidly changing world. It is not a question of whether education will continue to change or not, but rather, how and by whom. There is now great opportunity for improving the teaching profession. In this section of the chapter, I review the principle learning theories that are frequently used by the nursing and teaching professions.

The task of explaining learning theory would be greatly simplified if the learning process were relatively clear-cut and uncomplicated. However, learning is a complex process that has generated numerous interpretations and theories of how it is effectively...
accomplished. This section presents three perspectives of learning theory including behavioral, cognitive, and constructive. I believe it is necessary to select and apply the theory that offers instructional strategies necessary to achieve the desired outcomes of the lesson, along with meeting the individual needs of the student. Restricting myself to one theoretical position does not lend itself to teaching effectively or learning effectively.

Many different theorists, researchers, and educational practitioners have defined learning in numerous ways. Although universal agreement on any single definition seems impossible, many definitions are similar. According to one definition, “learning is an enduring change in behavior, or in the capacity to behave in a given fashion, which results from practice or other forms of experiences” (Schunk, 1996, p. 445). Although learning theorists and teaching practitioners may not all agree on the definition of learning presented, according to Schunk (1996), this definition meets the criteria for learning. He states these criteria include a “behavioral change or change in the capacity for behavior . . . that the behavioral change endures over time . . . and that learning occurs through practice or other forms of experience” (pp. 2-3).

Most likely, some learning theorists and teaching practitioners will disagree on the explanation of learning presented by this definition. However, it is not the definition itself that separates a given theory from other theories. The major differences among theories seem to exist more in interpretation than they do in definition. These differences revolve around a number of issues that describe the instructional strategies from each theoretical perspective. Schunk (1996) lists six definitive questions that serve to distinguish each learning theory from the others: How does learning occur? Which factors influence learning? What is the role of memory? What is the role of motivation?
How does transfer occur? What types of learning does the theory best explain? (p. 12).

I discuss each of these questions from the viewpoint of the behavioral, cognitive, and constructive learning theories.

**Behaviorism**

1. How does learning occur? Behaviorism equates learning with changes in either the form or frequency of observable performance. Learning is accomplished when a proper response is demonstrated following the presentation of a specific environmental stimulus (Hamilton & Ghatala, 1994). The key elements are the stimulus, the response, and the association between the two (Skinner, 1974). Of primary concern is how the association between the stimulus and response is made, strengthened, and maintained.

   Behaviorism focuses on the importance of the consequences of those performances and contends that responses followed by reinforcement are more likely to recur in the future. According to Skinner, “Reinforcement is said to supply information” (Skinner, 1974, p. 77). On the other hand, it appears that little effort is made to determine the structure of a student’s learning or to assess understanding (Schunk, 1996). The student is reactive to conditions in the environment as opposed to engaging in discovering the environment.

2. Which factors influence learning? Although both student and environmental factors are considered important by behaviorists, environmental conditions receive a great emphasis. Skinner states, “The environment made its first great contribution during the evolution of the species, but it exerts a different kind of effect during the lifetime of the individual, and the combination of the two effects is the behavior we observe at any given time” (Skinner, 1974, p. 19). Therefore, behaviorists assess learners to determine at
what point to begin instruction as well as to define the reinforcement most effective for a particular student. A critical factor is the arrangement of stimuli and consequences within the environment (Hamilton & Ghatala, 1994).

3. What is the role of memory? Behaviorists do not generally address memory. Although repetitive behaviors are discussed, little attention is given as to how these are stored in the brain or recalled for future use. Skinner states that “what is stored are copies of stimuli” (Skinner, 1974, p. 120). Forgetting is attributed to the lack of response over a period of time. The use of periodic practice or review serves to maintain a student’s readiness to respond (Schunk, 1996; Skinner, 1974).

4. What is the role of motivation? A behaviorist’s position is that motivation is a result of reinforcement. Therefore, “the intellect controls needs and emotions” (Skinner, 1974, p. 164). Motivation is not automatic, but depends upon how the student interprets the reinforcement (Schunk, 1996).

5. How does transfer occur? Transfer refers to the application of learned knowledge in new ways or situations, as well as to how prior learning affects new learning. In behavioral learning theory, transfer is a result of generalization. Situations involving identical or similar features allow behaviors to transfer across common elements (Hamilton & Ghatala, 1994). According to Skinner (1974), knowing something is the behavior of repeating it. This process allows the student to apply a previous learning experience to the new learning.

6. What types of learning does this theory best explain? Behaviorists use strategies for building and strengthening stimulus response associations, including instructional cues, practice, and reinforcement (Driscoll, 2000; Skinner, 1974). These
strategies have generally been proven reliable and effective in facilitating learning that involves discriminations, generalizations, associations, shaping, and chaining (Driscoll, 2000). However, it seems generally agreed that behavioral principles cannot adequately explain the acquisition of higher-level thinking skills such as language development, problem solving, or critical thinking (Schunk, 1996).

To summarize, many of the basic strategies and characteristics of behaviorism are embedded in teaching practice. From my research of the literature, I realize there are some practical applications to the teaching practice, such as an emphasis on producing observable and measurable outcomes in students that includes behavioral objectives, task analysis, and criterion-referenced assessment (Hamilton & Ghatala, 1994). For example, behaviorism is used as the basis for audio-visual program materials and programmed instruction texts (Joyce, Weil, & Calhoun, 2004). A learner analysis is done as a pre-assessment to determine where instruction should begin (Schunk, 1996). There is also an emphasis on mastery learning or sequencing the instructional presentation (Joyce et al., 2004). Use of reinforcement to impact performance is achieved through tangible rewards or informative feedback (Hamilton & Ghatala, 1994). Prompts are also used to provide a stimulus-response association (Hamilton & Ghatala, 1994).

The goal of instruction for a behaviorist is to obtain the desired response from the student who is presented with a target stimulus. To accomplish this, the student must know how to complete the proper response within the proper environmental conditions. Therefore, instruction is structured around the staging of the target stimulus and the opportunities for the student to practice making the proper response. To facilitate the linking of stimulus-response pairs, instruction frequently uses cues to prompt learning.
and reinforcement to strengthen learning. Thus, the behavioral theory implies the role of the teaching practitioner is to determine which cues lead to the desired responses, arrange practice situations in which prompts relate to an objective, arrange environmental conditions so students make the correct responses, and provide reinforcement.

Cognitivism

By the late 1950s, learning theory began to make a shift away from the use of behavioral models to an approach that relied on learning theories and models from the cognitive sciences. Psychologists and educators began to have concerns with overt, observable behavior and instead stressed more complex cognitive processes such as thinking, problem solving, language, concept formation, and information processing (Hamilton & Ghatala, 1994). This shift from a behavioral orientation to a cognitive orientation created a similar shift in the methodologies and strategies used to convey information in the learning process.

1. How does learning occur? Cognitive theories stress the attainment of knowledge through the use of the internal mental structures. Cognitive theorists stress the role of thinking in the learning process—the importance of knowing why. They depict learning as a process in which learners become active participants, drawing upon their personal experiences and their interaction with others to construct new understandings and knowledge (Vygotsky, 1962). They regard the outcomes of successful learning as understanding, knowledge, and skillful performance. Interests, values, and attitudes are recognized as important parts of learning that provide motivation for learning (Schunk, 1996). Traditional approaches to teaching and learning, textbooks, and lecture provide the truth. There seems to be little room for questioning, independent thought, or learner
interaction. Cognitive theorists believe the role of the teacher is to provide learners with opportunities and incentives to learn. They purport that all learning, except for simple rote memorization, requires the learner to actively construct meaning; students’ prior understandings and thoughts about a topic or concept before instruction exert a tremendous influence on what they learn during instruction; the teacher’s primary goal is to generate a change in the learner’s cognitive structure or way of viewing and organizing the world; and learning in cooperation with others is an important source of motivation, support, modeling, and coaching (Bransford, Brown, & Cocking, 2000; Schunk, 1996).

2. Which factors influence learning? Cognitivism, like behaviorism, emphasizes the role that environmental conditions are a factor in facilitating learning. Instructional explanations, demonstrations, and illustrative examples are all considered to be important in guiding student learning. Similarly, emphasis is placed on the role of practice with corrective feedback. Up to this point, little difference can be detected between these two theories. However, the cognitive approach focuses on the mental activities of the student that lead to a response and acknowledges the processes of perception, thought, and consciousness (Hamilton & Ghatala, 1994; Piaget, 1964). Cognitive theories maintain that environmental cues and instructional components alone cannot account for all the learning that results from an instructional moment. Other elements include the way that students focus on coding, transforming, rehearsing, storing, and retrieving information (Schunk, 1996). Students’ thoughts, beliefs, attitudes, and values are also considered to be important in the learning process (Brown, 1998; Kerka, 1997; Noddings, 1992). Overall, the real focus of the cognitive approach is on changing the student by encouraging him or her to use appropriate learning strategies.
3. What is the role of memory? As previously implied, memory plays a vital role in the learning process. Learning results when information is stored in memory in an organized, meaningful manner (Piaget, 1970). Teacher practitioners are responsible for assisting students in organizing information in an optimal way. They use techniques such as advance organizers, analogies, hierarchical relationships, and matrices to help students relate new information to prior learning. It is believed the inability to retrieve information from memory is due to missing or inadequate cues during the instructional process, memory loss, or distortions in recall (Hamilton & Ghatala, 1994).

4. What is the role of motivation? Cognitive practitioners believe students are intrinsically motivated to learn and develop knowledge from resolving problems or conflict (Hamilton & Ghatala, 1994; Piaget, 1970; Vygotsky, 1962). Thus, the motivator is the need to solve problems. These students who are guided by self-motivation take more responsibility for their learning. Developing personal goals and making choices provide the motivation to complete the tasks at hand.

5. How does transfer occur? According to cognitive theories, transfer is a function of how information is stored in memory (Schunk, 1996). When a student understands how to apply knowledge in different contexts, then transfer has occurred. Understanding is seen as being composed of a knowledge base in the form of rules and concepts. Thus, once a student has attained the learning to transfer, he or she has reached another level and should be able to reason within the text of the material (Hamilton & Ghatala, 1994; Ormond, 1994; Piaget, 1964). Prior knowledge is used to establish boundary constraints for identifying the similarities and differences of new information. If learning is to occur, not only must knowledge itself be stored in memory, but also the uses of that knowledge
must be stored. Specific instructional or real-world events trigger particular responses, but the student must believe the knowledge is useful in a given situation before it will be retrieved (Piaget, 1970; Vygotsky, 1962).

6. Which types of learning does the theory best explain? Due to the emphasis on mental construct, cognitive theories are more appropriate for explaining complex forms of learning, such as reasoning, problem solving, and information processing, than those that are more behavioral (Piaget, 1985; Schunk, 1996). However, it appears the overall goal of instruction for both behaviorism and cognitivism is the same: to communicate or transfer knowledge to the students in the most efficient, effective manner possible (Driscoll, 2000; Hamilton & Ghatala, 1994). Cognitivists believe the student is motivated to learn if there is inconsistency between new information and prior learning. This produces a tension that motivates the student to accommodate (change) his or her structure (scheme) (Driscoll, 2000; Hamilton & Ghatala, 1994). As a result, if the inconsistency is too great for the student, he/she becomes frustrated and quits. Therefore, I give information promoting accommodation. This is done by assessing the student’s current level of cognitive functioning (Piaget, 1964). Behaviorists focus on the design of the environment to optimize the learning, while cognitivists stress efficient processing strategies.

To summarize, cognitivists emphasize many of the instructional strategies promoted and used by behaviorists, yet for different reasons. An obvious commonality is the use of feedback. A behaviorist uses feedback (reinforcement) to modify behavior, while cognitivists make use of the feedback (knowledge of results) to guide and support accurate mental links. Task analysis is also important, but once again for different
reasons. Cognitivists look at student preference to learning and determine how to plan instruction so it will be easily assimilated, while behaviorists look at students to determine where the lesson should begin and what reinforcement will be the most effective (Hamilton & Ghatala, 1994).

From my research of the literature, I realize there are some practical applications to the teaching practice. For example, there is emphasis on the active involvement of the student in the learning process. This can be achieved through organizing and sequencing information by outlining, writing summaries, or providing advanced organizers (Joyce et al., 2004). The creation of learning environments allows and encourages students to make connections with previously learned material through recall of previous skills, use of examples, and analogies (Driscoll, 2000; Hamilton & Ghatala, 1994; Schunk, 1996).

Cognitive theories emphasize making knowledge meaningful and helping students organize and relate new information to existing knowledge. Instruction is based on a student's existing mental structure or schema. Information is organized so students connect new information with existing knowledge in some meaningful way. Analogies and metaphors are examples of this type of cognitive strategy. This helps the student conceptualize, organize, and retain the data presented. Other cognitive strategies may include framing, outlining, mnemonics, concept mapping, and advance organizers.

Major tasks of the teaching practitioner include understanding that students bring various learning experiences to the classroom which can impact learning outcomes, determining the most effective manner in which to organize and structure new information to retrieve the students' previous learning, abilities, and experiences, and arranging practice with feedback so new information is effectively and efficiently...
assimilated and/or accommodated within the student's cognitive structure (Ormond, 1994).

Constructivism

Assumptions underlying behavioral and cognitive theories include the world as real and external to the learner. A constructivist approach to learning and understanding knowledge determines how the individual creates meaning from personal experience (Dewey, 1933; Driscoll, 2000). Constructivism is not a new approach to learning, but stems from the philosophical underpinnings of Dewey in the early 1900s. Constructivism has roots in the philosophical and psychological viewpoints from the works of Piaget, Bruner, and Goodman (Driscoll, 2000). As constructivism has grown in popularity to become a significant trend in education, literature containing constructivist ideas has increased. Along with philosophical and psychological discussions, there is also emphasis on implementation of constructivist ideas in classrooms and career technical schools (Berns & Erikson, 2001; Brown, 1998; Kerka, 1997).

1. How does learning occur? Constructivism is a theory that equates learning with creating meaning from experience (Dewey, 1933; Driscoll, 2000). Even though constructivism is considered to be a branch of cognitivism, it distinguishes itself from traditional cognitive theories in a number of ways. Most cognitive psychologists think of the mind as a reference tool to the real world. Constructivists believe the mind is transferring knowledge from the outside world to within to produce its own unique reality.

Constructivists do not share with cognitivists and behaviorists the belief that knowledge is independent and placed upon a student. Constructivists contend that what
we know of the world stems from our own interpretations of our experiences. Humans create meaning as opposed to acquiring it. Since there are many possible meanings to glean from any experience, an exact meaning cannot be determined. Students do not transfer knowledge from the external world into memory. Instead, they build personal interpretations of the world based on individual experiences and interactions (Dewey, 1933). Thus, the internal representations of knowledge are constantly open to change. There is not an objective reality that students strive to know. Knowledge emerges in context, as it is relevant. Therefore, in order to understand the learning which has taken place within a student, the actual experience must be examined (Driscoll, 2000; Hamilton & Ghatala, 1994).

2. Which factors influence learning? Student and environmental factors are critical to the constructivist since specific interaction between these two variables creates knowledge. Constructivists believe behavior is determined by the specific situation (Dewey, 1933; Driscoll, 2000). In the traditional classroom, the focus is on teaching; in the constructivist-based classroom, the focus is on learning. This is a paradigm shift bringing attention to the student and individual ways of learning. In the student-centered classroom, students work in collaboration with others, including the teacher; they share responsibility for learning, and all engage in teamwork. The teacher is aware of different learning styles, cultural experiences, and different social environments from which the students originate (Gardner, 2000).

The goal of student-centered teaching is to empower the students. Student-centered practices place the practicing teacher in the role of facilitator, one who assists students in knowledge and skill development by modeling (demonstrating), scaffolding
(supporting), fading (gradually decreasing assistance), and coaching (suggesting, challenging) the student.

The vocational teacher’s role is not to set tasks, but to organize experiences that allow learners to develop their own knowledge and understanding. Using the methods of cognitive apprenticeship, the teacher is a coach who provides guidance that gradually decreases as learners become more proficient, and who models, mediates, diagnoses, and scaffolds. The learning environment should reproduce the key aspects of communities of practice; authentic activities sequenced in complexity, multiple experiences and examples of knowledge application, access to experts, and a social context in which learners collaborate on knowledge construction. (Kerka, 1997, p. 3)

Learning continues to evolve in this type of learning environment. For this reason, it is critical for learning to occur in a realistic setting and be relevant to the students’ lived experience.

3. What is the role of memory? “The constructivist’s emphasis is not on learning outcomes, but about the ways people learn; and, therefore, about the process of learning that enables a learner to make connections between what is known and what is unknown” (Brown, 1998, p. 15). Therefore, the goal of instruction is not to ensure students know certain facts, but rather that they interpret, construct, and elaborate on information. According to Dewey this reflective process “involves not simply a sequence of ideas, but a consequence—a consecutive ordering in such a way that each determines the next as its proper outcome” (Dewey, 1933, p. 2). A concept will continue to evolve with each new situation, discussion, and varied activities. Memory is always under construction as an accumulation of information. Representations of experiences are not formalized or structured into a single piece of declarative knowledge and then stored in the brain (Bransford et al., 2000; Brown, 1998). The emphasis is not on retrieving specific facts, but on providing students with the ability to create new understandings by piecing
together experiences, situations, and data from diverse sources for the problem at hand (Brown, 1998; Vygotsky, 1986). Constructivists emphasize the flexible use of previous knowledge through a reflective process rather than the recall of facts.

Cultural and social practices are important in the development of learning and memory. Students know when the learning is meaningful to them. Drawing upon cultural practices, family traditions, and other personal experiences of the learner promotes brain functioning. Constructivist practitioners base instruction on the facilitation of sharing experiences between students (Brown, 1998; Dewey, 1933).

The focus of constructivism is on creating cognitive tools that reflect the wisdom of the culture in which they are used, as well as the insights and experiences of individuals. There is no need for acquisition of isolated concepts or details. For learning to be effective it includes three vital factors—activity or practice, concept or knowledge, and culture or context (Brown, 1998).

4. What is the role of motivation? Practitioners of constructive teaching maintain motivation by the use of contextual problem solving. Classroom structures focus on effort and student interest rather than ability and reward. Learning goals are established, which are aimed at increasing knowledge and competency as opposed to performance goals aimed at doing better than others (Hamilton & Ghatala, 1994).

5. How does transfer occur? The constructivist theory assumes transfer is facilitated by involvement in authentic tasks anchored in meaningful contexts. Since understanding occurs through experience, the authenticity of the experience becomes critical to the individual's ability to use ideas (Brown, 1998). An essential concept in the constructivist view is that learning always takes place in a context and that the context
forms a link with embedded knowledge. Therefore, the goal of instruction is to accurately portray tasks, not to define the structure of learning required to achieve a task. If learning is not contextualized, there is little hope for transfer to occur (Bransford et al., 2000; Brown, 1998). Appropriate and effective use comes from engaging the learner in the actual use of real-world situations. As a result, learning effectiveness is based on how effective the student’s knowledge structure is in facilitating thinking and performing within a given structure.

6. Which types of learning does the theory best explain? The constructivist view does not accept the assumption that types of learning are identified independently of the content and the context of learning. According to Dewey (1933), learning includes individual learning preferences. Not all students are drawn to the same ways of learning. Characteristics of constructivism associated with learning styles include the perceptual dimension, cognitive dimension, and the affective dimension (Brown, 1998).

The perceptual dimension is influenced by physical and environmental elements. The physical elements are visual, auditory, tactile, and kinesthetic. Research of learning styles shows that most people learn best through experiencing, doing, and involvement, especially when reinforcement is offered through practicing, touching, manipulating, and handling (Brown, 1998; Gardner, 2000). The cognitive styles of learning refer to the ways in which people process information. It reflects Kolb’s description of learning as a cyclical process by which one moves from concrete experiences to reflective observations, to abstract conceptualization, and finally to active experimentation (Brown, 1998; Kolb, 1983; Vygotsky, 1986). The affective dimension is reflected in the social domain of learning. This addresses how students interact in the classroom and deals with
the elements of emotion, valuing, and behavior (Brown, 1998). A student’s best learning does not take place by thinking and watching but by feeling, doing, and sharing. There should also be involvement of mutual support, team processes, and positive reinforcement along with collaborative participation (Vygotsky, 1986).

To summarize, some of the specific strategies utilized by constructivists include situating tasks in real-world contexts, using cognitive apprenticeships, such as modeling and coaching; presenting multiple perspectives, such as problem-solving, collaborative learning and sharing views; exercising social negotiation, such as debate and discussion; using examples with reflective awareness, and providing considerable guidance throughout the learning process.

From my research of the literature, I realize there are some practical applications to the teaching practice, which includes an emphasis of the context in which the skills are learned and then applied. There is emphasis on the student actively using what is learned (Brown, 1998). The need for information to be presented in a variety of different ways and support for the use of problem-solving skills allows students to construct meaning (Joyce et al., 2004). Assessment focuses on the transfer of knowledge and skills through work-based learning, internships, apprenticeships, and mentoring (Brown, 1998; Driscoll, 2000; Hamilton & Ghatala, 1994).

**Summary**

It is apparent to me that students exposed to the three instructional approaches described in this section of my study would gain tremendous strides in learning. The literature supports learning as influenced by many factors from many sources, so the learning process itself is constantly changing. What might be most effective for a student
who is familiar with the content would not be effective for a student encountering a complex body of knowledge for the first time.

**The Health and Learning Piece**

As a graduate nurse when I cared for my patients, it soon became apparent that certain information needed to be shared in order for them to participate in their own care. Teaching patients about their therapy, condition, or choices in their treatment is important to the successful outcome of prescribed treatments. As a nurse I teach patients many details related to their individual care—from dressing changes to exercise programs, from medication information to bowel training, and from irrigation treatments to the importance of dietary compliance—to name a few. Knowledge enhances compliance with treatment and encourages healthy lifestyles and behaviors. Teaching becomes especially important when patients have to make treatment choices and decisions about their care. Discharge plans are another avenue helping to provide for patient education (Bastable, 1997). With all this in mind, there is little doubt the role of teaching is an important one for a nurse.

My work is now rooted in career technical education in a health occupations program, sharing knowledge with juniors and seniors in high school who desire to enter one of many health careers. When I was a novice teacher, it soon became apparent I needed to share information with students to show them how to participate in their learning. Teaching students the core component of health care, a variety of skills, teamwork, and career choices is important to the successful outcome of certain state required competencies. For these reasons prior to teaching, it is important for me to assess my students. As with all students, emotional or mental status should be
acknowledged and taken into account when planning an educational experience for the adolescent population. Depression, denial, fear, and anxiety can all have an impact on the students’ learning effectiveness. These unhealthy dilemmas need to be addressed before teaching/learning can progress effectively (Payne, Philip, & Terie, 2001; Smith, 2003). In this section I present information regarding adolescent health and learning effectiveness.

Adolescence is a period of great change from a cognitive, behavioral, and physiological perspective. Successful transition to healthy adulthood is an overall societal goal for teenagers, but I am concerned about the health of our adolescents. The World Health Organization (WHO) recently conducted a survey with 128,000 students from 28 countries. The survey examined the attitudes and experiences of 11-15-year-olds concerning a variety of health behavior and lifestyle issues. Results of the survey indicate that approximately 92% of all teens considered themselves as healthy, with U.S. teens ranking only 21st in this category. Students in the United States reported the highest frequency of health-related problems and symptoms, and were more likely to take medications for these symptoms. United States teens ranked fourth in reporting symptoms such as headache, nervousness, stomachache, and feeling tired and lonely. Students in the U.S. were less likely to exercise frequently than were students in most other countries. In addition, U.S. students generally were less likely to have a good diet than were children in other countries (World Health Organization, 2000).

Adolescents are no longer children, yet they are not yet adults. Adolescence is a period of rapid development when young people acquire new capacities and are faced with many new situations. This presents not only opportunities for progress but also risks to health and well-being. As adolescents face the challenges of the second decade of life,
encouragement can go a long way in channeling their energy towards positive and productive paths. Neglecting adolescents can lead to problems, both immediately and in the years ahead.

The World Health Organization (2000) continues to study adolescence and provides broad information. More than ever before, adolescents are able to attend school and benefit from technological progress. Yet at the same time, the lives of millions of adolescents are marred by poverty, inadequate education and work opportunities, exploitation, war, civil unrest, and ethnic and gender discrimination. Rapid urbanization, telecommunication, travel, and migration bring both new possibilities and new risks to young people. These conditions may directly jeopardize health and may also undermine the traditional social support that helps young people prepare for and explore the opportunities and demands of their passage into adulthood. Decreasing influence of family and culture, early puberty, and later marriage extend the risks of unprotected sexual activity in adolescents. Teen pregnancy leads to higher maternal and infant mortality rates. Sexually transmitted diseases, including HIV/AIDS, pose health risks to adolescents. Potentially harmful substances—tobacco, alcohol, and other illicit drugs—are now more readily available to adolescents and threaten their health in both the short and long term. Violence inflicted by and on young people is a growing phenomenon. Young men frequently take part in acts of violence, including wars. Suicide attempts appear to be on the increase among the young, and many are the victims of violence, including sexual abuse (World Health Organization, 2000).

As reported in the research, many of the behavioral patterns acquired during adolescence (such as gender relations, sexual conduct, the use of tobacco, alcohol and
other drugs, eating habits, and dealing with conflicts and risks] will last a lifetime and affect the health and well-being of society. Adolescence provides opportunities to prevent the onset of health-damaging behaviors and their future repercussions. Fortunately, some adolescents are receptive to new ideas; they are keen to make the most of their growing capacity for making decisions. Their curiosity and interest are a tremendous opening to foster personal responsibility for health. Furthermore, engaging in positive and constructive activities provides occasions to forge relationships with adults and peers, as well as acquire behaviors crucial to health (World Health Organization, 2000).

It has also been reported that many of the factors underlying unhealthy development in adolescents stem from the social environment. They include poverty and unemployment, gender and ethnic discrimination, and the impact of social change on family and communities. While efforts to improve adolescent health cannot directly focus on inequities and injustices in society, it is recognized that these conditions are real constraints to improving the health and well-being of adolescents. The attitudes and behaviors to be influenced—sexual behavior, gender relations, use of illicit substances, dealing with conflicts and risks—often arise from and feed off each other. For example, the use of illicit substances alters judgment, and thus makes aggressive acts, unprotected sex, and accidents more likely to occur (World Health Organization, 2000).

Currently WHO is implementing another initiative, The Global School Health Initiative (GSHI), which is an extension of the Promoting Health Through Schools study (World Health Organization, 1997). The GSHI is a collaborative surveillance project designed to help countries measure, assess, and analyze the behavioral risk factors and protective factors in 10 key areas among young people aged 13-15 (World Health
Organization, 2004). The GSHI includes a relatively low-cost school-based survey which uses a self-administered questionnaire to obtain data on young people's healthy behavior and protective factors related to leading causes of morbidity and mortality among children and adults worldwide. The United States is not yet a part of this project (World Health Organization, 2004). Having read the results from the previous study, I am concerned that the United States Departments of Education or Health has not yet agreed to be a part of this project.

As stated previously in my study, Dewey saw the social process of education as inevitably reflecting the society in which it occurred. Schools are microcosms of society, and students bring with them their health problems and concerns. The Centers for Disease Control (CDC) provides statistics regarding the issues of health care. According to the CDC, 14% of children under the age of 18 have no health insurance coverage with the number increasing for those children living in poverty. Furthermore, not all children have a health care provider they visit routinely (United States Department of Health and Human Services Centers for Disease Control and Prevention, 2000/2001). Poor health outcomes result when students experience barriers to accessing health care, which may include little or no care for respiratory diseases, serious injuries, acute illnesses, increased violence, obesity, and infectious diseases (National Association of School Nurses, 2000).

Health and the ability to learn are undoubtedly linked. Current efforts with National Education Goals 2000 include provisions that relate directly to the health of students and the role of schools (National Association of School Nurses, 2000; United States Department of Education, 2000). Yet, as reported in the research, many adolescents feel little connection to their schools and communities (O'Connell, 2005).
Adolescent health is influenced not only by the strengths and weaknesses of individual adolescents, but also by the nature of the settings in which they lead their lives. These settings—the schools they attend, the neighborhoods they call home, their families, and the friends who comprise their social world—play an important but still incompletely understood role in shaping adolescent health. They do so by influencing how adolescents feel about themselves, as well as the choices they make about behaviors affecting their health and future lives. The National Longitudinal Study of Adolescent Health is the first national study of adolescent health designed to measure the social settings of adolescent lives, the ways in which adolescents connect to their social world, and the influence of these social settings and connections on health (Blum & Rinehart, 1998). The research team examined many aspects of the school environment, but found just one—a feeling of connectedness to school—to be consistently associated with better health and healthier behaviors among the students. Measures of classroom size, teacher training, and parent involvement with school appear unrelated to adolescents' health behaviors and emotional well-being. Poor school attendance records are associated with an onset of students' sexual behaviors. Likewise, school policies appear to have little or no relationship to the behavior of teenagers who attend the school. What seems to matter most for adolescent health is that schools foster an atmosphere in which students feel fairly treated, close to others, and a part of the school (Blum & Rinehart, 1998). Therefore, adolescents stand a better chance of being protected from health risks when they feel connected to their school (O'Connell, 2005).

Educators of the National School Board Association (NSBA) and various state departments of education including Massachusetts, Georgia, Oregon, Michigan,
California, and Ohio have also conducted separate studies. The research findings advocate the development of comprehensive health education programs for the promotion of healthy behaviors and lifestyles (American Cancer Society, 1992; Greenberg et al., 2001; Kolbe et al., 1995; National Association of School Nurses, 2000; Novello et al., 1992; Pateman, 2003/2004). WestEd, a nonprofit research and development agency, published the results of recent research on health and achievement (Hanson & Austin, 2003) with a key point in the research findings that health and learning are complementary. These results include information on substance use, violence, teen pregnancy, exercise, nutrition, mental health, and skills training (Hanson & Austin, 2003). Findings showed that adolescents who use drugs have reduced attention spans, lower investment in homework, lower grades, negative attitudes toward school, increased absenteeism, and higher dropout rates. Emerging evidence suggests that exposure to violence has lifelong negative effects on learning. Coping difficulties, associated with stress-related violence both at school and at home, threaten academic performance, exhibited by a lack of interest and behavior problems at school, low grades, low self-esteem, and a high dropout rate. Results showed children who witness chronic violence exhibit poor concentration, shorter attention spans, and a general decline in academic performance. Childbirth during the high-school years was also found to be associated with significantly reduced academic achievement and other positive educational outcomes. Conclusions showed that schools offering intense physical activity programs show positive effects on academic achievement, concentration, test scores, and reduce disruptive behavior. It was found that breakfast programs increase school performance and improvement in classroom behaviors. Other evidence showed mental health services
provided at school have been linked to a decrease in course failures, absences, and disciplinary referrals, as well as an increase in grade point averages. Schools that provide student skill development, health education, parenting classes, and teacher professional development have increases in school connectedness and achievement.

As a result, student learning is not effectively engaged if the basic developmental needs, such as love, belonging, security, respect, identity, power, mastery, and meaning, are not met (Hanson & Austin, 2003). Nel Noddings states:

Indeed to encourage the development of strong relationships, educators must reconsider some of the most entrenched forms of instruction . . . A focus on helping children learn how to be cared for and how to care changes the way we look at all facets of schooling. (Noddings, 1988, p. 32)

According to the results of research by Pateman, “healthy students make better learners, and better learners make healthy communities” (Pateman, 2003/2004, p. 70). Pateman has also summarized other research findings proving that students’ health significantly affects school achievement (Pateman, 2003/2004). Furthermore, Kolbe believes that even if schools have outstanding curriculum and instruction, students who are ill or injured, hungry or depressed, abusing drugs or experiencing violence, are unlikely to learn as well as they should (Kolbe, 2002).

The aforementioned studies have all suggested the development of health education programs with which I strongly agree. However, there is a lack of integration in the literature. Through the efforts of this study, my emerging theory develops and integrates the nursing and educational literature to help educators attend to the needs of students with unhealthy dilemmas.
The Learning and Reflective Practice Piece

In this final section I discuss reflective practice. John Dewey was an influential researcher in the field of reflection. Dewey believed reflective thinking involved two elements: “A state of perplexity, hesitation and doubt and an act of search or investigation” (Dewey, 1933, p. 9).

According to Dewey, between these two elements are states of thinking. The first is the suggestion phase, where thinking begins about the problem or situation. Intellectualization is the next phase in which a conversation takes place in assessing the problem to be resolved, assessing the suggestions, and selecting the best way to resolve the problem. During this phase, a clear picture of the problem and solution occurs. The third phase leads to the hypothesis or guiding idea that leads to more facts that test the suggestion. Reasoning, the fourth phase, helps extend the knowledge known about the problem, but it also depends on previous knowledge, thus linking all knowledge to find a solution. Finally, the testing of the hypothesis leads educators to reflect on the solution and the entire situation (Dewey, 1933). Therefore, if the solution is ineffective, it still has been a learning experience because one can learn from the experience of mistakes. Also the five phases do not always come in the above order. Each step leads to new knowledge and new knowledge helps to make decisions about the path to take in solving problems. This process correlates to the constructivist learning approach previously addressed.

Donald A. Schon (1983) describes the artistry of, or an intuitive approach to, a professional practice. He applies his approach to teaching and science-based professions, such as nursing. To describe the artistry embedded in skillful practice, Schon terms it ‘reflection-in-action.’ He describes it as, “thinking what they are doing while they are
doing it” (Schon, 1983, p. 54). He sees reflection-in-practice dilemmas as an absolute essential for gaining wisdom. The artistry and mastery of teachers and nurses are embedded in this ability to utilize and teach reflection-in-action. Schon advocates reflection-in-action to generate an understanding of phenomena and to implement change in a situation:

When someone reflects-in-action, he becomes a researcher in the practice context. He is not dependent on the categories of established theory and technique, but constructs a new theory of the unique case. His inquiry is not limited to a deliberation about means which depend on a prior agreement about ends. He does not keep the means and ends separate, but defines them interactively as he frames a problematic situation. He does not separate thinking from doing. (p. 68)

Schon (1983) sees the learner as engaging in experience, reflection, restructuring, and planning. However, he advances the notion of reflection by distinguishing between reflection-in-action and reflection-on-action. Using the term reflective practitioner, Schon suggests knowing is in action and such knowledge is tacit or inferred as the individual tries to deal with it. He states, “As he tries to make sense of it, he also reflects on the understandings which have been implicit in his action, understanding which he criticizes, restructures, and embodies in further action” (p. 50). If applied in practice, this model suggested by Schon, can provide a theoretical underpinning to teaching practice.

Stephen Brookfield (1987) introduces critical reflection by stating that teachers teach to change the world and serve as models for their students by demonstrating humane justice, fairness, compassion, and understanding. He believes reflection is based on looking for assumptions to guide the teacher’s thinking and behavior to give direction, meaning, and purpose to the lives of teachers and students using the process (Brookfield, 1987). Brookfield defines three categories of assumptions: paradigmatic, prescriptive,
and causal. The paradigmatic assumptions include the conceptual framework one uses to put the world into fundamental categories. The prescriptive assumptions include our reflective thinking processes about what should happen in specific situations. The causal assumptions include our understanding of the causal relationships and connectedness of world situations to teaching and learning (Brookfield, 1987). He believes reflection becomes critical when we question those practices that make our lives easier. We need to reflect and think when we begin to question those practices because the myth may be counterproductive.

An example of one of these mistaken assumptions Brookfield mentions is that good teachers meet all students’ needs all the time. This is bound to leave the teacher feeling incompetent and demoralized. Brookfield believes students do not always know their needs or have a narrow view of their needs (Brookfield, 1995). Critically reflective teachers know that while it may sound compassionate and student-centered to want to meet everyone’s needs, it is “pedagogically unsound and psychologically unhealthy” (Brookfield, 1995, p. 21).

To finalize and confirm the review of literature, Brookfield (1995) proposes four critically reflective lenses for a teacher to use in successful critical reflection. These include:

1. The teacher’s unique autobiography as a teacher and learner, using personal self-reflection and collecting the insights and meanings for teaching;
2. Making an assessment of one’s self through the students lens by seeking their input and seeing classrooms and learning from their perspectives;
3. By peer review of teaching from a colleague’s experiences, observations, and feedback;
4. By frequently referring to the theoretical literature that may provide an alternative interpretive framework for a situation. (pp. 29-30)
Summary

In this chapter I presented the basic knowledge and information needed to become an expert teacher. In the first section I presented a brief historical background of career technical education, which poses a story of how career technical education evolved, why it exists as it does today, and who career technical education teachers are. The second section is an introduction to the learning theories I have applied during my teaching practice. I discussed the three predominant theories in education today—behaviorist, cognitive, and constructivist. In the third section the literature confirms the connection between health and learning. Finally, I discuss the reflective process. All are important pieces of my quilt as I layer this material into my research study.

Through continued reflection and review of the literature, I realize there is a lack of integration in the literature to help educators attend to the needs of students with unhealthy dilemmas. In the next chapter I present the stories of my experiences with students, depicting my interactions with them, their families, and my colleagues.
CHAPTER FOUR

PIECES OF MATERIAL

Introduction

This chapter contains my professional experiences with adolescents who have unhealthy dilemmas. I tell 20 stories representing 19 female and 2 male students, which depict unhealthy dilemmas and reflect my day-to-day practice of teaching. This chapter portrays autobiographical data by imparting stories about students and my interactions with them, their families, and my colleagues. Autobiography is recognized by experts in the field of research as a method of qualitative research (Clandinin & Connelly, 2000; Denzin & Lincoln, 2003) and is defined as a life narrative (Smith & Watson, 2001). My application of this narrative perspective involves storytelling.

I tell the stories from a first-person perspective, so they are representative of my experiences and specific knowledge of the events. The stories themselves are my interpretation and perception of what I observed, the manner in which I reasoned, and the approach with which I responded to individual adolescent students. As the stories unfold, the reader discovers each student’s unhealthy dilemma. After several stories, I present found poems as I reflect on each student’s unhealthy dilemma. These poems express my feelings, my perception of behaviors, and my responses to the students (Hart, 2002; Sullivan, 2000).
Rachelle

Rachelle was loud and boisterous. She entered the classroom and always had a tale to tell about someone picking on her. She had to “bust ’em in the mouth” or “tell ’em off.” Often her language was not appropriate for use in the classroom. She was frequently removed from the school bus for misbehavior. She either ‘copped an attitude’ with the bus driver, pummeled another student, or flung indecent expletives at someone. I knew an incident occurred before she entered the classroom because the other students informed me, “Oh, Rachelle’s got something to tell you!”

I questioned her actions, “Rachelle, why did you swear at the bus driver?” Rachelle said that she did not like what the bus driver was telling her. If she did not like something, she would tell you.

Rachelle wore baggy pants, dirty sweatshirts, faded T-shirts, holey shoes, and no make-up. She paid little attention to her hairstyle and washed it infrequently. Rachelle was also promiscuous. She counted the number of boys and men she had engaged in intercourse, and the last count I remember her telling me was 40. Rachelle bristled when being touched, and since I tend to use touch at times, I maintained a safe distance with her. I remained outside her personal space.

I personally had little difficulty with Rachelle during class. Other instructors experienced complex difficulties—classroom disruption, loud outbursts, cursing, fighting, and total insubordination. She was their worst nightmare, according to what they related to me.

One day, Rachelle came to class in a T-shirt with a distinct marijuana leaf emblazoned on the front. What am I going to do with her? How do I handle this
inappropriate dress situation? Students are not permitted to wear representations of illegal
drugs or paraphernalia. I was not going to discuss it with her in front of her peers,
because she would counterattack. I took Rachelle aside to converse with her calmly.

I waited until after Rachelle’s lab work was complete because during my class
time her uniform covered the T-shirt; however, I could not permit her to leave my
classroom/lab wearing that T-shirt. I knew what would happen—administration would
call her into the office, she would be confronted, and confrontation would end in a battle
with Rachelle gaining nothing more than another suspension. Therefore, I accompanied
her into the hospital section of our lab and began our discussion. “Rachelle, I want to tell
you I really like that T-shirt you are wearing. It is really a neat T-shirt.”

She was proud I liked the T-shirt. She sat straight and tall. Rachelle did not
normally sit straight. She pulled the shirt out from her body saying, “Oh! You really like
it? Mrs. Huber, I am so glad. I really think it should be legalized don’t you?”

This is not the direction I planned for the conversation, but I said, “Well,
Rachelle, we all have our opinions, and I am glad you are able to look at a situation and
form an objective opinion, but do you really think you should wear that to school?”

“My mom bought it for me.”

“You know, I think your mother has good taste, but maybe you should think about
wearing it other places instead of school.”

She sat, looking at me, saying nothing. Finally she said, “You don’t think I should
wear this to school? But I really think it ought to be legalized, and that’s what is on the
back, all the names of people who want it legalized.”
“But Rachelle, you really need to think about wearing it here at school. It is not legalized. You can wear it on your time, after school.”

“Oh, I guess that’s okay then, Mrs. Huber. All right.” She changed her T-shirt without an outburst. I breathed a sigh of relief.

One day about midway through Rachelle’s junior year, her classmates hurriedly approached me saying, “Mrs. Huber, look at Rachelle.” So I knew there was a problem. I worried that she had worn the marijuana shirt again. As she entered the lab, I did not know how to act in response to her appearance. Her face was bruised and swollen to twice its size, almost to the point that I could not identify her. She had bruises on her arms also. I felt compelled to investigate the situation in order to protect her.

I needed to address this unhealthy dilemma immediately. I walked to the locker room with Rachelle while the other students scrambled into the lab and busied themselves.

I spoke softly, “Rachelle, what happened?”

“Oh, Mrs. Huber, I fell down the steps.”

Calmly and firmly I continued, “Rachelle, you did not fall down the steps. I know you did not. I want to know what happened to you.” She gave me a cold blank stare, fear lurking behind her eyes.

“Rachelle, you have to tell me what happened to you. It’s not right for this to happen. I am going to have to report this, Rachelle. You need help. You need protection.”

Were my words too harsh? Hopefully, she would not come out fighting like a mountain lion. Rachelle hung her head. I believed she was protecting whoever did this, so I
surmised it to be a parent. I continued, “Rachelle, no matter what you did, there is nothing you could ever do that would warrant someone doing this to you.”

At this point she turned into a kitten. Her eyes got big. Her chin began to quiver. Her shoulders slumped. She fought the tears and then she ran. She ran out of the locker room and ran to the restroom. Fortunately, at that time my colleague was walking down the hallway and saw her run into the restroom crying. She went in with Rachelle and provided her with comfort.

Rachelle finally admitted that it was her father who had beaten her. He recently had been released from prison, came home drunk and angry, attacked Rachelle, and beat her. Her mother saved her from any further physical harm by physically intervening. That life was Rachelle’s unhealthy dilemma for 17 years of life. Is this why she reacted to others with violence? How else could she defend or protect her right to be safe and secure? My colleague and I reported the incident, of course, and children’s services did intervene.

Although I could not discuss Rachelle’s situation with other students, I did discuss methods to support Rachelle with her classmates for those times when she became angry or hostile with them. “Rachelle needs to know that someone does care for her and that we will help her through any problem she has. After all, we are a team, and we will stick together and help her with whatever we can.”

It was several months after this incident that we began the Nurse Aide Training Program. Rachelle’s grades were low and her work was usually incomplete and sloppily done. Her beds were wrinkled; she never used a napkin when feeding; her organizational skills needed assistance; her shoes were gray, and her uniform was wrinkled. I was not
sure I could take Rachelle into a clinical site with such a poor performance in the lab. But how could I further destroy Rachelle by telling her she could not be assigned to a clinical rotation? It was then that I decided to spend extra time helping her develop her skills. I paired Rachelle with a student who could help her improve upon the needed skills. I practiced with Rachelle, and other students practiced with Rachelle. She did improve and went with us on clinical rotation. She performed her skills at a level I did not anticipate and even helped her classmates with their work. I praised her, and she appeared proud of her accomplishments. She completed the Nurse Aide Training Program, took the state test, and passed.

Rachelle graduated from high school. How did she achieve this when never knowing what might happen from day to day? It was a struggle keeping her effectively focused on learning. However, a turning point in her education was completing the Nurse Aide Training Program and being able to help other people. She had really never helped anyone before; she was always too busy “beating them up” and “telling them off.” After all, that was what she knew. She gave me a hug close to the end of the year. Had I crashed through some barriers?

Rachelle worked as a nurse aide, and she returned 2 years later to talk to my students about her work and how important it was. She really did not appear to have changed as she entered the classroom to speak, but she had a job, she was productive, and she loved her patients. She remains a nurse aide today.

What did I do to support Rachelle? How did I promote a working relationship with Rachelle? How did I get Rachelle to trust me? What can I do to get teachers to work
with other students like Rachelle? Reflecting, I see the importance of letting Rachelle arrive at her own conclusions. Was this something that I had always done?

Toni

Toni was a 16-year-old identified with a learning disability. I realized early in the year as I evaluated her work and assisted her in the lab, how serious her disability was when we were learning how to check pulses. Toni could not count the pulse rate, and I could not assess the problem. Finally I realized she could not tell time. Toni could not follow the second hand.

I am capable of teaching a student the proper procedure for checking a pulse, but I was not sure how to teach a student the proper method of telling time. So I sought the expertise of the math instructor, “I need some help. How do I teach a student to tell time?” I was given worksheets and other material to help with my challenge. I worked with Toni for several months and gave her extra time during lab. She eventually was able to read the clock on the wall, struggled to read a wristwatch, but was not able to count each beat of a pulse. She was also unable to master the skills regarding measurement, such as height, weight, and liquid measure. Toni had difficulty understanding the concept, therefore she was unable to perform related skills.

One day Toni approached me just before class was to begin and said she wanted to share something with me. She gave me a note, which seemed strange. It was two pages of wrinkled notebook paper, folded over into a two-by-two-inch square.

“Mrs. Huber, I want you to read this.”

“Okay, I’ll read it when I get some time,” I said as I began to drop the note into the pocket of my lab coat.
“I want you to read it now, Mrs. Huber.”

“But Toni, we have class.”

“But I really need you to read it now.”

“You want me to read it in private with you?” (I sensed this was a critical moment.) We entered my office and I pushed the door half-closed. I could not shut it entirely because I had a classroom full of teenagers on the other side. I opened the paper and began to read her writing. It was her story about how she had been raped at the age of 12. I later learned that Toni had previously seen a therapist but was unable to talk about what had happened. Therefore, he advised Toni to write about what was bothering her and share it with someone she trusted. A family member committed the rape, but Toni’s mother would not believe her. Toni had kept trying to tell her mother, but her mother kept denying it—saying Toni was making up stories.

“Is this still happening?”

Yes, it was still happening to her. This man was present in her house.

“Well, you know, I have to report this. I cannot let you go back to a home where this might happen again.”

Of course, she cried. I cried. We sat and cried. I did not know what else to do at that moment. The students were busy with assignments.

Finally, I called the school counselor. A few moments later he arrived at my office. Children’s services intervened and removed the perpetrator from her home. According to Toni, her mother was angry with her and blamed her for everything. Toni did however continue to see a therapist at the order of juvenile court.

I never spoke with her mother. She never returned my phone calls.
Toni finished her junior year with me. However, she was not able to complete her nurse aide training since she could not complete the skills to the required level. Toni sought employment at a local fast food restaurant where she works today. Although Toni did not graduate, with my encouragement she attempted to earn a GED and was successful. Toni is now married and has a baby. Life is not easy for her. I have seen Toni at the restaurant and we have talked many times.

"I still have to go get help. I probably always will," Toni informed me.

Although it has been several years since the day I read Toni’s note, I still become emotional when I think of her and the unhealthy dilemma that affected her entire life. What if I had been more aggressive within the system? Would I have had more impact on Toni’s life today? Would any part of my being have changed?

Tami

Tami, a 16-year-old adolescent, was very quiet and withdrawn. She was not identified as a special needs student, but she did struggle to learn. By her own account, Tami engaged in sexual behavior with a large number of partners and used alcohol and marijuana.

One day after class, she remained to talk with me. Tami was continuously sexually abused by a neighbor and friend of her father since she was 11 years of age. Although much of her childhood was characterized by terror and pain, the repeated rapes remained a secret because of Tami’s extreme shame and feelings of guilt, the neighbor’s threats of harm should she tell, and her desire to protect her family from hurt. At around age 14, Tami began to use her sexuality to gain favors and attention from boys her own age.
As Tami shared her story with me, she cried—as did I. She seemed relieved when I told her I would report this to the authorities. In fact, among the tears, her comment was, “Yes, I know.”

Tami’s mother was contacted by the guidance counselor and did not believe Tami’s tale. She said, “She’s making it up.”

Children’s services intervened, and the neighbor was not to visit the family or go near Tami. Soon after, Tami’s parents separated, Tami, her mom, and two sisters moved out of their home. Through our conversations, I realized Tami continued to have trouble dealing with the abuse. There was no financial means for counseling. Tami’s behaviors did not change.

“Mrs. Huber, I do not know what to do. I have no purpose. My life is ruined. Why should I go on?” Tami said as she was talking with me one day.

“Why do you think you have no purpose, Tami?” I queried.

Tami quickly replied, “Well, I get bad grades in school, my boyfriend just broke up with me, and my mother never believes me. I have no future. I just want to stop hurting.”

The conversation continued and Tami spoke of suicide rather freely. She saw suicide as her only solution for her situation. Tami expressed feelings of extreme emptiness. I contacted our guidance counselor and he contacted her mother, who again did not believe us. She became rather upset with me for causing so many problems in her life. Over the next several days, I spent much time with Tami. I could not let suicide be an option. I talked with her about her good qualities: kindness and caring, her abilities, nurse aide skills and artwork, her youth, and a future that she could develop. We
discussed the difficulty. Everyday when she left, I gave her an assignment or another challenge to return tomorrow. I even gave her my home phone number if she had to reach me in an emergency. I tried to find a way for her to receive therapy, but no psychologist or licensed counselor would see her without a means of payment or parental permission. As the weekends arrived, I was concerned for Tami. However, Tami returned to school Mondays and we began the process again. During this time Tami’s schoolwork continued and I made sure her assignments were turned in to other instructors as well as to me. Although that was not her main focus, she did do enough work to receive credit.

Eventually, Tami, her mom and sisters moved into a home with an elderly couple. Tami’s mom was taking care of the elderly man who was an invalid. Tami was so proud of the skills she had learned in nurse aide training. She practiced range of motion exercises and applied them when providing care for this elderly gentleman. She wanted me to observe her perform these range of motion exercises with him.

I decided to take her home one evening after school. I seemed to drive for hours on the country roads. I went up hills, down hills, around turns on an old dirt road, and I thought, “How will I find my way back to civilization? It will probably be dark when I return.”

Finally we arrived at a large open area with a house trailer to my immediate right, a pond to the right past the trailer, and a large farmhouse to the left. On top of a hill behind the farmhouse were numerous doghouses. It had just rained and my van was sinking in mud. Several large, muddy dogs, baring their teeth greeted us as we got out of the car. Tami called them off and we entered the house. There were several more dogs in the house, along with cats and a free-spirited bird without a cage.
Tami took me around to the back bedroom where her patient was in bed, with his wife sitting beside him. Tami’s mother and two younger sisters were also in the room. I introduced myself. After several moments of talking with those present and learning about the patient, Tami began to do her range of motion exercises. She beamed with pride as I watched. She did the entire procedure according to protocol as I had previously instructed. I stood in bewilderment with everyone in the room as the animals roamed freely, “What am I doing here? This is far beyond job requirements.” But Tami was so proud. This was the most important event in her life right now. As Tami performed these exercises, her mother quietly thanked me for coming, telling me how much it meant to Tami. After Tami completed the exercises, I sat and talked with the family, and eventually left in the dark. Why had I chosen this course of action? Would I do this again?

The school year passed and Tami struggled. The following fall she returned. In November, my class had developed a tradition of preparing a Thanksgiving feast for the senior health occupation students. Many of the seniors worked on the holiday and some had no family Thanksgiving event. The students arranged the tables, decorated, made favors, sent invitations, and cooked the food. Everyone had a responsibility. My colleague and I insisted that, prior to eating, each student stand and say what he/she was thankful for in their life. When Tami stood she said, “I’m thankful for Mrs. Huber, because without her I would not be here today. She has helped me with so many things in my life and taught me so much.” I quietly left the room to gain control of my emotions. No one realized the impact of her statement.
Tami became pregnant during her senior year of high school, unaware of who fathered the child. She finished our program and graduated. For several years, Tami visited me at school and phoned me frequently at home. To date, she is still living with her mother, trying to find gainful employment, and raising her son.

Nancy

Nancy, a 17-year-old adolescent, was identified with a learning disability. She would enter my classroom/lab with her head hanging downward, shoulders slouched, and shuffling her feet. Nancy’s facial expression was one of sadness—rarely did a smile cross her face. She seldom communicated with her peers and talked with me only when I spoke directly to her. Nancy’s work assignments were either late, not completed, or not turned in to me. She chose to sleep during class time and lab. Under her eyes were deep dark circles; her clothes were wrinkled and unkempt; her long dark hair was pulled up in a ponytail. Nancy’s absenteeism was excessive. When returning to school after an absence, Nancy would tell me about her trip to the doctor’s office or the hospital—numerous injuries, allergies, pneumonia. This was reported and addressed by the truant officer. Nothing changed. Academic instructors informed me of Nancy’s lack of participation and her failing grades.

I assessed and perceived an unhealthy dilemma. I informed the guidance counselor, but he said without evidence he could not call the family. What were these signs and symptoms I was observing? So I called the family. I spoke with Nancy’s stepfather, but he did not permit me to speak with her mother. I questioned Nancy’s absences, and he became very defensive and argumentative, saying, “It is none of your ‘blankety-blank’ business why she is not there.”
I continued calmly, "I need Nancy in class to teach her skills that she may use on a job. Her other instructors are trying to help her improve her reading and . . ." He interrupted me and told me Nancy was a liar and to mind my own business. This affirmed my perceptions. I informed the guidance counselor of my experience. He said nothing.

My goal was to keep working with Nancy, hoping she would learn new and varied skills. Everything she attempted in class was quite difficult for her. When assigned written work, I encouraged her to visit the special needs instructor for assistance. According to school records, Nancy read on a third-grade level. I decided that every day Nancy missed, I was going to phone home. One day Nancy arrived at school with a black eye from walking into a door. I phoned home and finally was able to speak with her mother.

Without emotion she said, as I heard her husband yelling expletives in the background, "Nancy fell outside and hit her head on some rocks. She makes up stories and lies about being sick and getting hurt."

I again informed the guidance counselor at which time he contacted the children's service agency. A social worker visited the home, and after the visit Nancy missed an entire week of school. However, while Nancy was absent I received a phone call from a local newspaper journalist with whom I had a previous working relationship. She happened to be a neighbor of Nancy and her family. Although I could share nothing with her about the situation, she informed me of the many times Nancy ran to her house for protection from the stepfather. There was a stepbrother in the household also, but he did not receive beatings. Instead, he observed. The journalist had contacted children's
services several times, but the family convinced the caseworker that Nancy was a liar. I could not believe that to be true.

One morning, as Nancy entered the classroom/lab, she was holding her side while struggling to breathe. From my nursing background, I assessed she had an injury to a rib. I asked, “Nancy, what is wrong?”

“Oh, nothing. I’m just having a hard time breathing. I got hurt.”

I said, “Well, let me look, if you don’t mind.”

She lifted her T-shirt, and I saw bruises around her middle left rib. Her breathing was labored, and she grimaced upon movement. It appeared as though an object had forcefully struck her body. I said, “Nancy, did someone hit you?”

She became fearful and started to cry. She began telling me how her stepfather had beaten her and thrown her into the kitchen counter causing her to land on her rib cage.

I said, “Okay. I am going to talk with the guidance counselor. Do you mind coming with me?”

She agreed to come as her tears flowed. Another instructor oversaw my classroom while Nancy and I spoke with the guidance counselor. The counselor phoned children’s services, and when the caseworker arrived at school, her comment to me was, “Why did you call? She’s almost 18. We will not do anything with this case.”

I said, “She’s not 18; she is 17, and this is not your first contact with this situation. You protect children until they become 18. You are her advocate. She is still a child. She is not 18.” A lengthy discussion ensued and children services did nothing for Nancy. I
wonder if I should have managed this situation differently. Would I try another approach at present? What does this say about my capability?

After phoning Nancy’s home and telling her mother I was sending Nancy to the hospital by ambulance for X-rays of her ribs, she decided to come to school and get Nancy and take her to the hospital herself to save the ambulance fee. I informed her I was aware of what had happened and that I would be monitoring Nancy’s condition. She said, “I told you, Nancy lies.”

Nancy did have fractured ribs which were treated with rib splints. What was left for me to do? I decided to help Nancy find success to balance what she was experiencing at home; maybe enough to help her learn more effectively; maybe enough for her to find employment. I involved her in the Vocational Industrial Clubs of America (VICA). She won a state gold medal for a team health fair project. At the state conference, Nancy walked on stage in front of 2,000 students and instructors to receive her medal. She smiled. She appeared proud of her accomplishment and thanked me for helping her. After her win, she went home.

Once Nancy won her gold medal at VICA, she never returned to school. I phoned her home frequently. There was no answer. I contacted Nancy’s neighbor, the journalist. She informed me that Nancy ran away with her boyfriend to another state and was married. Nancy’s boyfriend was an older man of 35 years, whom I had met previously. According to Nancy, he also beat her.

As I dealt with various students in similar situations, I reflected, crafting a found poem which expresses my feelings, my interpretation of behaviors, my responses, and my perception.
“Reaching Out”

There are times in your life,
when things scare and upset you.
But you must walk forward.
Some of these things make you stronger,
Others make you weaker.
Abuse seems to
bring out
fear and failure
pain and insecurity
anger and depression.
You tell yourself never again,
you will not trust again.
The pain you bear leaves you with an emptiness
A hidden emptiness.
Now it is time to look within,
But you need to trust to heal.
What is the purpose of trusting?
To piece your life into a new pattern.

Ann

Ann would walk into my classroom in the mornings and slam her books on the
desk. No matter where I was in the lab, I knew it was Ann. If there were other students in
the room, they looked at me and rolled their eyes.

From my perception, Ann seemed unhappy. There was no laughter or joy in her
eyes. Ann’s body stiffened, her face turned red, and she made fists to pound whatever
was in sight. She stomped, slammed things, and yelled at anyone within view. Why does
this behavior occur?

For a month, I let Ann perform her tirades. Then one day I talked with her about
self-control, and we decided I would begin by looking at her each time she exploded in
the lab. This acknowledged her behavior without making her a focal point in front of her
peers. She slowly began to control the tirades. They became less frequent and shorter in
duration. However, this was really no solution to her unhealthy dilemma.
One day she was unable to make a hospital bed—a skill required for the nurse aide training program. She stomped across the lab, yelling and talking loudly to herself. Ann went to the water faucets, turned the water on full force, and washed her hands; then she stomped back to her desk and threw open a book.

I walked over to her and said, "What's going on Ann?"

She said, "I cannot make a bed."

I said, "Why didn't you ask me to help you?"

"Well, you were busy with somebody else."

I responded, "Yes, I was, but I would have just asked you to wait a second until I finished with the other student. You know I will help you. Besides, what is the worst thing that is going to happen if you cannot make that bed today?"

"Well, it's a grade."

"Yes, and then what is the worst thing that happens?" She just looked at me, knowing full well that she was required to practice prior to my grading her. So I slowly said, "Well, okay. Now are you ready to go back and let me help you improve your work?"

"No!"

I said, "Okay, we'll do it tomorrow."

I spent much time with Ann both during lab and after school hours, helping her gain control of her emotions. During the time I spent with Ann her junior year, I discovered that she lived in a home with parents who abused illegal drugs. Her father dragged her or her brother out of bed at night and beat one of them. She never knew who would be beaten, but most of the time her brother intervened to protect her. At other
times there was violent behavior if she or her brother misbehaved or did something not pleasing to the parents. It was reported to children’s services that visited the home frequently. Therefore, Ann continued to live in an unhealthy dilemma.

Ann worked to become successful. She was accepted at the local community college, received a scholarship, and worked full time as a nurse aide in order to graduate as a practical nurse. She returned to school for me to assist with her studies during that year. “Mrs. Huber, you have to help me with this. May I borrow one of your books?” I would loan her books for reports and projects she had to do for college. She worked at a long-term care center where my mother was a patient. Ann talked with me about my mother and shared stories. She lived with her boyfriend, which she said was better than living at home. They eventually were married and moved to another state where she practices as a licensed practical nurse. She contacts me at intervals to provide an update on her life.

As I dealt with various students in similar unhealthy dilemmas, I reflected, crafting a found poem that expresses my feelings, my interpretation of behaviors, my responses, and my perception.

“an anger cycle”

They trade insults and accusations
like children, like adults

Underneath the words and bravado
is a backlog of bitter emotion;
dormant so long like dry kindling
it bursts into flames when sparked.

Through the dark and heated fights
points are made that leave a mark.

In the early morning she cries silently
She experiences a bitterness that is shared

She trades insults and accusations
Like children, like adults.

Mary

Mary told me she was determined to make something of her life. At age 17, she lived with her father and a brother who was a year younger than she and also a student at the vocational school. There were three other siblings who were older, married, and had their own families. Mary’s mother had died when Mary was in junior high school. Her father had a serious heart problem and required extensive home care. Mary and her brother would take care of him after school and on weekends. There was much arguing and violence between Mary and her brother, as I viewed several of Mary’s battle scars as well as her brother’s. Mary’s father died in October of her junior year, only 1 month after beginning our program. I made arrangements so Mary’s classmates could attend the funeral. We attended as a class, arriving by school bus.

An older sister planned to care for Mary and her brother until they graduated from high school, but Mary did not care to live under her sister’s rules. After all, Mary and her brother had been in control of their household while their father lived. Mary lived with her sister for a few weeks but then left and moved back into her parents’ house, as did her brother. Therefore, the two of them lived together with no adult supervision. I told her as a minor she could not really do that.

She fired back, “Why not? My brother is 18, and besides who’s going to stop us?”

I encouraged her to return to live with her sister only because I thought she needed the adult guidance. I talked with her sister, and she really wanted Mary and her
brother to live with her family, because she too felt they needed guidance and nurturing. According to the sister, Mary was rebellious and strong-willed. Therefore, the sister told me, “I can’t ruin my own family, you know.”

Mary and her brother lived together without adult supervision, surviving financially only on Social Security. Mary worked part-time in a nursing home and kept her grades above average. I would experience days with her that were difficult because of her father’s death. The fighting with her brother continued. The vicious and violent fights persisted. I discussed this behavior with Mary, her brother, the guidance counselor, and her brother’s instructor. She resisted any advice or anyone suggesting anything to her about life, school, or friends and became angry when anyone tried. I learned quickly that only when Mary inquired first would I provide guidance. Mary attended a 4-year college, worked full time in order to pay tuition, and graduated with a degree in chemistry.

While still in college, she returned to visit with me. We would talk about her plans for the future. I asked her, “Why chemistry? Tell me what you’re going to do with it.”

“I don’t know.”

I said, “Why don’t you become a lab tech or enter forensics? You have the chemistry, why not take a few extra classes?”

She said, “I just don’t want to go into health care. I’m a nurse aide, but I don’t want to stay in that.”

“I know, but that’s not what those roles are about. You’d apply your chemistry knowledge, which you really seem to enjoy. or perhaps you’re gaining interest in nursing?”
Mary finished college and remains employed as a nurse aide. I have recently learned that Mary has returned to college and is earning her degree in nursing.

As I dealt with various students in similar unhealthy dilemmas, I reflected, crafting a found poem that expresses my feelings, my interpretation of behaviors, my responses, and my perception.

"the anger within"

The anger grew within and was hurled out into the classroom, at classmates, at friends, at teachers and then hurled at family.

Why does such anger have to exist? Don't they know it consumes them? They still nurture it allowing it to overrun and overrule them.

Someone in their life, not a part of their life, taught this anger to grow. Someone showed it how to survive, how it will plague them, and they deny their anger. It was bred from others, not like them. It was never them. It just grew in them, but when will it stop?

Carole

I knew Carole as a student for only 1 year as a junior. She lived in a single-parent home with her mother and sister. Her father left home when Carole was a 3-year-old and has no contact with his children.

Many of the female students did not like Carole. They called her 'slut and whore.' The boys liked her—she had frequent dates with different young men. Teachers expressed their opinions to me, "Did you see how she was dressed today? I sent her to the office. She was arguing again with another student, so I sent Carole to the office."
Carole and I developed a relationship. She became a part of our classroom family, and I had little difficulty in the classroom/lab with arguments or fights. I was not concerned about the clothes Carole wore, but I talked with her, since it was causing her problems in school. I attempted to show her ways to curb her argumentative behavior. Carole tried, but it seemed that when she left my classroom/lab the problems began. She verbally accosted other students and physically attacked them. She continued wearing short skirts, which violated the school dress code and led to conflict with administration. Arguments increased, and Carole began to miss school. Several teachers and the principal said to me, “You need to control her.”

I explained, “Carole is not a problem in my classroom. I have no specific problem. It seems to occur when she leaves this room, and I can’t be with her everywhere.” I continued to talk with them about her appearance, trying to convince them that there were more important issues to worry about than punishing her for her dress—like getting her to learn. Perhaps other students instigated Carole’s outbursts. I was not excusing her behavior, but I was trying to convince staff to work with her. No behaviors changed.

Carole was suspended often. She entered my classroom/lab and said, “Well, Mrs. Huber, I just got suspended.” Her classmates tried to help her by steering her away from other students and helping her avoid unnecessary contact with students and teachers in the cafeteria. When issues were escalating, the students informed me during lab. Then during lunch hour I would go to the cafeteria to help Carole. During the winter months, I thought Carole was making progress. She became immersed in the Nurse Aide Training Program and was extremely eager to find a job so she could have extra money to help her
mother. Then she informed me that she was pregnant, adding more to Carole’s unhealthy dilemma. Several days later, a major altercation occurred in the cafeteria involving Carole. Since she had been suspended previously, this suspension put her absenteeism over the allotted number of days for promotion to the senior year. She burst into my classroom/lab crying. I had never seen Carole cry.

I said, “Oh, Carole, what happened?”

“I couldn’t keep my mouth shut. I tried. I really tried, Mrs. Huber. I kept thinking of you, and I tried, but I just couldn’t do it.”

“Carole, we’ll work on this. You will get through it. I will help you.”

She quickly responded through the tears, “You don’t understand. I can’t be a senior now. I am quitting.”

“Carole, please don’t do anything right now. Think about what you are saying.”

“Mrs. Huber, everyone here hates me. I have no friends. You are the only person who listens to me.”

She briskly emptied her locker, throwing her belongings into a bag. As she left she gave me a big hug and thanked me for trying to help her. We both stood and looked at each other teary-eyed, and she left. What are my limits to caring for others?

Carole’s mother forced her out of her home soon after the suspension. Carole gave birth to her daughter and is currently employed as a nurse aide at a local nursing home. She has not yet decided to earn an equivalency to her high-school diploma. She is raising her child as a single parent.
As I dealt with various students in similar unhealthy dilemmas, I reflected, crafting a found poem that expresses my feelings, my interpretation of behaviors, my responses, and my perception.

“Untitled”

As a child of three she played in the leaves that were raked on autumn days, safe in the knowledge that the yard was home and that dinner would be served when hungry.

Now at menarche she examines those leaves What is happening to me? What are you doing to me? Why are you leaving? What did I do?

Now as an adolescent surrounded by deep shadows The volcano erupts from within.

Now as a teen mother she examines those leaves As her own child frolics, Aware that over time the dark shadows will arrive.

Alice

I deal with a variety of unhealthy dilemmas revealed by my students. An example follows of a dialogue with Alice:

Alice: Throughout my life, my parents have either implied or told me maybe college is not for me. When I was a freshman and sophomore at my associate school, I kept running into teachers who knew my older brother, who’s now a freshman in college. They all told me how well he did in school and asked why I couldn’t be like him.

MH: So these comments from your parents and teachers make it hard for you to believe you can actually go to college? Alice nodded.
MH: We have talked about the work you are doing here at the school, and you are doing well. There is plenty of evidence (through her testing scores) to show you are capable of going to college. Furthermore, you have told me how much you want to be a registered nurse.

Alice: I know. I do want to be a nurse, and we have talked about my attendance and my ability to do the skills you have taught me. I have been getting better grades in math and English, but I just don’t know if I can do it.

MH: When you find yourself feeling like you won’t be able to go to college, could you look in the mirror and say to yourself, “I have done well in school. I can do this. I really want to be a nurse.”

Alice: Oh, Mrs. Huber, do you think that will help?

MH: Yes, I do. In fact, I want you to say those very words to me right now.

Alice: I have done well in school. I can do this. I really want to be a nurse.

MH: Ok, now how do you feel?

Alice: I feel like I can. I will try this.

According to Alice, she would look at herself in the mirror and talk to herself about doing well. Teachers compared her abilities and behaviors to her brother’s and commented on her appearance. Many did not think she should spend time playing on her school softball team, that instead she should concentrate more on her schoolwork. Since her parents spent weeks away traveling with their work of showing horses, Alice was left home alone much of the time. Therefore, her attendance was poor. This added to her difficulties with schoolwork, teachers, and parents. During her senior year, Alice received a scholarship to play softball at a private college; however, she decided instead to attend a
school of nursing. After assisting her with application forms, a resume, cover letters, and recommendations, Alice was accepted at a reputable college of nursing. She is currently a senior in the program and will graduate in 1 year with a Bachelor of Science in Nursing. Alice corresponds occasionally, thanking me for being her mentor and believing in her when others did not.

Blake

Blake was free spirited. She loved riding her horse above all else. At the end of her junior year at her home school, she informed her parents she was quitting school. Learning was such a struggle for her—the classes were boring; she sat dreaming of her horse. Blake’s grades did not meet her parents’ expectations. She had no identified learning disability. Her parents and the guidance counselors of her associate school were very concerned, and as a last resort, they convinced her to at least try the vocational school. Blake entered our junior program as a senior. Our guidance counselor shared with me the concerns, so I phoned Blake’s parents and spoke with her mother. I promised her that I would help Blake learn effectively.

I was determined to help Blake through this year in order for her to graduate and have a successful future. We developed a relationship based on horses—my lack of knowledge on the subject and her broad knowledge of the subject. Many times we laughed at my unknowing. Her family owned a local restaurant where she worked as a server. I frequented the restaurant in order to further develop a relationship with her. Then her attendance began to decline, missing on an every-other-day basis. Blake informed me she “hated” school—sitting in class for English, math, and science. She stated that the activity of my class was great, but she did not like the topics, which were
related to the human body, not a horse. I changed my tactics. Together Blake and I devised a plan in which she would do the work required but relate it to horses. I made appointments for her to visit veterinarians, horse ranches, and riding stables within an approximate one hour driving radius. Blake related schoolwork to her interests and survived through English, math, and science. For 1 learning assignment, I had her research various roles in horse care.

Blake: Last week after we talked, I read about horse grooming in the *Occupational Outlook Handbook*. Then I went out and talked to a local horse rancher, who informed me about a school in Pittsburgh.

MH: That’s great! You really made progress in finding out about one important career possibility for you.

Blake: Both the article and the rancher helped me get a better idea of the difference between a groomer and a caretaker.

MH: This certainly puts you in a wonderful position to make an informed decision about your future after graduation.

Blake continued to research other roles, but horse grooming became her major focus. Despite other struggles throughout the year and truly never liking school, Blake did graduate. Her family was ecstatic. I recall Blake smiling at me on her last day of high school saying, “Mrs. Huber, I would have quit many times, but you would not let me.” Blake attended the school in Pittsburgh, returned home, and established her own horse grooming business. She continues to ride her horse.
Mandy

As Mandy would enter my classroom, her head was always tilted downward displaying little or no eye contact with her classmates or myself. Her demeanor was quiet and reserved, yet I detected tenseness. Her fingernails were bitten below finger-line, and her body movements were rigid. Over time Mandy talked with me about her father and his controlling tendencies. According to Mandy:

“\text{I am not allowed to talk on the telephone, and the only places I am allowed to go are places with my mother.}”

“So you think your father is too strict?” I said.

Mandy retorted, “\text{Of course he is. I am not even allowed to go on a date, and I’m 17 years old. He won’t even let me get my license. He blames it on insurance, but we have the money to pay for it.}” \text{I nodded and Mandy continued. “He is the same way with my mother, and he’s going to be just like it with my younger sister. I wish my mom would get a divorce. All he does is scream at us.”}

Parent-teacher conferences arrived in early October, and Mandy’s mother scheduled an appointment. As a young woman she too appeared tense and rigid, showing a furrowed brow. I broached the subject of Mandy’s tenseness and fear of making mistakes. At that point her mother began discussing the family dynamics—more information than I wanted to hear. Mandy’s mother informed me she wanted to leave her husband because of his mental abusiveness, but she believed she could not survive on a school bus driver’s wage and did not want to lose her children to him. At least this way she could protect Mandy and her sister. I did not solve the family issues, but I suggested counseling.
Throughout the year, I gave Mandy assignments, encouraging her to demonstrate her abilities. I encouraged her to speak in public and set up a program in which she would visit local elementary schools presenting a program on dental care. Mandy engaged a classmate to help her with this project. Together they made posters, handouts, coloring pages, and practiced the presentation in front of various groups at our school. She held her head high and began to look at individuals as she spoke with them. Mandy became more assertive and was able to express differing opinions. However, Mandy’s unhealthy dilemma persisted and she frequently arrived at school crying. I listened; Mandy spoke.

Parent-teacher conferences arrived in early spring, and Mandy’s father scheduled a conference. As he entered the room, his wife and Mandy followed. He spoke, and when they stood, Mandy and her mother stood behind him. He seemed to think Mandy was becoming rebellious and outspoken. I explained Mandy was developing into a young woman with ideas, thoughts, and goals for her life. I informed him of how well she performed in my classroom/lab, of her kindness and of her caring attitude. He told me she would go to college, and he would choose where. I explained Mandy’s goal to become a dental hygienist limited her college selection, but there were two excellent schools that Mandy and I had investigated. He said little more and chose to leave. As they left, Mandy gave me a big hug as I saw tears in her eyes. Her mother nodded. Had I balanced the tension that spilled over to every corner of the room?

The following year my colleague assisted Mandy in reaching her goal. Mandy attended college and graduated with a Bachelor Degree in Dental Hygiene and is currently employed for a local dentist. While in college she met a young man to whom she is married.
Jan

I recall Jan as a tall, slender, well-groomed, well-dressed, young lady, who entered my classroom because of her mother’s influence. Jan struggled with her schoolwork. She seemed to have little interest in health care until we discussed topics involving the heart. Her father had died suddenly of a heart attack just 3 years earlier. Jan, being the younger of two daughters, was “daddy’s little girl.” According to her mother, Jan really never recovered from her father’s death. Since his death, Jan’s grades dropped, and she has wandered aimlessly in and out of friendships. Her older sister was attending a major university, successful in her area of study. She had a boyfriend and seemed to make all the right choices. Jan, on the other hand, was barely passing high school and made poor choices in both friends and activities. Mom was a laboratory technician working at a local hospital and believed Jan might do well in our program and supported me in everything I tried to do. Jan did not do well. She rebelled against her mother. It was difficult for her to learn effectively—she talked in class, did not finish her work, argued with classmates, and flirted with boys. I tried a variety of techniques to help Jan learn—spending extra time with her, giving her extra time to complete the work, rewarding her when things were done well. When I thought I was making progress, she would have no recall of the completed work. I had her tested for a learning disability. There was none. I decided after 3 months of knowing Jan that it was time to show her what she was capable of doing. I assigned Jan a position titled Peer Assistant for the Practice of Electrocardiograms (EKG’s). She was responsible for reading the manual on proper use of the electrocardiogram, performing the procedure herself, and teaching her classmates the proper techniques of the procedure. Therefore, she had to learn, organize,
plan, and teach the entire class of 17 students so that each student could perform three
correct electrocardiograms. It was a challenging task. She had base knowledge and the
necessary computer skills, but would she do the work? She tackled her assignment with
great enthusiasm. I informed her classmates of the procedure and that Jan would assign a
date for learning and three dates for sign off. It was a process that took several months,
but by spring, Jan demonstrated the skill with detailed precision. Her focus changed to
include schoolwork.

In May, job shadowing began, and she arranged to shadow at a local hospital in
the EKG department. Her experience was rewarding, and she even was given permission
to perform three EKG’s on patients. She continued to develop an interest in her
schoolwork. Jan tried to obtain employment in the EKG department but was
unsuccessful.

In her senior year when employment was a required part of the program, she was
still unable to obtain employment in an EKG department. Instead, she settled for a job as
a pharmacy tech in a local retail pharmacy. She completed the required program and
successfully passed the test to be a certified pharmacy technician. This was another
successful hurdle, but she still wanted to work on the EKG department.

My colleague and I suggested that she should reveal her talents and compete in
the local teen pageant. Her mother agreed. Jan was excited once again. We helped with
her speech (which focused on her father and his death), her dance, and her attire. Her
classmates supported her, which was an important issue for Jan. She did not win or even
place, but Jan talked about her experience for several days after the pageant.
After graduating, Jan frequently returned to visit with me. Her mother contacted me to discuss Jan’s progress. Jan stayed at home and obtained employment at the local hospital in the EKG department where she shadowed. She and her mother were both thrilled. Since then, Jan has enrolled in the local community college to pursue her education.

As I dealt with various students in similar unhealthy dilemmas, I reflected, crafting a found poem that expresses my feelings, my interpretation of behaviors, my responses, and my perception.

“the finding”

Out of limbo they come
to find
themselves
scattered
among the leaves
searching
creating
trying to find objects
trying to find soul
trying to find their life.
Who are they?
Where are they going?
I must find their path.
I must help them find their path.

Kelli

Kelli was obese and diagnosed with asthma. She lived with her parents, her younger sister, and two younger brothers in a small trailer. Both of her parents smoked. Her mother was employed as a nurse aide in a nursing home and her father was unemployed.
Kelli had the aptitude to learn effectively, but the unhealthy dilemma surrounding her made life difficult. She shared with me that the family never knew from moment to moment if they were going to eat, if they would have clothes to wear, or if they would have electricity. Kelli emitted the stench of stale cigarette smoke mixed with body odor. Kelli’s hair appeared oily and matted. Her classmates complained about having to sit beside her. Since there was a washer and dryer in the classroom/lab, I washed her coat and clothes several times. I bought her hygiene products and gave her deodorant. I taught her how to bathe and shower. I said, “You need to wash every part of your body.” I demonstrated how to shave under her arms. I talked to her about douching and how to bathe her genitals. Kelli accepted the knowledge I shared and appreciated the products I gave her. However, I had to repeat the process four times during the year.

As time approached for the students’ job-shadowing experiences, I was concerned about where to place Kelli. I scheduled her with the county health department. I discussed the odor situation with the staff, and I talked with Kelli about her cleanliness for work. The staff consisted of all registered nurses, so I felt they would assist Kelli and she would learn the roles of public health nurses to share with her classmates. Three days into her experience, I received a phone call, “Marjean, you’ve got to do something with Kelli. We went in the room where she was filing paperwork. The nurse had to open the window; it smelled so bad.”

As I sunk in my chair, I said, “Well, tell her she has an odor just as you would any employee. I have talked with her, so maybe if someone else tells her she’ll listen. Maybe it will help her more than anything I’ve done.” The head nurse spoke with her but did not think it was a successful conversation.
I met Kelli’s parents during the school year and noticed their appearance and odors were the same as Kelli’s. Due to Kelli’s asthma and her chronic exposure to cigarette smoke, her absentee rate was high. I spent time making sure Kelli completed her work, not only in my class but also in her other classes. In fact, one day I noticed Kelli was extremely active, which was not her normal pattern of behavior. She was flushed and her hands were trembling. As I questioned her inability to be physically still and verbally quiet, she laughed loudly. I began asking about medications at which time she said, “My doctor changed my asthma medications around. He put me on prednisone.” I immediately checked her pulse, which was so rapid I could barely count it. Based upon my assessment, Kelli needed to get to the hospital quickly because she was experiencing a prednisone crisis. There was no one at home, so I directed the secretary to call 911. I would take responsibility for sending her to the hospital. Later that evening I contacted the family, and Kelli’s mother informed me that the doctor had started IVs and discontinued the prednisone. It was my chance to discuss with her mother how the smoke from cigarettes affects Kelli’s asthma. She listened politely. They continued to smoke. Kelli continued to have asthma attacks, miss school, and eventually Kelli began to smoke.

Later in the school year, Kelli arrived in class, and I noticed she had deep vertical gashes on the calf of her right leg. I asked, “What happened to you?”

“Oh, I fell through the floor in my house.”

I just looked at her. “Excuse me? What do you mean, Kelli?”
“Really, Mrs. Huber, we have a hole in the floor, and we put a rug over it so we wouldn’t step on it, and I forgot to go around it, and I stepped on it. I went through the hole to the ground outside.”

I said, “Well, Kelli, is someone fixing the floor before someone else gets hurt?”

“We just put the rug back over it.”

Ten years later, Kelli remains at home, works as a nurse aide at a home for the mentally afflicted, and helps to support her family.

Betty

Betty’s clothes were wrinkled, soiled, and too large to fit her body size. Her hair and fingernails were unkempt. Attendance was a problem. Betty was identified with a learning disability, reading at a fourth-grade level and doing math skills at a third-grade level. I encouraged her involvement with the Vocational Industrial Clubs of America (VICA). She volunteered to serve on the “Opening and Closing Team” for regional competition. Each member of the team had a part to memorize and was required to execute precise motions during a ceremony they were to perform. Betty memorized her part, and she was so proud and excited. I was thrilled, because she was not learning health care skills to the standards required. There were some teachers who expressed to me their opposition to Betty participating in VICA since she struggled with her schoolwork. From my perspective, this was a learning experience for Betty. Her attendance improved.

The team won regional competition and was planning to go to the next level of state competition in Columbus. This was a more expensive venture. The school paid for students to attend the regional competition, but did not pay for the state event. One
morning, Betty ran weeping and sobbing out of the lab. I did not know the reason. We had not yet started class. I looked at the students and asked, “What’s with Betty?”

One of her classmates commented, “Mrs. Huber, you really need to go talk to her, because she doesn’t have the money to go to state. She can’t pay.”

“That’s what this is all about?”

A student remarked, “Yeah. She doesn’t have clothes, she doesn’t have anything.”

I went into the bathroom, and there she was lying on the bathroom floor, sobbing and crying. I sat down on the floor with her and said, “Okay, now Betty, let’s get a hold of yourself. I’ve got some tissues here. When you get yourself together we’ll talk.”

I waited. After she stopped crying, she was able to speak. “Mrs. Huber, I want to go to competition so bad, but I ain’t got no money. I have to get special clothes for competition and I can’t. Everybody’s goin’ shoppin’ today for the stuff and I can’t go.”

“Betty, let me see what I can do for you. That team really needs you and you are representing our school.” The school did have some money in a fund to help needy students with expenses. Betty was able to purchase the needed clothing and compete at state. The team did not win, but for Betty it was a learning experience to attend and compete. Betty had never traveled outside our county prior to this experience.

I knew Betty had an older boyfriend, Joe. He was 26, married, divorced twice, and was now living in his car. He took Betty to and from school in his car. He wanted her to go to school and graduate. Joe was disabled due to a prior back injury from an automobile accident.

Joe visited me frequently after school in our lab. One day when he was in the lab, talking with me, he noticed a table with some old books, clothes, and other items on it.
from our “garage sale” fundraiser my students were planning. I told him to come back after our sale and I would give him what remained. I remember a specific lamp that he later selected. I asked, “Where are you going to put that, Joe?”

He answered, “Well, when Betty and I get married, we hope to have a home and we can use it.”

I said, “Oh, good thinking, but when do you plan to get married? I know you don’t have a job, so what are you going to live on? You should start thinking. You’re 26-years-old, and you live in your car.” Betty loved him. He treated her kindly. He encouraged her to go to VICA and wanted her to graduate from high school, something he had not done.

Joe did have a hearing problem, so I contacted several agencies, and finally he was referred to the Ohio State University Medical Center. I made an appointment for him. He did not know how to use the phone to dial long distance and make an appointment. In addition, he had no phone, and Betty’s family had no phone. “Who am I taking care of here? A student? Or a 26-year-old homeless man?” I felt lost with him. I did not know what to do. What were my limits? What are my limits? Do I have any limits? Our community had no homeless shelter and no agencies to provide assistance to the homeless. I believed someone needed to help.

I did not know how to instruct Betty either. She was failing my program because she could not do the work physically or mentally. Betty attended special tutoring sessions but to no avail. She was failing the math, science, and English. She needed skills that could provide gainful employment. When she returned her senior year, she was pregnant and was placed in the food service program. I made sure I visited her at least once a week
to talk and keep our relationship. Both Joe and Betty visited me in my lab frequently
during Betty’s senior school year.

That year she had the baby, graduated, and married Joe. I have seen them both
since, and they appear the same, only with two babies now to care for and feed. She
found a job as a dishwasher in a local restaurant, which is the family income. They have a
small house and are using the lamp I gave them to provide light and warmth. Betty
learned the skills needed in order to hold a job and support her family. Joe is a stay-at-
home father.

Jackie

Jackie was an obese female student who rarely talked with her classmates and had
a body odor issue. Her classmates told me, “You’ve got to do something, Mrs. Huber.
The locker room smells.”

I called Jackie into my office and spoke with her about her body odor. I said,
“Jackie, I am telling you this because I care about you. I care about how you feel about
yourself, and so we need to make sure you’re clean.” I explained to her about bathing and
how we, as females, need to keep ourselves clean. She lived with her mother whose
employment was delivering newspapers on her assigned route. Jackie suddenly became
my “best friend.” She ate her lunch in the lab. She volunteered to help me clean, file, and
organize.

Jackie and her mother came to every open house and parent-teacher conference
that was scheduled. It was here that I sensed a bizarre relationship between the two.
Jackie alluded to sexual activities when she spoke with me but would never say anything
specific or incriminating about anyone within her immediate circle of family, which
included mom’s live-in boyfriend and a grandfather. Both my colleague and I perceived that unusual behaviors were possibly occurring. Jackie was curt and blunt with her classmates and withdrew from participating in group situations. She walked with her head bent forward and shuffled her feet. Her clothes were wrinkled and unkempt, adding to her body odor. Jackie’s teeth were not brushed. Jackie’s lunch usually consisted of chocolate, chips, or soda. She would follow me through the lab when I worked with other students as opposed to completing her assignments.

After graduating from high school, Jackie and her mother continued to attend the yearly open house and the parent-teacher conference evenings. Eventually one evening Jackie informed me of the family situation—her mother’s boyfriend was also having sex with Jackie and had been throughout her high-school years. This provided money for her and her mother to eat, live in a warm house, and pay the bills. Jackie herself was a product of incest between her mother and grandfather. If I had only known! Did she want to tell me, and I ignored her signs? What would I have done differently in my efforts to empower Jackie? Jackie attended the local community college but was unsuccessful in several programs because she was unable to do the clinical work. She currently works in the laundry department of a local nursing home and continues living with her mother and mother’s live-in boyfriend.

As I dealt with various students in similar unhealthy dilemmas, I reflected, crafting a found poem that expresses my feelings, my interpretation of behaviors, my responses, and my perception.

“Walls of Poverty”

To be one with nothing to do
To be surrounded by the stench of poverty,
to worry about paying bills, choosing emotions, learning, believing in a purpose,
to worry about health,
trying to find friends, not coping, no one to nurture, no one to teach,
to be taken advantage of, to have no support system. And the door slams shut.
How dark will the days become?

Yet poverty seems easy to care for
Give it no attention and it will grow big and strong.

And they ask what color is the rain in the city?
What color is the wind?
Does the world revolve outside these doors?
Find the door, work to find the right door,
The walls seem closer and do they ever find the right door?
Perhaps, if the days were not so dark.

Jean

One day during class, I was presenting information on the disorder of
depression—signs, symptoms, prognosis, treatment, and effects on individuals, family,
and loved ones. As conversations ensued, I noticed that Jean became very quiet and
eventually tearful. Suddenly, with a big tear dripping down her face, Jean stood and
quietly walked out the door.

I watched, said nothing, then turned to my students and calmly asked, “What is
wrong with Jean?”

One student answered, “Her brother committed suicide about a year ago.”

Jean had not shared that information with me. I was somewhat surprised, since
Jean appeared so pleasant, willing to help her classmates, and eager to complete her work
on time.

I said to the class, “I think I should go talk with her. Take this time to complete
your assignment, and then you may leave for lunch.” Jean was in the restroom, sitting on
the floor sobbing. She looked up at me, as I sat beside her. She began . . .
“Oh Mrs. Huber, Billy was my brother, and he killed himself last year at Christmas.”

“You were close to your brother?”

“Not really. He was 2 years older than me and was my only brother, but he was on drugs and drank all the time. His friends were not nice at all, and they’re the ones who got him into all this. Then he killed himself. I don’t know if it was because of the drugs or what, but he shot himself in our home, and I found him in his bedroom. My parents can’t handle it.”

“So you miss him?”

Jean said, “Sometimes, because he was my brother.”

“You wish you could have helped him?”

With that question, Jean began to cry more intensely, yet spoke, “I told my parents, but they wouldn’t believe me. He was the favorite child. He was smarter than me, and handsome. They thought he was the one who had good friends, who made the right choices. I am the dumb one, the ugly one, the one that does dumb things, bad things, because I got pregnant and have a baby.”

“Is that what your parents think?”

She continued, “All they do is talk about him. All I hear about is how perfect he was, and nothing is done for me; I’m still the bad one. My mother even says I don’t know what I’m doing with Jimmy [her son]. Mrs. Huber, I love my baby and would never hurt him. Jerry [her fiancé] and I are going to get married and be a family, and he is going to help me through nursing school. I am so sad. My life is such a mess.”
Jean's father was disabled and her mother unemployed. Therefore, her clothing selection was limited. According to school dress code her skirts were shorter and tighter than necessary and her tops were low cut, but is that a priority for learning? Jean had pressing issues—her schoolwork, a child, a fiancé, lack of financial resources, and parents with their own difficulties. Other teachers would ask of me, "Didn't you see what she had on?"

"No, I didn't. What did she have on?"

Jean was suspended twice for her dress, and in her senior year she was not allowed to compete at state VICA competition because she did not have a skirt that was long enough. She told no one until it was too late to purchase one from the school fund. She cried.

During her junior year, she would have moments when she would talk with me about her brother and her parents. One weekend we planned a fundraiser for a local festival—the students and I went out to the festival and sold caramel apples, with the proceeds to be used for a needy family. Jean signed the list to help. She was prompt, and I knew I could rely on her. Her mother arrived with her and questioned Jean. "Well, how long are you going to be here? Why did you have to say you’d do this? I can’t wait that long for you." My efforts focused on talking with her mother, so Jean could work and enjoy the festival.

Jerry, who was 3 years older than she, had quit the welding program of his high school. He was employed at a local welding company and was in line for a promotion, which would pay well. There was only one last hurdle to jump—he had to have a high-
school diploma. I helped him find the information he needed to earn a GED—Graduate Equivalency Diploma. He took classes and earned his GED.

During her senior year, Jean gained employment as a nurse aide. She and Jerry married. Jean graduated. They have a home and another child. After 3 years of nurse aide work, Jean enrolled at the local community college and was accepted into the practical nursing program. At one point, Jean’s parents wanted Jerry and her to live next door to them. Jerry did not want to live by his in-laws. She questioned me about what she should do, “Would it be good to be by Mom and Dad? They need me to help them. Or should I do what Jerry says?” After we talked a while, she decided to honor his wishes and live in a house closer to where she worked.

Devon

Just before school started one year, I received a phone call from a student’s mother, “What happens if my daughter doesn’t have a uniform for class?”

“We give students 2 weeks, and after that time frame, each student is to have the uniform or they lose lab points, which eventually affects their grade.”

“Could we get on a payment system for the uniform?” she asked.

I explained that the uniforms are purchased at a uniform shop, not the school and that there was little I could do for her, but I said, “I’m going to be at the school tomorrow, why don’t you just come in to see me?”

So she came, and she brought her whole family. It was all I could to control my inner feelings and talk to them without displaying emotion. Devon stood quietly in the background. She was a senior who was going to be in our junior program. She had long blond hair, a fair complexion, and an average build with slumped shoulders. She wore
blue jeans and a faded T-shirt. Mom, whose name I learned was Joyce, was in her mid-30s. There was also a boy, John, in a wheelchair who appeared to have multiple
contractions, a lack of muscle control, and a speech defect; a younger girl, Susan, about
14 years of age who was unremarkable; and another boy, Jeremy, approximately 8 years
of age who ran and jumped from place to place in the lab in a rather awkward fashion,
touching everything in view. His speech was slurred. Neither John nor Jeremy had
hair—both were bald. Joyce told me John had muscular dystrophy and had been in a
wheelchair for several years. Then she informed me that Jeremy was also diagnosed with
muscular dystrophy; he was not yet wheelchair bound. There was no father in the picture.
I had no clear rational thought at the moment. Awkwardly I said, “How do you make
ends meet?” As a teacher, this is none of my concern; however, as a nurse with an
inquiring mind, I realized they had monumental medical bills, tremendous time in care,
and intense treatments to be done. I assessed this as an unhealthy dilemma.

She said, “I don’t very well.”

I took them to the school distribution center and helped them apply for funds for
Devon’s school supplies and books. Then I said, “Now, all I can tell you about the
uniform is that you will have to go to the uniform shop and just ask them if they’ll
arrange for a monthly payment.”

They left, and I raced to the telephone to contact the uniform shop. I explained the
family situation to the owner. She said she would try to assist in some way if she could.
Later that day, I received a phone call from the owners telling me that when they met the
family, they gave Devon her uniform and then “went into the back room and cried after
the family left.” Others shared my emotions.
In class, Devon was very withdrawn, but she was really pleasant and polite with both her fellow classmates and me. Her work was always in on time and completed. Devon slumped in her desk—her arms held tightly to her body. Her books and purse were arranged neatly in a small area at her desk. She rarely moved and when she did, each movement was slow and deliberate. She was identified as a special needs student, supposedly with learning difficulties, but I was not really sure why? Early in December, I had another conversation with Devon.

“Devon, you’re a senior. Tell me, what do you plan to do after you graduate? We need to start thinking about this.”

Her blue eyes twinkled as she straightened in her chair and said, “Oh, I will have a job, Mrs. Huber. I turn 18 soon, and I’ll have a job with home health care. I get to take care of my brother. When I go home from school now, I help Mom take care of John and help with other things around the house. They’ll pay me to take care of my brother, and after they see how I do that, they’ll let me have other patients.”

“Oh, Devon, that’s really nice. You are sure they will give you a job? Then we must be sure you pass the Nurse Aide Training Program.”

As December swiftly arrived, Devon’s rotation returned her to my class again. “Devon, I knew you had some difficulties financially at the beginning of the school year. What are you doing for Christmas?”

“Well, my mom has something to give to my sister and my younger brother.”

I continued, “And?”

She hesitated, “Well, I don’t know.” My heart sank.

“May I call your mother? Would you mind?”
After school, I collected myself and telephoned Joyce. I said, “I don’t want you to be offended, but I know you had financial difficulties in the earlier part of the year. I spoke to Devon today, and it seems you may need some help now. Would you mind if I tried to get you some help for Christmas for the children? I’m not promising anything, but would you be willing to let us here at the school help you?” I was fighting tears and my voice was shaking. I struggled to hide my emotions.

“I will not ask for help,” she stated emphatically.

“I know you won’t, that’s why I’m asking you.”

She said, “Well, you can do what you want. I will not turn it down, but I am not asking you for anything.”

I asked what she was doing for Christmas dinner, and she said, “Nothing special. I can’t afford to buy a ham or turkey. If I do that, I can’t pay bills.”

“This family could be homeless,” I thought. Instead, I said, “I’ll need your clothing sizes and any gift ideas for the children.” She gave me the sizes as we continued our conversation. “Let me see what I can do, and I’ll get back to you.”

Afterward, I spoke to my two colleagues and wept as I told them the story. How can I expect Devon to learn effectively when her concerns are to go home and help her mother care for two invalid brothers? I received help from the school business department who spearheaded the drive. Faculty, staff, and students donated. Devon and her family remained anonymous. Soon my van was full of gifts, food, needs, and wants. They received coats, a frozen turkey, gift certificates from restaurants, and a DVD player for John. Joyce informed me his VCR had broken, and watching movies was one of the few things he was able to do. We collected $500. I purchased gift certificates to Meijer
where Joyce could purchase necessary items. My husband and I delivered the items.

Joyce was appreciative, and later Devon informed me they had a wonderful Christmas. I went to my office and cried.

I continued to have concerns about Devon and her unhealthy dilemma. The new year arrived, and Devon got a job at Burger King. She began missing school. This was during nurse aide training, which she so desperately needed. She told me that her family needed the money to pay bills, and she was the only one who could work. Mom had to take care of the boys through the day, then in the evenings help her sister with homework. How can she survive day to day with all that responsibility as a 17-year-old? Could Devon learn effectively in that environment? Devon’s absences increased. I phoned home to find that she was sick. Joyce said that she had been working so much and just “got run down.” Devon was not able to make up all of her missed work, and she also was absent during her scheduled clinical experience. Devon failed the nurse aide training. Therefore, she could not be employed by a Home Health Agency. She would remain with Burger King. The downward spiral continued. She did not graduate.

What more could I have done? I praised her work. I gave her ample time to make up the work. I contacted her mother at various intervals. Since Devon was not always in my classroom/lab, I made a special effort to see her. I spent time with her, helping her with her work and providing encouragement. I provided her with skills for a lifetime. She came to me for assistance with various assignments. I tried to help meet some of her needs—to learn effectively, to plan a future. I had her classmates help. Did I want success more than she? Had I failed her? What do I really mean? Perhaps I failed myself. Will she remain in this trap? Her sister is now pregnant.
Luke and Dave

Another experience involves two male students who were best friends. Both young men hailed from middle-class two-parent families. Through testing, both young men were identified with average intelligence and ability to pursue a career in health care. Both would have to stop 'clowning around' in class and complete the assigned tasks if they were to be successful. Luke and Dave had difficulty in academic classes—not because of the work, but because neither of them paid attention nor completed assignments. In fact, Luke and Dave skipped class frequently and violated the school and lab dress code. The academic instructors approached me about their behaviors. How am I to adjust their behaviors in another classroom setting? These two were dynamite together—the class clowns of the school. I must admit they were quite proficient at making individuals of all ages laugh. However, over time the disruption of their classroom antics became annoying. One time when I approached them I said, “I am concerned about the both of you. You do not seem to be finishing your academic assignments.”

Luke said, “Ah, Mrs. Huber. I do your work. It’s government and English. There is just too much to do with work and all.”

Dave replied with an, “I don’t like Mr. Jones. He always yells at us.”

Luke agreed.

I said, “Well, can you try to get past that and at least do your assignments and quit cutting class. I mean, you do want to graduate? I am really worried about you two. Your behaviors seem to be regressing.”

Luke commented, “We just like to have fun!”
Time passed. Luke approached me one day, expressing concern about Dave. Dave’s older brother, who was in college, had become involved in heavy drinking. This crushed Dave since he had always looked up to his brother. I told Luke there was nothing I could do—this was a family issue. Luke walked away disheartened. Several days later Dave approached me, concerned about Luke. What was I missing with these two? Apparently Luke was having difficulty with his father at home. I told Dave there was nothing I could do—this was a family issue. However, I suggested, “Why don’t you and Luke talk with me together? Perhaps there would be something you could do to help Luke.” He too walked away saddened. Over the next several weeks, their demeanors changed drastically. Both Luke and Dave became very solemn in class, talking very little to any of their classmates. Jokes and laughter did not reverberate throughout the room. They completed little of the work I assigned. I approached them, “I am concerned about the both of you. You do not seem to be finishing your lab assignments.” They just looked at me and gave no response. Dave asked if the two of them could stay after class and speak with me. I agreed.

Both young men had difficulty expressing themselves, but with much questioning and silence, they both told me they were depressed. Neither of them were able to look me in the eye, they shuffled there feet, paced, and cried. I was most concerned with Luke who expressed deep feelings of “Why go on? What is the purpose of all this? I’ll just end it all.” They both stayed in my room for a short while after the next class arrived merely to gain some composure. I attempted to make peace with the teacher for whose class they were late, but he had no mercy. Luke and Dave were given F’s for the day and sent to the office. How is this to help students focus and learn?
I approached the guidance counselor regarding the unhealthy dilemmas. It is her responsibility to contact family regarding issues of this magnitude. The following day she contacted Luke and Dave for counseling sessions. Much to my dismay after 2 weeks of sessions, they quit attending. Dave said, “We would rather talk with you, Mrs. Huber. We don’t know her. We trust you.”

“All we want you to do is listen to us. Please.” retorted Luke, as he grinned a childish grin from ear to ear.

How could I not help these two young men? If something should happen to either of them, I would feel that I was partly to blame. “OK.” I said.

So we began weekly sessions after school. It was a struggle for me.

Luke and Dave have both taken separate journeys—Luke attends the local community college in the Respiratory Therapy program; Dave serves our country in Iraq as an Army medic, is married, and has a son. We continue to correspond.

As I dealt with various students in similar unhealthy dilemmas, I reflected, crafting a found poem that expresses my feelings, my interpretation of behaviors, my responses, and my perception.

“The Ever-receding Past”

You know you'd like him to be here
standing beside you and your parents
    all being yourselves
    without the frailty
    and insignificance of the world
you suffer and balance
    now on top of,
    unable to detect what to learn,
As the ever-receding past pulls so strongly at the present
Wearing the faces
of your different excuses, constantly lying to each other and yourself about just how much of the daylight you understand to be real.

With the position of your mind bent towards feelings of guilt, regret, strength and prayer must endure Set aside the feelings, the dead, the worries, become whole and complete without resignation. Your direction to move ahead forward in time.

Carrie

Carrie did not do her schoolwork. She was curt with her classmates, other instructors, and me. She shuffled her feet as she sauntered into class. She slept during class time. She slept during lab. She slept in her other classes. She was absent frequently. I was unable to reach her mother by phone. A mailed note with Carrie’s behaviors, symptoms and failing grades brought no response. The guidance counselor attempted to contact the family to no avail.

Carrie had a deep, moist cough and was very pale. Her pulse and respirations were rapid. Her signs and symptoms worsened. I spoke with Carrie several different times—about her sleeping, her breathing, and her coughing—and she became defensive, but I persisted. Other teachers expressed their concern about her sleeping through their classes. I was concerned more about her health and how it was affecting her learning. I repeatedly told Carrie that she needed to see a doctor. She finally informed me her mother had no insurance and she could not go to a doctor for treatment. I explained to
Carrie that an emergency room would not turn her away and there were agencies to help pay bills. After a month, I finally was able to speak with Carrie’s mother and discovered she worked late hours at a local bar and seldom saw Carrie. Carrie had never shared her physical problems with her mother because she did not want to add to the family’s financial situation. Within a few days Carrie was taken to the hospital and diagnosed with double lobe pneumonia where she remained for several days, then at home for 2 weeks. After returning to classes, Carrie’s grades improved and her attention in class improved. Her attitude with classmates and teachers improved.

Cheryl

Cheryl came to our school from Texas. I learned that her father had been physically abusing both her and her mother. So one day Cheryl, her brother, and her mother escaped Texas and drove to Ohio. Cheryl’s grandparents lived in the area but would not let the family live with them for any length of time. They eventually found an apartment in a low-income housing development. There were numerous reported break-ins, violence, and even murders in the community. They brought no personal belongings, furniture, or housewares. Cheryl was distracted at school and had the entire classroom in turmoil over her unhealthy dilemma. Cheryl was afraid her father would find them, afraid of where they lived, and afraid for her brother who had been threatened by neighborhood boys. She worried about her mother who was unable to work because she had developed severe back problems as a result of the abuse. Cheryl, herself, was having pain in her right knee from her abuse. I contacted her mother to see if we could gather some needed items for their home. Within a week, the school staff, student body, and my church had gathered enough items—chairs, blankets, tables, decorations, food, and much more—to
fill both the school truck and my van. The guidance counselor drove the school pick-up truck to their home, delivering some items. One day after school, I took Cheryl home in order to deliver the remaining items and to meet her mother and brother. Her mom could barely stand or walk; most of her time was spent sitting. Cheryl’s brother and I unloaded the van, and I spent some time talking with the family. I asked her mother if she would mind a visit from my minister. She said she would love it!

Within a few weeks the family was attending church. The family struggled along, and Cheryl’s grades improved as she settled into her new environment. I spent many hours with her as she talked about the abuse in the past. I believe Cheryl needed to see a counselor but there were no means to pay. Another crisis occurred. Cheryl arrived in my classroom in tears—sobbing uncontrollably. Her right knee had become so painful she could barely walk. Her knee was swollen, tender, warm to touch, and had limited movement. I contacted her mother. She did not know what to do. I made some contacts and got Cheryl an appointment with a doctor in Pittsburgh. The physician informed them that Cheryl would need surgery and possibly would lose her leg due to the severity of the injury. He gave her crutches and told her she had to stop using her leg if he was going to have any chance of saving it. I could hardly believe what I was hearing Cheryl and her mother tell me. They were both horrified. What were they to do? I suggested they see another doctor—get a second opinion. “But we do not have any money for that, and Medicaid does not allow two visits for the same problem,” I was told. I made more contacts and Cheryl went to a local doctor who put her on a program of exercise with a physical therapist. During the summer she had knee surgery without the loss of her limb.
Cheryl completed high school and began taking classes at the local community college. She quit due to financial reasons.

Pat

Pat was a 17-year-old senior student who was involved in an automobile accident. The driver of the vehicle she was riding in lost control while “jumping the hills” and crashed into a tree. The cause was alcohol—one dead, one physically injured for life, one escaped with minor injuries, and Pat was left with traumatic brain injury. Although most of her physical functions remained intact, the accident resulted in significant speech and cognitive deficits. Pat had previously been an active teenager very involved with her friends. She was a senior in our program at the time of the accident and preparing to graduate in 1 month.

Three months after her accident, which was the following school year, she was referred to our program by an occupational work therapist. The therapist described herself as at her “wit’s end” coping with the family situation and Pat’s low self-esteem. Upon returning to school, it was decided Pat would be better served if she returned to my classroom and be given specific tasks to do. Previously, she had been working at a nursing home, but was no longer able to function. Pat’s family was caring and generally supportive, but they expressed difficulty with Pat’s inability to function and speak. Formerly, Pat was the center of conversation, always pleasant and smiling. Now, she had no affect. Pat was unable to follow simple directions or interact with her friends.

Working with Pat became a real challenge. I gave her very routine tasks to perform, for example, filing alphabetically. I kept her routine consistent and did not change the environment in which she worked. I wrote step-by-step instructions for her...
and recited them orally to her. After this, Pat repeated the instructions to me. I thought I would gradually increase the level of difficulty as she progressed. Pat never progressed. She was unable to file, could not remember from day to day where to sit, could read the instructions only with help, and was not able to repeat more than two steps in a sequence.

When Pat began working with me, she expressed excitement to return to school. She arrived on time, dressed appropriately, hair intact, and make-up applied. As time progressed, she arrived late, her appearance changed—wrinkled clothes, hair uncombed, and no make-up. Pat and I worked together for only 3 weeks, when it was decided she needed private tutoring. I wanted to help her, but with the permanent brain damage there was little I could do. Pat did not graduate. Instead, she became pregnant.

As I dealt with various students in similar unhealthy dilemmas, I reflected, crafting a found poem that expresses my feelings, my interpretation of behaviors, my responses, and my perception.

"the glass window"

Inside I see conflict uncontrolled
Pain, insecurity,
confusion, shame, restlessness,
exhaustion.
An adolescent with adult fears and I . . .
I am merely an observer on the other side of the glass window.
Break the window,
piece together what remains.

**Reflection**

The autobiographical process when expressed in narrative stories and poetic form, as created in this chapter, is an aspect of capturing raw material of daily experiences and transforming it into real life. One of the reasons for my effort with such an endeavor lies
in the unanticipated discoveries of examining my teaching practice in relation to nursing
theory. However, I cannot tell it all. There remains something mysterious and elusive,
aloof and inaccessible. My inner vulnerabilities are uncovered, but the territory of the
mind and heart can only be partly mapped. As I continue to grow and change, I am made
aware that my identity is not static; it is dynamic. Reflection of my teaching practice
allows my practice to continue evolving as I—teacher and individual—continue to grow
and evolve. In chapter 5, I uncover through analysis a deeper understanding of my
teaching practice as my theory of practice emerges.
CHAPTER FIVE

STITCHING TOGETHER THE PIECES: MY EMERGING THEORY

Introduction

This chapter is the analysis of my teaching practice that demonstrates the application of nursing theory integrated with educational theory. I use the presentation of found poetry (Sullivan, 2000) from the stories of my experiences and other documented data (Bateson, 1989; Clandinin & Connelly, 2000), followed by reflective questions (Caine & Caine, 1991; Schon, 1983) and expressive poetry. Located in the Appendix E is a graph depicting the frequency of each descriptor identified from my data. I developed a concept map, located in Appendix D, of the common threads that emerged from the data, which shows the intertwining and intermeshing of the descriptors. The chapter includes comments from my respected colleagues, parents, and students stating their perspective of my teaching practice. The data are interpreted, and three emerging themes of caring, compassion, and student advocacy are discussed separately. However, each theme is not practiced separately; instead, all three are practiced by overlapping as they intertwine and intermesh, stitching the quilt of who I am.

Analysis Begins

I revisited my stories, located in chapter 4, looking for key words and phrases that materialized and emerged. I highlighted the text, drafted notes, and wrote in margins of
the text as I read through the stories. I used the actual words of my students to write the following found poem, “The Cross Hatching.” This poem expresses the students’ beliefs, as told to me through their eyes, about themselves, their life, their future, their behaviors, and their perceptions of my teaching practice. I have chosen the title “The Cross Hatching” since it represents a type of quilt with equidistant parallel quilting lines running in two directions, forming either a grid of squares or diamonds. Parallel lines are infinite as are the unhealthy dilemmas which impact learning effectiveness for many students. This is a representation of life as it is being lived while shaping the future. In quilting, cross hatch lines may be spaced close together or further apart. The space between lines represents the place or experience. In this respect, space is the school, my classroom/lab, homes of students, and experiences of the students (Clandinin & Connelly, 2000). I also reflect upon my teaching practice by asking questions, thus linking my thoughts and beliefs to the experiences encountered with my students.

“The Cross Hatching”

Bust ’em in the mouth
Tell ’em off
Why did you swear at the bus driver?
Baggy pants, dirty sweatshirt
Faded T-shirt, holey shoes
I really think marijuana should be legalized.
I fell down the steps . . .

I want you to read this
I want you to read this now
But I really want you to read this now
She cried.
I still have to get help, I probably always will . . .

I do not know what to do
I have no purpose
My life is ruined
Why should I go on?
Without her I would not be here today . . .

Oh nothing, I’m just having a hard time breathing. I got hurt.
   She cried
   She ran . . .

   Stomp! Slam! Yell!
   I cannot make a bed
   You were busy
   It’s a grade
   No . . .

Why not? My brother is 18 and besides who is going to stop us?
   I’m a nurse aide, but I don’t want to stay in that . . .

   I got suspended
   I couldn’t keep my mouth shut
   I tried
   I really tried.

   I kept thinking of you and I tried, but I just couldn’t do it.
   You don’t understand
   I can’t be a senior
   I’m quitting
   Everyone here hates me
   I have no friends
   You are the only person who listens to me . . .

   My parents told me that college is not for me.
   Why can’t I be like my brother?
   That’s what teachers and parents want me to be like.
   I want to be a nurse.
   I feel like I can. I will try . . .

   I would have quit school
   But you wouldn’t let me . . .

   I’m not allowed to talk on the telephone.
   I can only go places with my mother
   I’m not even allowed to go on a date and I’m 17.
   He won’t let me get my license
   We have the money
   He’s this way with my mother
   He’s this way with my sister
   I wish mom would get a divorce
   All he does is scream at us . . .
Dad died
Heart attack
Inattentive
Talking, arguing, rebelling
EKG's . . .

Body odor, stale cigarette stench
Oily hair, matted hair
Obese
I fell through the floor in my house
We have a hole in the floor
We put a rug over it
I forgot, stepped on it
I went through the hole to the ground outside
We put the rug back . . .

I want to go to competition, but I ain’t got no money.
Everybody’s going shopping for stuff and I can’t go
Get married to Joe
He lives in a car . . .

Body odor
Obese.
Has a life vision
Mom and Mom’s boyfriend want her home.
This pays the bills . . .

My brother killed himself last Christmas
He was on drugs and drank all the time
His friends weren’t nice
My parents can’t handle it
Crying
I told my parents
They wouldn’t believe me
He was the favorite child
He was always smarter than me.
They thought he had good friends, made the right choices
I’m the dumb one, the ugly one, the one that does bad things
I got pregnant, have a baby
I’m so sad
My life is such a mess
Marry Jerry
A high school dropout . . .

Family illness, muscular dystrophy
Wheel chair

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Medical bills
No money
No uniform
I will have a job
I turn 18.
I will have a job with home health care
I will get to take care of my brother and get paid

Now I help Mom take care of him
No Christmas
Did not graduate
Sister now pregnant . . .

Class clowns
There's too much work to do
We just like to have fun.
We trust you
Just listen to us
Depression
Suicide . . .

Elevated pulse
Rapid breathing
Sleeping
Pale
Coughing
Pneumonia
No insurance
No money . . .

Alcohol
Jumping the hills
Traumatic brain injury . . .

Fled their home
Closer to family
No money
No furniture
No housewares
No home
No help
Sobbing
Injured knee—old fall?
Doctor
Amputation
No money
Another doctor
Physical therapy
No money
Improvement . . .

During analysis I ask many questions. What have I truly taught my students? Who are my students? How do I discover each of their dreams and goals for life? Do I respond as I do because I am a nurse? Will I be able to help students overcome their unhealthy dilemmas and realize their potential in order to help them live a healthy and successful life? What really is the teacher’s role in the learning experience at the secondary level?

**Caring**

*One must care about the world one will never see.*
Bertrand Russell, philosopher

**Defining Caring**

As my analysis began, I saw caring emerge as a theme in my teaching practice. From my analysis, I interpret my practice as a work promoting autonomy or self-care of students by empowering and crusading for the needs of each student. One reader wrote, “She empowered the student to meet the highest potential she could at that time.” I examine and celebrate the uniqueness of each individual student and work toward his/her well-being. As a nurse and educator, I examine the meaning behind my actions. This allows me to see what is morally ideal and valued by me. Caring is naturally confirmed in my relationship with each student. I find that these relationships unfold during student assessment, curriculum planning, technical intervention, and continuous evaluation of each student. Nursing knowledge does direct my nursing actions, but my feelings of concern make my actions caring.
A reader documented, “The author used the nursing process in dealing with students.” I think a lot about the nursing process as I relate with my students. The process is so ingrained in my being that I use it automatically without thought. In my teaching practice, I plan my curriculum with learning as the intent. The intervention becomes those transactions and interactions taking place between the student and me. These are opportunities for me to model both caring and technical competence. I see caring as a support to a student’s meaning of learning. Another colleague added, “The integration of your teaching skills that you learned . . . you’re applying those through your nursing process.”

Caring has long been associated with the practice of nursing. Indeed, many individuals choose nursing as a career because they want to take care of people. They are drawn to vulnerable individuals by natural traits, such as caring and compassion, with a desire to alleviate suffering. Caring is a way of being that arises from recognition of the fundamental connection or interdependence among all persons (Watson, 1979). Morse (1990) identifies caring as a human trait, a moral imperative or ideal, an affect, an interpersonal relationship and as a therapeutic intervention, whereas Noddings believes “the basic caring relation is an encounter” (Noddings, 1992, p. 16).

Virginia Henderson (1966) characterized nursing care as doing those things the patient would do unaided for self if he/she had the necessary strength, will, or knowledge. Bosworth (1995) defined caring as having feelings for others, having relationships, and demonstrating values of kindness, respect, and faithfulness. Parse’s (1989) theory guides nurses to honor the beliefs and values of others’ life experiences (Tomey & Alligood, 2002). As a nurse and educator, I have a mixture of students who demonstrate modest
strength, insufficient motivation, inappropriate behaviors, and insufficient knowledge.

From my experiences, caring responses are as diverse as student needs, and are as varied as one’s imagination, resources, and skills. Caring activities range from sitting quietly with a student, monitoring skills with sensitivity, or listening to student responses. Caring is a process essential to the well-being of students and teachers. It is an art form of giving and sharing. It is a science of knowledge and activities. It is evolutionary.

Knowledge and Competence

Students give me notes or cards during the time they are with me in the classroom, and also continue to correspond with me after their graduation. One student e-mailed and told me how I had been her “mentor” while she was in high school, and that I continued to be while she pursued her nursing education. When I read that comment, I caught a glimpse of myself caring and advocating for students. I was deeply touched by my memory and pleased at this student’s success. I want this opportunity for all of my students, so now as occasions arise, I mentor students. Because of this experience, I began to recognize that my mentoring behavior provided me with a sense of identity—a calling.

Another student recently wrote and told me that a poem I had written for her class when they graduated had sustained her through her nursing education. She wrote, “When a day comes by that I think I just cannot go through any more hard times, I always read that poem.” This poem pondered the beginning of a new time in life—a time when one had to let go of the past and create anew by forging ahead and caring for the self. I had influenced her the most, “not only academically but also morally,” to complete her education. She invited me to her graduation. She added, “The road to success is not easy,
but it will be worth it in the end.” At times I feel I have not given enough to my students. At times I feel plagued by sadness for my students. I remember thinking there was no purpose in writing a poem for them. Nevertheless, poetry provides me with an opportunity to express myself from my heart and soul. Perhaps I wrote to meet my own needs. Yet, what are my needs? As I ponder, I believe my poetic expression is a way for me to reflect upon and embrace an understanding of my work. I believe I develop attachments in my relationships with students and need a way to express my caring to them without losing status as teacher. After receiving a letter from my student, I now look closely and see that my gift of caring did provide her courage and a sense of self-caring. Did it provide courage for others? Did it provide others with the same sense of self-care? Do I encourage self-care because I am a nurse?

Without knowledge and competence, both compassion and caring are powerless to help the student. However, there is a wisdom needed for care extending beyond scientific knowledge and technical competence that includes knowledge of the student, the teacher and the event between the self and student (Watson, 1979). It is important to encounter or experience legitimate opportunities to care (Noddings, 1984). According to Watson (1985/1988), these events are caring occasions. They occur whenever a nurse and others come together with their unique life histories and phenomenal field in a human-to-human transaction. She maintains this caring occasion becomes a focal point in space and time; the healing process is connected—transcending self, time, space, and physical dominance. Watson’s (1999) theory now purports that these caring occasions move individuals toward greater possibilities of wholeness, health, and even spiritual evolution. This knowledge is acquired through experience and practice.
Personal knowledge of the student is vital to effective caring. The teacher needs to know the student as a unique person (Bulach, Brown, & Potter, 1998). For example, does the student have an intrinsic motivation to improve the self? Is the student challenged by illness or history of abuse? Does the student have the power to make decisions about life? Ideally the teacher knows each student’s physical condition, coping resources, responses to situations, and values in relation to family, school, and life. This is gained by talking with or observing the student, or by directly asking questions. Students have a lot to tell. I think of my experience with Mandy, who spoke without ceasing about her unhealthy dilemma, her desire for her parents to divorce, and her concern for her younger sister.

Several authors consider caring to be the essence and ideal of nursing (Fawcett, 2000; Tomey & Alligood, 2002; Watson, 1979). I also consider it to be an essence and ideal of education. This claim is based on the view that caring attends to the totality of one’s experience by implanting meaning and instilling purpose in life (Noddings, 1984). In a caring conference, a teacher does not step back to observe the student but is engaged in the student’s experience. The focus is on the whole person—the biological, social, spiritual, and psyche (Dossey et al., 2003).

Events in Caring

Other comments from colleagues include, “Your willingness to go above and beyond the scope of your teaching duties showed courage,” and “You fostered a trusting relationship.” From this perspective, I understand caring involves relationships, nurturing, courage, and compassion. As I reflect, I realize decisions I make regarding my teaching methods and my personal contacts with students revolve around what I should do to better support caring and connected relationships. Am I thinking like this because I
am a nurse? My desire is for students to show concern for other individuals, develop relationships without the fear of being hurt, and convey a trust in others. This makes caring visible to me, supports my value system, and encourages me to continue caring for my students. My husband commented, “You value young lives, children, and the individuals that you teach. . . . [You have] genuine concern to help people and to guide and direct . . . constantly learning to better yourself and be more effective. I know that you’ve been very caring, intuitive.”

Care does matter. Consider Rachelle, Toni, or Tami. As I focused on the student and accepted each as an individual without question or judgment, caring occasions provided greater possibilities to help with the unhealthy dilemmas. Consider Mary who desired that no one give her advice but instead needed someone to listen. Jan experienced a caring occasion, knowing someone cared for her without reservation.

The absence of care also matters. Jean, Carole, and Alice had goals and dreams. However, from their perceptions, individual teachers did not listen or provide caring relationships. I think each of these students wished to demonstrate abilities as a young woman with ideas, thoughts, and goals for her own life. Is the type of expression they displayed not a part of the growth and development cycle during adolescence? In my practice, providing each student with a caring, non-judgmental relationship in which they can speak and be listened to is effective in having students connect to the learning process. According to Noddings (1984), I have an obligation to listen and accept students as they are, no matter what their interests or concerns may be. Pre-conceived judgments sever any notion of a relationship. Am I sensitive to this because as an adolescent I found

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identity through dress? Am I sensitive to this because I remember teachers who commented about my daughters’ attire as they found identity through dress?

Students discuss uncaring events and, from my experience, describe some teachers as mean, cold, and unconcerned. A study done by Poorman, Webb, and Mastorovich (2002) resulted in findings that uncaring did affect the learning process in nursing students who were at risk. As a result, students experience distrust and a disconnection and uneasiness within the school setting, which leads to discouragement in the learning process (Novello et al., 1992). Uncaring teachers seem to withhold emotional support and assist students only when asked (Poorman et al., 2002). Denying students’ feelings, responding with indifference to students’ concerns, judging students by appearance, failing to notice if a student is struggling with an assignment, or viewing students sleeping repeatedly in class can turn a poor situation into a worse one. I recall a teacher following Marcia to our classroom/lab to tell Marcia and me her skirt was too short and too tight. What was I going to do about it? Marcia began sobbing, and I sent her into our locker room and spoke with the teacher at the door. Marcia was to present a speech in English class and one of the requirements was to wear business-like attire. Marcia had gained several pounds during the year, and this was the only skirt she owned. Her mother was a single parent raising three children, working as a barmaid, and could not afford to buy another skirt for a speech. From my observations, such actions violate a student’s integrity and dignity and are not justified. This does not mean I always have pleasant and uplifting encounters with students. That is not possible. However, it does mean I attempt to restrain judgment and avoid comments or behaviors that are destructive to a student’s fundamental comfort, integrity, and dignity.
Caring as Power

Colleagues have also drafted letters, notes, or cards to me. Comments are on a professional level thanking me for working with them on projects. One colleague said, "Your patience and kindness allowed me to experience this wonderful opportunity." My Director wrote a note saying, "You are an exemplary teacher!" Another praised my students during a visit from our State Department of Education. A handwritten note from my Superintendent said, "Your dedication and enthusiasm is an example to all." It is satisfying to know that others recognize I am actually helping others and making a difference through my efforts. I share an understanding with certain colleagues and am reminded of why I am a nurse and teacher. I see a need to humanize the inhumanity of others with my care, compassion, and advocacy. Despite the hard work, I want to be a part of the experiences of my students. That is the joy of my work. It helps the students and keeps me human.

The power of care lies in a transformative nature (Alligood & Tomey, 2002). Caring in view of healing is not unique and is in the world around us (Lewis, 2003). Caring cannot take away confusion or grief, but a response of care can transform the fears of poverty and anger into a tolerable shared experience. Is it possible to care without suffering? Is it possible to care without compassion? Supported by responses of care, Ann, Jean, and Mary became empowered to see their dilemmas and have been transformed into individuals able to make healthy decisions.

Transformation of a student’s unhealthy dilemma is determined by the power of my caring response. This response requires skilled action; it is not enough to simply feel caring. I attempt to act in a caring manner. For example, the knowledge that a student
failed a math exam does not mean I feel badly for the student. Rather, this knowledge directs me to assess my interaction with the student, how quickly to react, how frequently to react, and when to reassess. This leads to solutions empowering students armed with knowledge to make healthy and wise decisions. Because a student’s needs cannot always be anticipated, caring occasions may be uncertain and complex. During my occasions with Carole, it seemed difficult for her to trust individuals trying to develop caring relationships with her. I remained involved although it would have been easy to detach myself. Did Carole believe she had no power to change? Does the depth and power of caring materialize with unhealthy dilemmas of others? Is it possible to care without compassion? I believe compassion overlaps and intertwines with caring, providing support for my actions.

Caring as Human Connection

Throughout my teaching practice, I have also received letters, notes, and cards from the parents of my students. Many of the comments related to caring. One parent noted how her daughter’s attitude had improved because as a teacher I “cared for her.” Another mentioned how I “truly care about all students.” I empower students to pursue their careers and guide them to understand the direction they are taking with their lives, both professionally and personally. As I recall my experience with Blake, I promised her mother I would help Blake remain in school to complete her high-school education. Together Blake and I journeyed down a path which led to her current work. Before I was able to help Blake, we established a trusting relationship. By taking an interest in her as a unique individual and accepting her without question, she permitted me to empower her. I counsel day-to-day issues, guiding students, valuing their uniqueness, and supporting
students through experiences of their young lives. Reflecting upon Jean’s adolescent experiences, I realize I was dealing with a very sensitive and emotional young woman. I had a student who was facing a threat. I felt drawn to her and wanted deeply to help. Based on Noddings (1984), one who cares is moved to help one in need. Connecting with Jean by letting her share her innermost feelings, accepting her uniqueness, and providing an opportunity to express herself without criticism empowered her to make decisions about living and life.

Caring occasions, as coined by Jean Watson (1979), between teachers and students, between nurses and patients, seem to differ in intensity, duration, and frequency. These events vary by the diversity of human reactions, the stress of adolescence, the work demands of teachers, and the strengths and limitations of both the teacher and student. Nevertheless, I find the human connection in a teacher-student encounter highly satisfying. Authentic human connection is an action of caring (Lewis, 2003). From my experience, this is a cornerstone of student learning. However, it is not possible, or desirable, to become intensely involved with all students. Explaining career options to Blake did not require intense involvement with her, but it did require my placing value on Blake and developing a trusting relationship. In an educational multi-case study using open-ended interviews, participants identified basic elements of the caring process to include trust, respect, perceived sincerity, attentiveness, and valuing of students as individuals (Bulach et al., 1998). While intensity of a teacher-student encounter does vary (Watson, 1979), it is desirable to maintain a caring attitude toward all students, conveying interest in overall well-being.
Caring occasions also vary in duration (Watson, 1979). Some are momentary and stand alone, as did my brief occasions with Blake. Other caring encounters develop over time in which a relationship is established with a student. An engaged and sustained relationship between a student and me is the ideal context for caring, because within this type of relationship I have ample opportunities to know the student and his/her needs.

According to the Roy Adaptation Model, it is important to recognize that while relationships enhance possibilities for caring, caring occasions are not totally dependent on relationships but through acceptance, protection, and the fostering of interdependence to promote personal and environmental transformations (Dossey et al., 2003; Fawcett, 2000; Roy, 1984). I recall Alice searching for her path in life—a direction in which she could believe in herself. This did not require a developed teacher-student relationship.

Finally, the frequency of caring occasions also varies (Watson, 1979). I do not have caring occasions with all students at all times. Some teachers rarely demonstrate caring with students. Furthermore, some students are mean spirited and difficult. Despite this, caring occasions are widely available to me and can occur on a daily basis. One aspect of caring is an ability to recognize and seize opportunities for caring occasions with students. Sometimes I think I look at caring as more of a grander scheme of events, like saving someone’s life. I now realize from my analysis that the small actions I engage in with a student can be the difference for them to respond and learn effectively. I am creating my practice.

Whatever the intensity, duration, or frequency of a caring occasion, caring creates a healthy bond for both students and me. As demonstrated by my stories, I believe caring plays a central role in humanizing and supporting incidents of well-being. According to
research by Bosworth (1995) and Bulach et al. (1998), caring promotes a positive mental attitude and improved coping, movement toward improvement, enhanced physical welfare, as well as feelings of reassurance, trust, acceptance, satisfaction, and gratitude. In the account of my experiences with Luke, Dave, and Jean, human connection and caring occasions helped to improve coping skills, develop trust and enhance a positive mental attitude.

Relevance of Caring

As a result of my analysis, I see that the relevance of caring in my teaching practice includes several elements. To continue clarification of my role as caring, four elements surface and justify further discussion—knowledge, activities, connection, and community. Although I discuss them individually, they are tightly woven throughout the entire educational process, just as the stitching of the quilt.

Knowledge

Caring requires a solid base of content, empirical knowledge, essential knowledge, and skills. Competence in the area of instruction and in teaching skills is expertise (Schoenhofer, 2002). I have a core of nursing knowledge. I have technical skills in the nursing process—assessment, planning, implementing strategies, and evaluating progress (Murray, 2000). According to Orem (2001), the development of a specific knowledge contributes to knowledge about how to formalize and express structure and content to meet patient needs. Because of my expertise in nursing I was able to enter the profession of education. Others have expertise in a field of instruction; therefore, armed
with knowledge, there is a solid foundation for instruction and intervention with students (Danielson, 1996).

Education itself is a communication and interaction between students and teachers with learning as the outcome. Understanding content is not sufficient. Interactions are opportunities for me to guide and empower students in technical competence (Vygotsky, 1986). Watson (1985/1988) believes the value of caring is not intangible but a beginning, including commitment with action. “The content must be transformed through instructional design into sequences of activities and exercises that make it accessible to students” (Danielson, 1996, p. 9). This is knowing how to move from knowledge to the goal at hand involving everyday events as I engage students. This is pedagogy. There is also knowledge of the nursing process as I make observations, interpret or diagnose by attaching meaning to the observations, and then correlate the meaning with possible courses of action (DeYoung, 2003). Evaluating the plan and course of action is a part of my process (Danielson, 1996; Murray, 2000). This knowledge extends far beyond the classroom and involves caring for others as they learn to care for themselves (Orem, 2001).

In the development of knowledge, it is important for me to know how educational experiences are affected by the institutional school setting. The environment involves socialization I perceive mundane to the learning at hand. However, I learned that the acceptance of various rules and regulations of the school raises awareness about rules and regulations in health care. This moves socialization into the curriculum (Dewey, 1933; Schunk, 1996). Professions in the health care arena are taught and practice under strictly guided supervision from superiors and various regulatory agencies. It becomes very
important then to consider what it means to prepare a student for the workforce (Good & Schubert, 2001). On the other hand, work life is filled with ambiguities and varying contextual elements. These realities are not addressed in a textbook or policy. It has been my experience that learning effectively occurs when I relate or interact with students. It is important in my practice to focus on the student’s areas of interest—emergency care, pediatrics, cancer, obstetrics, or physical therapy. Students planning to enter the health care arena need to be aware of a problem-solving decision-making process (Hamilton & Ghatala, 1994). As an illustration, I present to students interested in cancer information about the immune system, disease etiology, and nursing care. I provide case studies so students use their knowledge to problem-solve various issues for a patient. When I have students on clinical sites, we care for patients with these very issues. At this time students are to be compliant with facility policy. This requires cognitive recognition by the student and me of what is important in a patient’s life and what is important as a base of knowledge.

It is important for students to reach full potential. Therefore, practical knowledge must make sense to students in order to bring forth potential. Within my teaching practice, I see caring as a guiding force in helping student academic growth and supporting a healthy lifestyle. A caring educator assists students in valuing personal experiences. (Dewey, 1933; Noddings, 1992; Watson, 1979; Wilson & Merrill, 2002). Did Tami value her experiences in performing physical therapy? Was her belief in self enhanced because I visited the site with her? It is also important in my practice to focus on the student’s personal areas of interest—reading, racing, horse-back riding, or sports—if and when they are ready to share. This begins a relationship. My lack of
knowledge regarding horses was the driving force behind my relationship with Blake. If necessary, it may be done through counseling or support for the student. There may be occurrences when it is necessary to contact appropriate help outside the school setting for specific needs. In my practice, I become a crusader for each student so he/she may develop his/her learning potential and a future healthy life.

Activities

Is there a difference between feelings of care and actions of caring? In reality, I believe most teachers care and are pleased when students learn and feel badly when they do not. However, it is difficult for me to engage in caring behaviors when I am aware that the student showed no interest or effort in learning. At times, analysis shows my caring is enhanced by activities including dialogue, role modeling, and reflection.

Dialogue

It is important for me to facilitate a caring dialogue. The student feels caring through verbal and nonverbal communications. The verbal dialogue may include talking about feelings and attitudes, clarifying expectations, asking and explaining, and laughter. It is an engaged listening and sharing of stories. Results from a study on caring showed a “word or phrase best captures the full meaning... There is spirited dialogue, as group members give rationale and in general participate actively” (Schoenhofer, 2002, p. 276). Nonverbal dialogue involves eye contact and connecting with the student to convey value and respect (Nightingale, 1918/2003). Theorists and authors agree that signs and symbols transfer meaning (Bandura, 1985; Dewey, 1933). Schoenhofer’s (2002) study reports, “Caring calls for the nurse to enter the world of the other and come to know the other as
person living caring moment to moment, and to affirm, support, and celebrate persons as caring” (p. 277). This supports my belief that students see me as a human individual; therefore, they know by my behavior that they are important to me. At times I have problems with students not being prepared for the lesson at hand. I inform students of the poor performance. Students need to be encouraged and guided to identify the problem. Instead of telling students they were unsuccessful, I use Socratic dialogue (Rogge, 2001) to collaborate with students and help identify why they are experiencing problems (Dresler & Kutschke, 2001). According to the author, Socratic dialogue is written or verbal and may be preplanned, spontaneous, or a combination of both (Rogge, 2001). Bandura signifies human functioning as the product of a dynamic interplay of personal, behavioral, and environmental influences (Bandura, 1985). In Domain 2 of Danielson’s (1996) framework for teaching, non-instructional interactions include respect, rapport, safety, and comfort to support instruction. I perceive “students as real people, with interests, concerns, and intellectual potential” (Danielson, 1996, p. 31). I connect with and engage students to develop not only their learning potential but also a healthy connection with life.

Noddings (1992) supports dialogues as open-ended with those involved, not knowing the outcome. She sees dialogue as a search for answers, empathy, understanding or appreciation. Dialoguing requires a connectedness and knowledge. Dialoguing gives knowledge and power. The purpose of dialoguing is “to come into contact with ideas and to understand, to meet the other and to care” (Noddings, 1984, p. 186).

Dialogue is important because students are often fearful of new experiences in learning (Schoenhofer, 2002). As previously mentioned, I find it important to identify a
common ground with each student. From my experience, it seems that if I find something in common with the student, then trust develops. This allows the student to connect what is happening to his/her own world. I find that a journaling assignment and reflecting on an experience with others fosters dialogue and allows the student to make meaning of the experience.

I reflect on what each student brings to the culture of education. "Reflection is a critical aspect of all sophisticated and higher order thinking and learning" (Caine & Caine, 1991, p. 149). Students are many times socialized to think they have limited knowledge, leading to a lowered sense of self (Payne et al., 2001). Students require guidance to see the extent of their knowledge base. Alice believed she was unable to be successful in life since she perceived this message from teachers and parents. I wonder if they were aware of the impact their comments were having on Alice? Using reflection, I am able to examine the positive qualities a student brings to my classroom. Combining the process of reflection with dialoguing gives students an opportunity to know what it means to care as an individual, as well as knowing I care for them. Knapp believes a caring curriculum creates an environment that promotes the growth of students and enhances an inner knowing. Students learn to think critically and enhance knowledge through understanding of others' experiences (Knapp, 1994). Noddings (1984) also supports this belief when she discusses interpersonal reasoning—"the capacity to communicate, share decision making, arrive at compromises, and support each other in solving everyday problems" (p. 53). Journaling helps students construct and evaluate their knowledge base and learning effectiveness. Group project assignments and practice of clinical skills with application at a clinical site are of value in my practice of teaching.
I see that these learning activities boost student self and validate the power they have within themselves.

Role modeling

According to a recent study of faculty, caring practices are to be sustained, and the sustaining strategies are to be worked out through conversation (Good & Schubert, 2001). These nurturing strategies are examined based on each situation, the student involved, and the skills being taught (Poorman et al., 2002). I believe the quality of these interactions rests on my ability to role model caring to the student. Bandura concludes that modeling is a powerful process that accounts for diverse forms of learning (Bandura, 1985). By modeling caring, I promote a caring environment that provides approval to students and serves as a powerful image to them. Noddings (1988) believes students should be able to seek an educator's help, advice, and assistance, expecting a positive response. According to Bandura (1985), students generate new behavior patterns in a similar style of the modeler but go beyond what they have seen or heard. Students cultivate new competencies and create value systems through the emotional expressions of others toward given persons, places, or things. This is another reason for students to dialogue, journal, and work in groups on case studies. They ask for help, and I verify positive qualities and solutions.

From experiences of my teaching practice, I believe students model what they see practiced. This again is supported by Bandura's social learning theory (Bandura, 1976; Hamilton & Ghatala, 1994). I see role modeling as an excellent teaching method; however, the exact process or means of caring varies according to context and individual student (Good & Schubert, 2001; Poorman et al., 2002). Students with unhealthy
dilemmas have approached me for guidance, telling me they were aware I helped someone else with a similar problem. My caring was seen by others. A caring approach with students models a capacity to care for others. I believe caring creates an environment that stimulates inquiry and promotes students' ability to learn effectively in any given situation. In assessing assigned work, I comment on each student's understanding of the material and the quality of their work. In doing so, I emphasize the affective and caring components necessary to guide the technical procedures and how best to proceed on behalf of those in need. As I observe students in my classroom, I see students with little connection begin to assist others when in need—technical or personal. After several months together, the students in general are assisting each other with various assignments and personal issues. When a student expresses a personal or learning problem, I allow the student to share with the class if appropriate, and if the student wishes to do so. A 'caring group' forms, with facilitation to support and guide that student through an unhealthy dilemma. According to a research report, nursing education involves the acquisition of values with a concern for human life (Pullen, Murray, & McGee, 2001). My application of role modeling promotes a team approach via collaboration and connection within the class. Learning an approach with people and resources is a fundamental part of a healthy support system for the students (Payne et al., 2001; Prout & Brown, 1999).

Reflection

Schon (1983) states that reflection-in-action decreases anxiety in students and is facilitated by a trusting relationship with a teacher. In my practice, I involve students in reflection via journaling. Reflection allows students to see different choices, understand
their experiences, perceive problems, and work toward resolving those problems. I believe it helps individual students remove bias from experience by giving a greater sense of personal control. It is important to note that the process of reflection helps students focus on learning (Bandura, 1997). This gives purpose to reflection as endorsed by Dewey (1933). I believe journaling is an excellent method to diagnose why a student is experiencing an unhealthy dilemma. Do I do this only because I am a nurse? Both the student and I become aware that one or both of us may be changed by this process. The use of journals helps a student construct and evaluate an individual knowledge and learning base. This is a way for me to care more fully for students. Journals help me see and appreciate when students' perceptions differ from mine, giving insight in relationships.

**Connection**

Connection occurs as caring is beginning. Connection is seen as the transpersonal experiences and feelings leading to attachment. Watson (1985/1988) says that in any human encounter there is possibility for a caring occasion. This occasion is a focal point in space and time in which experience and perception take place, but the actual moment has a field of its own greater than the occasion and the moment itself (Watson, 1985/1988, p. 116). This involves the student, entire class, and me within the context of the school, clinical site, or other location. Sharing experiences allows students to be more comfortable with each other and myself.

Each student is important in my class, so I see a sense of connection evolve. A caring occasion involves deciding how to react and what attitude to take with each other. We may share thoughts and ideas, or silence may be embraced. Silence allows each
student to think about his/her reaction and its impact on others. This process encourages sharing individual experiences leading to understanding and solutions, although there may be different paths in problem resolution. I facilitate and encourage connection, and for me the best moment of this connection is the actual caring occasion.

I believe caring is sincere and evolves over time. It is something most individuals learn, hopefully within their family unit, since family gives an individual a sense of connectedness (Payne et al., 2001; Prout & Brown, 1999). However, I find that may not always be the case. Again, I consider Mandy who felt no sense of connection with her father, and Mary who lost a connection with the death of her father. Jean desired to connect with her parents, but their distraught emotions with her brother’s suicide left her feeling alone. Personal factors promote connection and caring, which center around values and feelings. I nurture student growth through attentive care involving the examination of lived experiences. These details may include the setting, procedures, rules, relationships, and the characteristics of the social environment (Payne et al., 2001; Prout & Brown, 1999). Jan’s relationship with her mother was deteriorating. The loss of her father when she was younger was difficult for her to deal with at this time of her life. I believe she found purpose in learning about heart conditions and performing EKG functions. We connected. The process of connecting is more than doing something for someone. It involves sensing when someone needs guidance and having the courage to do something about it. I find this difficult to define or quantify, but it is an essential element of human relationships. Teaching and nursing require a balance of caring behaviors with thoughtful inquiry. I believe this balance requires an appreciation of difference. Students are not always going to respond, behave, or perform as I expect. I try not to make the
student an object needing treatment or learning, but instead try to connect with the student. I recall a sixth grade teacher who made a connection with me. She followed my junior high and high school education with cards and notes. As I continued through my school years, I visited her in her classroom and at her home. She encouraged my further education and provided me with a motivation and belief in myself. I wonder what would happen if teachers responded in that manner with all students?

As I previously mentioned, there are personal factors that promote connection and caring that center around values and feelings. I attempt to develop within my students an understanding of how different environmental contexts impact another’s experiences and reactions by using media culture to stimulate discussion. The Other Sister and Door-to-Door depict many issues, such as education, employment, sexuality, and family. Together we laugh and cry throughout the movies—we connect. Compassion, concern, and connection are dependent on the context of situations for each student at the moment of a caring occasion (Watson, 1979). This connecting includes modeling, thereby exemplifying diversity and provides fresh perspectives which strengthen student learning effectiveness (Bandura, 1976, 1997). Students learn that others are not mere objects, but are human beings.

Community

I believe that within caring occasions and formation of relationships individual learning occurs while a sense of community is created. “Students learn about good health through their effort to improve the health of others. They apply their knowledge and skills in the classroom and community” (Smith, 2003, p. 12). From my experience, a sense of community promotes a climate of caring, nurturing those involved. Hughes
(1992) conducted a qualitative study involving student and teacher interactions. The results of this study describe a caring climate in which stress and anxiety are acknowledged. A caring climate gives students the opportunity to express opinions and concerns without reprisal. The participants of this study interpreted and practiced a caring climate according to the instructor's behavior. Caring faculty behaviors were described as uplifting, and the students thought they could overcome anything. Students in the study said they dialogued with faculty members who modeled caring behaviors and conveyed presence. Uncaring faculty behaviors negatively impacted the participants' self-esteem (Hughes, 1992).

It is through formation of community that better relationships are developed between the students and me. Within these relationships, caring behaviors enhance a student's capacity for growth and provide a culture of caring. Students who learn in a caring environment learn to use caring in their life's work. I do not believe the student is an empty vessel subject to my control. Knowledge becomes valuable to the student when it becomes a part of a lived experience (Dewey, 1933). When I cared for Carole in her times of desperate need, the class was aware of my behaviors. As a result, they too formed a relationship with her to help her behave appropriately with other students and teachers. Although we were not successful, I wonder if the students remember and continue practicing a sense of community.

Students need to learn how education connects to the social environment (Smith, 2003). I remain current in issues relating to health care, which helps me evaluate the curriculum and assists in improving my teaching methods. One colleague cited my involvement in encouraging students to care for others by saying, “You'll find what we
can do to serve our community." I provide opportunities for students to connect and care for our communities. Collaboratively, my students and I work on projects with middle school students, local nursing homes, the American Red Cross, the local hospital, and emergency units. As I reflect, I believe this process makes the curriculum more student centered rather than content driven and procedure oriented. The student becomes the center of the curriculum, not the discipline (Dewey, 1933).

I recall scheduling a day of community service at the request of our local MRDD unit. It was the yearly winter carnival scheduled in February for clients of the MRDD. At this time of year my students needed a change from the norm, and the organizers of the event requested help. Surprisingly, the students did not desire to go! I had not connected. It was too late—I had committed. We made our plans. Since the students were to be at this event all day, administration decided that it would be appropriate for them to drive from their homes to the event and then drive home. This pleased them until the day of the event when we had a major snowstorm; the facility was at the top of a hill. Eventually they all made it safely, but not without stories.

We had been given responsibilities for the event. We cleaned, moved tables, decorated, prepared sandwiches, and cooked as instructed. Then the clients began arriving from the MRDD unit. They were of adult age but childlike in behavior. Many were diagnosed with Down’s syndrome, some were autistic, and one client wore a helmet. I had attempted to prepare my students, but they were somewhat hesitant to mingle with the clients, but I insisted on it. After a somewhat different experience at lunch, one of my students found the CD player and changed the music to something a bit more lively. Although it was not my style of music, the students began to dance. They
danced with the clients. They all began to sing the songs, dance, and laugh together. It was an enriching and uplifting experience.

I am not sure exactly when it happened that day, but a sense of community developed. Several of my students became volunteers at the MRDD unit.

Reflecting on Caring

The students and I embark on a shared venture, although it is many times unsettling. One of the most satisfying aspects of caring is that it leads the student and me out of isolation into a human connection and creates a caring learning community (Bulach et al., 1998; Orem, 2001). Caring occasions provide opportunities to develop knowledge and skills such as role modeling, dialoguing, reflection, connection, and community. As these skills develop, my desire to help others and the students’ desire to learn become fulfilled.

I wrote the following found poem by applying words and phrases acknowledged within the data of my teaching practice. This poem demonstrates an intertwining and intermeshing of my teaching practice based on comments from letters, notes, or cards, of students, parents, and colleagues, which eventually led to the emergent theme of caring.

“Caring”

do something wrong-unapproved, takes you aside and let you know
   Share
   do so much and care for students
   Thoughtfulness
   Thanks for believing in me, when I needed the most
   Nice
every opportunity to express individuality, potential and complete personality.
   Generous
personal time to help with schoolwork, problem, personally or professionally
   Cared
   You see I am a better person
Gentle
believed in me, encouraged me when I didn’t believe in myself
Big heart
showed interest in what I did . . . made me see how important I am
goes beyond . . . reached out to my daughter and our family . . . listens . . . always has
smile, hug, word of encouragement for students . . . caring . . . truly cares about students
Thoughtful
patience and kindness allowed me to experience wonderful opportunity
Leading us
Boost my self-confidence
Push me to my goals
You made me believe in myself
believed in me when others didn’t
you have made a difference in my life and many others in our class
you gave me incentive to succeed-to lead not follow
I have become a better person
Encouraging
Never puts us in a bad mood
Always trying to cheer [us] up
Chipper
never has a bad outlook on anything
Cheered me up
Pushing me, encouraging me, excited for me
Outgoing and enthusiastic
Uplifting always there for me
Encouragement, guidance, advice
Love of life
enjoy your energy and spunk.
dedication and enthusiasm an example to all.

As a final point, one colleague said that I am “always interacting with students.” I
wonder if I am trained to do this because I am a nurse. Should it be any other way? If so,
I would lose opportunities for growth and the evolution of my practice. Yet, of greater
consequence, a student may lose the opportunity to form a needed relationship in his/her
growth and development. I could not practice any other way.

Compassion

The whole idea of compassion is based on a keen awareness of the interdependence of all
these living beings, which are all part of one another, and all involved in one another.
Thomas Merton, French monk
Defining Compassion

As my analysis continued, I began to see compassion emerge as a theme within my practice. This expressive element of my practice became identified through displays of empathy, offering support, guidance, and counseling. I show empathy when a student's well-being or self-esteem is in jeopardy. One reader cited, “You were compassionate and non-judgmental.” Another reader said, “The author displayed empathy.” Throughout my teaching practice, I have been charged with enabling students. However, I have not been able to perceive my actions in that manner. I believe that enabling prevents students from developing and maturing, while showing compassion is uplifting to the body, mind, and spirit; therefore, allowing students to develop and mature. A reader confirmed that my influence on students “will remain with them the remainder of their lives.”

In this section, I reveal information on compassion. Without a doubt, compassion is a benchmark in my theory for education and a thread in linking my experiences in education. From my high-school Latin class, I recall the Latin origin of the word compassion is *compassio*, meaning ‘to suffer with.’ This makes it clear that to practice compassion means to endure the emotion, pain, and suffering of the student, recognizing all aspects of human experience—the pleasant and the unwanted. Failure to show concern and compassion for a student is to turn away from the self (Orem, 2001; Watson, 1985/1988). Ignoring a student increases student loneliness and suffering.

Henderson (1966) depicted nursing care as helping to endure the emotion, pain, and suffering of another, recognize all aspects of human experience, and help in relief of pain. During the nursing process, when a patient is assessed with an unpleasant physical, sensory, or emotional experience a diagnosis of pain is documented. An individual plan
of care is created to alleviate the symptoms. Implementation includes comfort measures. After implementing the plan, an evaluation is done to see if it was effective. If not, another plan is set in motion. Connecting the nursing process to my teaching practice, when I assess a student with an unhealthy dilemma, I note a diagnosis of suffering. I devise an individual plan to alleviate the suffering. Implementation includes measures of compassion. During evaluation, if the plan was ineffective I search for other methods, perhaps asking the student to assist in self-care. Compassion continues. Caring and advocacy appear in conjunction with compassion as they intertwine and intermesh. On the other hand, I believe caring can occur without compassion; however, I do not believe compassion occurs without caring. From my experience, compassion enhances or extends caring. I wonder what the teaching profession would be like if our teachers were trained to think about compassion in this manner.

Competence and Knowledge

I reflected on comments from my colleagues about their perception of my teaching practice and realized my value system is apparent to them. Several commented by saying, "... valuing young lives, children, valuing the individuals that you teach... genuine concern," "If their values and their practices were different from yours they were still valuable to you as a person." It seems only morally correct to respond appropriately to the needs, desires, and goals of my students. How I relate and respond to my students is central to my teaching practice. I believe my enthusiasm for students to succeed supports my other efforts. My colleagues noted I am intuitive. I actually never gave this serious consideration. I observe. A fundamental nursing skill is to observe the entire patient, the overall environment, and to do it rather quickly and judiciously. As I observe
students, objective symptoms provide information, gut feelings, hunches, and perspective. For example, a student suddenly wearing baggy clothing, one with glassy eyes wanting to sleep during class, or a student not completing the work, sends signals that something may be amiss in their life. From my years of experience, I listen to my innermost thoughts. Am I thinking like this because I am a nurse? Is this my intuitive process? Perhaps it is a part of my focus and creativity. Is it a part of my knowledge base? Have I developed competence during my practice? After all, if I am out of tune with the needs, desires, and goals of my students, my teaching will be ineffective.

I believe there is an essential knowledge in my teaching practice not found in ordinary educational literature and textbooks. What is that essential knowledge? Why is it important? How can it make my life work more humane and fulfilling? I believe essential knowledge is reflective of a deeper understanding of suffering and its implications for health and learning. According to Dossey et al. (2003), “suffering results when self-image is threatened, including psycho-social anguish” (p. 85). Compassion is about the valuing of suffering and the intrinsic human need for compassion. But what is compassion? I believe compassion is born of wisdom and courage and can only be realized through devoted attention to my practice. On the other hand, it is often misunderstood, misused, or dismissed as something merely soft and sentimental—confused with pity and sympathy. The nature and work of compassion is elusive and mysterious. Therefore, it is not surprising that compassion is surrounded by confusion and dismissed. To understand compassion means to study the nature of suffering (Dossey et al., 2003). Compassion is a mutual experience given to individuals who act together. The interchange is profound for those who have the courage to seek the understanding of
suffering. No textbook expresses what a student’s voice evokes and transfers in order for me to alleviate common suffering. As I reflect I discover the depths of suffering.

“to suffer”

Suddenly the silence
was deeper than I knew before,
in a place where I had never been;
together
we sat down and wept.

Support of Compassion

Students have commented about compassion within my practice using statements such as, “... never held things from the past against me,” “You were there for me when I was having trouble,” “You comforted and advised me and were always there.” At times like this I feel powerless and ineffective. All I can do is be there and listen. There is little I say that does not sound rhetorical and meaningless. So without words, I hope to reach my students when they need comfort. Reflecting on my role as teacher, I try to do all that is humanly possible, providing them with short-lived comfort. The sting of adolescent problems is intense, and there is often very little I can do to alleviate student pain and suffering. Yet, I believe my presence can help when pain is deep. Compassion can make things a little better. I think of the times I spent listening to Toni as she poured her heart and soul into my being. There was so little for me to say.

Compassion is complex and challenging. I travel back and forth, up and down, and at varying speeds with the student. My timing is fundamental. I intuitively create a sense of movement. First I recognize, through assessment, the student’s concerns and facilitate the necessary guidance to provide a smooth progression of learning effectiveness. Cheryl, Jean, Nancy, and Jackie suffered sensory, physical, and emotional
pain as they lived their unhealthy dilemmas. Compassion helps me rise above judgment of students. I look beyond a preconceived set of values, opinions, judgments, and interpreted inappropriate behaviors to see students in unhealthy dilemmas. According to Orem (2001), active concern and provision of care help to ensure life and growth and personal development of each other. I look beyond the behaviors of each individual student by actively practicing compassion.

As I recognize unhealthy dilemmas of students, I take the subsequent step and decide not to turn away, but instead to enter into the dilemmas with students. This makes me vulnerable to loss, hostility, rejection, and distress. Noddings (1984) believes that if we “receive the pain of a creature and detect its relief as we remove the pain, we are both addressed and received” (p. 150). If I do not run away from the students’ unhealthy dilemmas, I am able to connect deeply with them in suffering as well as in happiness (Bunkers, 2003). Thus I am able to feel what they feel and understand what each student values and needs. “We stay present to embrace uncertainty and fear. . . . We are offered a meaningful relationship with others through tenderness and compassion” (Bunkers, 2003, p. 120). Mitchell and Bunkers (2003) write of human connectedness and compare pain and suffering to an abyss (p. 121). Ann wanted a better life and needed to develop appropriate behaviors; Mary wanted to make her own decisions yet needed guidance; Alice wanted to attend college and therefore needed to believe she could be successful. For me it is very important to enter and become a part of the student’s experience.

Suffering and Compassion

Individuals experience struggles of despair and suffering. A desire to overcome and to understand suffering is a concept to be addressed and considered by those involved
with students' lives. It is only through wisdom derived from compassion that I am able to assist students, their families, and ultimately myself. Am I true to others as well as to myself? Understanding compassion grows over time with experience and perception. Educational research attempts to treat problems with numbers and remove the human aspect (Noddings, 1992). The representations found in my stories of sorrow, fear, resignation of the dilemmas, quiet rage, and disbelief stir memories of other interactions. Actions are unexplained, personal losses are endured, and sacrifices continue to be made in behalf of others. It is comforting and disquieting to be reminded that these bewildering moments in time are common to humanity.

After contemplating the words of one colleague, "You are compassionate and care for them so much. . . . That is not to be mistaken with weakness," I became concerned that others may perceive my compassionate responses and weakness in the same regard. Is this why some teachers think I enable students? I never considered that concept; I consider compassion strength. It takes courage not to turn away, but instead to enter into suffering with a student.

Parents noted my compassion by saying that I "reached out to my daughter and our family in a time of need. She listens." It seems without human misery there would not be a need for compassion. Without concern and empathy, my work would suffer a weakened framework. Without suffering there would be no joy. Without my feelings of being overwhelmed, I could not feel satisfaction from my work. Without my students, I would not have these stories to tell. Although I cannot change outcomes or make life choices for each student, I reach out to ease the burden along the path he/she is trudging.
Suffering occurs as an experience of threat to self-image that may cause harm or loss (Dossey et al., 2003). A whole student does involve more than physical existence—there is a spiritual, psyche, and social aspect (Dossey et al., 2003; Watson, 1985/1988). Events that threaten or are perceived to threaten a student’s stability or behavior lead to suffering. According to Orem (2001), adversity brings human suffering. Such events may include abuse, depression, suicide, poverty, illness, need for acceptance, low grades, or having a learning disability. When a student realizes some of these events are not under his/her control, it leads to greater suffering. Suffering separates the student from other students in the class because that student is different. In my experiences, I agree that students find it difficult to express their suffering due to fear of others’ responses or lack of trust (Dossey et al., 2003; Noddings, 1984). Therefore, I often see students act inappropriately and in socially unacceptable ways. Through observation, I acknowledge student suffering by transferring the loneliness of suffering into a shared human experience. Is it possible to internalize another’s suffering? Students who have difficulty communicating how they feel have a tendency to become aggressive by expressing indifference toward others’ feelings or become passive by denying their own feelings (Dossey et al., 2003). Toni was initially silent but eventually spoke of her inability to tell time. Then I was able to address her needs. During my experiences with Toni, she eventually spoke to me of her abuse through verbal and written word. I proceeded by providing her with protection and limited assistance. At this time I became an advocate for Toni, demonstrating how compassion and advocacy overlap.

As I focus, I see and hear each student’s world in a deeper, more reflective way. I appreciate the students themselves as they work together in preparation for life’s journey.
I explore individual suffering and unhealthy dilemmas, assessed from my observations and conversations with each student. Response to my students is through an intervention process. I seek to alleviate suffering and support the student by living through the experience with them. This involvement is exhibited in various ways by advocacy as illustrated in Nancy's story; by quiet listening, as illustrated in Jean's story; by calling a parent due to illness, as illustrated in Carrie's story; or by aiding the entire family unit, as illustrated in Cheryl's story. The emotion aroused within me is preceded by a reflective value judgment (Orem, 2001). Is it possible to have compassion without suffering? Does the depth of compassion emerge because of our own suffering?

Suffering is not an isolated event of life. Everyone suffers at one time or another. I recall my sister's lifestyle with alcohol and prostitution. I lived daily with the suffering of my parents and their failed attempts to right her wrongs—divorce, loss of rearing her children, an early death, and a life without Christ. I became determined not to disappoint my parents with my choices in life. My suffering is wondering what more I could have done to aid my parents. My life moved on. The sudden and tragic death of my father came as a harsh reality. I had grown close to my father over the years and was going to become his 'little nurse.' He did not live to see me graduate. His brother, Uncle Orville, attended my graduation ceremony. Together we cried. My life continued with career and family. Then Uncle Orville died of a chronic illness leaving only my cousin and me. There were no elders from my father's family remaining. My mother's family had also passed on; my cousins lost contact with us. I felt a loneliness. My life moved on with my own family. My mother lived with us after she became unable to care for herself in her own home. Then the time came when she asked me to place her in a nursing home. She
too felt a loneliness. I delayed this request as long as possible to satisfy my needs, but her safety became more of an issue and her demands more intense. She was afraid and suffering. I located an acceptable facility where she resided for 5 years before her death. Each day as I drove away from the facility, I cried. I was suffering. Her death left me with a loneliness. Another part of life is gone. Is it because of these experiences and first-hand knowledge of loneliness and suffering that I feel compassion for others? Is it possible to be compassionate without suffering?

Empathy and Compassion

Empathy is an ingredient of compassion. Benner and Wrubel (1989) acknowledge the art of empathy as an important ingredient of caring which allows the nurse to relate to a person’s struggles in connecting human ways. Compassion takes this one step beyond merely seeing students into empathizing with them. Therefore, each experience with suffering needs to be honored as unique and changing.

A colleague said, “You have the ability to empathize with someone and to focus on them when you’re speaking to them.” It is important for me to sense and engage in the struggles of my students as suggested by Nightingale (1918/2003). When I no longer struggle with them, I will have lost my intuition and compassion, anesthetizing my work and my being. If I become anesthetized to human feelings and unhealthy dilemmas, I hope I will have enough wisdom to vacate my role.

Empathy gives credibility to compassion. Empathy occurs when I live through the student’s experience from the student’s perspective and express my understanding without judgment. It is crucial I put myself in the student’s place. Empathy is not difficult when I share similarities with a student because of gender, race, or environment. As
Watson (1985/1988) so aptly stated, “We learn from one another how to be human by identifying ourselves with others, finding their dilemmas within ourselves” (p. 59). I reflect upon my practice to see how easy it is to develop a relationship with students who are similar. As a result, empathy arising from similarities relates to a limited range of my students. Based upon this, shared emotions can also give rise to empathetic feelings as I learn to recognize myself in others (Dossey et al., 2003; Watson, 1985/1988). For example, in my experience with Mary, I recognized how she felt with the loss of her father because I had similar feelings when my father died. Emotions, recollected scenes, gestures, and faces flood my mind as I reflect on my life and hear the stories of suffering from my students. This ability to recognize self in others is the ability to empathize. This makes compassion genuine and believable, requiring a commitment on my part (Watson, 1985/1988). Is there not a time in life when a teacher has felt hurt? Have we not all had feelings of being misunderstood?

On the other hand, one of the greatest challenges in being compassionate is to feel compassion and empathy when there is no relationship with the student. I do not feel trouble-free relationships with all students. Empathizing with students who make fun of others, have body odor, are rude to others, steal, or are extremely aggressive or violent is challenging. Dealing with such students takes an inner strength, yet empathy stems from my belief that regardless of gender, race, or behavior, I have a commonality with all students in that we are all human (Watson, 1979). Therefore, I realize I share shortcomings and weaknesses with students. Acknowledgment of these shared human experiences makes my empathetic and compassionate responses less problematic for students to receive, including those whose backgrounds and values differ. A concept that
drives my practice is to fully accept students as worthy with no strings attached. What are the barriers preventing me from being truly present with my students?

Relevance of Compassion

As a result of my analysis, I see that the relevance of compassion in my teaching practice includes three steps. To continue clarification of my role, the steps call for explanation—recognition of suffering, individuality, and alleviation of suffering. Although I discuss them individually, they weave together my practice, just as the stitching of the quilt.

Recognition of Suffering

As my theory began emerging, I realized the first step in compassion begins with recognizing the suffering of the student. The status of young people growing up in the United States seems uncertain because of “poverty, homelessness, dangerous streets, and lack of powerful institutional supports” (Dryfoos, 1998, p. 41). Therefore, it is important that I am aware of these unhealthy dilemmas in my students’ lives. My recognition of unhealthy dilemmas includes assessment, planning, intervention, and evaluation together with interaction with the student, respect and value of the student, and a non-judgmental behavior. An experience is shared and an emotion expressed. The student feels safe to express emotion; I appear more human. Common signs of suffering may include lying, manipulating, testing limits, extreme self-centeredness, resenting others, or placing blame. I find it important in my practice to listen to what is said by a student and what is meant. Comments about not liking themselves, feeling like a failure, being frightened, or being self-destructive have deep meaning. In the words of Florence Nightingale...
(1918/2003), “The most important practical lesson given nurses is to teach them what to observe—how to observe—what symptoms indicate improvement—what the reverse—which are of importance—which are evidence of neglect—and what kind of neglect” (p. 88). When the student and I share and discuss experiences, we learn to appreciate diverse perspectives. A more relaxed academic setting is established, leading to learning effectiveness. This allows problem solving of everyday issues and of real-world problems faced by the students. Students see learning applied to life as they search for meaning. Transfer of knowledge occurs. I wonder how the teaching profession would transform if teachers were trained in observation skills.

**Individuality**

I believe the second step of compassion is individuality. A moral task of showing compassion is to respond appropriately not only to suffering, but also to needs, desires, and dreams of students (Meade, 2002). Teaching-learning activities with reality-based objectives lead to desirable outcomes (Driscoll, 2000). Objectives based on project assignments, service learning, or skill practice facilitate learning, reflecting competencies required of the student (Vygotsky, 1986). My task becomes one of valuing each student as a unique individual in order to create an academic environment. This encourages the student to use new knowledge in new contexts without fear of reprisal or failure. I see it as an opportunity to make connections and assessments based on my intuition. This is frightening and rewarding at the same time. However, I find connection in a relationship assessing the student’s health and well-being along with the learning process. Students become a part of the connectedness in the relationship. As the relationship develops and I know the student, planning and intervention become a collegial process. Students learn to
help and support other students on various issues. Noddings (1992) encourages peer support and interaction. The quality of personal interaction is important since it leads to improved health, well-being, and learning effectiveness. I am reminded of several group projects completed by my students involving sharing, collaborating, and connecting; which culminated in an exhibition, project portfolio, self-evaluation, and celebration.

As I previously mentioned in the section on caring, dialogue is an engaged listening and sharing of stories. Dialogue is also involved in compassion by the sharing of our lived experiences (Rogge, 2001). “Dialogue is a common search for understanding, empathy, or appreciation” (Noddings, 1992, p. 23). Socialization of this nature is included in the learning process (Vygotsky, 1986). Reflective activities such as writing narratives and journaling help students make sense of individual experiences in life. Students see themselves grow as individuals by viewing the details of a situation. I believe the process illustrates to students the complexities of human experiences occurring in the discipline being studied and life itself. Celebrations of events demonstrate to students they are important as a part of a group or community where they learn appropriate behaviors. Together we celebrate birthdays, Thanksgiving, Christmas, and various successes or talents of each student—sports awards, Skills USA honors, or recitals. Again, I see overlapping and intermeshing of my strategies and emergent themes.

**Alleviation of Suffering**

I believe the third step of compassion is to alleviate student suffering. Taking action to alleviate suffering depends upon recognition of suffering via my observation and guided by the student. I alleviate suffering by assessing cues from the student—
isolating oneself, recurring tardiness or absence, crying, inattention, anger, change in behavior, change in study habits, or sleeping in class. Intuition tells me when and how to intervene since many of students are not accustomed to individual help. However, if I do not provide assistance, "many students will repeatedly engage in isolation and ineffective study behaviors without faculty help" (Poorman et al., 2002, p. 130). I often think of Luke and Dave. Was I a catalyst in each of their lives? Acknowledging the student as an individual to alleviate suffering is crucial. The ability to value each student helps me realize that the sensitivity necessary for compassion cannot be assumed or taken for granted. As a nurse, I know I cannot tell or assume to know specifically what a student wants or needs with absolute authority.

Noddings (1992) believes an individual must be able to receive another's reality and put personal interests aside to understand the other's reality. I believe this thought supports the idea that learning is dependent on context (Caine & Caine, 1991; Danielson, 1996; Dewey, 1933). Bateson (1994) believes in personalizing education and purports bringing into the context of one's life. I have not always experienced the context of a situation for each student, but to alleviate suffering I form relationships focusing on each student in order to appreciate and empathize with his/her perception of reality. This requires me to be available and to take time for each student. Frequently, students attend class with concerns of family issues, personal issues, or social activities on their minds. When this happens, it is difficult for them to learn effectively. From my perspective, students desire someone to share with, to support, guide and counsel them, and to encourage them to deal appropriately with each situation. Until this occurs, learning is at a stalemate since the student is unable to focus on the work at hand. Instead, thoughts are

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focused on the student’s unhealthy dilemma or other pressing issues. There are times when I become an advocate, leading the student down a path of problem solving, decision making, and ultimately self-care. This is an illustration of the intertwining and intermeshing of the emergent themes of compassion and student advocacy.

It is important that I understand the student. As my knowledge of the student increases, I assess my perceptions on the meaning of specific student responses, reactions, and behaviors. I plan and implement responses through various methods—Socratic dialogue, journaling, specific project or assignment, silence, open discussion on a relative subject, study involving the issue, collaborating with others, or removal of the student from the situation. This alleviates personal suffering and encourages the student to enjoy learning. However, as suffering diminishes, many times the disease remains. Rather than backing away, I increase interactions with the student, which moves the student through times of suffering to a place where the student is valued and life is healthy.

Reflecting on Compassion

In reflecting on compassion, I have a willingness to enter into painful experiences with students that leads to an overwhelming feeling of vulnerability. Compassion requires recognition of self-involvement with students and the knowledge of the nature of life itself with all its twists and turns. Compassion is a finely developed human response with daunting challenges. Are we who practice teaching not united by a common desire to educate our students, yet at the same time create a healthy life for them? I continue to develop and show compassion by acknowledging my students’ suffering and provide insight and comfort, otherwise unknown, before they begin learning effectively.
From my experience, it is important that compassion be experienced without judgment, since judging a student causes separation from me. Giving of self eliminates separateness from students (Orem, 2001). Compassion does not allow me to judge students with unhealthy dilemmas. In the situation with Luke and Dave, I expressed no judgment regarding their behaviors or their disdain for school. Acceptance comes from recognition of experiencing the same situations. In a study of faculty behavior, students comment that they want teachers to recognize them as individuals and to understand their life struggles (Poorman et al., 2002). As the study continues, results indicate that a lack of recognition and understanding has a negative effect on the educational process (Poorman et al., 2002). It is difficult to extend compassion to a student whom I find unpleasant or frightening. Therefore, my compassionate behavior depends upon my knowledge to recognize and accept self (Noddings, 1984) and others—the pleasant and the adverse. This quality affects my being in the world with others and my giving to students. “The giving . . . enables professionals . . . to achieve unity with persons who are their patients or clients [students] (Orem, 2001, p. 31).

I believe it is important to mention that by these actions I am changed by the experience, along with the student. This process of compassion makes me examine myself more deeply, which is noted by Noddings (1992), Orem (2001), and Watson (1985/1988). As I search theoretical aspects and try to actualize them in my practice, I realize an understanding of this depth is an ongoing process requiring insight and openness to personal growth and change. It requires redefining what is important and prominent in life; therefore, I draw an understanding of the self and my profession. Is this what guides my practice, or is it nursing? I believe my relationships with my students
help me understand who I am. Through this growth, my ideas and attitudes have expanded in ways that I can better promote the growth of my students. I decided to write the following found poem by applying words and phrases acknowledged within the data. This poem demonstrates an intertwining and intermeshing of my teaching practice based on these comments, which eventually lead to the emergent theme of compassion.

“Compassion”

Helping when I needed help
Thank you for being there when I needed someone to talk to
Kindness
someone who’s on my side
Give me advice
Listening to my problems and gripes
Thanks for always being there
Sensitive
Understanding
Thank you for being there when I needed you
Listen to me
You listen to all my problems
You were there for me when I was having trouble...
Comforted and advised, always there
use real-life experiences to help us understand
Proved we could all get along
helps me comprehend
helps my classmates and me with anything—been there when there is a problem
listen - be there - comfort
personal time to help with schoolwork, problem, personally or professionally
Sees the best in everybody
You have always been there for me
Touch others lives
Listening
Thank you for helping me when I was on maternity leave
Kindness
You went the extra mile to help me with my project
going in the wrong direction . . . never held things from the past against me
Giving
Loving
a comfort to us
does not sound preachy

goes beyond—reached out to my daughter and our family—listens—always has smile,
hug, word of encouragement for students

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kindness allowed me to experience wonderful opportunity

**Student Advocacy**

*Action is the catalyst that creates accomplishments. It is the path that takes us from uncrafted hopes to realized dreams.*

Thomas Huxley, Educator

Defining Student Advocate

The third theme I watched emerge within my practice is student advocacy. Quite frankly, I never saw myself as a student advocate. My actions occur because I believe it is what morally, ethically, and humanly should be done. It is what I did as a nurse for my patients. The advocacy actions of my practice include developing trusting relationships, mentoring, counseling, and providing flexibility for the students in times of need. Readers wrote, “You demonstrated flexibility,” “You were an advocate,” and “You adapt coursework to meet the needs of the individual student.” According to other comments, I am a cheerleader. Again I never saw myself from that viewpoint—that was someone else’s role. Yet in reviewing my readers’ comments, it becomes apparent this is their perception. Having reflected on these comments, I made an effort to search my past for a personal advocate. I am unable to recall a time when I perceive an individual advocating for me. During my growing years, the culture of society respected authority figures without question. For the most part, schools were based on behavioralism. When I struggled with my schoolwork, I was told to study more because it must be my deficiency; when I did well, I was rewarded.

In my community a female graduated and married. However, my parents wanted me to have an education, as did I. Nursing was an acceptable profession, so based upon
economics my parents decided I would attend a local school of nursing. Nursing was different, and I quickly learned to become assertive in order to succeed. No one was there to help. The constant criticism was belittling. The structure was rigid. Was there nothing I could do that was acceptable to others? Yet, I realized the intensity of nursing left no room for error—lives were high stakes. Nevertheless, I would not quit—I would not give up. What triggered this determination? Was it a concern for my patients? Was it the risk of failing? Was it a risk of disappointing my parents? After graduating second in my class, I began working. I soon learned I had to work within the system’s constraints. I recall being reprimanded by my clinical manager for spending too much time with a patient. I had been assigned a 35-year-old female, suffering from a cerebral-vascular accident caused by birth control pills. She was left paralyzed and aphasic. I spent extra time—reading magazines to her, talking about her family, drawing pictures, decorating her room, and crying with her. How could we expect improvement if she did not have guidance, a support system, a mentor? I became her advocate, but who was mine? There were no mentors, no advocates for new graduates. It seemed common knowledge that ‘nurses eat their young.’ So despite my fears, persistence and courage set into motion my crusades. It was a moment of reflection when I realized I had been drawn into a sphere of advocating for others—a dynamic process in the creation of who I am.

Prior to the 1970s, the nursing role was to follow doctor’s orders in providing patient care. It was during the 1960s Civil Rights Movement that a paradigm shift began with the nursing role leaning toward the patient. Today, a nurse’s role to serve as a patient advocate is described in the American Nurses’ Association (American Nurses' Association, 1976) code of ethics:
The nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, or illegal practices by any member of the health care team or the health care system itself, or any action on the part of others that is prejudicial to the client’s best interest. (p. 9)

When I began my teaching practice, I utilized the American Nurses Association code of ethics with my students. It became important for me to critically think through each student interaction and encounter. After all, I need to help my students improve their health and well-being to learn effectively, and this may include working with the families. Am I thinking like this because I am a nurse? How have I been an advocate for patients in my nursing career? I wonder how teachers would respond if they were trained to think of advocacy?

As a teacher, I believe students have a right to learn, and it is my responsibility to ensure they have access to whatever is appropriate to meet their needs. I am responsible for motivating students to reach their highest level of achievement, which permits them discovery of their potential. According to Maslow’s hierarchy of human needs, this can be accomplished if the student’s basic needs of safety are met (Maslow & Fadiman, 1976). Pittman (2000) adds to this, saying that adolescents also need to build competency. To be successful some students may require an advocate. Douglass (1988) defines an advocate as one who “supports or defends someone or something and recommends or pleads in another’s behalf . . . and works to change the power structure so that a situation will be improved” (p. 259). Nurses advocate for patients; teachers advocate for students. I believe I cannot be an effective advocate unless I am aware of the strengths of self and the student. Both the student and I become responsible for the outcomes of the learning process (Douglass, 1988; Marzano, 2003). Having a connection
with me as the resource person becomes a critical issue for advocacy. However, the teacher and the student have authority and responsibility for advancing student knowledge.

I believe my concept of student advocacy is based on the assumption that students have certain rights, and I have a responsibility to ensure those rights are upheld and students are safe. I believe students are entitled to have their voices heard, but they are often unable to represent themselves in the educational system because of inexperience, system control, and the submissiveness or aggressiveness of their unhealthy dilemmas. Therefore, these students need an advocate. As I reflect, I see student advocacy intertwining and intermeshing with caring and compassion. I perceive caring and compassion as forerunners to student advocacy. Do I believe this because I am a nurse? Why do I assume the role of student advocate?

Moral Significance of Advocacy

I became aware of a moral obligation in student advocacy and perceived this moral significance a foundation for advocacy. I have a right to act based upon the compromised health of a student, which leads to an inability to learn effectively. I have an obligation to act based upon the vulnerability of the student for mistreatment or abuse. I realize there is an inequality of power between the student and myself. As I reflect on these issues, I see a connectedness among them.

Several parents documented information as I prepared my portfolio for the National Board for Professional Teaching Standards. One parent wrote, “Mrs. Huber has been a key person in [student’s] development in reaching his goals.” Another wrote a recommendation for Teacher of the Year and said, “Her dedication to students such as
my daughter inspires children of all backgrounds and abilities to learn to their fullest potential." Reflecting on my role through these comments, I realize my work is challenging. I have days when I would rather stay home, but that would be true for any position. I stay in education because I see the potential for human connection—a caring occasion—even when I am weary and needing a break. Positive encounters with students provide me with daily challenges and energize me. I form trusting relationships with the students, cheer them on when life seems bleak, create teaching modules for their learning, and collaborate with other team members involved in their care and learning in order to problem solve each student’s unhealthy dilemmas from life experiences. Is this behavior from my nursing background?

When a student’s health is compromised, leading to an inability to learn effectively, the student deserves an advocate to help restore health or prevent a further decline in health so learning is able to proceed. Such was my experience with Carrie, who needed an advocate to intervene with her physical problem and restore her health. As a student, she was inexperienced in what to do in such a matter, and her mother had other critical problems. Based on my assessment, I believed the situation warranted immediate action through continued and assertive efforts. The results of nursing research prove it is important to focus on empowering individuals to learn self-care (Callaghan, 2003). This is supported by Orem’s (2001) Self-Care Deficit Theory and is a feature of Bandura’s (1985) social cognitive theory as a capacity for self-directedness. Students plan courses of action, anticipate consequences, set goals and challenges for themselves, and regulate their activities. This capacity for self-management provides me opportunity to assist in changing student perspectives. Cheryl was in an unhealthy dilemma with her physical
difficulties and her family. In this instance, the entire family needed advocacy in order for Cheryl to be able to improve her health. I observed that her study habits improved, concentration time increased, skill practice transpired, and test scores improved. As her health improved, learning became effective. On the other hand, it seemed no matter how much I advocated for Devon and her family, help was only temporary with little to no improvement in learning. Was Devon’s belief system embedded within the family situation? I initially brought caring and compassion to these situations. Then through experience, I began to evolve as I started to understand Watson’s concept of caring occasions. I became emotionally involved and attempted to empower the students through support, mentoring, trust, and guidance.

The moral significance of the vulnerability of students for mistreatment or abuse lies in the fact that as human beings we share this lack of power—at any time any of us could be mistreated or abused (Lewis, 2003; Orem, 2001). I am connected with students through this shared vulnerability and am morally and legally bound to advocate for students who are victims. I presume this is true for all teachers, upon whom society has bestowed a special status, allowing them to nurture, guide, and instruct students who are at impressionable stages of growth and development. For example, in my experiences with Rachelle, Toni, Tami, and Nancy, assertive and aggressive action was taken immediately to protect them from further harm. Yet, my obligations did not end. As these students returned to lab, my efforts continued by helping each restore or prevent further decline in health so learning effectiveness could proceed.
Linking Role Modeling

Not only have parents of students commented regarding moral attributes of my practice, but they have also noted I role model for students. One letter discussed how I helped to shape her daughter’s life while another mentioned how I am a role model for students. “[You] are a direct reflection of the kind of teaching these fine young ladies are receiving.” Another parent wrote saying, “Anything to steer a girl into thinking positive these days is so important. Thank you.”

I consider role modeling a moral obligation of advocacy. According to Good and Schubert (2001), teachers are to serve as role models of the profession. From the research by Good and Schubert (2001), conclusions were that “role modeling by a professional nurse/teacher who is confident, competent, current, and able to deliver excellent nursing care is a powerful image for students” (p. 395). Results of a study by Bandura (1976) revealed the occurrence of observational learning, which became a foundation for his social modeling theory. It is my belief that well-educated and experienced individuals in the teaching practice are needed to model not only learning, but also the roles of caring, compassion, and advocacy. I believe my practice of teaching shares accountability for the quality of student emerging from my program, and not only for the academic rigor required by law.

Again I utilize the American Nurses’ Association (1976) code of ethics within my teaching practice by explaining advocacy as a commitment to the health, well-being, and safety of my students. From my perspective, students’ health and well-being must be promoted and protected in order for the students to learn effectively. This is a rather broad view of advocacy and requires finely developed skills I have acquired through
experience and practice. Through an ever-changing process, I became familiar with the school milieu and now feel comfortable in the classroom environment with the students. I follow elements of advocacy, including support, facilitation, and protection. I investigate background knowledge of each student. Through my actions, students are able to view my methods and transfer the learning to self and patients. These skills are demonstrated in the story of Toni, who passed me a handwritten note. My listening skills were important to our conversations to keep the line of communication open, as was confidence and sincerity. Through the use of Socratic dialogue, our conversations were non-judgmental, non-threatening, and permitted Toni to make decisions about the next step in her process, while at the same time allowing her to maintain identity.

Advocacy as Power

As another point, a colleague cited my teaching practice by saying, “You evolved into an advocate stopping at nothing or letting no one stop you in order to get what was needed. Your practice evolved for the student.”

I recall one situation which occurred immediately after my colleague and confidante of 8 years resigned: I was assigned her responsibilities along with my own. The program was in a slump. I was static. Administration made no forward-thinking proposals to assist me in upgrading the program, so I informed them of my plans and ventured out on my own. I contacted the local community college and school of nursing in order to establish a Tech Prep program. After all, Tech Prep was the wave of the future with money flowing from the state department. I saw a means to keep our program alive and vital. Someone had to have a vision. Administration did not accept the plan we devised, and instead an articulation agreement was reached. I would instruct a college-
level nutrition course in which students could earn 3 college credit hours if they earned a B or better in the course. When my superintendent informed me it really was not my role to seek out these types of changes, I was frustrated and disenchanted. I advocated for the students and the program without the authority to do so. In reflection, my feelings were related to the obstacle placed before me—a hierarchical structure in which I had less power. One of my colleagues aptly described my advocacy in this type of situation by stating, “If there’s something you want to get done and you know it’s not always exactly how they want... you still find a way to get it done. You’re on the front line. There are times when you go and get things done.”

As a teacher, I am concerned about the power I have with and over students. I foster personal development by believing in the student and showing that learning comes from within the self. The student and I see an unhealthy dilemma and envision alternative ways of responding (Murray, 2000; Orem, 2001). This requires reflecting on real situations and generating ideas for solving problems. Therefore, knowledge is gained through active reflection (Bandura, 1976; Dewey, 1933; Murray, 2000). I see this as active learning which is essential in education.

At this point it is crucial to discuss inequality of power between the student and me. My power resides in knowledge, position, title, status, school/classroom management plan, student/parent belief system, and the affiliation with the school system in which the student resides for learning. I think it is important to mention my social, moral, and ethical values are generally not in alignment with student belief systems; thus, the ‘generation gap.’ Boldly advocating for students out of compassion and caring is instrumental in maintaining my power and moral integrity as the advocate (Greene,
2000). I believe a challenge to advocacy is to avoid the abuse of power by acting for the school system in which the student attends for learning instead of advocating for the student. The following story depicts a challenging interaction.

One day Ariel knocked timidly at my door and asked if she could see me during lunch that afternoon. I agreed. When she returned and sat in the chair next to me, she began crying, weeping, and sobbing. No words were spoken for several minutes.

Finally she began speaking, “Mrs. Huber, my ex-boyfriend has AIDS. We had sex. What if I have AIDS? What do I do?”

“Ariel, you need to be tested. The health department will do that for you.”

“But I don’t have my driver’s license and have no way to get there. I can’t tell my mother and stepfather. He’ll beat me. He threw me down the steps once already.”

“Why don’t you have a friend take you after school?”

“I have to be home immediately after school. If I don’t get off the school bus my stepfather gets angry and, well, he is not nice.” She began sobbing again.

I did what I had to do in order to advocate for Ariel.

Addressing Values Differences in Teachers and Students

Again as I reflect on thoughts from my colleagues about their perception of my practice, I am surprised to learn they all consider it to be evolutionary. Comments include “Your energy level is very high so you always were changing,” “integration of your teaching skills that you learned, you’re applying those through your nursing process,” “I’ve noticed . . . you’ve got more confidence.” How would they see progression? Several statements mentioned my enthusiasm with one being forthright, “You have great enthusiasm.” Yet, as I considered comments about my teaching practice, it became
apparent I am in a constant mode of change—adapting my teaching practice to the
students as individuals, integrating the nursing process, developing professionally,
serving the community, and advocating not only for the students but also for the program.
I knew nursing but needed to learn the educational system and culture in which I practice.
Transitioning into new roles and transforming into an effective educator is only what I
would expect to transpire. Am I never content with ‘the way things are’? Again, my
enthusiasm for students to succeed supports my other efforts and causes my practice to
change and evolve.

As stated previously, it is relatively easy to assist a student whose values are
similar to mine or even similar to the values of the school system. Advocacy is
challenging when the student’s values differ from mine (Marzano, 2003). Examples of
this include my experiences with Jean, Alice, and Carole. Their lifestyles, appearances,
and behaviors were not what I valued according to my belief system. However, these
students experienced unhealthy dilemmas, learning was ineffective, and they were
vulnerable to abusive relationships. I saw a need to advocate. In my experiences with
Rachelle, Toni, Tami, and Nancy, several teachers expressed that the students’ behaviors
led to the other problems in these students’ lives. In such situations I believe a moral
obligation is to recognize that a conflict in values may threaten compassion and caring
and could lead to absence of advocacy. With this awareness, it is important I overcome
my viewpoints and provide compassion, caring, and advocacy for the student. It is
important I develop a relationship based on honesty and trust.

My advocacy takes many shapes depending upon values and the student’s
unhealthy dilemma. Advocacy can be simple, requiring nothing more than guiding a
student in the right career path for his/her interests and abilities, or it can be complex, as
in the aggressive approaches required in reporting abuse. Recall my experience with
Blake, who wanted to quit school. I was successful in showing her how to make life
successful by choosing the right learning situations (Marzano, 2003). She endured the
completion of her education. In a more assertive approach, I became an advocate for
Nancy in order to protect her.

Relevance of Student Advocacy

As a result of my analysis, I see the relevance of student advocacy in my teaching
practice including several different elements. To continue clarification of my role as
student advocate, three elements are apparent and call for further explaining—support,
facilitation, and protection.

Support With Awareness of Students’ Rights

I have expertise in nursing and ability to help students learn effectively. Students,
along with family, have the expertise in understanding and evaluating their situations;
they have control of their lives and their futures. It is entirely appropriate that decisions
affecting student learning and career choices be made by the student with full
informational support, guidance, and counseling provided by me in collaboration with the
family (Danielson, 1996, 2002).

This support means the students and I together describe the learning situation,
agree on the direction and nature of change the student would like to make, explore
alternative ways to achieve the goals, and work together as the changes occur. I focus on
the student’s strengths and reasonably expect the student to share responsibility and
accountability for progress in learning (Marzano, 2003; Orem, 2001). I wonder if teachers are aware that taking responsibility is overwhelming to adolescents. In my practice I find it important to focus on the potential for learning effectively, which helps students find meaning in their lives and leads to a healthy lifestyle. In a study based on Orem’s theory of self-care, results showed individuals should act on their own behalf to maintain life, health, and well-being (Rew, 2003). “Learning to care for oneself is a critical step in developing independence in adolescence” (Rew, 2003, p. 240).

My relationship with each student is important because it is based on respect and sharing. I respect students’ rights in making decisions to find meaning while emphasizing their ability to be responsible for self. I empathize with the student, show understanding of the situation, respect their right of choice, and know the students’ strengths. Hence, I help provide meaning to the student’s life.

All these factors provide support for advocacy. The student and I are mutually able and responsible for the outcomes of learning (Douglass, 1988; Noddings, 1992). Areas of expertise and position vary, but authority and significance within relationships are equal with the value of the student being primary in all decisions. Although there are limits to a student’s rights, I believe support must not waver.

Facilitation With Focus on the Student

I assume each student has strengths, and my role is to help the student use those strengths for learning effectively. Emphasis on facilitation in the advocacy process entails my responsibility to make sure the students have necessary information to make informed decisions and to support each student in the decisions they make (Paulson, 2001). According to researchers, an effective way for me to facilitate growth in self and students
is through values clarification (Dresler & Kutschke, 2001; Pullen et al., 2001; Wilson & Merrill, 2002); for example, helping a student think through health care issues to develop a personal value system promotes critical thinking and decision-making. Flexibility is essential to meet the various needs of students with different strengths and levels of learning. Therefore, I see facilitation as helping students understand the assignments, ensuring they experience some success when trying to learn, providing an environment that is conducive to learning, and offering necessary information and emotional support.

According to Paulson (2001), “an advocate needs to have or develop curiosity” (p. 131). I desire to connect with students, learn about their issues, and assess, evaluate and act upon the information provided. This is a huge undertaking and requires intensity of focus on the student and demands my time. Depending on the situation, it may be necessary for me to collaborate with others, creating a team approach. When advocating for students, I follow the steps of the nursing process—assessment, planning, implementing, and evaluating. I believe the teaching profession has been challenged to empower students in the process of critical thinking, meeting goals of self-care and establishing a healthy lifestyle. Therefore, focusing on each student provides each of them with a sense of identity, self-efficacy (Bandura, 1997), and prepares each of them for self-care.

Advocacy requires patience and persistence (Paulson, 2001) through mentoring. My caring about students, demonstrating compassion toward students, and showing them how to experience learning effectiveness is unending. It may be rare for anything to transpire early in my relationship with a student or for reactions to transpire the way I plan. Many times a change occurs even after students have left my care. For me it is very
important that my relationship, or the student’s reflection of our relationship, endures and helps to sustain a part of each student’s life. I think of one young man with whom a relationship is maintained.

Ray was a confused young man not knowing what direction to take in life. Finally, as a senior he decided to enlist with the Navy and pursue a career in nursing. I was pleased and supported his decision. Ray was the older of two children in a single-parent family. His father had left home when Ray was 3 years old and never returned. His mother struggled to make ends meet and relied heavily on Ray as the only male in the household. Ray was torn between his decision to leave home and his mother’s desire for him to attend the local community college. Therefore, his mother was upset with his decision and informed me I was to blame for his leaving her. Although I did not give Ray the idea or encourage him to enlist, I did give him confidence to decide his career and pursue his goals; I supported his decision. The following day I spoke with Ray and advised him to talk with his mother about why he wanted to pursue the Navy—perhaps that would help her understand and ease his mind. His mother remains angry with me and does not communicate with Ray. Today Ray is stationed overseas and maintains contact through email and telephone. He will soon be attending officer training school. After completion of officer’s training, he plans to attend classes in nursing. Ray is proud of his accomplishments in the Navy and is enjoying his life. I wonder if my relationship is an enduring and sustaining part of Ray’s life?

**Protection**

I believe student advocacy is associated with responsibility to protect the student. This is supported by Caine and Caine (1991) who stated that if we “protect children from
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Protection

I believe student advocacy is associated with responsibility to protect the student. This is supported by Caine and Caine (1991) who stated that if we “protect children from
destructive experiences closely linked to some form of abandonment, we would have an emotionally healthier, brighter generation 20 years from now” (p. 30). Serving as a protector drives my practice to change an unhealthy dilemma for the student and to determine what actions to take in terms of changing the dilemma. I often think of Rachelle, Nancy, Toni, and Tami and reflect on the suffering they experienced, along with the challenges I faced with each of them. Students are not always aware of the danger they are in, nor do they know how to escape unsafe situations. It requires the student to trust me in order to provide information of this significance. From my experience, students have difficulty trusting others if important individuals in their life have been untrustworthy. If individuals who should care justify abuse, “a student may well distrust all efforts to improve his or her condition” (Noddings, 1992, p. 92). Therefore, a great onus is placed upon me to form relationships and connect with students.

These relationships are generally formed prior to the sharing of details. I see my role of advocate to support and defend the student. Due to personal risks and rigorous demands of the advocate role, the student may need another representative from the school or an outside agency qualified to assist with the situation. This requires a team approach and a collaborative effort to provide what is needed for the student. I remain as the supporter, mentor, cheerleader, or counselor—whatever is needed. I recognize the strengths of my students and advocate for a change, not blaming them or trivializing the situation. Students are encouraged to develop self-awareness, self-respect, and increase self-confidence (Rew, 2003), which empowers them to focus on issues of learning and a healthy lifestyle. This is a lengthy process and many times I never witness the change.
Reflecting on Student Advocacy

Developing my advocacy skills begins with personal knowledge, knowledge of the student, and an understanding of the system in which I am employed. Students who reveal to me what they value and what unhealthy dilemmas they are facing in their lives strengthen my efforts of advocacy. Sharing my experiences of advocacy, watching my close colleagues advocate for students, entering into relationships with students, and including support, trust, flexibility, mentoring, and collaboration in my practice reinforce my advocacy skills. I wonder what effect I have on the teaching profession.

I wrote the following found poem by applying words and phrases acknowledged within the data. This poem demonstrates an intertwining and intermeshing of my teaching practice, which eventually led to the emergent theme of advocacy.

“Student Advocate”

Help us help each other
Never give up my dreams
Pushed me and the class
Really messed up—you saved me—took a minute to answer my question
Pushing me, encouraging me, excited for me—I am not in your class
made an influence and difference in my life
had faith in me
bring out our true potential—brought out the best of all students
personal time to help with schoolwork, problem, personally or professionally
stood by me thru thick and thin to see me succeed
frustrated—didn’t make all the right decisions—stuck by my side to help me, teach me
would have dropped out of school
fought to keep me in DHO—I was wrong
showed interest in what I did—made me see how important I am
Thank you for helping shape our ‘butterfly’s wings’
difference in [student] attitude—ability to care
patience and kindness allowed me to experience wonderful opportunity
Thank you for taking a chance on me
exemplary teacher
Trusted confidant
Trusting
Trusted me
Relationship with class a bond
I can count on you to be real and honest with me
Pushed me and the class
Taught us right from wrong
do something wrong—unapproved, takes you aside and let you know
made an influence and difference in my life
professonalism
bring out our true potential—brought out the best of all students
Inspiration
Wonderful influence on [student’s] life
Anything to steer to a girl into thinking positive these days is so important—thank you.
are a direct reflection of the kind of teaching these fine young ladies are receiving

From my nursing perspective, advocacy includes assessing, planning, implementing, and evaluating my actions. Fundamentally, advocacy entails advising students of their rights, providing information so students can make informed decisions, and guiding students with those decisions. I have learned advocacy includes helping students clarify values and make decisions compatible with their parents, the school, and society. This assists students in maintaining personal identity and integrity. According to Dorothea Orem’s (2001) Self-Care Deficit Theory, self-care is “the practice of activities that maturing and mature persons initiate and perform, within time frames, on their own behalf in the interests of maintaining life, healthful functioning, continuing personal development and well-being” (p. 521). The ultimate goal of Orem’s work is to allow the patient to achieve an optimal level of self-care. This is not an easy process for me to apply in my practice since adolescent student values often waver from experience to experience. However, I help each student sort out shifting values by listening, providing information when necessary, and affirming the multiple aspects of student experiences.

It is my belief that I have an obligation to advocate for students. The development of my advocacy skills starts with personal knowledge of the self, knowledge of the
students, and an understanding of the school system in which I am employed. These skills were cultivated during my years of nursing practice and now through my teaching practice. Will I continue to assume the role of student advocate?

**Reflection**

Each time I retell the stories of my experiences, I reflect and ask questions. What is my role in the learning experience? Have I become a social worker—a counselor? How often do I think about each student’s basic needs when dealing with them? What do I do to meet my student’s needs? And again, what really is the teacher’s role in the learning experience at the secondary level? Has it changed over time?

I presented data relating to my practice of teaching. I stitched and intertwined my experiences through story, comments from my readers and respected colleagues, and annotations from letters, notes, and cards. The developing of my quilt continues with the help of my research participants. The dynamics of my practice are continually revealed.

In chapter 6, I reveal my conclusions with suggestions for further study.
CHAPTER SIX

BINDING OF THOUGHTS AND REFLECTIONS

My experiences have been communicated through story, the analysis of my data has been completed, and my emerging theory presented. In this chapter I provide a summary with validation of my study and a reflection on the research questions. I metaphorically compare my study to the stitching of a quilt, which not only represents the patterns of my practice, but also the values and concepts which create the dynamics of my practice. The chapter closes with recommendations for further research.

Standing Back, Looking at the Quilt

This study was designed to examine my experiences within education to determine what principles and truths mold my practice; to identify my teaching practice in relationship to nursing and learning theory, highlighting the relationship between the health and learning of students; and to develop an emerging theory to be shared with others in the fields of education and nursing.

I applied narrative autobiographical inquiry as my research methodology. Bullough and Pinnegar (2001) have identified useful guidelines for establishing quality research that point toward aptitude in scholarship. The guidelines, presented in chapter 2, validate my self-study and are examined below.
Guideline 1: “Autobiographical self-studies should ring true and enable connection” (Bullough & Pinnegar, 2001, p. 16). I reflected on my experiences with students for the 12 years represented in this study. I related perceptions of my teaching practice, which were and continue to be deeply rooted in realities of time and place. I discovered principles and truths that mold my practice. By basing my teaching practice on nursing theory then intertwining and intermeshing learning theory, I cultivate strategies ensuring the students a safe environment while they learn, practice, and improve their health and well-being. I believe in a caring, compassionate curriculum that shares interpersonal skills, nurtures healthy lifestyles, develops trusting relationships, advocates for human values, encourages student participation in learning, and believes in the ability of each unique student. This is the part of me that has substance and connects with my students.

Guideline 2: “Self-studies should promote insight and interpretation” (Bullough & Pinnegar, 2001, p. 16). Trying to make sense of a chaotic and confused world led me to create narrative structures or stories. My study took me into a convincing and constructive reflection, providing me with clarity and a characterization of my teaching practice. Obviously, some input for my reflection came from the readers as they examined my stories. Colleagues, students, parents, and administration also provided insight as I translated their comments regarding my practice. One of my dissertation committee members stated that the relationship of health to learning became clear after reading my dissertation. The connection of learning to student health has been a blind spot in education. I realize this study represents my analysis and may be interpreted differently by others.
Guideline 3: “Autobiographical self-study research must engage history forthrightly and the author must take an honest stand” (Bullough & Pinnegar, 2001, p. 16). I represented my experiences through storytelling (Neumann & Peterson, 1997; Simmons, 2001). I endorsed help of respected colleagues, peers, and family members. I engaged in informal conversations with them about my practice (Clandinin & Connelly, 2000; Denzin & Lincoln, 2000; Merriam, 1998). Other data included letters, cards and notes from students, parents, community members and colleagues, individual student work, and my journals (Clandinin & Connelly, 2000). From the data, my practice surfaced with three main themes depicting my emerging theory—caring, compassion, and student advocacy. I represented these themes through found poetry (Sullivan, 2000), stories of my experiences (Bateson, 1994; Clandinin & Connelly, 2000), followed by reflective questions (Caine & Caine, 1991; Schon, 1983) and expressive poetry. I also used concept maps and a graph to assist me in analysis. These visuals are located in the appendices (Lakoff, 1992; Mueller et al., 2001).

Guideline 4: “Biographical and autobiographical self-studies . . . are about the problems and issues that make someone an educator” (Bullough & Pinnegar, 2001, p. 17). Since autobiography is history, recording my lived experiences gave permanence and importance to what I may otherwise forget over time. I desire to leave the teaching profession and society with an awareness of the unhealthy dilemmas of students and how these dilemmas affect learning. It is because of my experiences with students living these unhealthy dilemmas that led me to investigate and share my teaching practice. There is past history in education concerning the disconnection of health with learning based upon financial stability, funding, budgeting, and the education of educators. However, by
intertwining and intermeshing nursing theory with learning theory, I meet individual student needs. There were times during the stitching of my quilt when I stepped back, reflected, and let the pieces fall into place.

Guideline 5: “Authentic voice is a necessary but not sufficient condition for the scholarly standing of a biographical self-study” (Bullough & Pinnegar, 2001, p. 17). As I began my study, I sought others who knew my practice to add valuable perspectives and insight. I contacted those interested and involved in my practice and selected those who were trustworthy and reflective to assess, evaluate, and critique my practice. I relied upon colleagues, family, and my dissertation committee to provide input. Four colleagues read and validated my stories. In addition, I endorsed help of respected colleagues, peers and family members, and engaged in informal conversations with them about my practice (Clandinin & Connelly, 2000; Denzin & Lincoln, 2000; Merriam, 1998). There were comments from students, parents, community members and colleagues (Clandinin & Connelly, 2000). Again from the data, I saw my practice surface with three main themes depicting my emerging theory—caring, compassion, and student advocacy.

Guideline 6: “The autobiography self-study researcher has an obligation to seek to improve the learning situation not only for the self but for the other” (Bullough & Pinnegar, 2001, p. 17). I believe personal narratives have significant beneficial possibilities. By reflecting, I developed clarity of my practice and wisdom for my future practice. I now have insight along with knowledge, giving me the power and purpose to share my emerging theory with colleagues. While my theory emerges and continues to emerge, I believe there may be a transfer of my theory to various situations encountered...
by others who practice teaching. In addition, this is the renewal of my spirit—an important crossroad for me as a teaching practitioner and researcher.

Guideline 7: “Powerful autobiographical self-studies portray character development and include dramatic action. Something genuine is at stake in the story” (Bullough & Pinnegar, 2001, p. 17). Students’ lives are at stake. Educators go blindly on educating and performing the mundane tasks of attendance or grading another test. It is imperative that the focus on individual lives not be missed. Although each student is different, I have found through reflection of my experiences that what really matters is not the details of what the student is doing, but rather the underlying fragmentation of their life that characterizes them. My concern becomes a journey with the student to exchange their unhealthy dilemma for learning effectiveness and a healthy lifestyle in which they are able to care for themselves. I express the intellectual and emotional struggles I experienced as I collected, interpreted, and analyzed data. My emerging theory of practice surfaced. I interpreted and analyzed the data by organizing and re-organizing so a precise view was created. Together this data led to a process of self-discovery. Thus my emerging theory, conveying a message to me, may also be shared with teaching practitioners.

Guideline 8: “Quality autobiographical self-studies attend carefully to persons in context or setting” (Bullough & Pinnegar, 2001, p. 18). Bullough and Pinnegar (2001) discuss context as distance, scene, situation, and action. The context of my study is within my classroom/lab of two career technical high schools over 12 years of my practice, although at times the dilemma led me to a student home. The experiences portrayed are centered on students having unhealthy dilemmas. I told stories of my experiences,
including my actions within each situation based upon my nursing practice applied to my
knowledge of learning theory.

Guideline 9: “Quality autobiographical self-studies offer fresh perspectives on
established truths” (Bullough & Pinnegar, 2001, p. 18). My experiences are more than a
collection of objective, measurable facts; they were seen, felt, and interpreted through my
analysis. I organized details, attributed meaning to them, decided what was important,
and then intertwined my knowledge of nursing theory with learning theory. My emerging
theory resulted.

Reflecting on Research Questions

In this section I address each research question separately and discuss the findings
through reflection.

Research Question 1. What professional experiences in the profession of teaching
have molded my practice in connecting health and learning?

Having revisited my National Board experience, I realize systematic, deliberate,
and focused reflection is an undervalued tool for enhancing individual accountability.
According to Schon (1983), “When a practitioner becomes a researcher into his own
practice, he engages in a continuing process of self-education. . . . The recognition of
error, with its resulting uncertainty, can become a source of discovery rather than an
occasion for self defense” (p. 299). From this perspective, information about my teaching
practice is welcome because it provides the knowledge to see my performance from
another perspective and create change as needed. Since my research is a qualitative
narrative autobiographical study, I reflect upon my past experiences, gather input from
colleagues, and examine my practice objectively through my analysis, thus showing what
themes emerge from my practice as a nurse that are applicable to the practice of teaching, demonstrating and connecting the relationship between the health and learning experience.

As my teaching practice has evolved over time, I realize I utilize the various strategies mentioned in this chapter. As espoused by Dewey (1933), the true aim of educators is to develop young individuals so they experience lifelong learning. Through the use of behaviorism, cognitivism, and constructivism I create my learning sessions. However, I have found that my teaching does not lead to learning effectiveness if my students experience unhealthy dilemmas. Therefore, health becomes a collaborator with education. Good health facilitates learning, and well-educated students generally remain healthier. If distracted, they are unable to concentrate on schoolwork. Many act out, withdraw, or attend school irregularly (World Health Organization, 2004). These are early dysfunctional coping strategies that establish lifelong patterns, sending adolescents hurling into space. They become disengaged from their school and ultimately from their communities. With a limited education, they face diminished chances of earning a decent living. They run into walls trying to make ends meet. Some become dependent on the welfare system, taxing an already troubled resource (Smith, 2003).

When reflecting on the stories of my experiences, I see an emphasis of my concerns for students. I recognize many students arrive at school with a variety of health-related problems, making successful learning difficult, if not impossible. My experience with Kelli and Betty, students of poverty; Rachelle, Toni, and Nancy, students of abuse; Mandy, Mary, Carole, and Alice, students from troubled homes; Carrie and Cheryl, students who needed medical care; Tami, Luke and Dave, students with depression and
suicidal thoughts, reflect a multitude of concerns in my classroom. It is because of these experiences that I became aware of issues facing adolescents and symptoms of these issues. I learned to address students’ physical and mental health so they may learn more effectively (Mitchell & Bunkers, 2003; Pateman, 2003/2004; Schoenhofer, 2002). In order to be successful in this endeavor, I now know it is important to acknowledge and experience the uniqueness of each student, form a relationship, exhibit a non-judgmental attitude, alleviate suffering, and defend each student’s identity and self. I contend that the very heart of effective and successful learning is a combination of the student’s self-value coupled with a sense of connection.

Brookfield’s (1995) belief that a teacher is unable to meet the needs of all students caught my attention as I reflected on my experience as a beginning teacher. I harbored the belief that I was to meet the needs of all students just as I had attempted to meet the needs of all my patients. After all, I cared for over thirty patients simultaneously, so I could meet the needs of twenty students in my classroom/lab. If I am to facilitate the academic development of students, meeting their needs is essential. I attempt to meet student needs, not to solve their problems for them. I help them find a direction so they are able to grow and develop into healthy and productive young adults. The poem below is a reflection of my thoughts on meeting the needs of my students and facilitating their learning.

“Two Kinds of Learning”

There are two kinds of learning: one conquered since childhood in school memorizes facts and concepts from books and from what the teacher says, collecting information from reading, ‘riting and ‘rithmetic as well as from science.

With such learning you rise in the world. You get tracked ahead or behind others
in regard to your ability to retain information. You wander with this learning in and out of classes of knowledge, always getting high grades on your report card.

But there is another kind of learning, another already in progress and held inside you. A cloud of thunder full of energy—vigor that gives you power to live. This other learning must not be idle. It must not turn gloomy or violent. It must flow from within, not to be forced from the outside to inside through instruments of accepted pedagogy.

This other learning is a cloud of thunder gathering great energy to be released.

During my teaching practice, I have come to realize that I have not changed my belief. I perceive that one of my roles is to meet the needs of my students with unhealthy dilemmas. If I am not successful, then no matter what philosophy, theory, or strategies I use in the classroom, learning will not be effective.

As I reflect on the feedback of colleagues and family throughout my practice, I realize their mentoring was the foundation of my support. I found my challenge and my passion to help students improve learning by improving their physical and mental health. I embarked on a quest. I began to engage my students in problem solving and critical thinking in regard to both learning and personal issues (Brookfield, 1995; Dewey, 1915; Orem, 2001). Together the students and I set goals for learning, worked on projects, and celebrated successes (Good & Schubert, 2001). I emphasized discussion and collaboration among my students (Murray, 2000; Noddings, 1984). In addition, I challenged my students to reflect on what they were doing in lab, the decisions they were making, and the answers they found (Dresler & Kutschke, 2001; Schoenhofer, 2002). Students began to articulate what they learned and applied newly constructed knowledge.
to real-life situations (Callaghan, 2003; Orem, 2001). I witnessed students help each other in times of need (Watson, 1985/1988). I saw group decisions being made (Pullen et al., 2001). I watched individual lives move in the direction of learning effectiveness and unhealthy dilemmas being conquered. I applied nursing theory through the use of the nursing process—assessment, planning, implementation, and evaluation (Murray, 2000).

I accepted suggestions from colleagues and family in regard to learning.

After reflecting on informal conversations with my colleagues and husband, I crafted a found poem from my colleagues’ comments regarding my teaching practice.

“My Practice Echo”

Structured, flexible
Value education, health, student
meet goals
compassionate,
discover for themselves
high standards
enthusiasm,
mentor, better yourself
caring, intuitive, empathize
focus on student—powerful.
Energy high,
stagnant in nothing,
evolved into advocate
evolving is reality
practice evolved for the student,
learn, change, adapt.
you go and get things done
you’ll always be a nurse!

In addition, I now realize that I experience negative consequences when I feel oppressed or victimized. I believe a failure of authenticity occurs as I succumb to feelings not true to self or the profession; for example, when as a teacher I do not respond appropriately to a student with an unhealthy dilemma, or when as a nurse I become angry when caring for a disagreeable patient. Authenticity, the true knowing of self, is a key to
self-knowledge, including my feelings of self-worth, self-awareness, and value of the profession (Watson, 1985/1988). Without authenticity, I believe I see myself as a victim of change and succumb to powerlessness and hopelessness. Throughout my career my life has intersected and continues to intersect with many individuals in deeply professional ways—those who lead me to authenticity and those who lead me to powerlessness. Overall, my career is satisfying. My stories have been returned to me as artifacts. My stories are restored by my reflections. My reflections highlight the richness and value of my work. This clarifies who I am. I seize opportunities for the expression of my ideals and values through creativity, skill, and knowledge. I appeal to my students to elect a path of authenticity.

Research Question 2. What themes emerge from my practice as a nurse that are applicable to the practice of teaching which demonstrate and connect the relationship between the health and learning experience?

As I continue reflecting on my emerging theory, I realize I am experiencing the turbulent and sometimes chaotic American educational system of the last decade. To me, something very basic seems wrong. Based on information from conferences, meetings I have attended, and a deluge of studies and other written materials I have read, learning is not occurring as it should in our schools. Therefore, from my theoretical perspective, I suggest the practice of caring needs to be embedded within our educational system as expressed from nursing research: “... [That the knowledge of caring] would become part of the standard school curriculum is presently missing, and sorely missed in a society that claims to value caring while its institutions often fail to reflect that value” (Schoenhofer, 2002, p. 277). I suggest another theme that needs to be embedded within
our educational system (which is supported by my research) is compassion. I believe teachers demonstrating compassion cannot stop the student suffering from unhealthy dilemmas, but can alleviate and perhaps prevent further student suffering by connecting the student to a healthy life style and learning (Libster, 2001). Although at times caring and compassion may appear comparable, differences do exist. Throughout my study, caring is discussed with the knowing of and connectedness to a student in order to empower them in life and promote independence. In contrast, compassion is the suffering with a student through a deep understanding of the self and supporting that student without judgment. Caring transcends self, time, space, through connections with caring occasions of intensity, duration, and frequency. On the other hand, compassion led by intuition, reaches deep into the very being of those involved unlocking vulnerability, hostility, rejection, and distress, which are common to all humanity.

And finally, the third theme that I suggest needs to be embedded within our educational system, and is supported by my research, is advocacy, which needs to be multi-focal—addressed by many (Paulson, 2001). Students need teachers who listen, believe, speak, and even defend them at certain times. Advocacy requires flexibility, a trusting relationship, mentoring, support, guidance, counseling, collaboration, and empowering self-care. I find it important to serve with caring, compassion, and student advocacy, to improve the physical and mental health of my students in order for them to learn effectively. Thus, as these three themes evolve into a theory and are integrated into the curriculum and classroom, I believe health, well-being, and learning effectiveness can be accomplished.
Three predominant themes previously discussed in chapter 5 emerged from my practice as a nurse—caring, compassion, and student advocacy. These three themes are applicable to teaching and demonstrate the relationship between health and learning. In today’s educational environment, the health and well-being of students is easily overlooked in respect to high-stakes testing and academic achievement. Proficiency testing records information about a student’s achievement, but cannot reflect information concerning physical and mental health of the individual student. My challenge is to connect the relationship of health and well-being with learning effectiveness of adolescent students and to emphasize the human perspective. I propose this perspective to educators dealing with adolescent students.

Nursing has a rich history of being a caring, compassionate, yet submissive profession (Henderson, 1966). As a group, nurses are oppressed by medicine and management due to the hierarchical structure of health care. I believe many times nurses are primed to feel a sense of false safety by serving as a page in a volume of institutional bureaucracy. As an individual, I at times felt invaluable and perceived a lack of support and acceptance from physicians, colleagues, and other departments. At times I see nurses backpedal on issues affecting patients, families, and the profession as a whole. However, I am not a nurse who permits myself to become oppressed or behave in such a manner, and as a result I am assertive, stand firm for my patients, my values, and the profession. From my experience, I perceive educators as a caring, compassionate, yet oppressed group, controlled by the voters and policymakers. Educators are made to feel a sense of false safety by serving as a spoke in the bureaucratic wheel of the legal system. I frequently perceive passive-aggressive tendencies—victimization, submissiveness, self-
loathing, dislike of others, or dependency—among peers. However, I am not a teaching practitioner to behave in such a manner. In reflection of my nursing background, I find I maintain the same behaviors in the education domain; therefore I serve as an advocate, standing firm for my students, my values, and the profession.

It is not difficult for me to open my teaching practice to multiple colleagues for peer examination and validation. After all, hailing from nursing, collaboration, peer review, and criticism are the norm. My nursing skills were not learned in isolation. Therefore, I perceive this autobiographical study to provide a healthy interpretation and analysis of my teaching practice. Yet when certain collegial comments arise, it is difficult for me to actually realize my colleagues are echoing my practice. The harsh reality materializes. Perhaps there is some pain involved when the metaphors capture me as a Ford truck, a firecracker, or a Mardi Gras lady. Yet, what I do is for the students, not personal gain. I do what I perceive needs to be accomplished to protect and advocate for students. I have learned that my advocating serves as a way of creating space for students to create knowledge. As I reflect, advocating engages the student in relationships and dialogue about meaning in their life, provides support from me, and offers another pathway in their growth.

From my research, I have come to discover I am caring and compassionate, yet I never thought of myself as a sheltering tree or not being confident. Perhaps these comments stem from educators not knowing my nursing practice. Caring promotes the protection and enhancement of human dignity conveyed through action. This is my perception of my practice as the sheltering tree. I also gave thought to the comment about my not being confident. I examine student needs with care and reflection, which allows
me to find meaning within my nursing knowledge. By doing this, I become aware of any outside forces that may impede my ability to care for self or my students. Therefore, I do not assume a superior attitude of an expert with my students, but promote active and mutual participation in learning. Based on comments regarding self-care, I can see that I provide methods of self-care for students as they proceed with their lives. My colleagues do not often mention this. It is perhaps because they are not nurses and do not know nursing theory and nursing terms. However, from my perspective the metaphors of Florence Nightingale, a catalyst, and a guide describe my practice—an advocate, motivator, and a perceptive individual.

The following found poem is my reflection of the metaphors presented by my colleagues describing my practice.

"Reflection of Colleagues’ Expressions"

"Sheltering tree or dynamic time capsule, firecracker, Mardi Gras lady  
Tony the Tiger  
Florence Nightingale or a catalyst  
Guide on side rather than sage on stage or a rolling stone that gathers no moss  
Ford truck—built for the road ahead"  
As caring compassionate advocate  
my practice continues  
to be in a continuous  
state of ebb and flow,  
energetically moving forward then,  
changing direction by moving back quietly.

Research Question 3. What emerging theory can I develop that will integrate the nursing and educational literature to help educators attend to the needs of students with unhealthy dilemmas?

The nursing process provides the framework for nursing and I use this as an organizing framework of my practice. It is an organized, comprehensive, and systematic
approach used by nurses to meet the health care needs of the patient. It is dynamic and ongoing. The process is used to collect information about the patient, identify patient problems, specify plans for solutions to the problems, implement nursing actions, and evaluate the effectiveness of the actions taken to resolve the identified problems.

The nursing process is applied in any interaction involving a nurse and a patient. There are no constraints defining a participant in the process or where the process occurs. A patient is defined as an individual, family, group, community, or society. The process takes place in a variety of settings, such as a hospital, clinic, school, or home. Use of the nursing process enhances nursing care since individualized care is given, the specific needs are better met, and the patient achieves a higher level of wellness (Murray, 2000). The importance of using the nursing process in daily practice is outlined in professional documents and in legal documents for the profession. For example, state nurse practice acts require registered nurses to use each step of the nursing process in their practice.

I entered the domain of teaching and knew the nursing process. I applied these principles to my practice with my students. The nursing process provides a framework for my teaching and I use it as the organizing framework of my teaching practice. It is organized and comprehensive and provides a systematic approach to meet the needs of my students. It is dynamic and ongoing. I use the process to collect information about my students, identify student problems, specify plans for solutions to the problems, implement necessary action, and evaluate the effectiveness of the actions taken to resolve the identified problems. I do this so learning can be effective.

I apply the process to interactions involving my work with the students. There are no constraints defining a participant in the process or where the process occurs. A student
is defined as an individual, group, classroom, or school. The process takes place in a variety of settings, such as the classroom, my office, clinic, school, or home. Use of the nursing process improves and enhances my teaching practice. I individualize my instruction, specific student needs are met, and the students achieve.

The theory emerging from my practice is portrayed in chapter 5 and I entitle it the Theory of Teacher Becoming. Reflecting on my practice, I am aware it is at times easy for me to lose sight of the humanness of my students. It is a constant challenge to balance the science and art of nursing and teaching so that neither dominates the other and both are seen as complementary rather than in conflict. By using a reflective practice, I realize story places my experiences within my practice. Self-reflection highlights the importance of supporting students in areas of need that is not learned through academic courses or books but through experience and practice. By questioning my practice, I begin to analyze and reflect on why I practice as I do. It is impossible to accept my practice at face value. Self-reflection provides me with knowledge and enlightenment of the discovery process of my practice, which guides me to my emerging theory. My theory continues to develop each time I reflect on my practice as a practitioner of teaching.

I have created a visual to help the reader understand my theory (Figure 1) as I apply it and as I reflect on moments in my journey of reflection and growth. It consists of four circles, connected and interrelated by directional arrows representing learning. There is intertwining and intermeshing of the activities of each circle during various times, spaces, and durations. Three of the circles represent the emerging themes of caring, compassion, or student advocacy. The remaining circle represents students with unhealthy dilemmas. The arrows represent the interrelationships of learning, with the
overlapping of caring, compassion, and student advocacy. Between the circles and arrowed lines is space, representing the four steps of the nursing process—assessing, planning, intervening, and evaluating—the cornerstone for my theory. I chose this design because circles are infinite, as is my theory. Students with unhealthy dilemmas are a constant, and as a consequence there is always more to accomplish, more to learn, and more caring, compassion, and student advocacy needed. The visual and my emerging theory are evolving, ever-changing, and unending. Students have different needs at different times in order to learn effectively; therefore, the lines connect and the circles develop and grow with caring, compassion, or student advocacy alone, in pairs, or all three together. Learning occurs along this continuum at points when caring, compassion, and student advocacy have been provided as needed.
Reflecting on my experiences, I find students many times do not consider themselves as knowledgeable constructors of learning or as individuals able to care for themselves. In this context, there are few, if any, connected relationships that form between students and teachers regarding the student’s health and well-being as it relates to effective learning. Instead, practitioners of teaching follow an agenda and succumb to...
pressures of the practice. In today’s rapidly changing standards-based system, the practice of teaching is geared toward pre-established sequential actions rather than finding what is important for each student, what issues or concerns the student harbors, and/or by listening to each student. From my experience within this environment, students who are not healthy often resist, but teachers continue driving forward to instill the required knowledge. Therefore, students with unhealthy dilemmas are seen as not obeying the rules and not conforming to the system.

As I continue to grow in my practice, my Theory of Teacher Becoming will evolve. Factors such as self-awareness, self-reflection, and locus of control play a crucial part in my continual learning development and the expansion of my perceptions of my practice. I perceive my theory (a) as a practice-led curriculum that concentrates on each student and values significance of caring for and empowering students; (b) regards compassion for and guidance of students as they move through paths of fear, sadness, pain, suffering, depression, joy, and relief; (c) discovers ways to uncover each student success; and (d) advocates for students so they may possess the courage to learn. For me, this daily challenge of leading students to a path of health and well-being is so they can learn effectively and successfully.

Theory Emerges While Creating My Quilt

My quilt is much more than selecting the right material or patch. I like to think of this quilt as my practice of teaching. Like a quilter, some of my stitches are even and tight, while others are uneven and loose. There were times I tired of the pieces not fitting—abuse, depression, suicidal thoughts, pain, neglect, and anger. It would be easy to discard them and be left with only the beautiful unmarred pieces. Eventually though, I
gather these unattractive patches. Instead of casting them aside I embrace the tattered material, searching for a way to include these in my quilt.

How do I stitch these pieces together? What pattern will I create? Do I reason rationally with my mind or do I follow my emotions of the heart? If I follow my head, I am deciding based on intellect and prior knowledge. On the other hand, if I follow my heart, emotions control the appearance of my quilt. What if neither choice seems reasonable? Is something missing? Is there something more?

What if my quilt is about more than just the individual pieces of material? I discovered by exploring each patch, moving the direction, changing their placement, and arranging pieces, truth appeared. As I struggle, the answers lie deep within my very being, my soul, my spirit. With persistence and patience, I begin designing the layout of my quilt—using more difficult stitches, applying complex patches, incorporating intricate material, and moving to more complicated patterns. This process of creating and transferring the rich textures continues to transform my quilt, my teaching practice. Once the mystery of my quilt becomes clear, patterns fall into place and the layout appears.

I do understand there are parts of my quilt that are not complete. Stitches loosen and material fades from use. Over time, my quilt will need to be repaired—new material, new patches, repaired stitching, or a change in the layout. Piece by piece I will repair and create.

My quilt symbolizes the journey of my research. As I gained insight into my practice, my layout, my theory emerged. I realize that years of experience and learning have stitched together the prints, patches, and material of how I function, thus creating the quilt of my teaching practice.
Recommendations for Future Practice

Although I have practiced as an instructor for 14 years, examined more than 300 references including books, journals, research studies, and conference reports across the areas of research, nursing, learning, and adolescent growth; and attended numerous local, state, and national conferences on the topics, there remains much to be learned regarding the needs of students with unhealthy dilemmas and their learning effectiveness. Recommendations for both my practice and the teaching profession follow:

1. Consider professional development for the implementation of caring, compassion, and student advocacy within the learning process as discussed in this study.

2. Implement programs built on caring, compassion, and student advocacy that support healthy growth and development in adolescents. Such programs empower students in self-care attitudes and behaviors.

3. Consider incorporating caring, compassion, and student advocacy within the learning process in teacher education programs.

4. Continue to maintain a reflective journal to assist in knowing of students and self; therefore, living a practice of teaching as self-inquiry and self-reflection.

Recommendations for Further Study

Although I examined more than 300 references including books, journals, research studies, and conference reports across the areas of research, nursing, learning, and adolescent growth; and attended numerous local, state, and national conferences on the topics, there remains much to be learned regarding the needs of students with
unhealthy dilemmas and their learning effectiveness. Recommendations for future research are suggested:

1. Conduct additional studies that replicate this study in multiple ways, over a short-term within multiple settings. Compare and contrast context, years of teaching, genders of both teacher and students, age of students, findings, and conclusions.

2. Evaluate high-school student perceptions of the role of the teacher and teachers’ behaviors in respect to caring, compassion, and student advocacy.

3. Conduct follow-up research with continuing investigation on the long-term effects these emerging theoretical interventions have on student learning.

4. Continue exploring other methods of practice, connecting links between health and well-being with learning effectiveness.

5. Conduct long-term research that looks at multiple variables which affect student learning effectiveness. High-quality, rigorous research is needed to provide more conclusive information on the factors that promote adolescent well-being. Certain aspects of adolescents’ lives and their environment have been more extensively researched than others. This imbalance points to a need for further study of the less researched areas concerning unhealthy dilemmas, as well as a need to examine the joint and interactive effects of influences in different areas of adolescent well-being.

**Reflection**

This reflective study explaining my teaching practice portrays connections among my deeply held values of life, health, and learning. Exploring, intertwining, intermeshing, overlapping, and reflecting on links of caring, compassion, and student advocacy create
my expression. Such expressions are developed uniquely and nurture the continuing
development of my emerging theory and my very being as nurse, teacher, and human.

“connections”

Good Morning, I say to you
as I hold your hand and smile with you,
hoping to melt away those unhealthy dilemmas,
hoping to bridge our spirits.
To care, show compassion, advocate and learn
Together soar like eagles over life’s challenges
because you are my student.
November 21, 2000

Marjean R. Huber
129 Della Drive
Bloomingdale, OH 43910

Dear Marjean R. Huber:

Congratulations!

I am pleased to inform you that your performance met the standard for National Board Certification set by the board of directors of the National Board for Professional Teaching Standards (NBPTS). You are a National Board Certified Teacher. Please accept my personal congratulations on your achievement.

To achieve National Board Certification a candidate must earn a total scaled score that equals or exceeds 275. Your total scaled score, exercise scores and weighted exercise scores are shown on the attached score report. The Scoring Guide and the Handbook on National Board Certification for your certificate area have been provided for your reference. Depending on your certificate area, the Scoring Guide will be included with your score report, or you will have received it earlier in your box of portfolio materials. These materials explain the scoring procedures in detail. This information is intended to help you understand the criteria used to score your responses and to help you describe to others the high and rigorous standards that define the National Board Certification process. I encourage you to read these reference materials and the text on the back of the score report carefully.

NBPTS will announce the results of the assessment to the public in the next few days. We will include your name in the list posted on the NBPTS Web site. I am confident that this achievement marks the beginning of a long and productive relationship between you and NBPTS. In virtually every case, achieving National Board Certification signals the start of a new, exciting phase in a teacher's professional life. As a National Board Certified Teacher, you have the opportunity to play an active role in charting the future of American education.

You can expect to be sought out by candidates, administrators, media, education organizations and professional associations for your insights on the certification process and other education issues. To help you generate local publicity, NBPTS will provide a generic press release in a separate mailing. You may personalize the press release and send it to local publications or other media (e.g., alumni magazines, local radio and television stations). We will also ask you to complete a questionnaire so that we have the most accurate information to include on your certificate. The certificate, a symbol of your accomplishment and the status you have achieved, should reach you about six weeks later. We hope you will display it with pride.

On behalf of the NBPTS board of directors and staff, I extend our best wishes for your continued success.

With warm regards,

Betty Castor
President

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Table 1

Class Demographics

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<th>B***</th>
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*C=Caucasian
**A=African American
***B=Biracial
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</tr>
<tr>
<td>Class 4</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Class 5</td>
<td>1</td>
<td>7</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Class 6</td>
<td>5</td>
<td>12</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Class 7</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Class 8</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Class 9</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Class 10</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Class 11</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Class 12</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>83</td>
<td>35</td>
<td>43</td>
</tr>
</tbody>
</table>
Table 3

*Family Status*

<table>
<thead>
<tr>
<th>Family Status</th>
<th>Divorced Parents</th>
<th>Traditional Family</th>
<th>Living with Step-parents</th>
<th>Single Parent Family</th>
<th>Parent(s) convicted of Felony serving or have served Jail Time</th>
<th>Parent(s) Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>10</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Class 2</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Class 3</td>
<td>12</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Class 4</td>
<td>3</td>
<td>11</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Class 5</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Class 6</td>
<td>9</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Class 7</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Class 8</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Class 9</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Class 10</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Class 11</td>
<td>5</td>
<td>11</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Class 12</td>
<td>9</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>79</td>
<td>80</td>
<td>43</td>
<td>49</td>
<td>16</td>
<td>12</td>
</tr>
</tbody>
</table>
Table 4

Medical/Health Status

<table>
<thead>
<tr>
<th>Medical/Health Status</th>
<th>Student Disabled</th>
<th>Chronic Medical Condition</th>
<th>Under Psychiatric Care</th>
<th>Suicidal*</th>
<th>Sexually Active*</th>
<th>Practicing Birth Control*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>16</td>
<td>12</td>
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<tr>
<td>Class 2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Class 3</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>17</td>
<td>14</td>
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<tr>
<td>Class 4</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Class 5</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Class 6</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Class 7</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Class 8</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Class 9</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Class 10</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Class 11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>11</td>
<td>7</td>
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<tr>
<td>Class 12</td>
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<td>21</td>
<td>15</td>
<td>136</td>
<td>98</td>
</tr>
</tbody>
</table>

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Table 5

*Belief System*

<table>
<thead>
<tr>
<th>Belief System</th>
<th>Attends Church Faithfully</th>
<th>Attends Church because Family Insists</th>
<th>Witchcraft</th>
<th>Atheist Agnostic</th>
<th>No Religious Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Class 2</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>17</td>
</tr>
<tr>
<td>Class 3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Class 4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>16</td>
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<tr>
<td>Class 5</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Class 6</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Class 7</td>
<td>1</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Class 8</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Class 9</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Class 10</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Class 11</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<td>13</td>
</tr>
<tr>
<td>Class 12</td>
<td>4</td>
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<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>20</td>
<td>1</td>
<td>7</td>
<td>131</td>
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</tbody>
</table>
Table 6

Miscellaneous Data

<table>
<thead>
<tr>
<th>Miscellaneous Data</th>
<th>Hold Part-time Jobs</th>
<th>Participated in one or more Associate School Extracurricular Activities (band, sports, etc.)</th>
<th>Probation, Parole, House Arrest, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>7</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Class 2</td>
<td>8</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Class 3</td>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Class 4</td>
<td>11</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Class 5</td>
<td>10</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Class 6</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Class 7</td>
<td>4</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Class 8</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Class 9</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Class 10</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Class 11</td>
<td>11</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Class 12</td>
<td>9</td>
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<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>14</td>
<td>27</td>
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</table>
Table 7

Post Graduation Education/Employment

<table>
<thead>
<tr>
<th>Careers</th>
<th>Nursing+</th>
<th>NA</th>
<th>Other Health Career++</th>
<th>Dental Ass’t/Hygiene</th>
<th>Military</th>
<th>Employment Other +++</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Class 2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Class 3</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Class 4</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Class 5</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class 6</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td></td>
<td>7</td>
<td>3</td>
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</tr>
<tr>
<td>Class 7</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Class 8</td>
<td>3 (in school)</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class 9</td>
<td>2 (in school)</td>
<td>4</td>
<td>1</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class 10</td>
<td>2 (in school)</td>
<td>4</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class 11</td>
<td>5 (in school)</td>
<td>8</td>
<td>2 (in school)</td>
<td>1 (in school)</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Class 12</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>53</td>
<td>28</td>
<td>7</td>
<td>5</td>
<td>41</td>
<td>6</td>
</tr>
</tbody>
</table>

+Nursing – Includes RN or LPN
++Other Health Career – Social Worker, Pharmacy Technician, Medical Assistant, Respiratory Technician, Radiology Technician, Emergency Medical Technician, Forensics, Massage Therapist, EKG Technician, Veterinary Assistant
+++Employment Other – Not in health careers

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Dear Colleagues Brown, Pieniazek, Cuthbert, and Webb:

I have emailed the 20 stories that I plan to include in my dissertation. If you would like to receive a hard copy of the stories please inform me. To date my dissertation committee has approved those 20 stories. As you recall last spring, I asked if you would be able to provide your assistance. Well, the time is here!

The topic of my dissertation is "An autobiographical study of my experiences and practice concerning issues of individual adolescent learners in relation to application of theories of nursing care". In other words, I am documenting how my teaching practice evolves around nursing theories. After the analysis, I am planning to create a framework for teaching.

I have enclosed directions of what I need completed. At first it may seem overwhelming; however, once you begin to read the stories I believe it will not be extremely difficult or extremely time consuming—as we are all under such time constraints in life. I have removed parts of the document that are unnecessary for you to sift through.

If for any reason, you are not able to fulfill this task please let me know. It would be important in that I need to have someone else read, verify, and validate the stories. My dissertation committee will also have to be informed.

I do want to mention the fact that the four of you are mentioned in my dissertation as the 4 individuals who have had the most major impact on my teaching practice. I also describe each of you and your work from my perspective. I will share my comments with you at a later date.

Thank you.

Marjean Huber
767 Whitehall Court
Mansfield, Ohio 44904

419-524-2627 home
419-347-7744 ext. 1270 work
marjeanh@neo.rr.com
DIRECTIONS

1. Read the 20 stories for familiarity

2. Read the autobiographical guidelines (pages pulled from my dissertation) in order to understand autobiographical research and the methodology with which I am using for my dissertation

3. Reread each story using the story tables in Part III to see if I am meeting the autobiographical guidelines.

4. Continue this until each story table is complete

5. At the end of each story table is another question for you to answer regarding my teaching practice. I ask that you think deeply about my practice and use terms you believe are appropriate.

6. Finally, answer the other questions in Part I and Part II.

Mail the completed documents in the enclosed self-stamped self-addressed envelope by December 15, 2004. Form for Story Authenticity

Part I

Please answer the following questions:

1. How long have you known the author/researcher? __________________
   
   In what capacity have you known her? _____________________________

2. Have you observed the author/researcher’s classroom? ________________
   
   If so, what was the purpose of classroom observation? ________________

3. What was your position at the time of the observation? ________________
4. Did you have interaction with the author/researcher concerning her classroom instruction? 

__________________________

Explain. ____________________________________________________________

________________________________________________

________________________________________________

5. Did you have interaction with the author/researcher concerning her students? 

__________________________

Explain. ____________________________________________________________

________________________________________________

________________________________________________

6. Did you interact with author about specific student/classroom events? 

__________________________

Explain. ____________________________________________________________

________________________________________________
Part II

After reading the stories of the author/researcher please answer the following:

<table>
<thead>
<tr>
<th>Questions</th>
<th>All of the stories</th>
<th>Most of the stories</th>
<th>Some of the stories</th>
<th>None of the stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. After reading these stories do you remember these stories?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. To your knowledge are these stories accurate accounts of what occurred?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do these stories portray the events that took place in the author’s classroom?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are these stories representative of the events that generally took place in the author’s classroom?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature

Date
Part III

After reading the stories of the author/researcher and reviewing the autobiographical guidelines, please provide the author with the following data regarding each story:

Story 1 Rachelle

<table>
<thead>
<tr>
<th>Autobiographical guidelines</th>
<th>Guideline met</th>
<th>Guideline not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autobiographical self-studies should ring true and enable connection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-studies should promote insight and interpretation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autobiographical self-study research must engage history forthrightly and the author must take an honest stand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biographical and autobiographical self-studies...are about the problems and issues that make someone an educator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authentic voice is necessary but not sufficient condition for the scholarly standing of a biographical self-study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The autobiography self-study researcher has an obligation to seek to improve the learning situation not only for the self but for the other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powerful autobiographical self-studies portray character development and include dramatic action. Something genuine is at stake in the story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality autobiographical self-studies attend carefully to persons in context or setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality autobiographical self-studies offer fresh perspectives on established truths</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How would you describe my teaching practice in a word or 2 in this story?
Part III

After reading the stories of the author/researcher and reviewing the autobiographical guidelines, please provide the author with the following data regarding each story:

Story 1 Rachel

<table>
<thead>
<tr>
<th>Autobiographical guidelines</th>
<th>Guideline met</th>
<th>Guideline not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autobiographical self-studies should ring true and enable connection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-studies should promote insight and interpretation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autobiographical self-study research must engage history forthrightly and the author must take an honest stand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biographical and autobiographical self-studies...are about the problems and issues that make someone and educator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authentic voice is necessary but not sufficient condition for the scholarly standing of a biographical self-study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The autobiography self-study researcher has an obligation to seek to improve the learning situation not only for the self but for the other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powerful autobiographical self-studies portray character development and include dramatic action. Something genuine is at stake in the story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality autobiographical self-studies attend carefully to persons in context or setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality autobiographical self-studies offer fresh perspectives on established truths</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How would you describe my teaching behaviors in a word or 2 in this story?

"The author demonstrated a trusting and caring relationship with the student. She in turn empowered the student to meet the highest potential she could at that time. The job she is in presently is pay of a good wage and she is always there... Good job!"
Concept Map

Caring, Compassion, & Student Advocacy

- Empathy
- Intuition
- Flexibility
- Self-care
- Guidance
- Support
- Nursing Process
- Counselor
- Coaching cheerleader
- Collaborator
- Team approach
- Trust
- Mentor
- Empowerment
- Courage
- Crusader

Caring
Compassion
Student Advocacy
APPENDIX E

GRAPH OF DATA
Descriptors by number:

1. caring
2. coaching/cheerleading
3. collaboration
4. compassion
5. counselor
6. courage
7. crusader
8. empathy
9. empowerment
10. flexibility
11. guidance
12. intuitive
13. mentor
14. nursing process
15. self-care
16. student advocate
17. support
18. team approach
19. trust
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VITA

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EDUCATION
2005-present Ashland University, Ashland, Ohio, coursework for Principal’s License
2001-present Andrews University, Berrien Springs, MI Doctorate in Leadership
1999 Robert Morris College, Pittsburgh, PA Master of Science Instructional Leadership
1994 Kent State University, Kent, OH Vocational Education Program
1984 West Liberty State College, West Liberty, WV Bachelor of Science in Nursing
1969 Ohio Valley School of Nursing, Steubenville, OH Diploma Registered Nursing

PROFESSIONAL EXPERIENCE
2002-present Medical Technology Instructor Career and Technology Center
Developed, coordinated and implemented the Tech Prep portion of newly developed Health Academy. Work closely with Tech Prep consortium, local college, and colleagues.

1992-2002 Diversified Health Occupations Instructor Joint Vocational School
Created, developed, organized and implemented the Diversified Health Occupations program

1982-1992 Ohio Valley Hospital
Served in both management and educational roles
Developed and implemented a variety of educational programs
Served on a variety of Hospital and Nursing Committees as member, chair and secretary
Developed and implemented policy, procedure and standards of care

1977-1982 Forester Nursing Home and Royal Pavilion Extended Care Facility
Served in staff, management and educational roles
Developed and implemented a variety of educational programs
Assisted in managing 100 bed facility-patients and staff
Developed and implemented policy, procedure and standards of care

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1971-1980 Instructor Practical Nursing Program Jefferson Technical College (Jefferson Community College)
   Developed curriculum, organized and instituted courses for the new program
   Developed and organized clinical instruction for the new program
   Developed, organized and established course work for home health aides
   Initiated, developed, and organized nursing faculty handbook

PROFESSIONAL AFFILIATIONS
   Secretary Ohio ACTE 2006-2008
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   Ohio VICA Advisor of the Year 2001
   Trinity Woman Educator of the Year 1999-2000
   Jefferson County American Cancer Society Nurse Hope 1985-1986