DIGITAL STORYTELLING IN NURSE PRACTITIONER EDUCATION:

NEW PATHWAYS OF LEARNING

By

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To the Faculty of Washington State University:

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DIGITAL STORYTELLING IN NURSE PRACTITIONER EDUCATION:

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Abstract

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This qualitative descriptive study examined graduate nurse practitioner (NP) students’ experience of creating a digital story. There has been little research done that focuses on the use of digital storytelling (DS) in graduate nursing education to foster reflective thinking. DS provide NP education with new media pathways of literacy, learning, and creativity. The aims of the research 1) Explored various processes students used in the development of their DS; 2) Explored students’ learning experience as they listen to and interact with classmates; 3) Identified new insights about self and others.

The digital story was assigned to students in a core NP course. This assignment allowed students to share introductions, reflections, and personal information while deconstructing and reconstructing the student’s own culture and identity as a part of a self-identity assessment. This design method utilized qualitative research as a method to understand the meaning of events and interactions for students in particular situations using
narrative inquiry. A survey tool was developed during a pilot study and those results informed the development of this study’s interview tool. Independent analysis of transcripts was performed by three graduate students and two faculty members. Seven female and three male NP students were interviewed. There were seven Caucasians, one Bosnian, one Iranian, and one Pacific Islander. The participants represented a range of ages, nursing specialties, and educational levels. Out of ten participants, four students’ stories were chosen to provide readers with a sample of their original responses and show credibility to the study.

The analysis revealed several themes: 1) Process and Development, 2) Listening, Learning, and Sharing; 3) Insight into Self and Others; and unexpected themes related to classroom safety, disclosure, and the importance of deeper reflection as it relates to NP clinical education.

DS has promising implications for nursing educators. It is a team building tool that blends narrative pedagogies, creativity, and technology to help students develop self-reflection skills. It provides opportunities to listen to stories, create stories, and practice active narrative-based learning that can bridge age, gender, and cultural gaps in both higher educational and professional healthcare settings.
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Chapter One: Introduction

Purpose of the Study

This study attempts to examine three questions: 1) How do nurse practitioner students experience the process of designing and presenting a digital story? 2) How do nurse practitioner students experience the presentations of the digital story from their own presentation to listening to other classmates? 3) How does the digital storytelling assignment provide nurse practitioner students with new insights into themselves and others? Overall, narrative stories are powerful and sensitive shared human experiences. In the primary care settings where most nurse practitioners practice, obtaining and interpreting the history or “the story” is a fundamental skill. The art of listening to narrative stories is often done in a variety of settings including hospitals, clinics, the community, and even the classroom. Health care providers will listen to thousands of narrative stories of health, illness, and family struggles across the age span. A key component to any medical diagnosis is their interpretation of the history or “the story.”

Problem statement

There is limited nursing research that evaluates the use of the digital story experience. This proposed project will explore nurse practitioner students’ use of digital storytelling in an Advanced Physical Assessment Course by performing a narrative qualitative investigation through interviews to learn more from the student stories, the relationships to the other students, and further validate the process for nurse practitioners education in the future.
Background

One of the most important challenges nurse practitioner faculty members face is providing adequate high quality education with limited resources. Nurse practitioner education is rapidly changing delivery in and outside the classroom with technology and implementation of electronic medical records. Being able to be flexible, respectful, and safe while adapting to new situations rapidly are all attributes the nurse practitioner student needs to attain to be successful in their education. Students will have approximately 600 clinical hours at ten or more clinical settings during their graduate education. Most nurses understand that assessment starts the minute the patient walks in the room. The interview is the first and most important part of data collection because it is an opportunity to meet and listen to a patient’s story and build rapport (Rasmor & Brown, 2001). As I built my career, I drew from the nursing theorist Martha Rogers’ Unitarian Man [Person] Model (1970) and started on a pioneering nurse practitioner career in occupational medicine. I had the opportunity to build therapeutic relationships based on respect and performing interviews and physicals. Over the years I performed hundreds of company pre-employment physicals, Department of Transportation (DOT) physicals, Hazmat respirator physicals, and military entrance physicals. Each of these opportunities provided me with a global world perspective on the variety of workforce jobs and how each person has a unique story to tell. As I continued on my educational journey, I started work for Washington State University as an instructor and progressed to a clinical assistant professor. I decided in order to continue my teaching career, I needed more education. I was accepted into a doctoral program.
In the summer of 2010, I was one of approximately thirty-five students enrolled in the Philosophy of Education 501 course, in the Doctorate of Educational Leadership Program at Washington State University (WSU) in Pullman, Washington. I was impressed by the experience of listening to other graduate students present their digital stories assignment in Dr. Paula Groves Price’s class (personal communication, July 6, 2010). All students were either educators or administrators. These adult learners shared stories of their personal lives, families and educational journeys. It was a powerful exchange that created an immediate bond. This experience motivated me to attempt to use the digital storytelling assignment in my graduate nurse practitioner advanced physical assessment course (See Appendix A for Assignment Description). Additionally, I found these digital story introductions to be more meaningful introductions rather than the traditional going around in a circle and having students state their names and where they worked. After taking more education courses, I found support for this type of assignment from the personal auto-ethnography (Chang 2008; Denzin,1997), duoethnography (Norris, Sawyer, & Lund, 2012, Sawyer & Norris, 2009), narrative inquiry (Connelly & Clandinin 1988), self-reflection (Mantzoukas, 2007; Sandars 2009; Frank, 1995; Boud 1985; Schön, 1983,), storytelling (Baldwin 2005; Reason, P., & Hawkins, P., 1988;), digital storytelling (Lambert, 2002), and art infused curriculums (McCabe 2012; Sameshima,2010; Freedman 2003; Greene 1995). All of these sources have supported the use of the digital story telling for classroom engagement and reflection.
Examples of Personal Narratives in the NP classroom

Three short examples of students’ digital storytelling experience are provided from classroom field notes. The fact that nurse practitioner students reflect upon and highlight their own personal development through cultural and environmental influences is both succinct and memorable. This presents perhaps one of the most compelling arguments for the use of this digital story technology. As educators, we are attempting to make classroom activities meaningful. Students themselves bring depth and richness when they share their own digital stories. To further illustrate the power of the digital storytelling assignment I have provided three brief narrative illustrations of this self reflection.

**SP’s digital story case #1.**

The story of a young nurse practitioner student named S, from a middle eastern country, exemplifies the power of digital story elements. Her digital story is detailed frame by frame. She experienced the pain of maltreatment and had been a victim of religious prejudice. She was deprived of receiving an opportunity for higher education and was known to be untouchable because of being a member of Baha’i faith. She was so excited to immigrate to America after seeing so many traumas and so much prejudice. She is very thankful for the opportunity to attend a university, gain an education, and at the end, serve humanity. Her English was soft spoken, poetic, and she was very humble. She shared pictures of her family and talked about how fortunate she was to be accepted into the NP program. Her last slide showed the American flag. She was tearful in her voice as she expressed pride to call America her new home.
GP’s digital story case #2.

The following story, on the same day as SP’s, was of a male NP student named GP’s whose digital story was about his service to the US Army National Guard as a medic deployed to Iraq. GP’s story was in contrast to SP’s story. His story was told from the lens of a healthcare provider taking care of soldiers injured from the roadside bombs. Both stories were well respected and appreciated within the classroom. As Clandinin and Connelly (2000) remind us, narrative stories help students to look at life from different angles. Stories offer a chance for the student to see how things could have been better or worse and offer no right or wrong answers. In addition, Sawyer (2010) outlines democratic education and incorporates narratives about cross-border experience as a way to allow educators and students to gain access to a deeper and more international perspective.

MA’s digital story: case study #3.

The last story told this year was captured as a field note from a research assistant. MA was a student in the summer Advanced Physical Assessment course. She went first with her digital story. She had pictures she had downloaded and she spoke about her life as opposed to having a true digital story. MA’s first sentence stunned the entire class into silence and captivated everyone. She began her presentation with the sentence: “I was stolen twice as a child;” needless to say, this was quite an attention ‘getter’. She then went on to explain that she did not have any pictures of her family and went on to show pictures of “objects” that were significant to her. For example, she showed the car that she and her mother lived in outside of a house she grew up in, and OHSU, the nursing school she attended. There was not one picture of a family member or someone who was significant in
her formative years. The woman standing before us was quite comfortable with describing the details of her parent’s lack of concern for her and shuffling her around as a child. She was able to cope with a drug abusive stepfather and inattentive mother figure by submersing herself in reading books when she was old enough to read. MA was quite calm, open and even proud that she was able to not only survive her shocking past but to push past it and become not only a Registered Nurse, but a candidate for a nurse practitioner degree in WSU’s Master of Nursing program.

After implementation of this assignment, something powerful happened--the students experienced a transformation or phenomenal social change in the classroom. As one of the more influential theorists, Friere has unequivocally impacted my teaching pedagogy. Friere (1970) explained by creating dialogue between the student and teacher where they learn together in a non-traditional classroom, we can evoke higher consciousness outside of social norms. What I discovered was the power of the dialogue around storytelling; the creation of deeper meaningful stories helped students express their own voice as NPs. The digital story is a place where students can review their own past history and make new meaning as they prepare their personal stories about their own cultures, religions, families, and personal challenges told in their own voice. I found students’ own personal stories were as rich as any patient stories that I could have created. The next section will provide an overview and need for this study on the use of digital stories in nursing education.
Importance of the Study

A minimal amount of research has addressed this subject of digital storytelling in the nursing literature (Christensen 2010; Moon & Fowler 2007). Despite the lack of research, nursing educators appear to be generally open to the use of the digital storytelling process for educational purposes. As digital storytelling grows in popularity, it continues to change and take on new forms for instructional technology options. One of the most important aspects of this assignment is the creation of a story that has meaning and is relevant to the student’s own situation. The listener/viewer in digital storytelling is important for my study for a variety of reasons. The first reason is to focus on education and understand how to listen carefully to the patient. Second idea is to have students create and present biographical sketches of themselves, they are reflecting and developing greater insight into themselves and others. Additionally, nurse practitioner students will be required to do many case presentations on their patients. A case presentation is defined as a brief story summary of a patient’s history and physical examination presented to their preceptor/mentor. Similarly, the digital story is a brief three-minute story presented to their classmates about themselves. Therefore, it is important to re-visit, re-think and re-develop these stories about our lives and to learn that all stories will change over time. In Family Practice, patients’ stories change over time. In my study I interviewed students who presented their digital story 24 months prior to enrolling in my research study. I was interested in hearing their perceptions about the development of the assignment. During these interview sessions, the student and the researcher re-watched their digital story and reviewed their story together in order to (1) provide me with a context for my
study and (2) ideally engage the participants in an experience that is developmental, meaningful, and educative for them, invoking their deeper learning.

In further support of the importance of the digital story, Robin (2008b) states through storytelling both the presenter and the listeners relive, reflect and redevelop concepts and ideas via a multi-sensory experience that encourages both engagement and creativity. Clandinin and Connelly (2000) report that narrative stories offer an opportunity to look at a way of processing things so when similar situations offer themselves, they will be able to process it in a better fashion. Both authors offer important perspectives that justify further use of this type of reflective practice.

**Research Questions**

The specific purposes of this study are to explore: 1) How do nurse practitioner students experience the process of creating a digital story from its design to presentation? 2) How do nurse practitioner students experience their presentations as they listen to and interact with other classmates during their presentation? 3) How do students’ perceptions of the digital storytelling experience relate to their views of ‘self’ and ‘others’ as future Nurse Practitioner Health Care Providers? How does their perception change over time when watching, listening, and sharing their story 24 months after their initial presentation?

**Strengths and Limitations**

My challenge in this study was performing research on students who developed their own story in the form of a digital story, and at the same time, drawing important data from
students as they interpreted and listened to other students’ narrative stories. This study collected and interpreted data from a biographical narrative aspect using an open-narrative research methodology by conducting semi-structured interviews that have been purposefully framed to collect data related to the research questions. The last part of the interviews was a re-view of their digital story (artifact) with the opportunity to pause it and have a “talk-about” session. The purpose of this viewing of their digital story was to understand the lived experience of part of their lives and explore thoughts after being in a graduate program 24 months later to determine if they have new insights about self and others.

This biographic-narrative interpretive method of data collection and interpretation is clearly described by Connelly and Clandinin (1990). They explain how important storytelling is in our lives and “how hard it is to retell a story, but that the retelling of a story allows for growth and change” (Clandinin and Connelly 2000 p. 71). My study was intended to explore change or transformation. The limitation of this type of research was the small sample size and the difficulty in determining at what point saturation was reached by the narrative interviews. The next section will define the use of terms as they are used in this study.

**Definitions of Terms**

**Storytelling**

According to the National Storytelling Network web site (2012), storytelling can be defined as “the interactive art of using words and actions to reveal the elements and images of a story while encouraging the listener’s imagination.”
Narrative stories

Using the work of Dewey (1938), Clandinin and Connelly (2000) describe the importance of narrative stories as an important form of inquiry used in educational and social science research. These narrative stories provide insights to past, present, and future. Narrative stories also help us make sense of our world. Narrative stories in health care help providers come up with a diagnosis in order to treat a medical problem.

Storyboarding

“Story boarding is an extension of storytelling and narratives which encourage students to use their creative part of the brain at the same time as storytelling by adding pictures and words together to create a representation of the story being told”(Lillyman & Bennett 2012 p. 534).

Digital Storytelling

Digital stories are a short explanation of some desired life event, struggle or an important experience. Digital stories can come in the form of autobiographies, memoirs, essays or scripts. Often they will be developed as a series of photos or drawings with a voice or music overlay and usually is three minutes or less. These stories become a short narrative of a person’s life that has been condensed to share with others (Lambert, 2003). There are a variety of forms of digital stories which can include personal narrative stories, informative or instructional stories, and retold historical stories.
Summary

In this first chapter, I have highlighted the rationale for the use of digital storytelling as a form of reflective practice in graduate nurse practitioner education. After students develop their own story and present it to others, they learn important listening skills that will be used throughout their education and career. Additionally, the problem statement, research questions, and basic definitions surrounding this body of knowledge have been provided. The next chapters outline my literature search and explore my learning rationale for the storytelling assignment. The subsequent chapters examine the literature review and my framework as I plan to use the narrative process and will conclude with my methodology.
Chapter Two: Literature Review

In the previous chapter, rationale was provided for using the digital story telling assignments in nurse practitioner education. In this chapter the specific literature that has been supportive of digital storytelling in graduate nurse practitioner (NP) education will be reviewed. Specifically, the literature review will provide a comprehensive overview about the use of digital stories in a variety of educational settings. These short stories are defined as a personal narrative such as a philosophical statement, an expression of life experience, or personal professional journey told in the first person by using media programs (Rossiter & Garcia, 2010). The third chapter will outline the theoretical framework. This framework will justify a research methodology to investigate how health professional students (specifically nurse practitioner students) feel about a critical reflection project (narrative storytelling, specifically a digital storytelling assignment) in their graduate educational experience.

Literature Search Strategies

A literature search was conducted through the Washington State University (WSU) on-line library website. The key words used in the literature search were: digital storytelling, storytelling, nursing, nurse practitioner, medicine, and health care professionals. The databases used were CINAHL, and the Cochrane library. Four articles were found in the nursing literature; only three of these articles were relevant. The search terms were changed from nurse practitioner, nurse, and medicine to educator, teacher and graduate education. This provided 16 articles of which four were useful. Most of the information on reflective medical education practices was from the United Kingdom. The search was expanded to the educational database of EBSCO and ERIC. Eighty-four articles were visually scanned for
applicability. Seventy that seemed relevant were reviewed in depth. Forty-eight articles were selected based upon relevance to the problem statement, timeliness and implication for research and nursing practice. The literature articles were placed into conceptual categories: storytelling, digital storytelling, K-12 education, how to use technology, reflective thinking, narrative pedagogy, implications for health professionals, and social learning. I have chosen to divide the historical literature review into five general categories. The first section will present the historic literature of storytelling and digital storytelling in K-12 education followed by the scant literature in nursing education. The second section will discuss and analyze the critical reflective practitioner literature and how it has been derived. The third section will attempt to connect the literature of critical reflection practice and digital storytelling. The fourth section will specifically address the benefits and barriers students face as they develop and present their own digital story. Finally, the last section will describe my research interests and where they fit in this body of literature.

**Historical Perspective**

The next section will focus on the following literature areas: storytelling as a concept, photo journalism as a means of providing stories about social injustices, digital storytelling, K-12 use of digital storytelling, and adult learners’ application of digital storytelling and nursing education use of digital storytelling.

**Storytelling**

Storytelling has been around since the beginning of human existence as a form of communication and is an important history taking element of nursing care. “Storytelling has
been used as a means to transmit history, culture, and family relationships in the absence of a written language” (Lunce, 2011). One might even consider Stone Age and temple drawings as the earliest forms of storytelling. Native American tribal dances might also be considered another early form of storytelling. Stories are powerful in transforming and illuminating elements of our lives. A typical day in the lives of most people involves their telling, listening, and responding to stories.

The general characteristics of storytelling can provide a better understanding of the differences between storytelling and digital storytelling. According to the National Storytelling Network (NSN), a definition of storytelling is “the interactive art of using words and actions to reveal the elements and images of a story while encouraging the listener’s imagination. NSN believes that the age-old art of storytelling is as crucial to modern society as it ever has been in history, and that its practice should therefore be revived, expanded, and widely supported. The NSN notes, part of the value section of their mission documents that, “the relevance of telling and listening to stories can have powerful healing effects, storytelling is essential in the work of therapists, clergy, and health care practitioners of all kinds. Storytellers serve as agents of positive change in the world.”

The nursing profession clearly needs change agents during the technological explosion and the vast changes in health care. As we teach new technology and view all the health care demands of the future, storytelling becomes a positive tool and listening skills a vital part of the diagnostic process. As nurse practitioner students learn to actively listen to the storyteller (the patient’s stories), the elements are very similar to the definition of storytelling. In Bate’s Pocket Guide to Physical Examination and History Taking (Brickley, 2009), the components
of a comprehensive history are considered the patient’s story. Additionally, there is an emphasis on the “empathic listening and close observation that helps the practitioner have an open and unique vista on the patient’s outlook, concerns and habits” (p.75). These stories or histories are usually considered to be the most valuable part of the interview in making an accurate clinical diagnosis in medical practice. The nurse has several goals when obtaining a health history and it becomes important to understand elements of good listening and interview skills. The nurse has to combine the subjective data (the story or history) with objective data. Patient interactions and dialogue are an integral part of the nursing process; therefore, the advanced assessment class provides a logical platform for the digital storytelling assignment.

Pfahl and Wiessner’s (2007) research draws upon human capacity for storytelling as an integral teaching and learning strategy with adult learners. The multi-dimensional and non-linear approaches of storytelling are proposed as being more closely aligned with the natural process of learning. Targeting the adult learner, the digital storytelling tool brings a new motivation to learning, a more effective way to: reflect upon life experiences, distinguish old patterns, and construct new thought and intent. The authors also suggest that “stories are relational; they build relationships, create bonding links between educators and learners and complement analysis with more holistic views of experience” (Pfahl & Wiessner, 2007, p. 12). I have witnessed this first-hand in my classroom where stronger bonds were built. There is more openness, and students look forward to watching the next digital story. The effects on developing relationships can be seen in the process of families sharing stories. Sometimes the story that Aunt Mary or Uncle Larry tells has been heard before. But in their original voice,
there is comfort in hearing the story retold, revisited and, based on who is listening, the story may be shortened or enhanced.

**Photo Journalism**

As I examined the historical genesis of the term “digital storytelling,” I attended a workshop on Digital Storytelling at the Center for Digital Storytelling (2012a), Berkley, California. It was here that I learned of John Lambert’s (2013) work. In his book, he reports the evolution of digital storytelling evolving from the American Film Institute Conference of 1993 and the massive Apple Computer technology advancements occurring in the San Francisco area. There are accounts of earlier use of media in storytelling. In the first decades of the 20th century, social work pioneers such as Paul Kellog leaned heavily on the new technology of the camera to portray powerful health care and industrial steel worker stories through photography (Huff, 1998). Other photographers like Lewis W. Hine’s 1909 image (Pollack, 2012, p.18, Appendix E, Figure 1) documented widespread labor abuses in U.S. society and stated that, “if I could tell the story in words,” he declared, “I wouldn’t need to lug around a camera” (Pollack, 2012, p.18). In Dorothea Lange’s photo “Migrant Mother” taken during the Great Depression 1936, Florence Owens Thompson story is about being a destitute migrant worker and mother of seven living in poverty in Nipomo, California (Pollack 2012, p.28, Appendix E, Figure 2). Photographer Charles C. Ebbets’ 1932 “Lunchtime Atop a Skyscraper,” photo documentation shows the danger of steel workers taking a break as they work on the 69th floor of the RCA building (Pollock, 2012, p. 28, Appendix
E, Figure 3). These images were found in the *TIME 100 Greatest Images: History’s Most Influential Photographs* (Pollack, 2012, p.14-14). Pollack describes just how powerful images are in our lives. Each photograph documents a powerful meaning of marginalized or vulnerable populations. Images can tell stories and help our society as a whole understand the problems we face; digital media further promotes active responses from viewers and therefore can engage NP students in more active modes of learning.

**Digital Storytelling**

Nearly one hundred years later, the 21st century’s new technology is creating new forms of expression which include voice overlay. Lambert (2009) suggests that the term “storytelling” is also rooted fundamentally in folk music, re-claimed folk culture, and cultural activist traditions of the 1960’s. In the Center for Digital Storytelling summer 2012 newsletter on “The Story Revolution,” Arlene Goldbard states, “the story revolution, the one that is transforming our world even as I speak, is fueled by [this] assertion: that everyone contributes to culture, that the knowledge sorely needed by future generations must come from every ethnic group and region and social class, from men and women of infinite variety, and that everyone has something to teach and something to learn” (Center for Digital Storytelling, 2012b). Further literature review supports that this evolution of narrative storytelling in teaching is congruent with the technology revolution. Media and multi-media resources available over the last two decades have highlighted the fact that learning is not one dimensional or linear, but inclusive of and able to utilize a variety of learning modalities that include voice and visual elements found in the digital story. Freedman (2003) explains that historically in the Western culture there has been a devalued sense of the importance of
emotion to cognition. Eisner (1985) would suggest that the results in education is a serious lack of art in education and a need for better understanding of social learning and cognition.

**Digital Storytelling K-12 Education (The New Age)**

Digital storytelling quickly caught on in educational contexts as a powerful learning tool for grades K-12 (Salpeter, 2005; Banaszewski, 2002; Mello, 2001). However, these same changes have not occurred within nursing education. To support this new technology, several authors wrote articles on “how to do a digital story” (Czarnecki, 2009; Robin, 2008a; Robin, 2008b; Sandars, 2006; Salpeter, 2005; Behmer, 2005; Banaszewski, 2002). These authors define digital stories as storytelling with the addition of art-forms and the use of multidimensional ways of sharing through images, music, narration, text, and video clips. Ohler (2005) suggests that this type of storytelling can enhance both critical thinking and writing skills. She presents steps for constructing a digital story that are easy to interpret and employ. Ohler (2005) further suggests that the intensive work of combining the narrative with technology creates a clearer vision and greater understanding of a new world of media in which students must continue to grow, learn and succeed, enhancing their media literacy. Czarnecki’s (2009) article, “Software for Digital Storytelling,” cites over 20 links to resources and software to adequately meet the needs of both the novice and expert in the digital storytelling field.

Mullen and Wedgwick (2008) reported that students in the 21st century are ready to embrace media technology which they consider as necessary as reading and writing. Robin (2008a) further explores this concept concluding that in a new age where “every kid has a
computer in their pocket,” the digital story is both timely and relevant. Robin (2008a) also suggests that digital storytelling as a technological application is well positioned to take advantage of user-contributed content, and to help teachers overcome some of the obstacles to productively use technology in their classrooms. Students are certainly ready to explore these digital and audio tools. Another example can be seen on the WSU campus where digital computer workshops are held at the beginning of each semester for free. These classes are always full with a waiting list; students see the value of technological literacy.

Rossiter and Garcia (2010) agree that a whole generation has grown up digital. Mullen and Wedgwick (2008) describe the concept of a digital divide existing in education that separates the pre-digital and the post-digital generations of both learners and educators. Literacy is no longer limited to mastering the art of reading and writing, but also requires the mastery of a vast variety of technological tools and resources such as software and devices. They propose that, in order for students to be successful in the world, students must learn to manipulate various forms of media with a high level of comfort and skill. It is logical that schools will be the necessary format to provide these skills for technological success (Mullen & Wedgwick, 2008). Nursing practitioner students, like the K-12 students, need to be successful in this lifelong learning process in the digital age.

Adult Learners Use of the Digital Story

Butcher’s (2006) research found enhanced empowerment through the use of digital story to be one of the most positive and influential changes in the classroom of adult learners. Butcher (2006), whose study was conducted in the penal system, discusses that in a setting where most of the participants are social outcasts, as survivors of abuse and frequent
childhood dysfunction, their stories enabled the students to share similar life experiences and create a cohesive bond within the group. Data indicated that the “stories promote growth and trust between teacher and student, building rapport” (p. 202). Students were able to “take ownership” of experiences and learn from their actions with increased feelings of empowerment. “The main lesson learned in this research project is that storytelling is a valuable method of teaching others about life, whether children or adults, it enhances discovery of self and others” (Butcher, 2006, p. 206). Another supporter describing the digital story as a new player on the narrative field, Rossiter and Garcia (2010) provide examples of the wide use of the digital storytelling in both social and cultural educational genres in addition to the more traditional levels of primary, secondary, and university levels. In my classroom, I use it as a form of self introduction, or as a brief autoethnography.

**Digital Storytelling in Nursing Education**

As demonstrated in the lack of literature on the subject, this digital evolution has not been the same within nursing education. Following Mullen and Wedgwick’s observation (2008), there is a digital divide between nursing education and other education as well. Nursing education is well aware of the digital age. However, with the faculty shortage and an aging and often non-digital workforce, technological changes pose a formidable challenge to nursing educators. Yet, many of our graduate nurse practitioners (NP) enter the NP programs with high-levels of technological skills, and they desire to utilize these skills in their educational experience.
Storytelling is a uniquely human activity. Nursing has found the value of listening and reflecting on a patient’s story. Nursing education strives to prepare students in understanding diversity in the patient population, and at the same time gain new insights into their own cultural and historical backgrounds. After the implementation of a digital story assignment, Gazarian (2010) found the understanding of technology to be critical and suggested the need to implement new technologies such as the use of digital storytelling into nursing curriculums.

From the United Kingdom, Moon & Fowler (2007) actually developed a nursing framework for the conception of story in higher education as a vehicle to facilitate reflective learning. Christiansen (2011) found the digital storytelling has implications for learning and professional self identity development. Additionally, this study also found positive influences towards transformational learning and patient-centered practice. Christiansen interviewed 20 nursing students in the UK and identified the different ways in which students experience patients’ digital stories with different learning outcomes. She states, “this is consistent with studies that suggest that students are capable of taking different approaches to their learning and how learning opportunities are constructed and supported will significantly influence students’ learning” (p. 292). Christiansen’s research (2011) also reported that this experience of viewing patient digital stories was emotionally unsettling for students. The researcher theorized that because of the emotional component to patient stories, each student had a different perspective from one’s own story and was trying to make sense of thoughts and feelings of the storyteller (patient). On a positive note the researcher found the digital story provided an opportunity to gain new insights. They noted the limitations of the study were a small sample size.
Gazarian (2010) described the use of the digital storytelling in nursing students’ clinical experiences. One digital story involved a drug addicted pregnant woman and another involved caring for a Chinese graduate student hospitalized with paranoid schizophrenia in an inpatient psychiatric unit. These digital stories were viewed in class. Open-ended questions were posed to elicit comments and open discussion about what was conveyed. New nurses often leave the profession in the first year of practice because the reality of nursing practice is very different from what they expected. Stacey & Hardy (2011) wanted to reduce the number of new nurses who leave the nursing profession within the first year from reality shock. They used digital storytelling as a way to help student nurses reflect on the challenges of the transition from student to new nurse. The digital story offers audiences the experience of engaging with storytellers, empathizing with their experience and considering what it is like to walk in the shoes of the storyteller (a new nurse). This project helps newly qualified nurses gain new insights, develop strength in their core beliefs and, in doing so, continue to have a capacity to care in the face of the daily challenges of nursing practice.

Nursing education involves complex issues that require critical thinking discussions which can be enhanced by the use of digital stories. Nursing students informally learn from each other’s personal stories especially during reflective practice. However, nursing curricula which continue to be taught in a traditional approach focused on principles (Tyler, 1949). Pinar (1978) challenges us to create new curricular possibilities. More than seventy years ago, Dewey (1938) seemed to be willing to support a methodology like digital storytelling when he pointed out that educational experiences are both personal and social experiences.
The use of digital storytelling can infuse life into subjects that some might view as otherwise dull and stagnant. The work of Genereux & Thompson (2008), in “Lights, Camera, Reflection!” paints a picture of a classroom in which the subject of ecology was transformed from being simple and boring to one possessing both complexity and excitement. After the students had produced their own digital story, they reported growth and evolution of both engagement and content. Pyne’s study data (2009) which examined the introduction of the digital story into the curriculum of an undergraduate medical program, found students reported increased enjoyment and creativity in the academic setting. Data indicated that the use of personal images versus those gleaned from independent sources created the most powerful and successful digital narratives. Indicating the use of the reflective learning process can enhance students’ real world understanding. For example, as stated earlier, listening to digital stories can improve students’ ability to interview and listen to the narrative stories of patients.

In the book, *Tell Me a Story*, Schank (1990) investigates how people use narratives and stories. Schank explains that we must tell our stories to someone else because the process of creating our stories also creates meaningful memory. Additionally, we must understand that the listener can only hear part of what is being said and may only relate to what is of interest and meaningful to the listeners. In other words, the listener thinks, what do I know about this story that I can relate to in my own life story? This selective listening to the stories of patients happens frequently in nursing. The process of learning to be a nurse practitioner provides another layer of complexity. Listening carefully to patients and at the same time trying to identify the characteristic of symptoms of diseases can be overwhelming to a
learning practitioner. The use of digital storytelling in an assessment class may provide multiple opportunities to listen to stories and see the variety of cultures, religious beliefs, and family structures among one’s classmates. A dialogue about listening can then begin in a safe learning environment.

Taking time for reflection and discussion of the story starts the powerful dialog of search for the deeper meaning, the story behind the story; thus, I believe NPs will be better suited to take on the challenges that are involved with successful patient-provider relationships. We have discussed the implications of storytelling, digital storytelling in general, K-12 education and in nursing. The next section will look at the overall value of reflective practice in health care education.

**Critical Reflective Practice**

Critical reflective practice is inherent in many professions including nursing (Kinsella, 2009; Sandars, 2009; Mantzoukas, 2007; Ironside, 2006; Mezirow, 2000; Chambers, 1999; Boud, 1985;). Nurses are constantly sharing a common bond with their patients as they share their lives, stories, and challenges in a variety of health care settings. Florence Nightingale (1860) taught nurses to think about the care they were providing to their patients. This is an important example of reflection. Schön’s book (1983) entitled, *The Reflective Practitioner*, devotes a whole chapter to reflective practice in science-based professions such as medicine. Schön explains many ways that information is expressed, received, and even sometimes misinterpreted. He reminds the reader to constantly use reflection in daily practice to guide learning. According to Mantzoukas (2007), “Schön’s work on reflection has been highly influential for practice-based disciplines, such as nursing” (p.242) and he goes on to explain
the notion of reflective learning in nursing curricula’s in the UK is essential as students are actually evaluated and assessed on their ability to be a reflective learner. Hence, Mantzoukas (2007) suggests that nursing curricula facilitate and cultivate these cognitive activities of transformative experiences. One way might be through the use of the digital story where students are telling their own stories.

Reflection, re-evaluating, and rethinking are all a form of the metacognitive process. Sandars (2009) suggests that “thinking about thinking is reflection” (p. 685). The metacognitive process creates greater understanding of self and situations to inform future action. The author provides a simple illustration of a circular figure that represents a reflection model. He explains that we do, we review, we plan, and we improve. He acknowledges that although there is no evidence to suggest that reflection actually does improve patient care, to him it seems logical that it would. The reflection is what helps students learn about how to care for patients. He further outlines reflection as taking place in three stages (p. 686) with a before, a during, and an after stage. Sandars (2009) explains that there is an essential component of the medical profession, the therapeutic self, which recognizes the underlying personal values and beliefs that are represented in professionals’ attitudes such as empathy and caring. He suggests that understanding of both the self and the situation has a wider impact on developing new insights that can change future responses to medical practice situations. “Reflection is a process with a definite purpose” (Sanders 2009, p.686). I would suggest nursing curricula create more of these learning opportunities for reflective practice and insights.
Clandinin and Connelly (2000) state that narrative becomes a way of understanding experience. With narrative as a vantage point, nurse practitioners have a reference point, a life and a ground to stand on to imagine the experience. Experience is the story a person lives. People live stories and, in the telling of these stories, reaffirm them, modify them, and create new ones. Stories lived and told educate the self and others, including the young (Clandinin & Connelly, 2000). Similarly, Ironside (2006) affirms that narrative pedagogy is an approach that engages students and teachers to pool their wisdom, challenge themselves and each other about preconceived perceptions, and begin envisioning new possibilities for providing care. When we practice reflection we often see new possibilities and deeper meanings.

An example of deeper meaning about stories comes from Frank’s book, entitled *Wounded Storyteller* (1995). Frank explains that the patients who have a disease often have to re-define their stories as now their lives have been changed by illness or disease. Stories create a way for patients to do this through human interaction. Gazarian (2010) explains that storytelling is a uniquely human activity that has guided learning. Reflecting on what one knows and the process of examining one’s assumptions are what occurs when students are asked to tell a story. This is a valuable self-reflection process. The whole notion of storytelling and hearing the human voice is an important part of nursing care. Benner (2010) challenges nurse educators to create experiential learning that encourages students to be imaginative and creative. Often there is a variety of reflective thinking that goes into the development of the digital story from photo selection, to the written script and the personal voice.
Theoretical Framework

This chapter will discuss the five assumptions, the elements of my theoretical framework with a visual model, and intended outcomes. My conceptual model is based on my community health background. My general philosophical “concepts of man” (whole person) are based on nursing theorist Rogers (1970) and have been updated. There are three main elements in my theoretical framework. The first is the wholeness of the person, or in this case the student. The second is the time continuum, located at the bottom of the model, and the third element is the patterns and organization of our lives. The theoretical framework utilizes both nursing and education disciplines to explain the learning theory aspects. I have developed a visual model (see Figure 1 Rasmor’s Self Reflection Framework below) which defines the student, the learning, and the improved understandings.
Figure 1. Rasmor’s Self Reflection Framework
Theory Assumptions

There are five basic assumptions associated with my theoretical framework. These assumptions are as follows:

(1) Understanding self is a critical skill for providing health care to others.

(2) Re-conceptualizing, revisiting, and re-evaluating self and others helps each person understand the whole person.

(3) Time is on a continuum and is multidimensional / multidirectional

(4) Each person has certain patterns and organizational structures that make us unique.

(5) Each person can learn new insights about self and others through reflective practice.

The student’s use of the digital story met in the middle of the model to produce learning outcomes. This research will explore the curriculum by examining the student’s perception of the digital storytelling assignment from creation to presentation. It is hoped students gain more insight about themselves and others by the use of a semi-structured interview. The development of the model provides an understanding of why we teach a certain way. It is a road map that helps to understand if successful learning has occurred. In other words, did a change occur in the student? Did the student obtain the learner outcome he/she was hoping for? Was the learning experience and environment positive? If the overall answers are favorable, then these concepts help build a justification for inclusion in the
curriculum. The digital story is a new pedagogical approach in nursing. Ironside (2006) suggests that the digital storytelling assignment involves a transition from strictly an analytical process of thinking and learning to one of interpretive thinking and learning; it involves dialogue. When students are sharing their stories, dialogue happens after the digital story has been presented. Through this process, underlying assumptions, preconceived notions, personal perspectives, and experiences may be recognized, challenged, and examined. Robin (2008) agrees that we need to understand better how the digital story can be utilized. She reports that, “the U.S. Department of Education, in 2007, found no significant differences in student achievement between classrooms that used technology products and classrooms that did not” (p. 225). She goes on to explain the results might have been different if the digital story was specifically studied instead of reading and math software drill programs. I believe that digital story telling can be a useful teaching strategy in the nursing curriculum and therefore, my research is directed to determining how it is helpful and when it is helpful to achieving the desired outcomes of the curriculum in this group of students.

Nursing Influence

While reflecting on my own practice of nursing, I realized I have been influenced by several nurses who have played important roles in the public health story of nursing. Florence Nightingale, Lillian Wald, and Mary Breckinridge (Stanhope & Lancaster, 2004) each were involved with their community, understood illness, and listened to people’s stories. Because I have always worked in roles in the community, the Community Health, Epidemiological Triangular Model (See Appendix C, Figure 1) with its three variable components of host,
environment, and agent has had a significant impact on how I see my nursing practice in both clinical and nursing education (Stanhope & Lancaster, 2004, p.225, 261). I see the student as the host, the environment as the classroom, and the agent as the curriculum or lesson which is being taught. From an evidence-based practice perspective, Reed (2008) explains that “the nature of nursing involves daily encounters with the complexity, uniqueness, and the unpredictability of human beings’ health needs require that nurses need to think theoretically” (p.426). Therefore, my most important influence comes from the nursing theorist Martha Rogers (1970) who created the *Science of Unitary Human Beings Theory*.

**Rogers’ Theory**

Rogers believes “that the whole is greater than the sum of our parts; that our lives are on a continuum of time and we all have certain patterns and organization to our lives and environment” (Rogers 1970, pgs. 46, 54, 59 & 65). Her theories are a synthesis and re-synthesis of a wide range of theories that come from science, philosophy, and art. The slinky model picture (See Appendix C, Figure 2) is used as a metaphor to depict her model. Knowing that the person is whole, the slinky figure represents time on a continuum and the circular patterns of our lives. In this next section I will provide more detail on these three elements of my theoretical framework: the whole person, the time continuum, and patterns and organizations in our lives. This will be followed by how my theoretical framework, visual model, curriculum, and learner outcomes are inter-related and inform my research ideas.

**Element 1- The Whole Person/Student**

Rogers states, “the human being is a unified whole possessing his own integrity and
manifesting characteristics that are more than and different from the sum of his parts” (1970, p. 47). Simply stated, the whole is greater than the sum of its parts. For example, I draw from a variety of theories and I have many parts. I am a nurse, occupational health nurse practitioner, and nurse educator. I have been influenced early on by my father an industrial worker, my mother as a production worker, my uncles as military personnel, and my former husband, a medical photographer. I am a mother (with teenagers of the digital age), I am a middle aged Caucasian women, a gardener, an artist, and a veteran of two wars. All these different roles contribute to the whole person that I am. If a part is removed, the whole is changed. Students also have many parts to their wholeness that need to be appreciated. I believe each student is a unique individual in which their wholeness as a person is described in the Science of Unitary Human Beings Theory (Rogers, 1970). The digital story provides a short glimpse of our students’ complex lives and helps educators understand more about students’ many parts over time.

Students are in the center of my model. Knowing how I define students is the first core component of my theoretical framework. Nurse practitioner students are adult learners. These students are returning for an advanced degree to serve as NP primary care providers. As an educator, I try to be familiar with where these students are employed and what information students have previously learned. New technology continues to evolve whereby the students have been exposed to a wide variety of digital technology. Therefore, I must accommodate a variety of learners and adjust classes to meet the needs of the 21st Century digital age students. Another element of the students continues to be the diversity within the classroom. We are quickly becoming an international society. This is apparent in my class this term; over one
quarter of my class is foreign born. The student population continues to be largely female; only 13% are male. The average age is 37 with a few students who are in their forties and even a few who are in their fifties. The variety of students makes for a rich cultural exchange. There are exciting and challenging stories to hear; students often want to hear more after viewing other classmates’ digital stories. The students develop more interest and insight, find their purpose, their voice, and seem to enjoy hearing others’ share their stories.

**Element 2- The Time Continuum**

Time is the second element of my philosophical framework. Time is linear and is multidirectional while it continues to move forward. By revisiting the past we can rethink, re-evaluate and re-structure our thinking about the future. Pinar’s (1975) notion of currere which is, “the viewing of what is conceptualized through time (p.3)”, provides a four step method that includes: regressive, progressive, analytical and synthetical. Pinar describes his own ideas of time experiences can be described in a linear way to make it more manageable but that his life takes on many different facets, choices, and circumstances that create a multidimensional path. There is no one way or logical way but rather he believes it is the lived one, and the felt experiences that stand out. Pinar’s explanation of time validates and supports the idea of time being multidimensional.

The important element in my framework is to understand that everyone has a story to tell and that story will continue to change over time. In nurse practitioner education, we often teach to the life span curriculum, the aging process, the length of pregnancy, the disease manifestation, or the incubation of an infectious disease. All of these health descriptions help
us understand the importance of the time element being a multidirectional continuum. As primary care providers we are always asking the patient questions. Therefore, time is an important part of my model. A simple example of the time continuum is as a nurse educator; although the subject is called nursing, much of the content, the research, education, and delivery techniques continue to change. Technology has definitely changed over the time continuum. Over forty years ago when technology was not so evident, Rogers’ model (1970) saw the time element as being a constant unidirectional element. She states “the universe does not flow around man. It flows through him” (p. 56) meaning we must see the time continuum as ever changing and evolving just like our technology and students. Rogers (1970) states time is unidirectional; however, reflecting on my model the time element is moving back and forth. The digital story helps students re-evaluate, re-think and gain newer understanding about the past gaining new meaning and insights about self and others.

**Element 3- Patterns and Organization**

Patterns and organization are the third component of my model. Rogers (1970) states that “pattern and organization identify by the man [person] and reflect his innovative wholeness” (p. 65). Learning about health patterns and organization in terms of habit/lifestyles, history, culture, family, and religion are important aspects of any patient’s medical history. The presence of patterns and organization become clearly evident when looking at family history components. As we review the history with the patient, we are reminded that human beings are part of an evolutionary dynamic process. An example of this
can be found in each family history of the patient with hypertension or diabetes. The genetic family history, age of the patient (time element) and gender are the elements that the patient has no control over. Therefore, the provider focuses the conversation on the lifestyle patterns such as, diet and exercise patterns, which the patient can control. Rogers (1970) summarizes by saying, “patterns and organization give unity to diversity and reflect a dynamic and creative universe (p.65).” This helps the health care professional seek to understand that the individual patient is diverse, dynamic, and different. This can also explain why no one treatment fits all. As I continue to outline my theoretical framework, these three elements of the whole person, time continuum is multi-directional, and patterns and organization will be overlaid on to the circular digital storytelling mode. However, time can also be seen as unidirectional in the absence of reflection. Reflection requires movement and nurse educators guide students to become reflective practitioners and ultimately better primary care providers.

**Educational Influences**

To further explore the theoretical framework, I draw from the influences of Aoki (1993), Benner (2001), Dewey (1938), Freedman (1995), Freire (1970), Greene (1991), Palmer (1998), Pinar (1978), Moon & Fowler (2007), Sameshima (2007), Norris, Sawyer & Lund (2012), and Vygotsky (1978). In addition, I reviewed the Story Theory Model of Smith & Liehr (2008) and the reflection process in the context model, Boud, Keogh, & Walker (1985, p. 36, Figure 7). My theoretical framework is illustrated previously in this chapter in Figure 1. The first component is the student as the center, the second component is the time continuum at the bottom, and the third component is the patterns and organization of the student. All three are connected. There are two other essentials of the model which are the
digital story inside the model and learner outcomes at the top of the model where the progressions of self and other reflection are demonstrated.

**Novice to Expert Theory**

In an effort to further define the student, Benner (2001) developed the “Novice to Expert theory” as a way to characterize how nurses starting a career as a novice through experience-based learning moves towards a higher level of theoretical knowledge and expert skills. As nurse practitioner students learn the new role as a primary care provider, the “Novice to Expert Model” is evident again. Though the student may have been an expert nurse, they start over as a novice nurse practitioner with a new skill set and role. The new skill set involves many new learning experiences, new tools, and new psychomotor skills. For example, the ear examination involves the use of an otoscope; the eye examination uses the ophthalmoscope; the pelvic examination uses a speculum device. The manipulation of these tools and the examination is often a first time experience for many students. Rogers (1970) would agree with Benner that a nurse changes across the continuum of time moving forward from novice to expert.

**Behaviorism & Learning Theories**

Through the development of my theoretical framework I have found theories that resonate with my own teaching style. In addition, my theoretical framework incorporates John Dewey’s (1938) belief that the environmental components of classrooms are open and experiential. Additionally, I hold some traditionalist values as does Tyler (1949) who based his work on both Dewey and B. F. Skinner’s behaviorism theory. Teaching nursing requires clearly-defined objectives. Physical assessment is traditionally taught by sections of the body
in a linear head-to-toe fashion (eyes, ears, mouth, etc.) and establishing learner objectives are fairly easy. Tyler’s (1949) approach defines objectives in behavioral terms of what is expected and how the students will be evaluated. In a physical assessment course, students need to take complete histories and perform a head-to-toe physical examination in order to pass the course.

The work of Boud, Keogh & Walker (1985) on reflective learning theory outlines the process of reflection and provides descriptive stages. The first stage discusses returning to the experience, the second stage is being aware of feelings, and re-evaluating the experience and the third stage is developing new perspectives on the historic or past experience. The Story Theory Model by, Smith & Liehr (2008) also shows how telling the story can promote healing and that the behaviors and understanding about the story can change over time but that by re-visiting, re-telling, and re-inviting ourselves the person or patient gains a greater insight about self and others.

Social Development Theory

Vygotsky’s (1978) social development theory of learning proposes that students learn in connection with each other. With the hands on approach of the physical assessment classes, I found Vygotsky’s (1978) social development theory of learning helpful. He believes strongly that a learning community plays a central role in the process of making meaning. Human beings learn in the context of our culture, history and other people. Rogers (1970) reminds us that we are affected by our environment and we affect our environment. Many schools of nursing are going to totally on-line physical assessment classes. The physical assessment class lab at Washington State University implements Roger’s and Vygotsky’s
beliefs about the value of learning as a community activity. All of these different environments or communities impact a student’s ability to learn. The next section will discuss the role of the educator who is more of the facilitator in my model. The educator is the person who assigns the activity. In this case it is the digital storytelling assignment.

**The Educator**

Dewey (1938) suggested that a primary responsibility of educators is not only to be aware of shaping the environment of the actual experience of learning, but to recognize what surroundings are conducive to having experiences that lead to growth. The educator “should know how to utilize the surroundings, physical and social, that exist so as to extract from students all that they have to contribute to building up experiences that are worthwhile.” I interpret that Dewey wanted the educator to understand how learning experiences go beyond the classroom and that there are many different components to curriculums and learning.

From the National League of Nursing Core Competencies, “a nurse educator is responsible for creating an environment in classroom, laboratory and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes” (2012). Physical assessment requires a steep learning curve because a complete head-to-toe physical examination has many components. Until students have done many physical assessments they see the process as new and complex. Many students come from the hospital setting with an acute care background and are excited to learn new advanced assessment skills that they can put into practice immediately. Students practice on their lab partners, family members, neighbors and patients. This class becomes one of the most important and memorable classes throughout their graduate experience. This new opportunity
to practice what they are learning holds their interest and creates an opportunity to dialogue about their experiences. Given these new clinical opportunities students generate ideas, share ideas, help each other and often set goals that make for much richer activities than I could have created myself. This demonstrates how teachers plant seeds and cultivate the soil in order to promote learning in a safe environment.

Palmer (1998) reminds us “we must know our inner and outer landscape in order to teach” (p. 3). Students learn a variety of skills in lab sessions besides the physical assessment skills. They learn about collaboration, communication and listening. Nurse practitioner students must learn about themselves in order to treat patients. My role as their instructor is to give students the tools with which to develop their own knowledge. The next component, curriculum, describes how a nurse educator meets some of these challenges.

The Curriculum / Digital Story Assignment

The term that defines curriculum in my theoretical framework is found in Eisner (1985) chapter four from his book titled Five Basic Orientations to Curriculum. The social adaptation and social reconstructive curriculum has as its primary mission to be sensitive to the needs of social issues and to serve the needs of society. Nursing education has long been in the profession of serving the needs of society. Freirie’s (1970) work is embedded in social change and social justice. His definition is all about dialogue between the student and teacher and they learn together. Freirie’s believes that the classroom is a place where students are encouraged to think outside of the social norms and think in new ways that challenge us to change the social norms. He believes there should not be social classes and that marginalized groups would basically be non-existent. The digital stories provide a new way to view each
other’s stories and begin to understand what it is like for patient’s to share their personal stories with strangers.

The curriculum in my visual model is placed in the center. (See Figure 1). The student interacts with his/her autobiography with reflection, re-thinking and re-evaluating. The digital storytelling experience fits nicely in a curriculum to address social and family issues, technological literacy, self-reflection, and cultural diversity. Nursing students often have different experiences and sometime those experiences are narrow. The graduate school education has the mission to provide an opportunity to improve new insights to a multicultural world, and decrease the cultural, religious, and political barriers. Ewing and Hayden-Miles (2011) remind us of the complexity and multicultural world that calls for reform within traditional nursing education programs, a reform that engages both teacher and students. Although cognitive skills are necessary, they are no longer sufficient in preparing nurses for current day practice. We need interpretive and imaginative thinking. We need an educational approach that provides teachers, researchers, and students a means to understand others in their everyday lives (Ewing & Hayden-Miles, 2011). In my visual model the curriculum informs the students to promote reflective practice which will be discussed in the next section.

**Outcomes of Reflective Practice**

There are many teaching strategies to engage learners in reflection that include journaling, concept mapping, and narrative pedagogy (Bradshaw & Lowenste, 2011). My theoretical framework supports reflective practice as an outcome derived from the curriculum through the use of the digital story. As early as 1916, Dewey associated reflection as part of
the process of inquiry in education (Miller & Babcock, 1996). Almost a decade ago, Freedman (2003) wrote that we are on the edge of a new artistic renaissance. Images are becoming more pervasive than texts. He goes on to say that educators will have to include a greater focus on the impact of visual forms of expression across traditional educational boundaries of teaching and learning. He further feels that the global culture is rapidly shifting from text based communication to an image based platform. The digital story can be seen as both a reflective inquiry approach and an imaged based platform of communication that is more familiar to the younger generation of students.

**Summary**

This chapter has outlined my theoretical framework, which has the three components of person, time and patterns with the digital story interacting in the middle of the figure producing learner outcomes. The digital story helps students become more aware of themselves through reflective practice and the use of an autoethnography process. There are five basic assumptions associated with my theoretical framework. These assumptions are as follows:

1. Understanding self is a critical skill for providing health care to others.

2. Re-conceptualizing, revisiting, and re-evaluating self and others helps each person understand the whole person.

3. Time is on a continuum and is multidirectional.

4. Each person has certain patterns and organization structure that make us unique.
(5) Each person can learn new insights about self and others through reflective practice.

The digital story is an autobiography assignment that combines creating, developing, presenting and listening activities to provide new understandings about self and other that include: religion, cultural, and family. In Chang’s book (2008), she explains that “Autoethnography is an excellent instructional tool to help not only social scientists but also practitioners—such as teachers, medical personnel, counselors, and human services workers—gain profound understanding of self and others and function more effectively with others from diverse cultural backgrounds" (p.13). The digital story (DS) process is a form of reflective practice and uses both narrative inquiry and autoethnography methods. My research will study reflection, thus trying to understand if DS has positive learning outcomes. By investigating reflective practice as a learning process, I will hope to understand if DS enables the development of critical thinkers and problem solvers that improves the education of thoughtful nurse practitioners, ultimately improving primary care medicine. The next section of this paper will focus on methodology.
Chapter Three: Methodology

The purpose of the study was to explore how nurse practitioner students perceive a digital storytelling assignment in their Advanced Physical Assessment graduate program course at Washington State University.

Specific Research Questions:

Question 1: How do nurse practitioner students experience the process of creating a digital story?

Question 2: How do nurse practitioner students experience their presentations as they listen to and interact with other classmates during their presentation?

Question 3: How do NP students’ perceptions of the digital storytelling experience relate to their views of ‘self’ and ‘others’ as future Nurse Practitioner Health Care Providers? How does their perception of watching, listening and sharing their story 24 months after their initial presentation change over time?

This study used a qualitative inquiry approach. As a part of the method of inquiry this study used a semi-structured interview to identify and understand the different ways in which nurse practitioner students experienced and developed their own personal digital story. This qualitative descriptive study was the preferred method for answering questions regarding the perceptions on how students developed, listened, and gained new insights about self and others. My study looked at the student’s perception of both self and the group’s shared experience. The previous chapter developed a theoretical framework. The framework included the person (student), focusing on time, with patterns/organization in a dynamic
system which evolves over time (Rogers, 1970). Together these elements help provide an explanation for how the use of digital storytelling can improve the intended learning outcomes of self-reflection in nurse practitioner education which ultimately can improve primary care practice. This framework directed my research methodology and provided an overview for my research design, selected participants, data collection procedure, and my role as a researcher.

**Research Design**

This research used a qualitative approach based on narrative interviews with the philosophical orientation called phenomenology. Schwandt (2007) defines phenomenology as a complex, multifaceted philosophy because it is not a single philosophical standpoint (p.225). Akerlind (2005) defines phenomenographic as a tool that looks at variations in understanding across populations, rather than variation within an individual experience. As previously outlined, my research design explored the phenomena of what students experience to include perceptions, believing, remembering, feeling and evaluating their digital storytelling experience. Schwandt (2007) summarizes that phenomenological descriptions of such things are important to make meaning from these experiences. Additionally, this research has been greatly influenced by the qualitative research work surrounding duoethnography (Sawyer & Norris, 2009). Understanding how stories are constructed, created, presented, and interpreted can give us new insights to self and others. Their research work promotes relational web to generate meaningful stories and personal engagement where my work used an autoethnography to tell their stories and still promote meaningful bonds with their cohorts. “As humans, we are both story-making beings and beings that are constituted though the act of
story-telling---beings who in telling the tale, create and re-create the self, knowledge of the self, and knowledge of the world” (Norris & Sawyer, 2012 p.43).

One study which directly evaluated the belief systems of nurses (but not nurse practitioners) in relation to digital storytelling, Christiansen (2011) explained her methodology as using a “phenomenographic approach to identify and understand the different ways in which students experienced and made sense of patient digital stories” (p. 290). My research looked at the experience of viewing fellow students’ digital stories instead of patients’ digital stories. My approach utilized Bogdan & Biklen (2007) who focused on qualitative research as a mode to understand the meaning of events and interactions for ordinary people in a particular situation.

**Data Collection**

My study looked at nurse practitioners’ education and specifically at the students’ classroom learning experiences after presenting the digital storytelling assignment in the Advanced Physical Assessment course. Initially a pilot study of 23 students developed the ideas and questions regarding attitudes, perceptions and beliefs about the digital storytelling experience used in this study. After a call for volunteer students, 10 nurse practitioner students were interviewed about the digital storytelling experience. I explored how student’s different understandings of the same event related to their age, gender and diverse backgrounds.
Site and Selection

This research project took place at the Washington State University within the College of Nursing graduate program. This site was selected because of the location of the researcher and accessibility to the student population.

Research Participants

Sandelowski (2000) reported that the desired goal in sampling for qualitative studies is to obtain a sample which will provide rich information for the purposes of the study. This research project was formalized during the winter 2012-2013 academic years. The study’s target population was nursing graduate students admitted to graduate Nurse Practitioner programs. This was a purposeful sample and a convenience sample to recruit nurse practitioners. The students selected must have developed a digital storytelling presentation in their Advanced Physical Assessment course. There was a call for volunteers to the 35 students who had completed the assignment in the Advanced Physical Assessment Course. Twelve students volunteered and ten were selected. The students were each asked to consent to a one hour interview regarding their digital storytelling experiences and speak about how these storytelling assignments may or may not have impacted them. The researcher had asked each participant to bring their DS so together we re-watched their narrative digital story and discussed it from an individual basis as an artifact of the research. This is something that will be discussed later on in the limitation section since I was only able to get a fifty percent success rate due to the length of time from the production of the DS till the interview time two years later.
The researcher selected participants to represent males as well as females, represent a wide age spectrum, to include students who were employed in different specialties of nursing, from different geographic areas, and who represented diverse cultures. These variables were used to select students from those who volunteered. The design included interviewing a few students who completed the course but had refused to participate in the digital story assignment. In order to support a comfortable safe learning environment and limit bias, these students were to be interviewed by another faculty person but none of these students volunteered to participate in the study.

In spring 2012 the Washington State University College of Nursing had approximately 153 nurse practitioners enrolled in the program with the majority enrolled in the Family Nurse Practitioner program (119) and thirty-four enrolled in the Psych Mental Health Nurse Practitioner program. There were approximately 60 students in two different classes in 2011 who took the Advanced Physical Assessment Course that year and met both inclusion and exclusion criteria.

Criteria for inclusion of a student in my study included:

- Students of Graduate nurse practitioner: Family Nurse Practitioner or Psych-MHNP
- Students who have experienced the digital story in the Advanced Physical Assessment course.
• Students who refused to develop a digital story will be included (only two students) if they agreed to having a different faculty member to interview them.

• Student’s willingness to participate in an interview (60 minutes long).

Exclusion Criteria:

• Students who have been assigned to me as a faculty person for their clinical course work during 2012.

• Mentors from the Advance Physical Assessment course that are enrolled in graduate FNP or PMHNP program.

• Students who had no experience with the digital story assignment in Advanced Physical Assessment course.

**Human Subjects**

Approval was obtained from the Washington State University Institutional Review Board (IRB). The study was thoroughly explained to all participants, including their right to withdraw without question at any time during the study. The written consent form was reviewed before each interview. An opportunity to ask any questions was provided. In addition, this study adhered to the standards and protocols of the Institutional Review Board (IRB) of the Washington State University.
Instrument Development

The instrument design for interviewing was developed using a framework that included three main sections. The interview first examined the process of developing a DS; the second area examined the student’s perception about presenting their DS; and finally, the last section of the interview examined new insights about self and others developed as a result of the DS. These interview questions flow from the previously discussed framework. The literature review also provided support to the framework by evaluating a variety of previous educational studies related to storytelling, narrative stories and the use of digital stories.

Data Collection Procedure

The interview data were collected by a faculty member who knows each of the students from the Advanced Physical Assessment course. The interviews were conducted in a private office at Washington State University. The interviewer shared with all of the participants the importance of their participation. This provided the context for the interviews and helped create a rapport with students that shows that the researcher values their experiences and opinions. The length of the interviews was 60 minutes. All student participants signed a consent form and were given a copy of the consent form prior to the start of the interviews. If a student who volunteered to participate in the study had refused to develop a digital story, they were to be interviewed by a different faculty member who does not teach in the graduate program.

The interviews were conducted by asking broad questions, open-ended questions, and probing questions related to the digital storytelling assignment. Examples of probing
interview questions are found in Appendix B. The nurse practitioner students were also observed for their body language during the interviews and overall flow of the comfort with the interview. The NP students who were interviewed were asked questions about the overall experience, how the experience had affected them, and what kinds of insights were gained in the area of their own practice and future role as nurse practitioners.

The beginning of each interview was dedicated to warm up questions related to nursing background and current employment. The overall time was divided into approximately quarters discussing the following topics related to 1) background information, 2) the process used in developing a digital story, 3) insights about the listening to presentation and sharing, and 4) the review section, when the student had their DS available, the point the student and researcher watched the DS together to explore new insights about self and others’ as it relates to nursing practice. Additional probes or questions were used during the interview to clarify information. For example, ‘can you tell me more about,’ ‘how so?’ Or could you tell me what you meant by ‘----’, or ‘is this what you meant?’ were used. The consent form is found in (Appendix D) and the interview questions are in (Appendix E).

Overall the interviews were one hour and were presented in two parts. The first part of the interview session asked questions that were outlined in the interview instrument tool related to the first two research questions. If the student still had a copy of their DS and brought it in, then the second part of the interview occurred while watching the student’s DS. During this time, a “think aloud” activity took place. The artifact of the student’s DS was paused at various times to discuss the reactions. This was helpful in exploring new insights about themselves and others. Finally, field notes were kept by the researcher and a graduate
student in the classroom to document observation of students’ experiences as they present their own digital story.

**Data Analysis**

The primary source of data collection for this study came from students’ story, transcribed audiotapes and semi structured interviews that lasted 60 minutes with 10 nurse practitioner students nearing graduation in 2013. Additionally, the researcher reviewed data and insights gained from a smaller pilot study, field notes from former students, and data gathered from faculty (Rasmor, 2010).

The qualitative data were analyzed using techniques outlined by Strauss and Corbin (1998) and Crabtree and Miller (1999). The techniques included generating categories with constant comparison for emerging themes.

**Trustworthiness and Credibility**

Since this was a qualitative research project, it will not address reliability and validity in the same way a quantitative research might. Good qualitative healthcare research, according to Cohen & Crabtree (2008), includes seven criteria: 1) carrying out ethical research; 2) identifying importance of the research; 3) the clarity and coherence of the research report; 4) the use of appropriate and rigorous methods; 5) the importance of reflexivity or attending to researcher bias; 6) the importance of establishing validity or credibility; and 7) the importance of verification or reliability (Cohen & Crabtree, 2008, p.331). In order to ensure trustworthiness and rigor, findings were addressed using categories and themes. These themes were evaluated after thorough repetitive reviews of the recordings and transcripts. More specifically, the data from student interview transcripts were analyzed.
line by line in detail. The process was repeated twice to verify themes and insure consistency and reliability. Coding was done to track key themes to locations within the data sources, and provided numerical accounts of verbal activity and topic coverage. Additionally, the data were cross-checked by another faculty member or research assistant for consistency.

**Ethical Considerations**

Being a faculty member and having regular interactions with students always poses some risk and concern of coercion. I selected students who have never had me for clinical faculty for the remainder of their program. This minimized any potential for coercion, conflicts of interest, or bias. All students had similar contact with me (only during the physical assessment course).

**Archival records**

The data and transcripts of this study are at the Washington State University, in a locked file draw in the Nursing Department office.

**Researcher’s Position and Role in the Study**

I have been teaching at Washington State University for the past twelve years and have experimented in my classroom with the use of art and metaphors. Nothing has been as effective as using the digital story experience. Therefore, the purpose of my study is to investigate how students interpret the digital story assignment and how this experience may impact them during the program. All students had known me from previous classes during their program. It would be rare that I would be involved with any graded classes in clinical or
theory as they progress through the program. If that were the case, the student was excluded from the study. My role was to interview all students, review all transcripts, analyze data, and report findings for my dissertation defense.

Conclusion

Despite the lack of nursing research in the use of the digital story, educators appear to be open to using the digital storytelling for educational purposes. My goal is to answer questions that investigate the affects that the digital story has on reflection in the practice in nursing. The digital storytelling assignment is an opportunity for students to share their personal stories, much like our patients do in health care settings.

As a nursing faculty member, I believe that it is important to expose students to a variety of clinical experiences and create meaningful transformative experiences in the classroom. I believe that the digital storytelling assignment creates peer dialogue which provides nurse practitioner students a way to explore their past, present, and future and understand themselves and others better. Building in classroom learning opportunities that incorporate transformative learning, such as the digital storytelling, will improve self-reflection and ultimately improve patient-centered care.
Chapter Four Analysis

This chapter presents the results of the qualitative analysis of nurse practitioner students’ use of the digital story in an advanced physical assessment class in order to foster and evaluate reflective thinking. Specifically this chapter will: a) describe participants’ demographics in the study; b) share four participant interviews; c) present the interview findings and the interpretation of qualitative content in three tables; and d) show exploratory findings in the summary.

The tables are based on the research aims found in Chapter 1. The structure for collecting and interpreting qualitative methods follow the works of Bogdan and Biklen (2007), Denzin and Lincoln (2013). The framework uses a variety of education and nursing theorists that include Rogers (1970), and Benner (1990) which was outlined in Chapter 3. Ten students were interviewed using a narrative inquiry approach of Clandinin and Connelly (2000). Let me introduce you to a few of my student participants.

Participants

The total numbers of participants in this study were ten nurse practitioner students who responded to a research recruitment letter and email posted at the campus of Washington State University. Washington State University is a land grant institution with four branch campuses.
As students enrolled in the study, they were informed of their rights as participants and signed Washington State University Institutional Review Board approved consent prior to participation. Participants acknowledged understanding of confidentiality. Out of 10 subjects, seven were female and three were male. The ethnicity self-identified was seven US Caucasian, one non-US eastern European Caucasian, one Middle Eastern and one Pacific Islander. Additionally there were two foreign born students. The participants ranged in age from 27-52 years with the mean being 37.7 years of age. (See appendices CON). The age, number of years of nursing, and ethnicity are a good representation of the entire group of students who took this course during this semester of 2011. Additionally, the participants were employed in a variety of nursing settings. Six of the ten were working in acute care nursing settings; others were either employed in community, or psyche settings, and one was not working at the time of these interviews. One participant had a master’s degree in nursing and the rest of the participants had a bachelor’s degree in nursing. The demographic details will be further discussed throughout this chapter.

The table below provides the demographic data specific to each participant. The participants are listed vertically and the demographic information is listed across the top horizontally. The age category was left off the table to protect identity. The rest of the categories include: gender, comfort with technology, ethnicity, experience of previously developing a digital story, the use of voice overlay, comfort with disclosure and the overall assignment, willingness or experience sharing their digital story with others outside of the classroom, future interest in developing another digital story, program enrolled in FNP versus PMHNP, and marital status.
<table>
<thead>
<tr>
<th>Subjects * indicates case study below</th>
<th>Gender</th>
<th>Age Range</th>
<th>Ethnicity</th>
<th>Foreign Born</th>
<th>Graduate program</th>
<th>Marital status</th>
<th>Every heard of DS before class?</th>
<th>Technology comfort</th>
<th>Did you use voice overlay?</th>
<th>Disclosure concerns?</th>
<th>Shared DS</th>
<th>Willingness to make another DS</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1SM</td>
<td>F</td>
<td>27-36</td>
<td>Caucasian</td>
<td>Y</td>
<td>FNP</td>
<td>M</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2GP</td>
<td>M</td>
<td>48-56</td>
<td>Caucasian</td>
<td>N</td>
<td>FNP</td>
<td>M</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
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</tr>
<tr>
<td>3MB</td>
<td>F</td>
<td>48-56</td>
<td>Caucasian</td>
<td>N</td>
<td>FNP</td>
<td>D</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>May be</td>
<td>Y</td>
<td>N</td>
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<td>4CH</td>
<td>F</td>
<td>27-36</td>
<td>Pacific Is</td>
<td>N</td>
<td>PMHNP</td>
<td>S</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>5JI</td>
<td>F</td>
<td>37-47</td>
<td>Caucasian</td>
<td>N</td>
<td>FNP</td>
<td>M</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N/Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>6TM</td>
<td>F</td>
<td>37-47</td>
<td>Caucasian</td>
<td>N</td>
<td>FNP</td>
<td>D</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<tr>
<td>7JO</td>
<td>M</td>
<td>27-36</td>
<td>Caucasian</td>
<td>N</td>
<td>FNP</td>
<td>M</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>8GM</td>
<td>M</td>
<td>48-56</td>
<td>Caucasian</td>
<td>N</td>
<td>FNP</td>
<td>M</td>
<td>N</td>
<td>N</td>
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<td>Y</td>
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<td>9LC</td>
<td>F</td>
<td>37-47</td>
<td>Caucasian</td>
<td>N</td>
<td>FNP</td>
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<tr>
<td>10SS</td>
<td>F</td>
<td>27-36</td>
<td>Caucasian</td>
<td>Y</td>
<td>FNP</td>
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<td>N</td>
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<td>N</td>
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</tr>
</tbody>
</table>

Table 4.1 Participant Demographics
The next section will provide four participant interviews that show how students experienced the digital story assignment during their advanced physical assessment course. Several themes emerged which will be expanded upon in later sections. These themes included: 1) Skills to define a digital story; 2) ability to produce a digital story using creativity and technology; 3) insight into self & others; 4) insight beyond self after viewing other stories or the transformational learning, and 5) disclosure, and 6) the importance of understanding we are diverse multi-dimensional beings. Each of the following participant interviews provide different insights into how the assignment was developed, presented, and appreciated.

The participants presented in this section are followed by three research tables which explore the three research questions. Table 4.2 will discuss the themes related to the development process of creating a digital story to include disclosure issues. Table 4.3 will focus on how students felt about presenting, listening, and learning information about themselves. Table 4.4 presents the insights into self and others and what were students’ reflections beyond themselves after viewing each other stories. These themes support the important idea of fostering reflection and creating transformational learning.

The next section will address the results of this study in relation to my research questions using the data provided by all ten subjects.
Defining Digital Storytelling

Since only one out of the 10 participants had even heard of a digital story, I begin the interviews with asking each student to describe the digital story assignment in their own words. Listed below are a few example responses to the interview question. What is a digital story?

- We basically put together a story to introduce ourselves and who we were. Where we came from and where we planned to go, as well as our cultural perspective. ...

- I thought [of it as a] small story of my life that show[s] what I have gone through to get to the place I am right now.

- I felt like it was sort of an ice breaker situation. And I noticed that a lot more people than I thought had unique stories.

- After I shared about myself I felt a lot more at ease…it was humbling but it was empowering too.

Development Process of a Digital Story

This section will describe the themes that emerged in answer to each of the research questions. The first research question was: How do nurse practitioner students experience the process of creating a digital story? Five themes emerged in response to the first research questions. These themes are listed across the top of the table below and include: Storytelling, Organization, Computer Technology, Sharing Stories, and Disclosure. The
storytelling theme was clearly how students described what a digital story was through their own lens. The organization of pictures and computer technology was interesting because each person handled the project slightly differently based on their talents, skills, and resources. The sharing of stories and disclosure categories were somewhat closely linked. If a student was concerned about disclosure they often would not share their story with others. Students expressed a need for safety and privacy within a learning environment. One of the most interesting findings was the way the students developed and processed information through sharing their stories. Each student had expressed different components of what they learned about the process of putting their story together. Some enjoyed the assignment and others were stressed about this activity, but in the end most students felt they were capable of producing their story with pictures and narration within the allotted time. Finally, they also enjoyed watching their fellow students to see how they completed the assignment.

Table 4.2 Theme: Students’ Development Process and Reflection

<table>
<thead>
<tr>
<th>Participan SP-1</th>
<th>Storytelling</th>
<th>Organization Of pictures and stories</th>
<th>Computer Technology Skills</th>
<th>Sharing stories with others</th>
<th>Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Showed what I have gone through to get to the place I am now.&quot;</td>
<td>Few pictures and power points to make it presentable.</td>
<td>Had basic computer skills and did not find the assignment</td>
<td>Shared story with parents, sister and husband.</td>
<td>Non-issue.</td>
<td></td>
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<tr>
<td>Participant GP-2</td>
<td>At 2 in the morning…Got it together 10-15 minutes</td>
<td>“It seemed to be all consuming at that point for the last ten years; I had a hand full of pictures of me as a civilian and tons of pictures of me over-seas.”</td>
<td>Had a good computer background and felt comfortable with skills.</td>
<td>“I did not talk to anyone about this.”</td>
<td>Non-issue.</td>
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<tr>
<td>Participant MB-3</td>
<td>“My life in a nutshell…considering my age I have a whole lot to tell.”</td>
<td>“Conceptualized in my mind and then went to look for pictures on google.”</td>
<td>Learned voice overlay so she wouldn’t have to speak.</td>
<td>Not mentioned</td>
<td>&quot;I did voice overlay so I didn’t have to say it.”</td>
</tr>
<tr>
<td>Participant CH-4</td>
<td>“The assignment maybe me uncomfortable so I tried to meet the requirement and also stayed very guarded.” Thought it was amazing how others could tell their stories.</td>
<td>Used pictures. Family story background…I would go that far.</td>
<td>Had a good computer background and felt comfortable with skills. This is her third DS.</td>
<td>“My friends and family. When I showed it to my mom she cried.”</td>
<td>“I felt it was difficult to open up, just because I am a guarded person.”</td>
</tr>
<tr>
<td>Participant JI-5</td>
<td>“I enjoyed telling my story this way. Because it is not just the words, the</td>
<td>“I love photography… I started by gathering”</td>
<td>“Computer technology is something</td>
<td>Shared the story with her</td>
<td>“It was uncomfortable. I have to admit that I</td>
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<tr>
<td>Participant</td>
<td>Statement</td>
<td></td>
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<tr>
<td>TM-6</td>
<td>“I felt it was asking over and above what should be asked of a student because it is personal information.”</td>
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<td></td>
<td>“I don’t think I had saved many pictures on my computer. I looked up pictures on Google Images too. It helped me increase my stills in that respect.”</td>
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<td></td>
<td>“I am pretty bad at technology in general - as it relates to the computer. It is just not something that comes easy for me.”</td>
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<tr>
<td></td>
<td>Did not share her story with anyone.</td>
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<tr>
<td></td>
<td>“…being like a very private person and I am not somebody that likes to share my life story and so I felt a little afraid of the assignment. ‘I just felt raw.’”</td>
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<tr>
<td>GM-7</td>
<td>“I enjoy my history and my family. So doing this with my daughter was good because she got to ask me questions about my past.”</td>
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<td></td>
<td>“I was able to go back and find some old slides of me wearing cowboy boots which is funny cause my son wears cowboy boots.”</td>
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<tr>
<td></td>
<td>“With a decrease of computer skills I had to farm out (the skills) to my daughter.”</td>
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<tr>
<td></td>
<td>Shared the experience of making the story with his daughter and showed it</td>
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<tr>
<td></td>
<td>“I am pretty open, so no concerns with me. I don’t have any problems giving presentations.”</td>
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<tr>
<td>Participant</td>
<td>Statement</td>
<td>Statement</td>
<td>Statement</td>
<td>Statement</td>
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<tr>
<td>JG-8</td>
<td>“The DS is sort of a substitute for getting up in from of the class the old-fashioned way and introducing yourself. It gives your classmates information about you in a more entertaining format.”</td>
<td>“I started out by reflecting on things that were meaningful about my life that I wanted to share with people and kind of got a timeline down and found some pictures.”</td>
<td>“The most difficult part of the assignment for me and was getting your voice over-lay to coincide with your slides.”</td>
<td>“My fiancé at the time saw it and so did my sister. They thought it was a good portrayal of myself.”</td>
<td></td>
</tr>
<tr>
<td>SS-9</td>
<td>“We over thought it. And it turned out to be something very easy to do…very interesting.”</td>
<td>No pictures. “I wrote an outline of what I wanted to talk about how things impacted my life.”</td>
<td>“My previous experience with power point made this easy for me to do. I did not have a lot of experience with voice-over. So I wrote a script beforehand.”</td>
<td>Shared her story with her husband. “I didn’t really have a problem with it, but I think I felt a little out of place when I realized how people were like I can’t believe you went through…that. (speaking of the civil war in her country.)”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“. a good ice breaker”</td>
<td>“I pulled a bunch a”</td>
<td>“I consider myself”</td>
<td>“So you have to be okay”</td>
<td></td>
</tr>
</tbody>
</table>
Presenting, Listening, & Learning from the Digital Stories

The second research table is based on Research Question #2: How do nurse practitioner students experience the presentations as they listen to and interact with other classmates during the presentations? The table specifically addresses questions related to presenting, listening, and learning from the DS. There were four main themes that included Accomplishments, Increased Confidence, Increased Cultural Awareness, and Increased Bonding. These interview questions identified important areas that need to be addressed within any classroom setting. Students addressed their accomplishments, showed an ability to have confidence to present themselves and listened respectfully to others share their stories. The cultural awareness and bonding experiences were transformative within the classroom. These are all valuable skills needed for any health care occupation.

| nt LC-10 | interesting to get a different perspective it’s very personal.” | pictures and photos and scanned them in and basically described how I had chosen this path.” | pretty savvy.” | disclosing personal stuff, but like you said, you can choose what you want to disclose. Um, and so, the story I told, um, was pretty much was just career focused, but I could have gone in more.” |

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| Presenting, Listening, & Learning from the Digital Stories | The second research table is based on Research Question #2: How do nurse practitioner students experience the presentations as they listen to and interact with other classmates during the presentations? The table specifically addresses questions related to presenting, listening, and learning from the DS. There were four main themes that included Accomplishments, Increased Confidence, Increased Cultural Awareness, and Increased Bonding. These interview questions identified important areas that need to be addressed within any classroom setting. Students addressed their accomplishments, showed an ability to have confidence to present themselves and listened respectfully to others share their stories. The cultural awareness and bonding experiences were transformative within the classroom. These are all valuable skills needed for any health care occupation. |
### Table 4.3 Theme: Students’ Responses to Their Experience

#### Research Question 2: Presenting Listening, & Learning from the DS’s

How do nurse practitioner students experience the presentations as they listen to and interact with other classmates during the presentations?

<table>
<thead>
<tr>
<th>Themes</th>
<th>Greater Awareness of Self Accomplishments &amp; Self Achievements</th>
<th>Increased Confidence</th>
<th>Increased Cultural Awareness</th>
<th>Increased bonding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant SP</td>
<td>“DS helped me to realize I did all this work by myself.”</td>
<td>“(sharing the digital story)… was completely different of what I expected, I was scared to be looked down but it was just visa-versa. They really appreciated what I shared.”</td>
<td>“The more people know about me the better they understand me and my culture”...</td>
<td>“more connected to each other”</td>
</tr>
<tr>
<td></td>
<td>“Just helped me to appreciate the hard work I have put into the person I am right now.”</td>
<td>“I got to know myself and abilities better.”</td>
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<tr>
<td>Participant GP</td>
<td>“Every time I was deployed I felt there was something missing…I felt I</td>
<td>“I have always been a very poor salesman of myself, and”</td>
<td>“being over-seas had a big impact on me and I did not realize how”</td>
<td>“We hit it off in class pretty good …if I had not seen her story (classmate)”</td>
</tr>
<tr>
<td>Participant</td>
<td>Still needed more to take care of everybody. (returned to school)</td>
<td>Never been able to talk myself up.</td>
<td>Big of impact … It affected me but it affected me a little bit more than I think I appreciate it.</td>
<td>I don’t think I would have known (have) …</td>
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<tr>
<td>MB</td>
<td>“Considering my age there is a whole lot to tell!”</td>
<td>“Bore everyone to death”.</td>
<td>“I gained an appreciation of (other cultures) from (classmate) and her kindness and her humility. I learned that she grew up being discriminated against… And it kind of broadened my knowledge of her.” culture.</td>
<td>“I think it made us have a great appreciation for each other”</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>“I don’t think that it would have been nearly as deep. This was really special”</td>
</tr>
<tr>
<td>CH</td>
<td>“I am very comfortable when open up to me… I just about heard everything.”</td>
<td>“I really don’t like opening up and talking… it might just be practicing good boundaries.”</td>
<td>“I felt like I had knowledge of people’s culture in my cohort already.”</td>
<td>“We talked about how I was from the Philippines and how I went into mental health. My father has PTSD and we talked about that. A lot of personal questions!”</td>
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<tr>
<td>Participant</td>
<td>JI</td>
<td>TM</td>
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<tr>
<td>“It was interesting to see the pieces that I felt compelled to share, things that I was proud of or that were important to me. It was very personal.”</td>
<td>“So I think advanced practice nursing was always in the back of my mind. I really like the way nurses approach things. It felt right.”</td>
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<tr>
<td>“I have been a nurse for over sixteen and a half years and I have worked in all sorts of nursing areas.” “Well I probably could have done it twenty more times and felt that there was room for improvement, but that’s just kind of me!”</td>
<td>“It felt like when you purge yourself of a secret or something. You feel afterwards that you are not a freak! You feel really”</td>
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<tr>
<td>“I found the cultural piece to be the least helpful. You can talk about your cultural beliefs but I don’t think you can really know someone’s cultural beliefs until you see them in action.”</td>
<td>“And I noticed that a lot more people than I thought had unique stories. After I shared about myself I felt a lot more at ease.”</td>
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<tr>
<td>“I think that the most valuable thing for me was the relationships that it helped me form. I feel like I got to know people better in that class than I did in any other class in the program. In fact, I am still friends with people in that class. The depth of the relationship was deeper because you got there so much quicker. You had a base that was deeper to begin with because of what we all knew about each other.”</td>
<td>“It broke the awkwardness. I mean, this was the first day of class that we did this. It would have taken a lot longer to get to know them.”</td>
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</table>
### Participant GM

Reviewed 20 year career in various health care role.  
“Then watching my wife as a provider is really where I wanted to be. So in 2010 I went back to WSU and the NP program.”

“I actually had to get my daughter to help me…I don’t have any problems giving presentations.”

“We had multiple (cultural impacts) it was like a little UN in there. We had people in there from everywhere.”

“I think there is more bonding when people are open and you see that people are willing to share what maybe they would not otherwise. They tell a little about themselves that you would not suspect.”

### Participant JG

“It gave me a little insight what I had already accomplished and things that I am looking forward to doing.”

“…and when you can build that confidence in any way that you can-even if it is just utilizing technology-it just helps you cope a little better with everything that you are going through as a student.”

“We had a lot of diversity in the class. There was one student who didn’t grow up in the United States and who was having trouble with the language and who it was hard to identify and formal bond with.”

“So seeing her digital story was helpful because there are so many people who come through the program and until you really stop and take a listen and learn about their background you are really missing a lot.”

### Participant

“I graduated high school at 16. … But

“Well, about others’…half

“Everybody thought I was
<table>
<thead>
<tr>
<th><strong>SS</strong></th>
<th>I was able to take college classes at PCC and it was paid for by my high school. “I felt empowered.”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant LC</strong></td>
<td>“I was a CNA for 4 years and then I got my RN-AA degree at Mt. Hood Community College. I was worked at the Portland Adventist Med-surgery floor for a year on the night shift. Then I switched and started working at Plan Parenthood and have been there 9 years. I went back to school 4 years ago for my BSN and now my Master …at WSU. I went straight through.”</td>
</tr>
<tr>
<td><strong>Participant LC</strong></td>
<td>“Made me consider my story more and why I am where I am at this point…feel more confident in, yes this is why I chose this (career decision).”</td>
</tr>
<tr>
<td><strong>Participant LC</strong></td>
<td>“It was interesting to see the different perspectives and why different people had chosen to become nurses and what had brought them further down the path towards nurse practitioner. “Cause you are hearing stories…about people and their experiences, and…uh, it gives you good insight.”</td>
</tr>
<tr>
<td><strong>Participant LC</strong></td>
<td>You’re gonna spend a lot of time in close proximity with, and we’re all going through the same thing, with similar goals. “I’m more of a private person, but it did not feel completely uncomfortable sharing.”</td>
</tr>
</tbody>
</table>
Understanding of Self, Others, and Deeper Reflection

The third table is based on Research Question 3 which states: How do NP students’ perceptions of the digital storytelling experience relate to their views of ‘self’ and ‘others’ as future Nurse Practitioner Health Care Providers? This part of the interview had six interview questions. Three themes emerged: Insight of Self, Insight of Others, and Deeper Reflection. These questions provided a glimpse through the eyes of the student in the classroom. Students freely discussed their personal insights about themselves and others. When they reflected on the deeper meaning of this assignment, the discussion varied based on personal past experiences within nursing and the role of a primary care provider.

Many of the students’ comments were related to how they would treat patients, what they would consider sharing with their patients, and how they would create a common bond with their patients. Students were eager to reflect on the human experience and how they made sense of their world by this storytelling assignment. These questions seemed to provide a more insightful context related to the self and others. These are important topics to explore in a nurse practitioner program and presenting them early in the program can be beneficial in the development of future nurse practitioner providers. The diversity and authenticity of the students also provided an important aspect to their self reflection found in both the Research Question #2 table and final table.
Table 4.4 Theme: Insights into Self and Others

**Research Question 3: Greater understanding of self, others and deep reflection from the Digital Story.**

How do NP students’ perceptions of the digital storytelling experience relate to their views of ‘self’ and ‘others’ as future Nurse Practitioner Health Care Providers?

<table>
<thead>
<tr>
<th>Themes</th>
<th>Insights of Self</th>
<th>Insights of Others</th>
<th>Deeper Reflection and Connection to Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant SP</strong></td>
<td>“Sometimes I do not appreciate the hard work I have put into the person I am right now.”</td>
<td>Not mentioned</td>
<td>“I just want to treat people with respect and dignity and just listen to their story and do the best I can to help them,”</td>
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<td></td>
<td>“I knew that I wanted to be a nurse since I was a little girl.”</td>
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<tr>
<td><strong>Participant GP</strong></td>
<td>Became much more aware of self, family and others. He shared his lack of insight related to his story and owned his short comings.</td>
<td>“Everybody is different, none of us have the same nursing background, none of us had the same cultural backgrounds, there was some overlapping of it but there were all individual and that is how I have to treat everyone very individualistic I guess.”</td>
<td>“Definitely be aware of that I am sharing with other people.”</td>
</tr>
<tr>
<td><strong>Participant</strong></td>
<td>“Considering my age there is a whole lot”</td>
<td>“JG story and his parents working on the Indian”</td>
<td>She realized she is pretty open about her life which</td>
</tr>
<tr>
<td>MB</td>
<td>to tell! We only have five minutes so we have to make it applicable to the goal.”</td>
<td>reservation.” “I gained an appreciation of Middle Eastern people from SP and her kindness and her humility.”</td>
<td>she said, “stimulated all kinds of interesting conversations.” “I opened Pandora’s box.”</td>
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<tr>
<td>Participant</td>
<td>“I found out how guarded I am. I don’t like to talk about my issues and triggers”</td>
<td>“I was surprised that some people really put themselves out there. I applaud them for that.”</td>
<td>“Maybe if you could tell people that they can share as little or as much as they feel comfortable.” “Putting yourself out there your realize experience.”</td>
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<td>CH</td>
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<tr>
<td>Participant</td>
<td>“One of the girls in our class struggled with chronic disease. And I don’t think any of us would have known that. I just remember thinking “wow, there are things in my life that are hard, but I am not working that journey”.”</td>
<td>“Because it is not just the words it’s the pictures, and the schematics that people chose. You could tell something about them more than just the statistics of their story. You could tell what their personality was a little bit. You know, like they liked pink fuzzy things, or about their children or dogs. You got glimpse into their personality that you wouldn’t get in a conversation over coffee.”</td>
<td>“…that there is so much more under the surface. And realizing that when you are interacting with patients, that it is so much deeper. That there is more to their story, or there is more emotion or need than what they are sitting there talking to you about. And just being open and aware.”</td>
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<tr>
<td>JI</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Participant</td>
<td>“Well, I learned “I think it was that it “…The only thing I can think”</td>
<td></td>
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<tr>
<td><strong>TM</strong></td>
<td>some new computer skills! And I feel like I learned a little about what kind of person ends up in the nurse practitioner program. When you do hear people’s stories you are like wow how did that lead you here?” made me feel safer, socially, in the class. It was like “oh, these people know my story” or “I know theirs”. It broke the awkwardness. I mean, this was the first day of class that we did this. It would have taken a lot longer to get to know them.” of, and I kind of struggle with this, is that they always say that you are not supposed to share your own stories with patients. But I feel there are certain instances where this appropriate.” - - “It was very humbling and that this is what we are asking our patients to do is tell their story.”</td>
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</table>
|**Participant GM**| “I recalled “range rover girl”. She seemed like the preppy cheerleader type, and kind of standoff-ish. She gave her presentation and was quite honest about her relationship with her husband. It was interesting that you can’t judge a book by its cover.” “I think that it reiterates that your first impression may be wrong. And that you walk into that room, and they didn’t shower and they had to throw on some old sweats, they had other things they had to accomplish. You could be an executive making six figures, but you just judged them totally incorrectly in thinking they are off the street.” He shares a story about a patient where he was able to make a connection with and helped her with his empathy and understanding. “So to take that quick ten minutes to ask what is wrong...she just looked at me and said “I want to go to bed”.

|**Participant JG**| “I worked night shift and just knowing someone else is going through that state of constant grogginess was helpful. And “It was interesting finding out about a person’s personality just by how they constructed their digital story. Some were more serious- “In clinic you hear a lot of stories from a lot of people who bring different issues to the table. The way I guess I could relate that to the digital story and listening to
(we) talked about going through that and fitting in clinical and classes.”

probably mine was a little more serious-some were kind of goofy and off the wall. Lots of funny pictures. So it I think that was helpful just getting a sense for a person’s personality despite what they were saying.”

others’ stories it just reinforces that people aren’t one dimensional.. Keeping in mind that people are multi-dimensional is helpful when trying to come up with interventions for them.”

**Participant SS**

“So creating it you don’t get to see the full impact. It is when you view it that you get to see the full perspective.”

“How much family impacts ones’ ability to cope.”

“Reflecting back in time I guess. And not forgetting that good and bad is part of the whole picture. All of our experiences happen for a reason.”

**Participant LC-10**

“Made me really consider things more and why I chose this path. I know where I was at the time when I chose the path, so maybe I considered more why did I choose to be an FNP instead of a midwife.”

“Digital stories allowed more of a personal…vs. just reading off a CV or speaking it out of your mind. You’re giving more of a personal aspect of, “This is who I am, as a nurse.”

“More fun to view. ‘Cause you are hearing stories, um, about people and their experiences, and, uh, it gives you good insight, and um…I like hearing the stories.”

“to really let people, especially in our profession, just tell their story ‘cause they’re just going to talk right over you and not really listen until you let them tell their story.”

“reviewed what had brought me to this place and then sharing the project; that was easier than I thought it would be.”
The next section will provide a more in depth summary of four student participants interviews that provide a diverse glimpse into the students’ insights and valued comments on the digital storytelling assignment. These participants were selected because they represent young and old, male and female, foreign born, military experience, returning student, married, single, and divorced, rural versus urban, and FNP verses Psychiatric Mental Health Nurse Practitioner (PMHNP).

#1 Digital Story Interview - SP

We started the interview with a few questions about SP’s background and nursing interest. She explained that her dream was to be a nurse since she was a little girl. She explains further,

*I always wanted to get my doctorate in nursing. When I grew up and graduated from high school, I could not enter any colleges or university because I am Baha’i, the largest religious minority in Middle East. My parents moved us to Turkey because Turkey had a UN branch and they lived there for 13 months and then we moved to the United States as refugees.*

During the interview she revealed that she came to this country speaking only Farsi and she learned English after she moved to America. She described her understanding of DS as:

*I thought it is a small story of my life that shows what I have gone through to get to the place I am right now and using power points to make it presentable in class.*

When asked to explain the steps or approach she used to create or build her DS she answered…
At first I wrote my story in a word document then I tried to find pictures that I could use according to my life story I wrote. Then I put it in the computer (power point). Then I practiced my presentation.

During the research interview, approximately two years later, she was asked in what ways did the DS provide you with new insight about yourself.

*About myself, I always try to work to achieve my goals that are to become a doctor in nursing. So sometimes I do not appreciate everything I have done or the hard work I did. The DS just helped me to realize, oh I did all this work by myself. So it just helped me to appreciate the hard work I have put into the person I am now.*

And in what ways did the DS provide you with new insight about others?

*It was really fun to watch the DS. Because sometimes you are in a class with your classmates and you might be with them a semester and you might talk to them but never get to know them. I feel DS makes the classroom more connected to each other and you get to know the person in a better way. Then somehow I feel closer to my classmates because I feel like I know them through DS. It was really rewarding to get to know people through their story and know this is the life they have gone through. I think it gave the class a real valuable friendship bond.*

When asked how she felt about disclosure she shared the following:

*I know in our culture we sometimes do not like to share information but for me it was ok. I like to disclose my story and I have no problem because I just think the more people know about me the better they understand me and my culture. Because not all*
people know me as ME but they know me as the person from a country that everyone is a terrorist. So, by giving them my story, they know that people are different even when they are from a country.

I asked her to talk more about the symbolism of ending her presentation with the American flag. She explains:

Yes, the US is very close to my heart. I love this country and whenever I talk about this country and what they gave me, it just absolutely brings tears to my eyes….I just love this country. When I was a little girl, I remember I always would watch Florence Nightingale stories and I was just dreaming to be like her, but I knew I could never be like her. But now that I look back, I just have so much appreciation and thanks in my heart towards this country and the people. They gave me something that my own country, the country that I was born in, would never, ever give me.

I asked SP about her comfort of telling her story…and she said,

I was just scared because I had some pictures of me being covered, being in Iran and having the Hejab and I was just scared that people would judge me in a negative way. I was scared that people would think that I came from a third world country and I was not good enough or they would look me down. That was my biggest scare to be judged. Basically my biggest fear all the time is people looking me down because I was always looked down growing up.
I wondered if it was because of her religion or being female and she continues with more detail.

Because of being Baha’i, my religion, my seat was separated from the rest of the class because they believe that we as Baha’i’s are untouchable so in their eyes we are the lowest part of society and they do not like you so my seat was separated so the feeling that I had growing up was that I am not good enough and that is the feeling that comes up when I get scared.

Next I asked about the value of the assignment and SP’s comments were as follows:

I think all of it, making it was rewarding, talking about it was rewarding, writing the narrative part was rewarding and listening to others was rewarding….. Some of my classmates really liked it and they appreciate that I shared my story with them and shared the entire picture. It was completely different of what I expected. I was scared to be looked down but it was just visa versa. They really appreciate what I shared. ...additionally she added when you look at someone, you get an expression but when you listen to them you feel like you get to know them.

The final interview question I asked SP was to reflect beyond the digital story as a good classroom bonding experience but rather, did it help you think of different ways to connect with patients. SP’s response was:

One of the thing that I think is very important is when I go to the room of patient, to not think all my ideas, my believes and my biases just go as a provider who just one to
provide care and support whatever decision they are making and never judge my patient. I hate judging people so I just like listening to them… so I just want to treat people with respect and dignity and just listen to their story and do the best I can to help them.

SP’s story was a complete contrast for most of the class. SP grew up with severe discrimination and was fearful about presenting her story because she might be judged. In presenting her DS she gained confidence by understanding herself and her abilities. Students seemed respectful and accepting of her culture and upbringing. She expressed she felt closer with classmates and starting new friendships. She found the process to be fun and she would repeat it. In fact she felt strongly that it was important to share her culture. She shared her story with her family (parents, sister, and husband). Another student commented:

SP was quite open and enjoyed the DS, I find this interesting because I had the opposite feelings and only shared my story with the class. As far as learning experiences from this assignment a research student commented: SP needed to express her trials as a child and what she went through prior to living in the US (her story was interesting and amazing, not many people are strong enough to endure her life. SP’s willingness to share these events in her life helped me to keep an open mind and willingness to listen to individuals in my future practice.
#2 Digital Story Interview—GP

I started the interview by asking GP to tell me a little about his nursing history and how he decided to become a nurse practitioner at WSU. He responds by stating:

_I went into nursing mostly because of the military. Every time that I was deployed I felt there was something missing, the first time, I went to Afghanistan it drove me in to the RN program to expand my knowledge base and then when I deployed as an RN, I felt like I still needed more to take care of everybody and that is how I ended up in WSU. Specifically WSU, because the distance learning opportunity that they afforded.... it was much more flexible than the other programs in the area that I saw._

The next question I asked GP was what kind of computer experience he had thus far in his career? GP answered:

_I had access to secret .... Top-secret computer databases and we had to write documents and power point presentations so I am fairly familiar with all of those programs. ....I don’t know how to program anything although, I have done that before in the past with the basic and FORTRAN, way, way, way back in the day.”_

I asked him to describe the digital story assignment and how he tackled this assignment? He said,

_First of all, it was one of those desperate things at 2 o’clock in the morning. I was reading the syllabus and went “Holly.... I have to get this done”...so that is how I started doing it, and ... it was a good tool to kind of give people a heads up on where I
stood from a cultural perspective, where I was coming from, I am not exactly the easiest guy to get along with.

When I asked GP how his technology knowledge impacted his ability to do the digital story assignment he immediately responded by stating:

*It was easy, got it together maybe about 10-15 minutes. It was not difficult at all. I do not struggle at all with power points. And I Google how to embed voice over on a power point and I got a YouTube video on how to do that, so thank you Google. It saves you a lot.*

An interesting insight for GP came when I asked him to explain what steps or approach he utilized to create or build your digital story. He explained,

*First, I went looking for pictures that I had of myself. There were not a whole lot; there were a lot of army pictures and very few civilian pictures. I did not have any (family pictures) my wife took all the pictures and all are on her computer and on her stuff verses the stuff I took, was me and the guys overseas both times.*

I asked GP in what ways did the digital story provide him with new insight about yourself and others? GP shared,

*I realized that I did not have a lot of pictures of myself and that everything that I had was very military centric and that was a little disturbing because that had been a part time verses a full time job and turned into a full time job for a couple years. It seemed*
to be all consuming at that point for the last ten years and I had a hand full of pictures of me as a civilian and tons of pictures of me overseas. It was a little eye opening.

I next asked GP if he felt the digital story was worth the time he spent on it. He responded immediately

Yes, because it is that whole cultural awareness and cultural sensitivity that I was not aware of…. being overseas had a big impact on me and I did not realize how big of impact it had until I started doing this and a lot of my stuff, not my life but a lot of things like driving too fast, not sleeping well stems from all that and I guess I did not realize yeah, It affected me but it affected me a little bit more than I think I appreciated it. My cultural competence was raised on myself.

GP continued to reflect on about his cultural awareness being raised when he says:

What’s her name?, SP, the one right after me, I was sitting in the class thinking “Holly Shmoly” here I am, I’ve got half a dozen of picture of me and here she is from the Middle East and it was like oooh….yes, it was, sharp contrast, but we hit it off pretty good in the class, but had I not seen her story I do not think I would of known that about her, which is interesting.

I asked GP about how he felt about presenting his DS and he said:

I have always been a very poor salesman of myself that is always been true, I never been able to talk myself up so I think that is a lot of reasons why there is so many pictures of other things than me in my story, maybe a couple, and a lot of military stuff
because I got home less than a year before that and I was just kind of fresh in my head I guess.

Next I asked GP what did you learn or gain from the overall DS experience.

I think I got cultural competence, definitely came to the fore front, it had a sharp contrast to SP. I definitely did not expect that, that was out of the blue. The fact that she went right after me just……. I think it was good ice breaker for everyone. We were going to do something fairly intimate, we were going to do assessment on each other and we had no idea who these people were, and if we were going to be able to interact professionally in future we were going to need something more than ok, take your shirt off, let me listen to you, I do not think that would have been a good first expression I think. We needed something more than hi, I am GP, I have been a nurse for five years and my favorite color is blue and I sit down. You cannot do that. I do not think that would have been good especially if you are going to do physical assessment on each other.

I asked GP how he felt about the final outcome and GP said:

The final product I think it was great. I loved it... I saw the different approaches, some people were very aware of where they come from, couple of them had Nurse practitioner parents, so they focus a lot on that, some of the traveling that some people have done and the different places they lived and I thought that was very interesting. ... Everybody is different, none of us have the same nursing background, none of us had the same cultural backgrounds, there was some overlapping of it but there were
all individuals and that is how I have to treat everyone very individualistic I
guess…Some people focused on their nursing career and some people focused on their
entire life and some people just focus on their travel.

GP was one of three males in the study and was most transformed by the DS learning
experience. He expressed that viewing the DS of others was more powerful than his own DS.
His hearing the other stories expanded his understanding of the other participants, but also of
himself. He had a major new personal insight on himself. When he reflected on the
observation that he had many photographs from his military experience and only a few from
civilian life, discovered other behaviors related to this military experience which were still
impacting his life (driving too fast and not sleeping well). GP goes on to say what he gained
from the assignment/experience.

Everybody is different, none of us have the same nursing background, none of us had
the same cultural backgrounds, there was some overlapping of it but there were all
individuals and that is how I have to treat everyone, very individualistic.

#3 Digital Story Interview--MB

We started the interview with a few questions about MB’s background and nursing interest.

Well, I went to nursing school in Texas and I graduated in December of 2002. And I
went to work in Longview and I worked on telemetry floor for a year and a half. Very
shortly after I started working I realized I did not have the autonomy that I thought I
would have as a nurse. I wanted to take care of people but I wanted to determine
what they needed and what was best for them. But just following orders wasn’t enough for me - my brain needed more stimulation. So I enrolled in University in Arlington and went back to school and got my adult geriatric NP degree in June 2007. I intended to go back to school but my mom and my sister got very sick and I spent four years taking care of them. Both of them passed in 2011. That is when I went back to school here. So I haven’t worked as a nurse practitioner, but I have been educated as a nurse practitioner. And I just recently took my geriatric boards and passed them. I plan to take my family boards this September.

Next I asked MB to tell me about her computer technology experience before doing the digital story and she replied the following:

"I have done a lot of power points. I have a mail order business, but I don’t consider myself, by any means, good at computers. I get by. I can learn when I am taught. But if something goes wrong I am lost. So computers don’t come naturally. I love them and I use them."

When I asked her if she could describe the digital story in her own words she simply said:

"My life in a nutshell! Or, my career in a nutshell. In a positive way. I mean, it made it easy. Cause I have done so many power points before. Figuring out what to include and what not to include was the challenge...Well, considering my age there is a whole lot to tell! We only have five minutes so we have to make it applicable to the goal. And the goal was to tell people who we were in relationship to our careers. So, I
tried to go back to me as a child and a young adult and figure out how that related to being a nurse. I tried to point everything to nursing and left everything else out.

Next I asked MB if she thought the DS assignment was a valuable assignment, and if so in what ways.

Yes. There are some of those stories that I remember from that day. SP...Just coming from another country, and getting a snapshot of her and where she came from gave me a great appreciation for her. JG and his parents working on the Indian reservation. I think it made us really cohesive. It gave us a great appreciation for each other....I don’t think that it would have been nearly as deep. This was really special.”

I asked MB how she felt about telling her own story and she replied,

Like I would bore everyone to death. But by the time I got done I was like ‘this is good’. I liked it when I was done... I loved it! I start real pessimistic and work real hard. So by the time I am done I am like ‘hey, that is better than I thought it would be!’

Then I asked her what narrative dialogue occurred with your classmates after the assignment? MB said,

I opened “Pandora’s box”! Because I talked about my ex husband robbing banks after the divorce! So, yes, it stimulated all kinds of interesting conversations!
I asked MB to share one or two insights gained while sharing your digital story, or by watching others’ digital stories and MB said

*I gained an appreciation of Middle Eastern people from SP and her kindness and her humility. I learned that she grew up being discriminated against because she was Baha’i faith, and they are mostly Muslim there, and she doesn’t have a self-pity bone in her body and she just keeps going and I just have a lot of respect for her. And it kind of broadened my knowledge of her culture.*

When I asked MB if she had you ever put anything together like this before and she said,

*All that stuff is pretty categorized in my brain. My life seems to be made up of these huge things that happen to me. These chapters. So I don’t know that it did that for me. I might leave it for my kids to watch after I die.*

We concluded the interview by watching her DS two years later and realized our stories are never done. MB explained “*considering my age there is a whole lot to tell!*” She knew she had many experiences and stuck to those relating to what inspired her to become a NP. She was able to reflect on a different level between herself and others from all her years of experience.

#4 Digital Story Interview--CH

My last example is CH, a young psyche mental health nurse practitioner student. She is different from the previous participants because she is much younger and is in the psych-mental health program rather than the family nurse practitioner program. I started by having her tell me a little about her nursing career.
I graduated from WSU with my bachelor’s degree in May of 2009. At that time I found it difficult to find a job. I ended up working in a nursing home and then applied for hospital jobs. I ended up working for Bremerton Naval Hospital. At the time I was very discouraged about whether I would make it out of this nursing home. I like geriatrics, but the environment was very tough and so I also applied for the nurse practitioner program. In essence, I only did a year of nursing work before I applied for the Psyche Mental Health nurse practitioner program.

I asked CH what her computer experience had been and how that impacted her ability to do a digital story. She replied,

It wasn’t actually that bad because I am in that generation where you have to use computers; even though I hadn’t done a digital story before.

Then I asked CH to describe in her own words how she went about creating this assignment. CH replied,

Well, actually, the digital story (assignment) made me uncomfortable, so I tried to meet the requirements, but also stayed very guarded in a sense. You know, some people went into very personal topics and I felt like I was somewhere in the middle with mine…. I think digital stories are very personal—and you know, some students even put their suicide attempts in theirs and I feel certainly you can share that, but how far do you go?
Knowing that CH felt uncomfortable with the boundary and disclosure issues surrounding the assignment, I ask her if there was anything positive about the assignment and she replied with the following.

*I think it makes you aware of that (boundaries and disclosure issues). You know, there are stereotypes as a psychiatric nurse practitioner. I am very comfortable when people open up to me—you know people have no boundaries. I am (unclear) by nature, so it is that unconditional regard but I have just about heard everything, but then someone always tells me something new. But then in reverse, I don’t really like opening up and talking about if I am sad or depressed. I don’t know, it might just be practicing good boundaries.*

This was CH’s third DS she had developed for different classes and I asked her if she had put any “mountain top” life-changing experiences in her script.

*The first time I think your requirements were to put some of your philosophies and such into the story and then the second time that teacher they just wanted to know about the nursing history and background. Then, the third time I had to do it from memory, so I just talked about my family and my background and where I graduated from.*

I asked CH, in what way did the digital story provide insight about yourself or others?

*Well going back to what we had discussed, talking about boundaries, I did notice that other students also had issues with sharing information and being guarded. And I was*
surprised that some people really put themselves out there. I applaud them for that! ...

You learn a lot about other people.

I asked her which she found more enjoyable, to watch it or create.

I think both, because the creation aspect...you analyze yourself, and I agreed with other students. I felt it was difficult to open up, just because I am a guarded person. It was interesting to watch other people too, just to see what their perspective was. Some were more free; it didn’t bother them....I thought it was good. Maybe I could have shared a little bit more compared to other people.

I asked CH what kind of dialogue she had with classmates afterwards.

We talked about how I was from the Philippines and how I went into mental health.

My father has PTSD and we talked about that. A lot of personal questions

Finally, I asked CH to share one or two insights she found out about herself by doing a digital story. She responded with the following.

I found out how guarded I am. I don’t like to talk about my issues and triggers. I would rather talk about someone else...you can always tell who is comfortable sharing with others. I think it is good to have it, there is nothing forcing you to disclose (in the digital story) but for me it was very difficult to share. Maybe if you could tell people that they can share as little or as much as they feel comfortable with they would feel better about doing the assignment.
These four participants presented illustrated how this assignment was challenging for each student in different ways. Participant SP#1 came to the US as a refugee with no computer skills. GP#2 had computer skills, but no pictures except of his Army deployments. MB#3 struggled with how much to include because she had accomplished a lot in her lifetime, and finally, CH’s#4 issue was not the ability to do the assignment, but rather what to disclose or how much to avoid disclosing.

Summary

There were three main questions addressed in this study. The first series of questions addressed the process of developing a digital story. Most students could define a digital story, they thought pictures were important, and the voice overlay was new technology to them. The amount of disclosure students felt comfortable with in a classroom setting varied. The second series of questions dealt with presenting, listening, and learning as they shared their digital stories. This group of questions found four overall themes. These themes were awareness of self, confidence, cultural awareness, and bonding. These answers reassured and validated the researcher’s experience with the overall purpose of the assignment. Students shared their stories and felt a sense of accomplishment and confidence which created a greater bond with classmates. Most students felt an increased cultural awareness. Finally, the third question dealt with greater insight into self and others, and deeper reflection or the ability to see how this assignment related to their future role in primary care. All students shared some insights about self and others in a positive way. Even when students were concerned about disclosure, they could reflect about the relevance of this assignment.
Thus, the overall goal of the DS was to have students reflect on who they are by introducing themselves to the rest of the class. One student summed it up by stating, “it was interesting because it reminds us that everyone has a real individual story and we forget that sometimes.”

By using the DS for classroom introductions, students could see similarities and diversities among the students in the course. The ability to present and listen to stories is a vital skill they will need in their roles as NPs. Therefore, the advanced assessment class provided a logical platform for the digital storytelling assignment. The next section will cover the final discussion and conclusions with recommendations related to practice and further research.
Chapter Five: Discussion

This chapter discusses the findings of the research study. Specifically, this chapter will present a summary of the study, background information, a review of the methodology, provide a discussion of the results based on themes from each research question, provide conclusions for the implications for education, and recommendations for future research.

Purpose of Study

The purpose of this qualitative descriptive study is to examine graduate nurse practitioners (NP) students’ experience of creating a digital story in NP education in order to foster reflective thinking. There has been little research that focuses on the use of digital storytelling (DS) in graduate nursing education. Digital stories are a short personal narrative such as an autobiography, philosophical statements, expression of life experience, or personal/professional journey, told in the first person by using power point, iMovie, movie-maker or other media programs. This study draws upon the theoretical perspective of phenomenology and duoethnography. It does this by exploring how NP’s make sense of their world in terms of themselves, others and reflection about deeper meanings regarding their future role as a primary care provider.
**Research Aims:** 1) Examine the impact of the experience on students’ attitudes, perceptions, and beliefs about the DS experience. 2) Explore nurse practitioner students’ experience as they prepare, listen to, and interact with other classmates during their presentation. 3) Explore new insights from NP students about self and others gained as a result of the assignment.

**Background**

Nurse practitioners will listen to hundreds of stories throughout their education and career as primary care providers. To further support this concept, research done by educators, social service providers, and agents for social change find listening skills are facilitated when the listener is clear about their own identity (Lambert, 2013). The digital story assignment supports the development of a healthy constructed individual identity. This research examines how students looked at the process of preparing and sharing their own personal narratives. The digital story was assigned to students in a core nurse practitioner course with the requirement that they share their presentation on the first day of class. This assignment allowed each student to share introductions, reflections, and personal information as a part of a self-identity assessment.

**Review of Methodology**

At the beginning of my doctoral program at WSU, College of Education, I appreciated the creative aspect of art infused curriculum. I had an idea that combining nursing and art would be something I wanted to explore. Early on in the doctoral program I experienced the digital story assignment in a Philosophy of Education course taught by Dr. Paula Groves-Price at WSU, Pullman, Washington. After a review of the literature, I discovered there were
very few studies on the use of digital storytelling in nursing education. After that I experienced the duoethnography assignment in my Educational Curriculum class taught by Dr. Richard Sawyer at WSU. I had a discussion about proposing the use of a similar assignment in my Advanced Assessment course. I developed a pilot study consisting of a survey given to twenty-three Nurse Practitioner students. The findings of this pilot study and the core questions from that survey were used to develop my proposal in which a qualitative descriptive design was used to analyze the content of student one-on-one interviews.

The subjects for my research are student NPs who had developed a digital story in the Advanced Assessment course and were willing to be interviewed and share their story. I was concerned that I would not have enough participants because these students were all working and commuting to campus and I was no longer teaching this course. The current instructor had changed the entire course and deleted the digital storytelling assignment. However, shortly after I sent an email to all 63 graduate NP students, I had twelve positive responses and was easily able to get the needed ten participants. This response posits that students valued the experiences of preparing and sharing these stories. Two students that originally agreed to be in the study had graduated and moved out of the area.

As previously mentioned a survey tool was developed during a pilot study in 2011 with 23 graduate students. Those results informed the development of this study’s interview tool. Observational notes were kept after several presentations, interviews, and transcripts were analyzed using Ethnography v.6. Independent analyses of transcripts were performed by three graduate students and two faculty members.
Finally, Consolo-Wilcox’s article *Qualitative Research* (2013), presents how DS could be its own methodology for many reasons. The author postulates that DS removes the researcher from a position of narrative creator or analyzer, and instead places the power with the creator of the story. The researcher is given the responsibility or privilege to listen deeply and collaborate with those who are bearing witness to the stories (Hendry, 2007). After witnessing firsthand the DS in several classes, I felt this research was necessary to provide further validation and justification of the use of this assignment in the core curriculum for NP education.

**Discussion of Results**

Ten NP student participants were interviewed. These ten students were representative of the population of NPs attending WSU at the time. Seven were female and three were male. Self-identified ethnicity acquired seven American Caucasians, one Eastern European Caucasian, Middle East Asian and one Pacific Islander. Participants ranged in age from 27-52 years (with the mean=37). The participants represented a range of specialty and educational levels from BSN to master’s degree.

The analysis revealed several themes surrounding the three research questions which were 1) Development Process; 2) Presenting, Listening, & Sharing; 3) Insights in to self, others and deeper meaning. Additionally, students felt the assignment promoted classroom bonding, found the technology, and creativity refreshing and welcoming. Some unexpected themes related to classroom safety, disclosure, and the importance of being authentic. The next section will provide more detail about each question and themes that emerged.

**Research Question 1: Development Process**
There were five themes that emerged after carefully reviewing the transcripts that included storytelling in general, organization of pictures, computer technology, sharing stories with others and disclosure issues.

**Storytelling**

In the Table 4.2 the students were able to define the DS and develop stories based on what the participants felt was important to share about themselves. Storytelling is an important communication tool that each person will use throughout life. There were many different comments about how to define the DS from “my life in a nutshell” to “a substitute for getting up in front of the class the old-fashioned way and introducing yourself.” Some students focused on their whole life, or how they became a nurse. Some focused on their accomplishments, struggles, families, cultures and/or history. Others took a journey approach and included how they got to be where they are today and where they are going. A few students discussed significant events that have affected their life like war or military deployments. Some people shared their presentation with humor, while others took a much more serious or guarded approach. Two years later, students were able to recall each other’s stories and how different students were from one another.

**Organization of Pictures and Stories**

Visual choices and images are an important part of a digital story. Since this assignment was given two weeks before class started there was limited time to discuss much about the construction of their DS. The students reflected on how they found images that were
stored and how they retrieved photos. For some students this was a difficult part of the assignment because they did not have photos of what they wanted to share; they went to the internet to find images that reflected their intended message. There seems to be a trend toward students storing more of their pictures on their phones rather in albums or digitally on their computers. Some students who came from overseas had fewer or no photos of their life. Many students realized that what they chose to show and what others showed indicated how important it was to have certain photos. Overall, the participants felt photos were important to sharing their story.

**Computer Technology Skills**

The literature suggested that a lack of computer skills could be a limitation of this kind of assignment. By the time of this study, most students had basic or above average computer literacy and didn’t find the assignment difficult from a technology standpoint. One person asked his daughter for help. Two students did not feel comfortable with their computer skills. Two students mentioned that the voice overlay was new technology for them. According to Lambert (2013), “In digital stories, voice not only tells a vital narrative but it also captures the essence of the narrator, their unique character, and their connection to the lived experience” (p.63). In other words, it is more than a PowerPoint slideshow put to music; it came alive with voice overlay.

**Sharing Stories with Others**

Students seeing their story and hearing them tell their story was a new experience for most of them. Reflecting on one’s own experiences and looking for a larger meaning was also
an unexpected outcome of this assignment. Many students shared their stories with significant others (spouses, parents, and children). Some didn’t share with anyone. The two students who did not share their story with anyone were women, one who was divorced and the other single. Both of these women noted that they were private, guarded people, and had issues with disclosure.

**Disclosure**

Deciding what to share with a class full of strangers was a concern brought up a few times during the interviews. Most students had no difficulty sharing their stories and actually liked the assignment. Concerns about disclosure did not seem to be related to age or self-confidence. In fact, there were no factors other than gender that seemed to be related to concerns about disclosure. It may be related to the basic aspects of the individual’s personality, which was beyond the scope of this study.

Three women discussed the disclosure issue in detail; no males had issues related to disclosure. Since so many students shared very personal content, it is surprising that more students were not concerned or fearful about disclosure. “I felt it was asking over and above what should be asked of a student because it is personal information.” Another comment was noted “… I am a very private person and am not somebody that likes to share my life story and so I felt a little afraid of the assignment.” And still one of the male participant’s comment indicated just the opposite, “I am pretty open, so no concerns with me. I don’t have any problems giving presentations.”

**Development Process Summary**
This section covered the process of developing a DS with themes that included defining storytelling, organization & pictures, computer technology skills, sharing and disclosing personal information in an academic setting. The next section will examine the presenting, listening, and learning aspect of my framework model.

**Research Question 2: Presenting, Listening, and Learning**

**Self-Insights and Accomplishments**

Most participants reported gaining a new perspective on their accomplishments after completing the DS. Overall, the students reported being proud of a wide variety of past experiences. It also was a way that students could remember and process details about their classmates. They might refer to someone from the class by remembering their story.

**Increased Confidence**

From experience in teaching nurse practitioner students, I thought confidence would be related to age and experience. This study provided no evidence to support this expectation. Completing, sharing, and comparing individuals’ stories with the rest of the class allowed the participants to increase their confidence. Confidence came from reviewing all the work completed to get into the NP program, and completing the 1st assignment (which was the DS). One male student’s commented: “*It gave me a little insight what I had already accomplished and things that I am looking forward to doing.*”

**Increased Cultural Awareness**
Sharing personal stories also taps into cultural beliefs. The class was diverse and many different cultures were represented. Most students appreciated learning this aspect of their classmates. Two students seemed to be more transformed through listening to other stories. Six students’ mentioned the value of sharing their DS for the cultural benefit, realizing not everyone shares the same beliefs and values. Unexpectedly, two students did not perceive that the DS helped with cultural awareness. Both of these students were also guarded and had issues related to personal disclosure. Whether the issue of personal disclosure was related to their lack of sensitivity to cultural awareness could not be answered by this study.

**Increased Bonding**

The theme of developing a common bond by sharing personal information allowed the classmates to become more intimate and have an appreciation towards each other. Several participants described how the DS helped students to get to know their classmates faster than they might have otherwise. One student said it best, “*I got to know people better in that class than I did in any other class in the program.*” Another participant said that “*the common connection for all of us was this advanced assessment class*”.

**Presenting, Listening, Learning Summary**

From a faculty member’s perspective, this assignment provides a better understanding of student world-views, situational stressors, and cultural beliefs that led to a richer classroom discussion. This section highlighted the connection students made when they presented, listened, and learned through sharing their own stories. Even when there did not seem to be much in common, listening and sharing stories helps students to bond and reflect through
shared human experience. The next section will cover the greater understanding of self, others and deeper reflection that arose from the DS assignment.

Research Question 3: Greater Understanding of Self, and Others

Insight of Self

Completing the DS allowed the students to reflect on their own lives in a different way. For example: 1) Not judging others too quickly is a critical diagnostic skill essential in primary care; 2) Appreciating all the hard work that brought the student to where they are now; 3) Recognizing short comings related to our biases, and personal judgments; 4) Learning more about disclosure issues or guarded aspects of ourselves, and 5) Learning new computer skills. A role transition is another part of the student’s identity that changes as the result of going back to school to become an advanced practice nurse or provider. This shared learning experience is a journey into their self-identity, by reflecting on, “Where have I been,” “What’s next,” and “Who am I becoming?”

Insights of Others

Students were able to own their insights from stories they heard in class 24 months prior and provide honest self-reflection with a deeper awareness of the shared experience as noted in the earlier participant interviews. Viewing classmates DS provided insights that facilitated much deeper, more meaningful relationships. These are topics that are often difficult to address and are easily bridged by the DS assignment. Within the past few months, unrelated to this research I had a student share his insight about his digital story: “While
making this (DS) I was able to reflect on all the reasons why I want to give high quality patient care. It was humbling to remember that I didn’t get into this [nursing career] just for money alone. I think sometimes we go blind to our convictions. Seeing how a sick mother can affect an entire family has really changed the way I view holistic care, as my mom’s sickness really hurt everyone in the family. By helping one person in that family you can help everyone.”

**Deeper Reflection and Connection to Primary Care**

Going through the experience of sharing personal information (through the DS) allowed some people to understand how difficult it might be for patients to answer the personal questions we ask them. Some students shared how they now have a better understanding that first impressions are not always correct, and they need to understand more about the patients they are treating. One student expressed that her views of professional boundaries in the nursing make it difficult to be open with patients and “that there is taboo” to share our stories with patients. Another student said, “It is very humbling and that this is what we are asking our patients to do is tell their story.”

The shared learning experience after seeing several DS in a classroom helped students see the overall value of individual differences and created a sense of community with their fellow classmates. Students deepened their relationship by sharing their stories. Additionally, students shared their stories and found that their accomplishments were similar or quite different from other classmates. This type of reflection is a powerful learning tool.

**Insights into Self and Others Summary**
My three research questions clearly built upon one another. Each student had a different journey to develop their DS. Some students were able to see multidimensional aspects and others were very linear in their approach. The themes that clearly emerged were linked to insights, accomplishments, confidence, cultural awareness, and bonding. Overall most students were quick to make comments about what they learned and felt comfortable sharing their insights about self. Disclosure was a critical issue for some and figuring out what to disclose was more of a process element than a presenting element. The insights shared about others were highlighted again if it was cultural awareness, bonding, or disclosure themes repeated throughout the interview. Surprisingly each participant discovered something different in this assignment. The DS can be a way to provide insight into self and others, but more importantly, is the ability to learn new insights about ourselves and change a viewpoint, bias, or misconception. This can also translate into better life-time clinical decision making skills for clinical practice.

**Strengths of the Study**

A strength of this study was that the ten participants represented a variety of nursing backgrounds, ages, and included three males. Also, there were three different ethnic groups represented besides US Caucasian. By percentage, this was a diverse representation similar to the demographic characteristics of nurses nationwide. In addition, there was one psychiatric mental health nurse practitioner student and nine family nurse practitioner students. All participants were able to relate to the role of a primary care provider and the need to listen to stories and understand the benefit of connecting with patients.
The participants were easily obtained because they were still enrolled in the program and had a strong connection to this study because they had experienced creating, presenting and listening to DS in their program. The other strength which could also be viewed as a weakness was the fact that the interviews took place two years after the Advanced Assessment class occurred.

My experience as a nurse practitioner for over thirty years could be viewed as a strength because of many years of experience of performing a variety of physical examinations in which I have embraced the idea that everyone has a story to tell. I have used many examples of stories in my teaching role to help illustrate the value of efficient history taking. During my class I used reflective journaling after each student presented their digital story. All interviews were transcribed from audio recordings and the data were coded and reviewed with a current faculty member and three graduate nursing students for a high level of rigor and redundancy. Additionally, an outside nursing research scholar reviewed the transcripts for accuracy and members check.

**Limitations of the Study**

Ideally, the sample size was good but the timing was somewhat delayed. I would have liked to interview the subjects closer to the time of their DS presentations. I believe conducting interviews sooner to their DS presentation would have provided more reflective narrative and clarified some of the deeper meaning of the DS. I was also interested in the interactions among students that occurred that may not have been captured because of the two year period. I would liked to have had more than one psyche mental health nurse practitioner
in the study to compare many of the issues surrounding disclosure, bonding, and insights of self and others.

During the research interview process I learned how to conduct a more effective interview. I realized I needed to probe deeper into the questions related to clinical practice and let students expand on the dialogue. I felt I should have paused more and said, “tell me more about ….” For example, “it is when you view it (DS) that you get to see the full perspective,” it would have been helpful to hear more of the student’s meaning of this response.

Another problem came when the last participant’s tape recording was difficult to transcribe. Everyone warned me to always have two tape recordings of each interview. During the this last interview the tape somehow was not recording; I used the recording on my cell phone but was unable to transfer the recording from my cell phone to a tape recorder afterwards. Fortunately, by giving up my cell phone for a short while the interview was transcribed.

The length of time from the class to the interview time was up to 2 years later. This created a problem when it came to viewing the DS again because some people lost them, could not locate them, or their computer had crashed. This caused me to question whether we are losing some of our history now that we no longer use photo albums that we actually can pick up and touch. Even when we store things on two or three computers, thumb drives and phones, rarely are they cataloged, organized or dated for retrievability.

**Conclusion**
While 10 interviews of NP students cannot provide a sound basis for the use of DS implementation in NP education, the findings of this qualitative study suggest that the use of DS can be a valuable tool in team building and bonding. It blends narrative pedagogies, creativity, and technology to help students develop self-reflection skills. It provides opportunities to listen to stories and practice active, narrative based reflection that can bridge age, gender, and culture gaps in and out of the classroom. In an advanced assessment class in which students assess one another, it builds trust, openness and breaks downs barriers which could interfere with students working together and learning from one another. As Hendry (2007, p. 495) stated, “Through telling our lives we engage in the act of meaning making. This is a sacred act. Stories are what make us human. We are our narratives. They are not something that can be outside of ourselves because they are what give shape to us, what gives meaning.” The shared experience of storytelling has implications for nursing practice, education, and research. The technology is here and the innovation will continue to transform healthcare education and learning.

**Implications for Nursing Education**

Implications for nursing education from this study fall into three main categories which are process and development; the importance of, presenting, listening and sharing stories, and reflection on self and others. There are many other educational implications for the use of storytelling and DS which are beyond the limits of this research.

Process and Development of a Digital Story. Students were well versed in technology and embraced the use of new digital technologies. The outcomes of this learning experience
impacted this group of students and extended beyond this one health assessment course. Due to the students’ ability to utilize more than one type of software, the digital story exercise introduced a number of different modalities. This heightened both student and faculty awareness of digital images as a tool to enhance learning. The assignment made faculty aware of the possibility of using technology to enhance reflexivity in other clinical courses. Nursing faculty who do not have the level of computer literacy of today’s students will need to develop greater media literacy in order to utilize this kind of technology to maximum educational benefits
Presenting, Listening and Sharing a Digital Story.

The digital story is an autobiography assignment combines presenting, listening, and sharing activities to provide new understandings about self and others that include: religion, culture, and family (Chang, 2008). NP education is in the business of developing new primary care providers. The advanced health assessment class is an introductory course in all Family Nurse Practitioner (FNP) curricula (NONPF, 2012), so confidence building and identity formation are developed early in the program. NP students are constructing a new identity as a future health care provider as they evolve from an registered nurse (RN) role to an NP role. The DS can facilitate self-awareness and identity formation. (Sumara & Luce-Kapler, 1996). Part of that transformation is a new professional identity which helps broaden one’s own perspectives and outlook. The value of this assignment is the ability to self evaluate and to reflect back on ones’ personal history.

The DS created a sense of cohesion and community within a class which often is very task oriented and individual student focused. As one student commented, the digital story exercise enhanced team building and the development of a cohort.

Another key element of NP education is the development of listening skills through history taking. This foundational advanced health assessment class focuses on patient-centered communication, listening, and pattern recognition skills. In the classic textbook, Bate’s Guide to Physical Examination and History Taking (Brickley & Szilagyi, 2013), the components of a comprehensive history are considering the patient’s story. In history taking, there is an emphasis on the “empathic listening and close observation that helps the
practitioner have an open and unique vista on the patient’s outlook, concerns and habits” (p.75). These stories or histories are usually considered to be the most valuable part of the clinical encounter in making an accurate diagnosis and developing patient management strategies. Therefore, the advanced history and physical assessment class provided a logical platform for the digital storytelling assignment to promote self-understanding and the development of the patient and family centered narrative focus.

Insight into self, others and reflection: This type of assignment begins a process which will continue throughout the primary care nurse practitioner curriculum of transforming self identity, increased technology, bonding, listening and becoming a reflective practitioner that are all relevant to primary care practice. In a recent research study, the authors (Lenart, Belza, and Christianson 2012) reported that creating digital stories can encourage therapeutic communication skills, self-reflection, synthesis and affective learning. My hope for nursing education is that we become more open to different ways to teach, learn, and reflect within the classroom.

**Implications for Future Research**

Although there were only 23 subjects in the pilot study survey and 10 subjects in the face-to-face interviews, this study provided a variety of findings that need to be further explored. Future studies related to gender, age and culture related to disclosure, bonding, listening to stories and reflection would better inform our curriculum. Comparing different
health care providers in the primary care arena might also provide insights about confidence, fears, career choices and recruitment.

The potential for digital storytelling in primary care practitioner education and clinical practice are endless. A potential curricular innovation might be a “capstone” project at the end of a nurse practitioner program encompassing clinical challenges or a personal growth experience encountered during their nurse practitioner education. These stories could be hosted digitally in a web-based salon. Throughout the program, the digital story could be used in a case study learning approach where patient cases are presented with one or more photos. The digital medium could foster a more holistic view of the patient beyond medical diagnosis or management of chronic health conditions. Like students’ digital stories, our patients have a home, family, and historical data that makes them unique. The use of digital stories can help teach students to embrace each patient’s individual story as an important part of their future primary care practice.

One example found in medical school education, presented a model to help medical students reflect on meaningful clinical experience, published in www.MedEdWorld.org. In this model, stories are created using a theme like death & dying, ethics, boundaries, professionalism, patient complexity, and diverse front line clinical practices. These stories made students think deeper about their clinical learning. DS proved to be a powerful tool for reflection. These types of learning activities assist educators see clinical practice through a student lens. More research needs to be done looking at patient centered learning experiences
that use a digital story or other storytelling component to achieve improved quality of care offered by a more reflective practitioner.

Finally, the emphasis in digital storytelling is becoming less on digital and more on storytelling and becoming a reflective practitioner. Basically, the word *digital* will have less meaning as more human expression becomes digital in every context. We are moving rapidly away from old technology to a period of time where we have seen an evolution of people posting small videos and short stories with images on Face book. In the future listening will go beyond words to what the storyteller is intending us to hear (Lambert, 2013). In primary care this will become listening beyond words to the history our *patient* wants us to hear. One can conceive of a future in health care in which each of us will have an imbedded chip which includes not only DNA data but our personal health care story. This would be available to our health care providers to listen and reflect on at each clinical encounter.

In conclusion, the digital story is an educational approach which encompasses both the thousand year old tradition of storytelling with the digital technology of the 21st century. This technological and narrative focus can facilitate the development of authentic and empathetic practitioners who really view patients as people and value their humanity. In addition this study suggests that the use of DS can help students understand themselves and one another better.

When I started this research there were very few qualitative studies using the digital storytelling technology in advanced nursing practice. However, in three years there have been a variety of studies and uses within the healthcare disciplines. The story told by the student
provides a glimpse into personal stories, voices, and life experiences of people much like our patient population. These stories can share life challenges and achievements relating to health, family, and well-being. DS is a method that can provide an opportunity to create dialogue and provide rich, culturally diverse and relevant first person narrative stories.

Finally, nurse practitioners will listen to many narrative patient stories over time. Therefore, this study has brought me full circle back to the fact that students need to know their authentic stories before they consider being able to listen and treat their patient stories. This means they can reflect, re-examine, and rethink as they gain new insights into self and others. So… let the stories begin.

“Stories move in circles. They don’t move in straight lines. So it helps if you listen in circles. There are stories inside of stories, and stories between stories, and finding your way through them is easy and as hard as finding your way home. And part of the finding is getting lost. And when you are lost, you start to look around and listen.”

-Corey Fischer, Albert Greenberg and Naomi Newman
A Traveling Jewish Theater from Coming From a Great Distance.
Excerpted from Writing for Your Life
By Deena Metzger
(Lambert, 2009)
REFERENCES


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Appendix A

Digital Story Assignment

ASSIGNMENT

1. Digital Story and Autobiographical (20 points) (Pre-Requisite assignment) Do this before class begins.

The overall purpose of this exercise is to start thinking about ourselves and the future impact that others have had in our lives. It is a critical thinking exercise to welcome diversity and understand everyone has a story to tell and so we will start this class by using these stories to introduce each other. Most of the decisions that we make as nurses and nurse practitioners are based in part on our philosophies of what we believe is the larger purpose of our philosophies of what we believe works best, and our philosophies of what we generally believe is the “right” thing to do. Rarely, however, do we take the time to reflect upon who we are as a person. Prepare an autobiographical presentation describing your personal, nursing/professional background. Reflect on your life and your schooling experiences and analyze the roles diverse socioeconomic, ethnic, or linguistic contexts have had on your life. Explore your identity(s) and your positionality and the impact your background has on the way that you view the world. You may also want to include a discussion of your family, including the origins of your ancestors, and the impact your family and experiences has had on your attitudes and beliefs toward diversity, multiculturalism, teaching, and learning. How have your experiences and beliefs translated into your practices? How have your experiences and beliefs impacted your expectations of others in the health care settings? How has your own schooling experiences impacted your practice as a nurse and your desire to work as a nurse practitioner?

For this assignment, you may digitally tell your story via PowerPoint, iMovie, movie-maker, or some other program, but I would like for it to contain pictures (your own or “found” pictures or a mixture) and be timed so that it is no more than 3 minutes long. You may wish to use your paper as a “script” to be read in front of the class as your video plays or you may read and record your narration onto your video. The choice is yours. Do not plan to do a presentation where you will need to click through a power point presentation.

Helpful hints on preparing a digital story for educators can be found at: www.techlearning.com/printablearticle/8030

Another great link for a reference is: http://www.storycenter.org/
Appendix B

Demographic Information & Interview Questions

**Part I**

What is your age? __________ years

Gender M or F

Ethnicity _______________

Years as Registered Nurse _______________

Specialty _______________

Years in specialty_________________________

Highest Level of Education Completed_______

Program of Study FNP or PMHNP___________

Computer Experience before entering MN________

**PART II**

**Question 1:** How do nurse practitioner students experience the process design to presenting a digital story?

1. Tell me a little bit about your nursing career history and how you came to decide upon becoming a Nurse Practitioner here at WSU-V.

2. Before the digital story assignment, what was your knowledge about digital story? Had you ever done a digital story before this program?
3. Can you tell please tell me the process you used to develop and create your digital story?

4. Did it cause you to look at your history? Culture? Family? How so? How was that?

5. How did you decide upon what you included in your digital story? How did you feel about that process?

6. Did you rethink and reevaluate what you were going to present in your story? How so?

7. How many hours did you invest in this project?

**Question 2:** How do nurse practitioner students experience listening, sharing and presenting of the digital story from their own presentations to listening to other classmates?

1. Now talk to about the presentation process. How did that feel?

2. Were you pleased with your presentation?? How so? If not…Why?

3. How did you view others’ digital story presentations?

4. What do you recall from listening to other’s stories?

5. What stands out the most about the DS experience?

6. How did you feel about what you disclosed in your digital story?

**Question 3:** Describe how students viewed the digital storytelling experience contributing to the insight of ‘self” and ‘others’ as future Nurse Practitioner Health Care Providers.
How does watching, listening and sharing their story 6-12 months later change over time? What did you learn or gain from the digital story experience? What effects did the digital story have on you as a student?

1. How do you define story in your practice?

2. What was the most meaningful part of the digital story, making or watching other stories? Do you think this assignment was a valuable experience? If so how? If not why? How would you define the digital story now? What if any cultural impact did the digital story experiences provide?

3. Do you think you would ever consider making another digital story? IF yes explain, and if no please explain.

4. If you had to change one thing what would that be?

5. Could you possibly share one or two insights you gained either during you’re developing your digital story or watching others’ digital story?

6. What effects do you think this assignment had on students?

7. What if any cultural impact did the digital story experiences provide?

8. Do you think you would ever consider making another digital story? IF yes explain, and if no please explain.

9. Are there any other insights or stories you would like to share or add?

   How do you conceptualize how the story works?
THINK ALOUD/ Put it on pause while watching the digital story. (Role modeling a think aloud episode for students to see). What is going or were they thinking about when they included this piece of information.
Appendix C

CONSENT FORM

Melody Rasmor is conducting a small research study exploring the attitudes of Nurse Practitioner Graduate students.

The purpose of the study: The purpose of this research project is to identify common feelings and beliefs of nurse practitioner students related to clinical practice with vulnerable populations at the Community Based Health Clinic (CBHC). The information in this consent form is provided so that you can decide whether you wish to participate in this study. It is important that you understand that your participation is completely voluntary. This means that even if you agree to participate you are free to withdraw from the experiment at any time, or decline to participate in any portion of the study, without penalty.

What the subjects will be asked to do. Participants will be asked to work as a student Family Nurse Practitioner providing at least 90 clinical hours at the CBHC. As a participant in this study you will be asked to respond to a questionnaire.

Questionnaire:

Subjects will be asked to complete a questionnaire before and after working at the CBHC. The questionnaire will take no more than 15 minutes on two separate occasions.

This research project poses no known risks to your health and your name will not be associated with the findings. Your participation will take approximately 90 clinical hours and 1-2 additional hours. You will receive $ 20.00 gift card at the end of the session for your participation in this research project. Also, upon completion of your participation in this study you will be provided with a brief explanation of the question this study addresses. If you have any questions not addressed by this consent form, please do not hesitate to ask. You will receive a copy of this form, which you should keep for your records.

Thank you for your time.

________________________________________

Melody Rasmor MS, FNP (360) 546-9619
CONSENT STATEMENT:

I have read the above comments and agree to participate in this experiment. I give my permission to be videotaped, under the terms outlined above. I understand that if I have any questions or concerns regarding this project I can contact the investigator at the above location or the WSU Institutional Review Board at (509) 335-9661.

__________________________________________  __________________________
(Participant’s signature)                              (Date)
Appendix D

Figure 1. Epidemiology Model for Community Health

Note: Epidemiology Model for Community Health (From Cassens BJ: Preventive medicine and public health, ed 2, New York, 1992, John Wiley & Sons.)
Appendix D (continued)

Figure 2. Martha Roger’s Model/Framework.

Note: Martha Roger’s (1970), nursing theory of health believes human beings have a wholeness that is greater than the sum of its parts, we have certain patterns and organization to our lives, and are on a continuum of time.
Appendix E

Photos

Figure 1 “Children of the Loom, Lewis W. Hine Jan. 19, 1909 (p. 18)
Appendix E (continued)

Figure 2 “Migrant Mother”, Dorothea Lange, February 1936 (p. 28).

Figure 2 “Migrant Mother”, Dorothea Lange, February 1936 (p. 28).
Appendix E (continued)

Figure 2 “Migrant Mother”, Dorothea Lange, February 1936 (p. 28). The power of the Image, TIME 100 Greatest Images: History’s Most Influential photographs. (v1) 2010 Time Home Entertainment Inc. New York, NY.

Figure 3. “Lunchtime atop a Skyscraper”, Charles C. Ebbets, Sept. 29, 1932. Figure 3. “Lunchtime atop a Skyscraper”, Charles C. Ebbets, Sept. 29, 1932 (14-15). The power of the Image, TIME 100 Greatest Images: History’s Most Influential photographs. (v-1) 2010 Time Home Entertainment Inc. New York, NY