Theses and Dissertations (All)

2-2-2015

Nursing Students' Lived Experiences in Learning Communication Skills in a Theater Class Taught by Theater Faculty

Pamela S. O'Harra
Indiana University of Pennsylvania

Follow this and additional works at: http://knowledge.library.iup.edu/etd

NURSING STUDENTS' LIVED EXPERIENCES IN LEARNING COMMUNICATION

SKILLS IN A THEATER CLASS TAUGHT BY THEATER FACULTY

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Education

Pamela S. O'Harra

Indiana University of Pennsylvania

December 2014

Indiana University of Pennsylvania
School of Graduate Studies and Research
Department of Professional Studies in Education

We hereby approve the dissertation of

Pamela S. O'Harra

Candidate for the degree of Doctor of Education

_____   _____
                               Kelli R. Paquette, Ed.D.
                               Professor of Professional Studies in Education,
                               Advisor

_____   _____
                               Theresa Gropelli, Ph.D.
                               Associate Professor of Nursing and Allied Health
                               Professions

_____   _____
                               DeAnna M. Laverick, D.Ed.
                               Associate Professor of Professional Studies in Education

_____   _____
                               Anne D. Creany, D.Ed.
                               Professor of Professional Studies in Education, Retired

ACCEPTED

_____   _____
Timothy P. Mack, Ph.D
Dean
School of Graduate Studies and Research

Title: Nursing Students' Lived Experiences in Learning Communication Skills in a Theater
        Class Taught by Theater Faculty

Author: Pamela S. O'Harra

Dissertation Chair: Dr. Kelli R. Paquette

Dissertation Committee: Dr. Theresa Gropelli
                             Dr. DeAnna M. Laverick
                             Dr. Anne D. Creany

This qualitative phenomenological study describes the "lived experiences" of ten junior and senior baccalaureate nursing students after learning nursing communication practices in a theater course taught by theater faculty. Researcher observation of the students during the interviews, the students' reported experiences, and journal writings were used to determine if the methods used in the theater course were beneficial to their overall abilities in practicing effective communication in the health care setting.

The analysis of the researchers' observations and the students' responses and journal writings showed that students' felt unprepared and unable to effectively communicate prior to taking the theater course. After the theater course, the analysis of the data revealed an overall increase in the students' perceptions of their ability to effectively communicate in the health care setting. The data also revealed that the teaching methods used in the theater course increased students' confidence levels and heightened the students' inner self-awareness during the communication process.

The results of the study showed that students felt their communication abilities were heightened mostly in the areas of empathy, assertiveness, and the use of body language. The results also revealed that the students contributed their new found communication practices to the teaching methods used in the theater course. The students reported that meditation,

relaxation techniques, journaling, and role-playing with the theater students using nurse-patient

scenarios were the reasons they felt their overall communication abilities improved.

ACKNOWLEDGMENTS

I would like to acknowledge my husband, Leroy, children Max and Karlee, my parents, Max and Linda, and sisters, Bonnie and Lynn, for seeing me through this process and being understanding of the time and work that was needed to finish my doctoral degree. They have all helped in so many ways and dedicated their time to helping me succeed.

This has been a long journey and I would especially like to acknowledge my dissertation chair, Dr. Paquette and my dissertation committee, Dr. Gropelli, Dr. Creany, and Dr. Laverick for the dedication and guidance that they have given me through the dissertation process. Their commitment and passion in helping me succeed will not be forgotten.

I would also like to acknowledge my friends and colleagues in the nursing department who have all at one time or another either taught me or mentored me in some way. They have contributed to my success in nursing in so many ways and have willingly helped me through this process by sharing their knowledge and words of wisdom. Additionally, I would like to acknowledge those in the education department who also taught and guided me through the journey of obtaining my Doctoral Degree in Education.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

STATEMENT OF THE PROBLEM

Communication is a basic human need that is necessary for human functioning and well-being. Communication is also a social interaction which fosters psychosocial needs of love, belonging, and self-esteem (Taylor, Lillis, LeMone, & Lynn, 2011). The process of exchanging information verbally and non-verbally is not only the basis of society but also one of the most essential aspects to building nurse-patient relationships, engaging in therapeutic communication, and in overall nursing practice (Boykins, 2014; Levinson, Lesser, & Epstein, 2010; Nørgaard, Ammentorp, Ohm Kyvik, & Kofoed, 2012; Taylor, Lillis, LeMone, & Lynn, 2011; Ünal 2012; Zavertnik, Huff, & Munro, 2010).

Although communication is a core component in nursing practice, the problem of this study is that nursing students do not possess the confidence, knowledge, or skill sets to actively engage in effective communication practices in the health care setting (Ünal, 2012). Moreover, students do not have a clear way of understanding how to handle a patient's feelings or responses to sensitive areas (Kotecki, 2002).

Nursing students starting clinical rotations in a healthcare setting will often feel their communication skills are inadequate (Chen, 2011). Students often say to their instructors, "I'm not sure what to say to the patient when they refuse their medications." "I'm not certain how to explain the procedure in a way that the patient will understand." "I'm not sure what to say to the family when they ask questions about the patient because of HIPAA," and "I am not sure how I should react when my patient gets bad news about their health status." Students also struggle with "how they are perceived by the patient" (Reams & Bashford, 2011). Therefore, effective

1

communication skills need to be acquired in order for students to feel confident and comfortable with their communication practices.

Additionally, students need to acquire these communication skills prior to entering the work-force as registered nurses because of the other issues that arise that inhibit nurses from communicating effectively and demonstrating caring and empathetic behaviors. Some of these issues include an increase in budgetary constraints and a decrease in staffing practices which, in turn, increases nurse workload (Fox, & Abrahamson, 2009; Harrison, 2006). The increase in workload creates a dilemma for nurses. In order for nurses to manage all of their responsibilities, they must spend less time at the patient's bedside. Having less time at the bedside interferes with effective communication practices (Hemsley, Balandin, & Worrall, 2012). Another factor that affects nursing communication is the emphasis that is put on cost-effective treatment practices, fewer resources, and increased stress levels of nurses (Fox & Abrahamson, 2009). Workload, budgetary constraints, or lack of communication skills should not decrease or eliminate caring and effective communication practices. Instead, it is necessary that nurses learn effective communication strategies that maintain caring and empathetic practices which best meets the needs of their patients, while managing their other job responsibilities.

In retrospect, after the students enter the workforce, the many issues that surround nursing that impede effective communication will make it even more difficult for the students to communicate effectively. Therefore, it is imperative for nurse educators to prepare students in effective communication prior to entering the workforce.

Furthermore, there have been standards and goals set in healthcare by the Institute of Medicine (IOM) that need to be met by health care providers which is reliant on the ability to effectively communicate in all areas of healthcare. The objectives set by the IOM focus on the

fundamental need of health care to be safe, effective, patient-centered, timely, efficient, and equitable (IOM, 2001). Communication was identified in *Crossing the Quality Chasm* in 2001 in a report developed by the IOM as one of the primary elements in patient-centered care (Levinson, Lesser, & Epstein, 2010). In order to meet the aims set by the IOM, certain primary effective communication skills must be practiced by the nursing profession. Effective communication practices are comprised of important primary behaviors such as professionalism, caring attitudes, active listening, assertiveness, problem-solving, and empathetic behaviors (Rickles, Tieu, Myers, Galal, & Chung, 2009). These communicative behaviors and practices are essential to patient-centered care which is one of the primary aims in the IOMs' (2001) report. To guarantee that patient-centered care is being delivered the IOM has called for improvements in nursing education (IOM, 2010). In order for nurse educators to respond to the call from the IOM, nurse educators must first identify the problems in nursing education. One of the main areas of concern is nursing students' inability to effectively communicate which can lead to patient confusion, misunderstanding information, uncertainty, inability to know what questions to ask, and inability to express feelings (Bernard, Roten, Despland, & Stiefel, 2012), causing negative patient outcomes. Hence, a need for these communication practices to be developed prior to entering the workforce is required.

Teaching effective caring and empathetic communication to nursing students is becoming a challenge for nursing faculty because as research has demonstrated traditional methods to hone communications skills have been deemed ineffective (Reams & Basford, 2011). Thus, it is imperative to develop teaching strategies that enhance student learning in effective communication which encompass empathy, caring, active listening, assertiveness, and non-verbal communication.

This qualitative phenomenological study will explore the "lived experiences" of nursing students learning effective communication practices in a theater course taught by theater faculty. Rich descriptions and meanings of the students' experiences will be provided in order to establish the value of this method in teaching nursing communication.

Theoretical Framework

These theoretical frameworks being presented will not necessarily guide this study but will provide a background and history of the important components in nursing that is essential to effective nursing communication. Based on Nightingale and the American Nurses Associations' (ANA) ethical approaches to nursing and Leininger (1991) and Watsons' (1978) models of caring, a foundation for implementing effective communication in nursing can be established.

The profession of nursing has a distinguished history of preparing professionals who are compassionate, caring, and capable of functioning as a patient advocate. Nursing has been recognized as a profession of caring and high moral standards since the era of Florence Nightingale. Nightingale referred to nursing as "a call to service by God" (McDonald, 2010, p. 725). These ethical standards are still well-recognized and practiced. After Florence Nightingale, the ANA adopted its first code of ethics in 1950. Over the years, the ANA's Code of Ethics has been updated and revised according to the "changing social context of nursing" but still embraces consistency in "ethical, virtues, values, ideals and norms of the profession" (Fowler, 2008, pp. xiii-xiv). In order for these high moral practices to be applied to patients and families, nursing students must capture the essence of nurse communication.

Moreover, being a good nurse is a "moral endeavor" (Sartorio & Zoboli, 2010). According to the ANA and well-renowned theorists, caring is essential to effective nursing practice. Communication involving caring and empathetic behaviors is a concept that describes

4

the overall nature of the nurse-patient relationship (Gustafsson, Asp, & Fagerberg, 2009, p. 599).

Renowned nursing theorists such as Leininger and Watson devoted their studies on caring, maintaining that caring is the central focus of nursing (Cohen, 1991).

Madeleine Leininger (1991) introduced caring to the nursing profession through her "sunrise" theoretical/conceptual model of transcultural care diversity and universality. Leininger's taxonomy of constructs were built on assumptions of human caring and applied to nursing. Some of Leininger's beliefs included:

> Human caring is a universal phenomenon; Caring acts and processes are
>
> essential for human development, growth and survival; To provide therapeutic
>
> nursing care, the nurse should have the knowledge of caring values, beliefs
>
> and practices of the client (s); and Caring should be considered the essence
>
> and unifying intellectual and practice dimension of professional nursing.
>
> (Cohen, 1991, p. 901)

Leininger (1991) also believes that positive physical and emotional patient outcomes are inevitable when the nurse communicates with a caring approach incorporating religion, spiritual, ethical, and moral values of the patient into the nurse's communication practices (Leininger, 1997).

Jean Watson (1978) also concluded that nurses who can effectively communicate in a loving, caring, empathetic way and are able to form caring relationships is enlightening to patients and families who seek a more holistic approach to their wellbeing (Watson, 2009). Effective communication practices help the public to see health care in a more meaningful way and not "void in human-to-human caring relationships" (Watson, 2009, p. 468). Watson's

(1978) assumptions in her model of human care emphasized a spiritual dimension, capacity for growth, and a deep regard for human life (Watson, 2009).

Although their theories differ, both have made significant contributions to the construct of caring in nursing. Leininger (1991) and Watson's (1978) models of caring provide nurses with fundamental meanings of caring and the nurse-patient relationship which both revolve around effective communication practices.

Significance of the Study

Caring and empathy in nursing have been time-honored characteristics since the beginning of the profession. These two characteristics in nursing have been deemed the foundation of quality nursing care. The quality of nursing care practices in nursing education is now being guided through the Quality Safety Education for Nurses (QSEN) guidelines established by the American Association of Colleges of Nursing (AACN) which was adapted from the Institute of Medicine (IOM). The AACN formed a partnership with the Robert Wood Johnson Foundation to achieve the six core competencies of QSEN which include patient-centered care, teamwork and collaboration, evidenced-based practice, quality improvement, patient safety, and informatics (The Essentials of Baccalaureate, 2008; IOM, 2001).

According to the Institute of Medicine (IOM) (2010), because nurses are the front-line caregivers for patients, they can have a direct effect on patient outcomes. It is imperative that to uphold the standard of safe, quality, patient-centered care, nurse's must have the education and training in communication styles, practices, and behaviors that will benefit or enhance patient outcomes and produce quality nursing care. A study by Negarandeh, Oskouie, Ahmandi, Nikravesh, and Hallberg (2006) revealed that nurses who demonstrate their care by taking the time to listen to their patients and families were able to lift the spirits and reduce the stress in

their patients. Therefore, just knowing to take the time to listen to patients and families can directly improve patient outcomes.

Patients' perceptions of communication styles, practices, and behaviors of nurses are important to the healthcare profession because these perceptions are now being publicly monitored. Patients' perceptions of quality care are now being surveyed nationally through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and are being reported publicly. The survey consists of 27 questions with 18 of those questions pertaining to patients' hospital experience, including communication with nurses. Survey questions range from "Nurses always communicated well" to "Patients always received help as soon as they wanted." The answers to the survey questions are arranged on a four point Likert-scale with answers ranging from Always to Never. Additionally, there are questions with just yes/no responses. This survey then allows for assumptions to be made by the public pertaining to patient quality, safety, and outcomes (Centers for Medicare & Medicaid Services, 2013). Health care institutions also use other patient care surveys from the National Business Research Institute (NBRI) and Press Ganey to monitor many areas of patient satisfaction. Questions such as, "How often did your nurse treat you with courtesy and respect?" "How often did nurses listen carefully to you?" and "How often did nurses explain things to you in a way you could understand?" are all ways to monitor how effectively nurses are communicating with patients (Press Ganey, 2004). In order to maintain the highest level of communication with caring, empathetic behaviors and uphold the standards that have been set in nursing and to reach the HCAHPS, NBRI and Press Ganey goals, a viable means of educating and reinforcing effective communication in nursing needs to be investigated.

The Institute of Medicine (IOM) (2010) recommends "designing and implementing joint classroom and clinical training opportunities that are built through interprofessional collaboration" (p. 6). If a theater course in nursing communication taught by theater faculty is a feasible means of educating and reinforcing caring and empathy in nursing, colleges, universities, and nursing schools would have a method of teaching these characteristics to their students prior to their entering the workforce. Student nurses know they should care and empathize with their patients, but many of them do not know how to effectively communicate these behaviors because nursing educators have not found effective methods to teach these particular communication skills (Zavertnik, Huff, & Munro, 2009). Zavertnik, Huff, and Munro noted, "Traditional classroom teaching of communication skills does not allow for practical application" (2009, p. 65). Therefore, this qualitative study could provide useful information to assist student nurses, as well as practicing nurses, in possibly identifying an effective method of teaching caring and empathetic communication.

This qualitative study is designed to understand the phenomenon on nursing communication education through the lived experience of the students' communication patterns and behaviors while taking the theater class, *The Performance of Caring: Using Acting Skills to Engender Healing Relationships,* at a state university Baccalaureate Degree Program of Nursing in western Pennsylvania. Colaizzi's (1978) strategy of descriptive phenomenology, underpinned by the philosophy of Edmund Husseral, the primary founder of phenomenology, will be used in data collection and analysis.

Data collection under Husseral's philosophical approach in phenomenology will involve understanding the nursing student's "lived experience" in learning communication in a theater class. Husseral's aim is to understand the human consciousness and experience "only through

8

one-on-one interactions between the researcher and the objects of research" (Wojnar & Swanson, 2007, p. 173). Husseral believed that personal biases and experiences can stand in the way of the researcher's ability to delve into the participants' "lived experiences" without any preconceived notions or prejudices (Wojnar & Swanson, 2007). Husseral believed that "transcendental subjectivity can be achieved through bracketing" (Wojnar & Swanson, 2007, p. 173). Bracketing involves researchers putting aside their own assumptions, biases, and beliefs in order to keep what is "known already about the phenomenon separate from the research participants' descriptions" (Shosha, 2012, p. 32). Colaizzi (1978) believes in Husseral's philosophical approach to phenomenology, trusts that interviewing participants is the best method for data collection and bracketing should take place in order for the study to have rigor and validity (Sanders, 2003).

Colaizzi's (1978) approach to descriptive phenomenology assumes specific steps in data analysis. A short overview of these steps include: reading and re-reading each transcript, extracting specific statements that pertain to the phenomenon, formulating meanings from the extracted statements, sorting into categories, clusters, or themes, integrating findings within an exhaustive description of the phenomenon, describing the structure of the phenomenon, and validating the findings from the participants to compare the researcher's conclusions with the lived experiences of the participants of the study (Shosha, 2012).

Colaizzi's (1978) phenomenological approach will attempt to capture the reality of nursing students' lived experiences while taking a theater class to learn communication taught by theater faculty. Data will be gathered from the nursing students participating in the study through personal interviews, journal writings and researcher observation.

Given that communication with caring and empathetic behaviors is imperative to nursing practice, this qualitative research study is designed to understand the phenomenon of nursing communication education. The focus to be explored is the nursing students' perceptions of taking a theater class instructed by theater faculty as a means of learning these communication practices. The background of this problem and standards set in nursing education and healthcare, as well as public opinion, has mandated the need for an investigation into the methods of teaching nursing communication that focuses on patient-centered care.

Statement of the Purpose

The purpose of this qualitative study is to identify nursing students' perceptions and understanding of nursing communication skills and behaviors through their enrollment in a theater class while having been taught by theater faculty.

Research Questions

This study will address the following questions:

1. What are the nursing students' perceptions of their ability to effectively communicate in a healthcare setting?

2. How do nursing students perceive their understanding of communication in a healthcare setting after being enrolled in a theater taught by theater faculty?

3. How do nursing students describe the differences in learning caring and empathetic communication practices in a theater class versus a traditional classroom setting?

Definition of Terms

Caring: Caring in nursing involves helping, establishing healing relationships, providing comfort measures, and being with the patient (Spichiger, Wallhagen, & Benner, 2005).

Empathy: "Anticipation and understanding of others experiences', feelings, thoughts, and behavior and being able to some extent participate in them and/or share in them" (Kristjansdottir, 1992, p. 137).

Communication: The process of exchanging information and the process of generating and transmitting meanings between two or more individuals. Communication also meets physical, safety, and psychosocial needs, such as loving, belonging, and self-esteem (Taylor, Lillis, LeMone, & Lynn, 2011).

Standardized Patient: A real person trained to act in the patient role whom are trained to present an illness or standardized scenario in an unvarying manner (Becker, Rose, Berg, Park, & Shatzer, 2006).

Simulation: Activities that mimic the reality of a clinical environment and are designed to clinical skills, decision-making, and critical thinking through methods, such as role playing and the use of devices such as interactive videos or manikins (Jeffries, 2005).

Limitations

This study will be limited by the following:

1. Data will be collected using convenience sampling.

2. Research will be conducted using one site of data collection.

3. The researcher may hold biases.

4. Participants will have different learning experiences with communication.

5. Enrolling nursing students in a theater course to learn nursing communication is a new concept.

6. Participant maturity and overall growth over time may also influence communication practices.

11

Summary

Effective caring and empathetic communication practices by nurses are vital for quality patient care (McKenna, Boyle, Brown, et al., 2012). Nursing students must be prepared as effective communicators prior to entering the workforce in order to provide quality care to their patients and deal with increased workloads and managerial demands (Watson, 2009). In an effort to ensure effective communication practices among nurses, a viable means of educating and reinforcing effective communication in nursing needs to be investigated.

Traditional classroom settings for teaching communication have not proven to be an effective method for students to learn communication skills and practices (Reams & Bashford, 2011). Understanding student perceptions of learning effective caring and empathetic communication in a theater class setting may facilitate a new viable teaching method in communication for nursing students.

Chapter II examines the literature related to the historical progression of caring, empathetic communication skills and behaviors in nursing, the impact of effective communication on patient satisfaction and patient outcomes, and the use of standardized patients and role-play as a teaching method of nursing communication as these are closely related to theatrical practices.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

An important component of nursing practice is to be able to engage in communication practices that effectively encompass caring and empathetic behaviors with patients and families. There are many issues impacting caring and empathetic communication in nursing. The nursing shortage, heavy patient loads, absence of human caring, institutional demands, and dejection over an abundance of technology systems have triggered ineffective caring and communication practices among nurses (Watson, 2009). This shift in nursing practice can lead to poor patient outcomes and patient dissatisfaction with nursing care (Watson, 2009). Nursing practices should be evolving into caring-healing practice environments which are "increasingly dependent on relationships, partnerships, negotiation, coordination, new forms of communication patterns and authentic connections (Watson, 2009, p. 470). However, traditional methods for teaching nursing students communication within the curriculum provides students with limited exposure to and limited use of effective communication practices.

A qualitative study designed to understand the phenomenon of nursing communication education conducted by Boschma, et al. (2010) revealed that methods such as role-play, journal writing, clinical post-conference, and video-tape analysis were not truly effective means to teaching nursing communication in the classroom. Nursing students ($n = 6$) and nursing faculty ($n = 12$) agreed in their individual focus groups that the curriculum did provide nursing communication activities throughout; but, the overall methods of teaching communication was inconsistent and lacked real meaning.

The studies discussed have revealed that nursing educators have not found an effective way to teach nursing students communication skills and actions that encompass caring and

empathetic behaviors. Student nurses are not learning effective communication patterns with patients and families in the usual nursing classroom setting (Reams & Bashford, 2011).

Consequently, it is imperative for nursing faculty to be aware of nursing students' perceptions and understanding of effective caring and empathetic communication practices. Specifically, it is important to uncover some viable options other than the traditional learning environment of most nursing curricula. Understanding how nursing students perceive their ability to communicate effectively during and after taking a theater class which focuses on caring and empathetic communication practices in nursing is a major stepping stone in identifying a means of educating nursing students in effective communication.

An extensive review of the literature revealed that studies addressing students' lived experiences in learning nursing communication in a theater course and being taught by theater faculty is non-existent. For this reason, the review of the literature will relate to the historical progression of caring, empathetic communication skills and behaviors in nursing, the impact of effective communication on patient satisfaction and patient outcomes, and the use of standardized patients and simulation through role-play as a teaching method of nursing communication as these are closely related to theatrical practices.

The Historical Progression of Caring, Empathetic
Communication Skills and Behaviors in Nursing

Caring has been a central theme in nursing since the era of Florence Nightingale which began in 1860. Nightingale made nursing the reputable and honest profession that it is today by instilling ethical principles and practices into nursing (Hoyt, 2010). Caring and empathetic communication through speech and actions are how nurses convey these principles and practices to patients and families. Sumner (2012) reported that Patricia Benner, a distinguished nurse

14

theorist shared in a personal communication that "Caring in nursing relates to all components of the communication that occur between nurse and patient" (p. 20). Wagner and Whaite (2010) defined caring relationships in nursing as "a nurturing way of being with others (person or group) that encompasses both attitudes and actions" (p. 225). Wagner's and Whaite's (2010) literature review research study elaborated on many ideas of Nightingale's beliefs and philosophy of caring and empathetic communication practices and how nurses should convey these behaviors:

> Nightingale described the nurse as the manipulator of the environment, and the
> environment includes everything from the patient's food and flowers to the
> nurse's verbal and nonverbal interactions with the patient. She believed that
> when a nurse approached a patient for information, she should not stand, but
> sit down and face the patient while speaking to them. This involved both the
> attitude of caring and an action. To sit and face the patient required giving
> of time, attention, and connecting with the patient. (p. 226)

Nightingale's views and various writings provided a standard of nursing care that encompasses how nurses should communicate with patients and families holistically, compassionately, empathetically, and supportively using verbal and non-verbal actions in order to form the caring nurse-patient/family relationships (Wagner & Whaite, 2010). Many nursing theorists have supported Nightingale's views and built theories based on caring and the relationship. Two of these theorists were Madeleine Leininger and Jean Watson.

Madeleine Leininger's Theory

Madeleine Leininger's theory of culture care: diversity and universality was first published in the 1991. Her theory emphasized both the significance and practice of caring in

nursing. Leininger's (1991) theory focused on caring in a culturally congruent holistic manner

placing a vast emphasis on the nurse's ability to connect with the patient by knowing their

beliefs, values in caring, and ways of life (Bailey, 2009). Leininger's (1991) theory stresses the

importance of "caring" behaviors and "culture" care overlapping in order to provide a holistic

approach to nursing care and the nurse-patient relationship (Sitzman & Eichelberger, 2004).

There are many different styles of communication behaviors that must be taken into

consideration when providing care to patients with different religious, moral, and ethical beliefs.

Some of these behaviors include eye contact, personal space, touch, and conversational style

(Suliman, Welmann, Omer, & Thomas, 2009). Leininger's (1991) culturally acceptable

communicative behaviors can be successfully implemented by nurses using the transcultural care

model. According to Leininger some assumptions must be accepted about culture care in order

to integrate culturally competent care. Some of these assumptions include:

- Care is the essence of nursing in a distinct, dominant, central, and

  unifying focus.

- Care (caring) is essential for well-being, health, growth, survival, and to face

  handicaps or death.

- Care (caring) is essential to curing and healing, for there can be no curing without

  caring.

- Culture care concepts, meanings, expressions, patterns, processes and structural forms

  of care vary transculturally with diversities (differences) and some universalities (or

  commonalities) (Leininger, 1997, p. 39).

Leininger's views and concepts of transcultural care were important as early as the 1950's in

nursing but have become even more beneficial to nursing, especially caring communication, as

the populations in communities become more culturally diverse. Perceptions of caring may be dissimilar between the patient and nurse, particularly if each person has different cultural or ethnic backgrounds (Cortis, 2000). A qualitative study with 38 participants, conducted by Cortis (2000) in Pakistani communities, revealed that a lack of congruence existed between patients' expectations and experiences of caring received from nurses. Therefore it is imperative for nurses to "develop the skills to communicate effectively" (Jirwe, Gerrish, & Emami, 2009, p. 437) with culturally diverse populations (Jirwe, Gerrish, & Emami, 2009).

Jean Watson's Theory

Jean Watson believes that today's nurses are becoming disengaged from the patient because of an increase in "demand and quantity, for production and outcomes" (Watson, 2009, p. 468). The shift in nursing priorities is taking place because of the need for quality from an industrial mindset and the nurse-patient relationship is taking a back seat (Watson, 2009). Watson's theory of human/transpersonal caring was developed in 1979 has been a guide for nurses and nursing educators in effective caring and communication practices and needs to be brought back to the forefront of nursing. Watson (1979) believes that nurses can practice caring communication and build the nurse-patient relationship if the nurse enacts certain caring practices. Some of these practices include:

- Practice of loving-kindness and equanimity within the context of an intentional caring consciousness.

- Being authentically present.

- Cultivation of one's own spiritual practices and transpersonal self, going beyond ego itself.

- Developing and sustaining a helping-trusting, authentic caring relationship.

- Being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one being care for.

- Creating a healing environment at all levels (physical as well as nonphysical, subtle environment of energy and consciousness), whereby wholeness, beauty, comfort, dignity, and peace are potentiated (Sitzman & Eichelberger, 2004, p. 51).

Watson's (1979) theory of human caring has been increasingly used over the past decade in changing the culture of nursing in the academic setting and in hospital nursing all over the world (Watson, 2009). "True transformation of health care ultimately has to come from a shift in consciousness and intentional actions of the practitioners themselves, changing health care from the inside out" (Watson, 2009, pp. 469-470). Nursing actions are central to healing and requires the nurse to be "present, attentive, conscious, and intentional" (Suliman et al., 2009). When nurses learn to communicate effectively and build a strong nurse-patient relationship, patients can, according to Watson, "achieve a higher degree of harmony within mind, body, and soul" (Suliman et al., 2009, pp. 293-294).

American Nurses Association

Nightingale's, Leininger's (1991), and Watson's (1979) beliefs and theories have helped to guide the American Nurses Association (ANA) in the development of the *Nursing: Scope and Standards of Nursing Practice* first published in 1973. This publication outlines the expectations of the professional role within which all registered nurses must practice (American Nurses Association, 2010). There are six standards of practice and ten standards of professional performance that guide nurses in their decision making and actions as nurses. The ANA

identified central themes that emerged within the six standards of practice. Some of these themes include:

- Providing age-appropriate and culturally and ethnically sensitive care.

- Educating patients about healthy practices and treatment modalities.

- Communicating effectively (American Nurses Association, 2004, p. 4).

These same central themes have been identified in the theoretical perspectives of Nightingale, Leininger and Watson. Other important elements the ANA have identified are listed in the standards of professional practice. Ethics (Standard 7) clearly lists the responsibilities of the nurse in relation to ethical communication practices. Some of these responsibilities include:

- Delivers care in a manner that preserves and protects patient autonomy, dignity, and rights, values and beliefs.

- Advocates for equitable healthcare consumer care.

- Maintains a therapeutic and professional healthcare consumer-nurse relationship with appropriate professional role boundaries (American Nurses Association, 2010, p. 47).

Communication (Standard 11) states "The registered nurse communicates effectively in a variety of formats in all areas of practice" (American Nurses Association, 2010, p. 54) and some of the competencies include:

- Assesses communication format preferences of healthcare consumers, families, and colleagues.

- Assesses her or his own communication skills in encounters with healthcare consumers, families, and colleagues.

- Seeks continuous improvement of communication and conflict resolution skills.

- Conveys information to healthcare consumers, families, the interprofessional team, and others in communication formats that promote accuracy (American Nurses Association, 2010, p. 54)

The *Nursing: Scope and Standards of Practice* (2010) is used in conjunction with the *Nursing's Social Policy Statement* (2010) and *Guide to Code of Ethics for Nurses: Interpretation and Application (2010)*, in providing guidelines and nursing practices that revolve around patient-centered quality care. These documents share common themes in describing the components needed by nurses to engage in effective communication, cultural and ethnical practices, and therapeutic nurse-patient relationships. Additionally, these three professional resources in nursing developed by the ANA, guide nurses in their thinking, decision-making, and practice which includes communication practices, quality-patient-centered-care, and nurse-patient relationships.

The Impact of Effective Communication on Patient
Outcomes and Patient Satisfaction

Patient-centered care that leads to positive patient outcomes and patient satisfaction with nursing practices has been identified in *Crossing the Quality Chasm* (2001) by the Institute of Medicine (IOM), as one of the six main elements of high-quality care. Patient centered care has been identified by the IOM as "respecting and responding to patient's wants, needs and preferences" (IOM, 2001, p. 3). Effective communication skills are an essential part of patient-centered care. Nurses practicing effective communication skills are delivering quality patient care, developing caring and therapeutic relationships as well as providing psychological care and support for patients (Fitzpatrick, While, & Roberts, 1992; McCabe, 2003; McGilton, Irwin-Robinson, Boscart, & Spanjevic, 2006; Rickles, Tieu, Myers, Galal, & Chung, 2009). Patient

satisfaction and patient outcomes can be affected when effective communication does not take place between the nurse and patient.

Patient outcomes in disease prevention, self-management of chronic disease, and patient satisfaction with care are positive when effective, caring, and empathetic communication skills are used in practicing health care workers (Levinson, Lesser, & Epstein, 2010). Some of these communication practices include sharing of information, fostering healing relationships, engaging in informed and collaborative decision-making, identifying cross-cultural communication issues, using effective non-verbal cues, having caring conversations and social interactions (Jirwe, Gerrish, & Emami, 2010; Levinson, Lesser, & Epstein, 2010; Rickles et al., 2009). These communication practices tend to present problems for nurses because communication itself is complex. There are many variables that have to be taken into account to be an effective communicator. The nurse must realize that tone of voice, cadence, facial expressions, body language, and gestures are also an important part of effective caring and empathetic communication practices (Jirwe, Gerrish, & Emani, 2010). Verbal and non-verbal communication is important for the nurse to acquire because much of nursing communication is how the patient perceives verbal and non-verbal cues (McCabe, 2003; Suliman et al., 2009).

The patient's satisfaction with the health care delivery in which he or she is receiving can also be jeopardized when the nurse does not take the time to listen to the patient and provide meaningful and caring conversation rather than making assumptions about the patient's needs or concerns (McCabe, 2003). Patients can be affected by ineffective communication by feeling a lack of worth in the decision-making process regarding their own care (Fitzpatrick, While, & Roberts, 1992; McCabe, 2003; Sheldon & Ellington, 2008). Suliman, Welmann, Omer, and Thomas (2009), in their quantitative study on how patients rank the importance of caring

21

behaviors from nurses, found that some of the highest ranked items were: "Treats me with respect, is gentle with me, is cheerful, maintains a calm manner; is kind and considerate, and really listens to me when I talk" (p. 296). In another study conducted by McCabe (2003), patients responded in a qualitative study in which themes were developed by the researcher. The themes that arose from this study included: "lack of communication" in which patients thought the nurses were too busy with tasks and therefore were not communicating with them. Participants stated that the nurses were more task-oriented and more concerned with getting their work done than communicating with them; "attending" in which the patients felt that the nurses were giving of time, honest and genuine; "empathy" in which the patients felt that they trusted and felt at ease when the nurse showed empathetic and caring behaviors; and "friendly nurses and humour" in which the patients were appreciative of the humour and some felt that it even boosted their self-esteem (McCabe, 2003, pp. 43-46). These studies revealed that caring and empathetic communication by nurses is important to patients.

Utilizing Standardized Patients and Role-Play as a Teaching
Method of Nursing Communication

Effective communication practices for nurses is valued as one of the most important elements in improving patient outcomes and has been identified as one of the core components to patient-centered quality care (Levinson, Lesser, & Epstein, 2010). The use of standardized patients and role-play in educating nursing students has shown to be a reliable method of teaching effective communication skills to these students (Babatsikou & Gerogianni, 2012; Bolstad, Xu, Shen, Covelli, & Torpey, 2012; Lim, Moriarty, & Huthwaite, 2011; Reams & Bashford, 2011; Schlegel, Shaha, & Terhaar, 2009; Siassakos, Bristowe, Hambly, et al., 2011; Zavertnik, Huff, & Munro, 2010). It is imperative that nursing students learn effective caring

and empathetic communication skills prior to entering the work-force and current teaching methods in the traditional classroom setting does not "help students achieve sufficient self-confidence with communication and knowledge" (Reams & Bashford, 2011). The use of standardized patients and role-play are becoming more popular in educating nursing students in effective communication behaviors and practices. These two methods are closely related but standardized patients refers to "simulated patients" (trained to simulate patient illnesses) as well as actual patients (trained to present their own illness) (Bosse, Nickel, Huwendiek, et al., 2010). Studies have shown that communication skills in nursing students improved when using standardized patients and role-play as a teaching method (Schlegel, Shaha, & Terhaar, 2009).

According to a study conducted by Bosse, Nickel, Huwendiek, et al. (2010), students perceived the use of role-play and standardized patients in learning communication "comparably valuable tools for undergraduate communication training" (p. 7). Two groups of students, role-play ($n = 31$) and standardized patients ($n = 33$), participated in three training sessions each lasting two and half hours each. These training sessions allowed students to act a role (parent, physician or observer). Students were then interviewed and the researchers found that the students seen the training as "worthwhile", "useful in training communication skills", and "well prepared for future exploration and counselling" (Bosse, Nickel, Huwenick, et al., 2010, pp. 4-5).

Schlegel, Shaha, and Terhaar (2009) also conducted a study in which 32 students, 18 in the intervention group and 14 in the control group, were taught communication skills through traditional classroom lecture but the intervention group was then exposed to a scenario using standardized patients in which the students managed the scenario given to them and then were provided feedback from the standardized patients on their performance of the scenario. All students were then asked to manage the scenario and were assessed by faculty and the

standardized patients. The faculty assessment showed no significant difference but the standardized patient's assessment showed that the intervention group demonstrated better communication practices (F = 5.13; *df* = 1, 30; p = .03).

Additionally, the use of standardized patients in learning effective communication has also shown that students gain increased confidence and self-awareness. Reams and Bashford (2011) developed a theater assignment which lasted two days where six theater students and 27 nursing students engaged in role-play activities focusing on patient interviewing scenarios. After the assignment was completed, the students reported an 87% increase in self-awareness and a 29% increase in student confidence after the theater activity.

Moreover, although engaging in role-play and the use of standardized patients is usually thought of as a form of acting, it has shown to be beneficial in student-patient interactions (Lim, Moriarity, & Huthwaite, 2011). In a study conducted by Lim, Moriarity, and Huthwaite (2011), teaching students "How to act-in-role" it was discovered that students did in fact gain knowledge pertaining to communication. The total number of participants in the study was (*n* = 149). The intervention group (*n* = 77) received the "How to act-in-role" workshop and were tutored by a theater student which focused on "enhancing the participants' capacity to connect with their patients, listen to what they are saying, observe their body language, pick up interpersonal cues, and improve their interpersonal and interactive skills" (p. 665). The control group (*n* = 72) did not receive the intervention. The researchers reported significantly "higher empathy scores" (p. 666) and "higher competence in consultations about behavior change" (p. 667) within the intervention group.

In light of these studies that have been conducted role-play and the use of standardized patients, it can be concluded that these methods are effective approaches to teaching health care

workers communication skills (Bosse, Nickel, Huwenick, et al., 2010; Lim, Moriarity, & Huthwaite, 2011; Schlegel, Shaha, & Terhaar, 2009). Therefore it is worth conducting further research to evaluate the effectiveness of nursing students learning communication practices in a theater class setting.

<div align="center">

Utilizing Simulation as a Teaching

Method of Nursing Communication

</div>

Simulation with the use of a manikin has become a popular and fast moving trend in nursing education that is used to teach nursing students clinical skills, communication, ethics and critical thinking (Cant & Cooper, 2009; Chen, 2011; Gropelli, 2010; Panosky & Diaz, 2009; Shepherd, McCunnis, Brown, & Hair, 2010). Simulation used in teaching effective communication practices to students can provide the student with the fundamental components to nursing communication; and the use of simulation also reduces the risks of students making gross errors when communicating with patients for the first time (Chen, 2011).

Research in simulated activities surrounding the arena of nursing is abundant in the areas of clinical skills and critical thinking. Studies pertaining to educating nurses and students in communication are limited. However, a study conducted by Kameg, Howard, Clochesy, Mitchell, and Suresky (2010) did evaluate the effectiveness in students levels of self-efficacy with their communication practices when dealing with psychiatric patients. Thirty-eight students participated in the study in which all students received traditional classroom education in communication practices. Twenty-one of the students then participated in a high-fidelity simulation activity where they engaged in mental health related patient scenarios. Both groups of students were assessed for self-efficacy using the Visual Analogue Scale and findings

concluded that the use of high-fidelity simulation in fact increased student self-efficacy of communication skills.

In an earlier study conducted by Sleeper and Thompson (2008), 12 participants engaged in a simulated learning activity in which the students had to use effective communication with a patient experiencing suicidal ideation. The researchers assessed learning by the students by giving them a survey where questions were based on a five-point Likert scale ranging from strongly disagree to strongly agree. The results of the study concluded that the students felt that their experiences using simulation helped them with their communication skills. The students' responses were positive and indicated that the use of simulation would help them transfer knowledge to clinical practice.

Although simulation could be a unique and fundamental teaching strategy for nurses, there are some disadvantages in using this method for communication. One of the disadvantages is that simulation can be very time consuming for the faculty in learning how to use the equipment and building the algorithms for the patient scenarios (Sleeper & Thomspson, 2008). Lastly, engaging in conversations with a manikin is not always comfortable for the student because the manikins' communication skills are restricted to a minimal amount of interaction (Gropelli, 2010).

The use of high-fidelity simulation in teaching nurses' and nursing students' communication skills needs to be further investigated. There is a gap in the literature pertaining to using this teaching method in learning effective communication nursing practices.

Summary

Nursing theories and the ANA codes and practices all encompass the importance of communication practices. In order for nurses to provide patient-centered quality care, effective

26

communication patterns must be practiced by nurses (American Nurses Association, 2010; Sitzman & Eichelberger, 2004). Effective communication practices by nurses can lead to positive patient outcomes and patient satisfaction (Levinson, Lesser, & Epstein, 2010).

Effective communication practices must be taught to nursing students prior to entering the workforce due to work related stress and job demands which inhibit them from demonstrating professional, caring and empathetic communication (Watson, 2009). Some techniques such as role-play and the use of standardized patients have proven to be useful in teaching these communication practices (Babatsikou & Gerogianni, 2012; Bolstad, Xu, Shen, Covelli, & Torpey, 2012; Lim, Moriarty, & Huthwaite, 2011; Reams & Bashford, 2011; Schlegel, Shaha, & Terhaar, 2009; Siassakos, Bristowe, Hambly, et al., 2011; Zavertnik, Huff, & Munro, 2010), but the traditional classroom setting has been less effective (Reams & Bashford, 2011). In addition, although research is abundant in the use of simulation using manikins for clinical skill development, further studies need to be conducted in determining if this method of instruction is a viable means for teaching nursing communication.

This qualitative research study will capture nursing students' "lived experiences" of learning effective caring and empathetic communication while being enrolled in a theater class and being taught by theater faculty. This study will help to identify if learning effective communication in a theater class is a viable means of educating nursing students in caring and empathetic behaviors through verbal and non-verbal practice. Chapter III of this study describes the methodology used to study the "lived experiences" of nursing students in learning effective caring and empathetic communication practices while be enrolled in a theater class and taught by theater faculty.

CHAPTER III

METHODOLOGY

A review of the related literature showed that patient-centered quality care is an important component to positive patient outcomes and patient satisfaction (IOM, 2001). One of the main elements in delivering patient-centered quality care by nurses is being able to convey caring and empathetic communication practices to patients and families. These communication practices not only are a means to providing quality care but also help to achieve nurse-patient therapeutic relationships and patient psychological care and support (Fitzpatrick, While, & Roberts, 1992; McCabe, 2003; McGilton, Irwin-Robinson, Boscart, & Spanjevic, 2006; Rickles, Tieu, Myers, Galal, & Chung, 2009). Effective communication practices are important in maintaining the role of the caring nurse.

Although nursing has a long history of being a caring profession, it is slowly becoming a more task-oriented profession because of a shift to an industrial mindset. Budgetary constraints, increase in nursing workload, and decrease in staffing practices are common (Fox, & Abrahamson, 2009; Harrison, 1990; Watson, 2009). This shift in nursing practice is pulling nurses from the bedside and inhibiting their ability to provide caring and empathetic communication practices. A supportive therapeutic nurse-patient relationship is being threatened (Watson, 2009). Therefore, it is important for educators to teach effective caring and empathetic communication practices to nursing students prior to them entering the workforce.

However, traditional methods in teaching caring and empathetic communication practices such as classroom lecture, journal writing, and clinical post-conference have been deemed ineffective methods of teaching communication practices to nursing students (Reams & Bashford, 2011). Therefore, the researcher has committed to describing and understanding

28

students' perceptions of learning caring and empathetic communication practices while being enrolled in a theater class taught by theater faculty in an attempt to discover an effective method in teaching communication practices to nursing students.

A descriptive qualitative design was utilized in this study. The collection of data, including participant interviews, journal writings and researcher observation was used to answer the following research questions:

1. What are the nursing students' perceptions of their ability to effectively communicate in a healthcare setting?

2. How do nursing students perceive their understanding of communication in a healthcare setting after being enrolled in a theater course taught by theater faculty?

3. How do nursing students describe the differences in learning caring and empathetic communication practices in a theater class versus other traditional instructional practices?

Chapter III describes the design and methodology of the study, including the setting of the study, participants, procedures for data collection, and methods of data analysis.

Setting of the Study

This study was conducted with junior and senior level nursing students at a state university Baccalaureate Degree Program of Nursing in western Pennsylvania. The number of students enrolled in the program, increase in nursing standards, and site convenience served as the foundation for the choice of the study setting.

Baccalaureate Nursing Program Enrollment

Using a Baccalaureate Nursing Program for this study was based on the steady increase in Baccalaureate Nursing Program enrollment. Although Associate Degree Nursing Programs

have had higher enrollment numbers for the past decade (National League of Nursing, 2012),

Baccalaureate Nursing Program enrollments have been rising steadily (American Association of

Colleges of Nursing, 2013). In 2012, enrollment for Baccalaureate Nursing Programs increased

by 5.1% according to a survey conducted by the American Association of Colleges of Nursing

(AACN) (2013).   The 2013 survey results are not complete for this school year but show a

preliminary increase of 3.5% thus far (AACN, 2013).

Increase in Nursing Standards

Increase in enrollment rates for Baccalaureate Nursing Programs could be accredited to

several changes taking place in nursing. In a survey conducted by the AACN, with 501 schools

of nursing participating, they found that 39.1% (an increase of 9% since 2011) of hospitals and

other healthcare settings are requiring a Bachelor's Degree in Nursing for hire and 77.4% prefer

to employ nurses with a Bachelor's Degree in Nursing (AACN, 2013). This shift in hiring

practices has increased partially because of the report, *The Future of Nursing: Focus on

Education,* issued by Institute of Medicine (IOM) (2010) and hospitals trying to receive or

maintain magnet status (Joint Commission, 2001).

The Future of Nursing: Focus on Education (2010) was issued by the IOM in response

to the increased need for quality patient care by nurses as well as the increase in aging population

and diverse populations (IOM, 2010). Research shows that nurses who are Baccalaureate

prepared are linked to positive patient outcomes such as decreased "mortality rates and failure to

rescue rates" (AACN, 2013).   In light of these matters, the IOM report called for 80% of all

nurses to be Baccalaureate prepared Nurses by the year 2020 (IOM, 2010). These factors

highlight the need to describe and understand the experiences of junior and senior level

baccalaureate students on their perceptions of learning effective communication practices in a theater class taught by theater faculty.

Site Convenience

The study was conducted at a Pennsylvania State University in a rural community in western Pennsylvania. The objectives of the course being used in the study, Theater 481: *The Performance of Caring: Using Acting Skills to Engender Healing Relationships* aligned well with the concepts of effective nursing communication that was found in the literature. The objectives of the course include:

1. Participate with enhanced presence and confidence in professional interpersonal interactions.

2. Apply a variety of practical techniques to effectively overcome personal performance anxiety and reduce physical and vocal tension.

3. Communicate with and respond to patients, and their families, in a responsible, compassionate and caring manner.

4. Demonstrate an improved ability to collaboratively work with patients and colleagues to solve problems.

5. Identify and employ non-verbal communication practices that demonstrate care and concern for the well-being of patients.

6. Demonstrate a method for communicating assertively and responsibly with challenging patients and colleagues (Indiana University of Pennsylvania, 2013).

The site also met the researcher's requirements of 10 participants for this study. There were two classes of Theater 481 with an enrollment cap of 25 students in each class. The site selection allowed the researcher accessibility to the program director and theater faculty, as well as to

conduct one-on-one interviews with the student participants. The researcher had no academic

contact or authority with the students during the study. This site location also provided a private,

quiet area where the interviews could be conducted ensuring discretion and confidentiality.

Internal Review Board (IRB) approval was obtained from the University for study and

site approval. After the IRB approval, the Theater department chairperson and the Theater

faculty member teaching Theater 481 was contacted to obtain permission to have access to the

nursing students enrolled in this course.

Participants

Participants were chosen for this study by convenience sampling. The convenience

sample included all students enrolled in Theater 481. Consent was obtained from those students

willing to participate in the study and criteria for this study was met. Then, ten students were

randomly chosen to participate in the one-on-one interviews.

Criteria met by then participants included:

- Participants were enrolled in Theater 481 in the spring semester of 2013.

- Participants were junior or senior level nursing students.

- Participants were exposed to other traditional methods of effective caring and empathetic

  communication educational practices prior to taking Theater 481.

 The researcher gave a verbal account of the criteria during the initial contact with the nursing

students. Students who thought they met the criteria completed an invitation and consent form

for participation. Ten students accepted the invitation and signed the consent form. All

participants were traditional students ranging in ages between 20 and 23. All of the participants

were female with one student being African American and the other nine Caucasian.

Additionally, seven of the participants were senior level nursing students and three were juniors.

Procedures for Data Collection

The chairperson of the Theater department was contacted and asked to review the study in order for the researcher to obtain permission to conduct the study in the Theater 481 course. Permission was obtained and the chairperson then put the researcher in contact with the faculty member teaching Theater 481 in order for the researcher to obtain permission to conduct the study and assist in obtaining participants if necessary. The faculty teaching the course gave permission to conduct the study and offered to assist the researcher in any way needed (see Appendix C).

In order to contact the participants, the researcher sent an invitation to participate (see Appendix B) to the faculty teaching the course asking her to forward the letter to the students enrolled in the course. The students then e-mailed the researcher if they were interested in participating in the study. Students who then met the criteria of the study were asked to sign an informed consent form (see Appendix D). Interview times were then established based on the students' availability.

The procedures for data collection in this descriptive phenomenological study were based on Colaizzi's (1978) method. Colaizzi's (1978) phenomenological approach is guided by Edmund Husserl's philosophical perspective of understanding the human experience as perceived by the human consciousness (Lopez & Willis, 2004). Husserl believed that the human consciousness should be valued and that it is important and should be an object of scientific study (Lopez & Willis, 2004). Husserl also believed that an extensive literature review should not be conducted prior to the study to limit researcher bias and to maintain subjectivity (Lopez & Willis, 2004). For the purpose of this study, an extensive related literature review was completed to determine the theory-practice gap and dilemma regarding teaching effective nursing

communication practices. The literature review helped the researcher to justify the research and overall plan of the study (Chan, Fung, & Chien, 2012). The researcher maintained subjectivity by using Husserl's method of bracketing. Journals were kept by the researcher to identify feelings, thoughts, and personal beliefs which helped the researcher to be able to set biases aside to maintain objectivity throughout the study. Bracketing is the process of declaring one's own beliefs, values, and experiences (Chan, Fung, & Chien, 2012). This process ensures validity of the data collection and analysis (Lopez & Willis, 2004; Shosha, 2012). Chan, Fung, and Chien (2012) suggest using these strategies to ensure bracketing is taking place by the researcher during the study:

- **B**egin with a mentality assessment of the researchers' personality (To ask if the researcher s suitable for a phenomenological study).

- **R**eflexivity helps the researchers to identify areas of potential bias (An honest evaluation of the researcher's values and interests).

- **A**nalyze data in IPA using Colaizzi's (1978) method (Using interpretive approaches (IPA) in order to understand the content and complexity in the participants experience; Return to study participants to validate results).

- **C**omply with the prevailing gate-keeping policy when deciding the scope of the literature review (Stop the literature review when the researcher has enough information to justify the research).

- **K**eep a reflexive diary, helping to awaken the researchers' own pre-conceptions (Keep a log or diary of the researcher's beliefs and attitudes during the study).

- **E**ngage participants in bracketing during the data collection process when indicated (Participants can also be guided through the bracketing process if the researcher believes it is necessary).

- **T**horough research planning before data collection (Researcher will plan bracketing techniques that will ensure study validity).

- **I**nterview the participants using open-ended questions (Do not use pre-determined questions; Let the participant tell a story).

- adopt a **N**ot-knowing stand to maintain the curiosity in the participants.

- **G**enerate knowledge from participants via semi-structured interviews (Maintain the use of open-ended questions; Researcher cannot lead the participants in their responses). (pp. 6-7)

For the purpose of this study, the researcher prepared a related literature review justifying the need for the research study. Moreover, the researcher continued to ensure bracketing took place by mentally preparing to push biases, values, and assumptions aside by keeping a journal throughout the process of data collection and analysis.

The researcher also conducted one-on-one personal interviews with the ten participants. The interviews were conducted in the researchers' office where privacy was maintained at all times. Each interview started with initial questions pertaining to the participants' year of study, interest in nursing, and meaning of effective communication. These initial questions were used to gather information and to help the participant become comfortable and familiar with the interview process. Questions included:

1. What year of the nursing program are you currently enrolled?
2. What made you decide to pursue a career in nursing?

3. Do you feel having effective communication skills is an important part of nursing? And if so, can you describe some situations or areas of nursing where effective communication is essential?

4. Discuss what techniques or teaching methods are used that are most helpful to you in the learning process.

Next, the main interview questions were asked by the researcher. These questions included:

1. Discuss an experience you had in using caring and empathetic communication practices in the healthcare setting prior to taking the theater course.

2. Discuss how you felt about this experience and your ability to use effective communication practices during the encounter.

3. Discuss how or if your perceptions have changed about your ability to effectively communicate after taking THTR 481.

4. Discuss an experience in caring and empathetic communication practice you have had while taking the theater course.

5. Compare for me your experiences in learning caring and empathetic nursing communication using traditional instruction practices versus a theater course setting.

Lastly, the participants were given an opportunity to share additional information with the researcher. The students were asked:

1. Is there anything that I haven't specifically asked about this topic that you would like to share?

2. Do you have any artifacts which you would like to discuss or show me which would help me understand your comments better?

Each interview ranged in length from ten to thirty minutes. The researcher did not coerce or lead the answers to the questions in any way. After data analysis, the researcher was unable to return to the participants for second interviews for data confirmation. However, validation of the data was achieved through triangulation.

Triangulation was attained by analyzing the participants' journal writings as well as observing the participants' expressions and body language during the interviews. Specifically, the journal writings were read three times in order to extract significant statements which were then used to verify if the themes and analysis of the interviews surmised by the researcher were correct. The researcher found that the journal writings were consistent with the responses given in the interview and no new data was obtained. Moreover, the researcher found through observing the participants during the interviews that their overall facial expressions and body language exuded unease when describing their nursing communication practices prior to taking the theater course, and overall enthusiasm when describing their experiences in learning communication in the theater course. The observations by the researcher were consistent with the overall findings of the study.

Methods of Data Analysis

The researcher started to analyze the data as soon as all of the interviews were conducted and transcribed. For the purposes of this study, the researcher analyzed the data using Colaizzi's (1978) method. Colaizzi's (1978) approach includes seven stages for description and interpretation. These steps included:

- Stage 1- Reading and re-reading each transcript until there is a general sense about the whole experience of the participant.

- Stage 2- Extract significant statements from the transcripts that pertain to the phenomenon and form the whole meaning of the experience.

- Stage 3- Formulate meanings from the significant statement which have been extracted.

- Stage 4- The formulated meanings should then be categorized into clusters, themes or categories.

- Stage 5- The findings of the study or resulting ideas should be integrated into an exhaustive description of the phenomenon being studied.

- Stage 6- After the description is completed the researcher should reduce the information to a fundamental structure.

- Stage 7- Finally, the researcher should return to the participants to seek validation of the findings or results of the study. (Valle & King, 1978; Sanders, 2003; Shosha, 2012)

Each stage of this process was followed by the researcher in analyzing the data. The researcher read the transcripts immediately following the interview and then again three additional times. Significant statements were then extracted (see Appendix F). The researcher then identified meanings for each significant statement (see Appendix G). Based on the meanings of the significant statements, themes were then developed (see Appendix H). Moreover, an exhaustive description of the phenomenon and a fundamental structure was provided. Lastly, the researcher read the participants' journals (see Appendix I) and utilized researcher observations (see Appendix J), in which validity of the findings was established and no further data was attained.

Conclusion

This chapter presented the descriptive phenomenological design (Polit & Beck, 2012) that was used to determine if nursing communication practices can effectively be taught to nursing students in a theater course taught by theater faculty. A rationale and description of site selection and participant selection were included. Examples of the qualitative open-ended questions that were used were also provided. Colaizzi's (1978) method of data collection was also described in detail along with the philosophical underpinning of Edmund Husseral.

Furthermore, a brief overview of Colaizzi's (1978) method for data analysis was described in this chapter. A more thorough description of Colazzi's (1978) method along with the steps taken for data analysis in this study will be discussed in Chapter IV.

CHAPTER IV

ANALYSIS OF THE STUDY

This chapter will describe the findings of this qualitative descriptive phenomenological study that explored ten nursing students' experiences of being taught nursing communication in a theater class taught by theater faculty. The source of qualitative data included in-depth semi-structured interviews and journal writings submitted by the students. This phenomenological philosophical approach is meant to answer: "What is the essence of this phenomenon as experienced by these people and what does it mean. Or, what is the meaning of this phenomenon as experienced by these people?" (Polit & Beck, 2012, p. 56). Using Colaizzi's (1978) phenomenological method and the rich descriptions from the participants' significant statements, the emergent cluster data and themes are presented. In addition, the following research questions will be answered:

1. What are the nursing students' perceptions of their ability to effectively communicate in a healthcare setting?

2. How do nursing students perceive their understanding of communication in a healthcare setting after being enrolled in a theater course taught by theater faculty?

3. How do nursing students describe the differences in learning caring and empathetic communication practices in a theater class versus other traditional instructional practices?

This chapter will conclude with a central structure of this "lived experience" expressed by the students.

Description of the Participants

The purposeful sample for this study included ten traditional Baccalaureate nursing students enrolled at a rural university in western Pennsylvania. Students were all enrolled in an elective theater class, *THTR 481: The Performance of Caring: Using Acting Skills to Engender Healing Relationships*.

All participants in this study were female and were between the ages of 20 and 23. Seven of these nursing students were seniors and three were juniors. One student was of African American descent and the remaining nine were Caucasian. All of the participants in this study had engaged in learning experiences in nursing communication within the traditional classroom setting, particularly at the sophomore level. They also referred to simulation experiences with the use of manikins. Lastly, they all had experiences learning effective communication while being enrolled in the theater course.

In an attempt to better understand the participants, general questions were asked pertaining to why the participants chose nursing as a career and, if and what the importance of effective communication means to them. Various reasons were stated by the participants as to why they chose nursing as their career choice and why they felt communication was important in nursing. Participants had enrolled in nursing school so they could pursue a career in nursing for reasons ranging from past medical experiences to wanting to work with people. A complete listing of the participants' responses as to why they chose nursing as a career choice is illustrated in Table 1. The participants felt effective communication was very important in nursing and had similar responses as to why they felt it was important. A complete listing of the participants' responses to the importance of communication in nursing along with examples given by them is illustrated in Table 2.

Table 1

Student Responses in Choosing Nursing as a Career

Participant	Why the Participant Pursued Nursing as a Career
Abby	*"Whenever I was looking at schools, I knew I wanted to do something where I got to work with people and interact with them and I also really liked health and science, so I figured I'd check out nursing and see if it was something I was interested in and after shadowing a nurse for a day I really liked it."*
Barb	*"About five or six years ago my grandmother had a stroke and she was in the hospital for a while and, um, I went there a lot and took care of her and, I just felt like I kind of belonged there with her and there was a time where she needed a bed bath and she could only ask one person to stay with her and she chose me and I just felt like I kind of belonged there and I worked well with the nurse that was taking care of her, so, that's pretty much why. And I like to talk to people and hear their stories."*
Corinna	*"I always liked the idea of nursing. It's kind of like all I do, because like, my mom's one and my aunt and my sister's. So it's kind of like, you go to college and be a nurse."*
Debbie	*"I needed to either go to college or get a job, and this is it. And I already have a degree in science, so nursing just seemed to fit with that because I really enjoyed working in cardiac and pulmonary rehab."*
Emily	*"My junior year actually in high school I followed a nurse in, like, a trauma unit for a job shadowing thing and I really loved it. And that just kind of led me to do nursing. There is no nurses in my family and I spent a lot of time in the hospital when I was younger because my mom would have sickness and I just, like, always liked seeing the nurses interact with everyone."*
Fallon	*"When I was a kid my parents lived in a neighborhood full of older people. And I was always that kid who ran around to everyone's house and shoveled their yard. Got all their…went down to the grocery store for them and…I always liked helping them. So, that's what led me in this direction."*
Gwen	*"I always wanted to be in the health field and I love people. So, I felt like nursing was the most natural thing to go into."*
Holly	*"It just kind of dawned on me one day that maybe I should be a nurse because I've seen how I try to take care of people whenever they are sick. And I wrote a book about a nurse, I think I was in sixth grade and I just thought maybe I should do this. And I was really attracted to how nurses care for people and how they're right there in the trenches with the patients. And I just liked that nurses have to be smart and good with people and I also liked how family friendly it was and that's why I went into it."*
Isabelle	*"In high school I didn't really know what I wanted to do and my dad suggested nursing and I was like, let's try it out, and I fell in love with it."*
Jen	*"I spent a lot of time in the hospital my junior year of high school and umm, The nurses at children's just convinced me that nursing was the better way to go instead of being a doctor."*

Table 2

Student Responses to the Importance of Effective Communication

Participant	Does the Participant Feel Effective Communication Is Important	Examples of Effective Communication
Abby	*"Definitely"*	*"If you can effectively communicate with them, um, the plan of care and how you're going to take care of them then they'll get better faster. I think that a lot of times in nursing someone's care is based on how well you can take care of them whether they're anxious or scared or upset that they're there. It can kind of alleviate their stress and they can feel better and I think it's a big factor in how well they're going to recuperate while they're there, because obviously if they're upset and they're stressed out their health is going to deteriorate or be affected."*
Barb	*"I think it is probably one of the most important things that we can have."*	*"I think sometimes, like when we can't treat them with medicine or other treatments, I feel like communication, like what they would need, like therapeutic communication or like talking them through whatever they're, I don't know, going through in that situation. Like if there's no medicine we can give them, or maybe it's a terminal illness or something like that, then communication is good to have so you can help them in that aspect."*
Corinne	*"Effective communication is super important as a nurse because it's, uh, kind of like a customer servicefield."*	*"You're dealing with patients, you're, you know, talking with other members in the hospital. I feel that not only communicating with the patient in an appropriate matter is important, but it's also important for you to communicate with everyone as a team."*
Debbie	*"Yes"*	*"Well, I mean just being able to just calm your patient down when they're feeling anxious. It's very important to have that demeanor that is calming to them because it's a very anxiety building situation they're in. They're in unknown territory and they're scared. They may come across aggressively but maybe it's just their way of showing their fear. So, I think you need to learn it, which I think is a growing process for nursing."*
Emily	*"I think it's very important because you're…you're with the patients all the time."*	*"You are their communication. You are, half the time, like the bridge between the patient and the doctor. You have to advocate for them, so you need to be able to communicate and understand what they're saying and what they really want from you and you need to be able to communicate."*
Fallon	*"It's definitely necessary to have great communication skills."*	*"If you walk into a room and you're not pleasant, you're very distant, you're not communicating with somebody, they're not going to want you there. They're not going to participate with you and help you out."*

Gwen	*"Effective communication is pretty much the number one thing in nursing."*	*"We are one on one with patients a lot and not only with our patients, but effective communication with other colleagues and working together. I think it's really important to be able to be aware of yourself as well as the patient and how you come off. I think it's almost more important than your knowledge base for nursing."*
Holly	*"I think it's essential pretty much everywhere in nursing."*	*"Whether you're communicating with your coworkers, because with your coworkers you're saying "hey, I'm going on break can you take care of my patient while I'm gone" and they need to know exactly what's going on. They need to know, if you're saying you're overworked, they need to know why. You need to be able to communicate with them, with the doctors to see what's going on with the patients, with your patients so they understand your treatment so you can teach them and also to diffuse conflicts that come up. And I think you need...nursing is very communication intensive no matter what you do in it."*
Isabelle	*"I think that communication is the biggest part of nursing, besides, like, the hands-on care."*	*"You have to be constantly talking to your patients and your colleagues and communication is with the patients, who you work with, the doctors, everyone in the health care system. So, I think having good communication is essential."*
Jen	*"It is essential."*	*"You are collaborating with other groups, other umm, professionals and like, when you are talking to clients and patients, you have to talk to them effectively so they understand what you need them to do or what they need you to do. So I mean you always have to have that communication."*

Conducting the Interview

Interviews were conducted by the researcher in a location convenient for the participants. All interviews took place at the respective university, in the researcher's office. Interviews were scheduled at times convenient to the participants. Privacy and confidentiality was always maintained. The door to the office was always closed during the interviews and the participants and researcher were never interrupted. This privacy allowed for the participants to openly discuss their experiences in learning communication in a theater setting versus a traditional classroom setting.

All participants voluntarily engaged in the interview process. The interview process was very up-beat. The participants showed enthusiasm during the interview process through their words and body language. None of the participants showed any type of body language that would lead the researcher to believe that they did not want to participate in the study. Participants were open with their responses and had no difficulty answering any of the questions during the interviews.

In order for the researcher to maintain objectivity during the interview process, a journal was kept of the researcher's thoughts and feelings pertaining to nursing communication in general and how it is taught. This method of journaling is called bracketing, discussed in Chapter I. Bracketing will help the researcher to self-reflect on thoughts and feelings so that beliefs and biases can be set aside to keep them separate from the descriptions of the participants (Creswell, 2013; Polit & Beck, 2012; Shosha, 2012). A selection from the journal was chosen in order to show a small portion of thoughts and emotions that the researcher had pertaining to effective nursing communication.

Before I start my interviews for my dissertation, I want to take the time to write down what I think and how I feel about nursing communication. First, I feel that effective nursing communication is one of the most important skills in nursing. I have been a nurse for 14 years and have found myself at work totally disgusted with some of my fellow co-workers because they are not communicating in a way that is beneficial to the patient's care. Some examples include: A nurse's aide yelling at a patient because they keep getting out of bed; A nurse not handing off report accurately to the oncoming nurse because they are in a hurry to get home; and A nurse who walks

out of the room while talking to her patient and not even taking the time to slow down and listen to what the patient is saying.

I feel that the number one priority for a nurse is to be able to communicate effectively with patients, families, and other healthcare workers. The most important, is that nurses are able to convey empathetic and caring communication with the patients and families. I think that while patients are in need of our care, they expect us to not only do our job but provide them with support, kindness, and respect. We need to care about our patients and convey that to them. In order to convey caring and empathetic communication, nurses need to learn techniques that express these attitudes and practices. A nurse's body language should match the verbal message. A nurse should give time to the patient, use techniques such as touch, silence, and maintain good eye contact and many other methods to assure appropriate communication is taking place. This may come naturally to some people but in most cases people need to be taught proper communication techniques.

I remember when I was in school I learned communication techniques in my nursing classes. Simulation didn't exist then, so we basically learned through a book and lecture. Boy was I surprised when I got into the work force and didn't know what to say to people. I have more recently in the past couple of years been involved with simulations involving manikins at the hospital in which I work, and to be honest I find it very difficult to try to communicate with a manikin. There has to be another way, or a combination of ways, to teach effective communication skills.

The researcher found that there were many preconceived notions based on experiences and encounters as a nursing student in the classroom and a nurse on the unit in the hospital. Journaling helped identify where biases existed and how opinions and concerns regarding effective communication were attained. Again, this was only a sample of the journal and there are other experiences that have shaped the researchers thoughts. The use of bracketing through journaling has helped to improve the rigidity and validity of this study (Sanders, 2003), and "to confront the data in pure form" (Polit & Beck, 2012, p. 495) by keeping one's own beliefs and biases separate from the study.

<p style="text-align:center">Decision Trail</p>

A thorough investigation of the phenomenon led to the findings of this study. Each participant's interview was digitally recorded in which a designated transcriptionist transcribed the interviews verbatim. Each participant's transcript was proofread carefully on two different occasions to ensure the content was accurate. In order to maintain confidentiality, the participants were each assigned a pseudonym name and the transcripts were saved to a USB flash drive and locked in a cabinet in the researchers' office, as well as being stored on the researcher's lap top computer with password entry only. These transcripts were used to extract significant statements, cluster data, emergent themes, and final analysis of the study.

In making decisions regarding significant statements, cluster data, and emerging themes, Colaizzi's (1978) method of phenomenology was utilized. The seven steps in the decision trail suggested by Colaizzi include: (a) reading all the participants descriptions and making sense of them, (b) returning to each description and extracting significant statements, (c) spelling out the meaning of each significant statement, (d) repeating the process and organizing the meanings into clusters of themes, (e) validating the themes through by returning to the original statements,

(f) identifying it's fundamental structure, and (g) validating the findings through second interviews or member checking (Colaizzi, 1978; Polit & Beck, 2012). Final validation or member checking for this study was completed by comparing findings to the participants' reflective writings. Each individual step of the analysis process will be discussed below and a summary of the decision trail is presented in Figure 1.
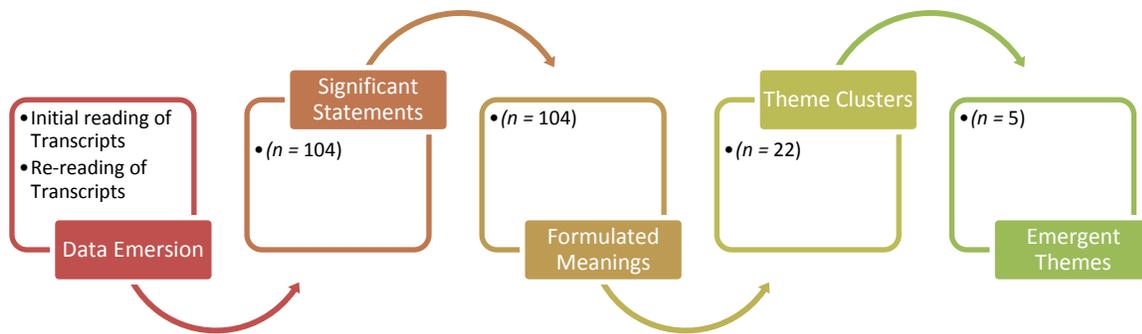
Figure 1: Summary of decision trail.

In the first step in analyzing the data, interviews were listened to immediately after they were conducted and three additional times throughout the research process in order to hear the participants' tone of voice when answering the questions. The interviews were then transcribed and read and re-read thoroughly on five different occasions (Colaizzi, 1978; Creswell, 2013). The reading of the transcripts repeatedly and listening to the participants facilitated data immersion.

Extraction of significant statements relating to the phenomenon occurred in step two (Colaizzi, 1978). Another term used for significant statements is protocols (Polit & Beck, 2012). There will be times when the significant statements will be referred to as protocols in this study.

Every line in each participant's transcript was numbered and 104 significant statements were identified and extracted which are presented in Appendix F. This step involved converting the participants' transcripts into appropriate text units in order to reflect on the larger thoughts presented and form initial categories (Creswell, 2013) or cluster themes (Colaizzi, 1978).

Formulated meanings were assigned to each significant statement in step three (Colaizzi, 1978; Polit & Beck, 2012). Assigning meanings to what the participant says can be a difficult process. Although the formulated meanings were developed through creative thinking, they were never detached from the original protocol (Colaizzi, 1978). There were 104 formulated meanings assigned to 104 significant statements which are illustrated in Appendix G.

In order to validate formulated meanings, step three is repeated in step four. The charts were reviewed on two different occasions, making sure that the meanings still had a connection to the protocols (Colaizzi, 1978). The formulated meanings were then grouped and organized into clusters themes. Originally 42 cluster themes were identified. Further analysis of the formulated meanings and cluster themes resulted in narrowing the cluster themes to 22. Once this list was narrowed, the 22 cluster themes were grouped into categories in order to identify emergent themes. In continuing to review the significant statements and cluster themes and becoming immersed in the data, five emergent themes were identified which are illustrated in Appendix (H).

The last two stages of data analysis will include a description of the phenomenon being studied in which significant statements, developed theme clusters, and emergent themes will be integrated. This process will lead to a rich description of the "lived experience" of the participants in this study (Colaizzi, 1978).

In order to confirm findings in step seven, "member checking" was conducted by comparing the participants' journal writings to the findings of the study. There were no new data discovered. This process validated the findings from the participants in comparing the research conclusions with the lived experiences of the participants of the study (Shosha, 2012).

The established five major themes together formed the fundamental structure of the "lived experience" of the student learning effective nursing communication skills while being enrolled in a theater class taught by theater faculty. The themes include (a) Struggling with Communicating Effectively, (b) Knowing Identity of "Self", (c) Believing in Oneself, (d) Becoming Familiar with Good Practices, and (e) Engaging in "Lifelike" Experiences. A rich description of the phenomenon being studied in relationship to the emergent themes developed will be discussed in the following sections.

Theme 1: Struggling with Communicating Effectively

The first emergent theme, struggling with communicating effectively, embraces a variety of feelings by the ten participants related to their experiences with effective communication prior to taking the theater class. The participants described feeling worried, frightened, unprepared, guilty, uneasy, unconfident, and at a loss for words with their communication experiences in the health care setting prior to taking the theater course. Struggling is defined as "something that is difficult to do or achieve" (Merriam-Webster, 2014). The expression struggling was used as a general term to describe the emotional confusion experienced by the participants concerning effective communication.

Prior to asking the following question, the researcher had reflected on an experience of her own approximately a month after she was hired as a graduate nurse, *It was my first day on the unit without my preceptor and I was on my own. I remember being so busy and thinking I*

would never get everything done. We are taught in nursing classes not to call people honey or sweetie but fifteen years ago we really didn't practice communication, so it never donned on me how important it was not to use those words in reference to your patients. Well, I had a gentleman who was in his seventies who was ringing his bell and walked into the room and said honey, do you need something and he became instantly mad. He yelled, I have a name and I am not your honey. I instantly was embarrassed and didn't know what to say to him. I started to apologize and he wanted no parts of an apology and asked for a new nurse. I wish somehow I could have known how those words could affect someone. I was very unaware of how offensive those words could be to someone. From that time on, I always wished I would have been able to experience communication styles and practices prior to entering the healthcare system to better prepare me for real life situations.

Participants were asked; *Discuss an experience you had in using caring and empathetic communication practices in the healthcare setting prior to taking the theater course and then discuss how you felt about this experience and your ability to use effective communication practices during the encounter.* Students who discussed specific encounters had very strong emotions concerning their experience which became personal to them. Gwen reported,

> *Before I started my junior year, that summer, I had a patient…I worked in homecare, she was in her nineties and had severe dementia. So, I didn't have a lot of experience with communication or dealing with that kind of situation. I was very uncomfortable and unaware of myself and how to deal with that situation. I avoided communication with her as much as possible because it was so uncomfortable.* In

Gwen's situation the lack of self-confidence led to patient avoidance which is common in the health care setting (Nørgaard, Ammentorp, Ohm Kyvik, & Kofoed, 2012).

51

Isabelle recounted,

> *Sophomore year I was at a clinical, and it was one of my first clinicals,*
>
> *and I had a patient in the retirement home who, like, did not want to be*
>
> *alive. They would tell me I just want to die, I don't want to be here anymore, and*
>
> *being a sophomore I was taught what to say, so I was sitting there, like, trying to*
>
> *form the right words, but I felt really hopeless and helpless, like I didn't know*
>
> *what to say. I felt awkward in the room, like I had all the thoughts in my head but*
>
> *couldn't get them out and I just felt awkward and like I couldn't help the patient. And*
>
> *I was just sad for them. I just felt like I didn't have effective communication skills.*

Jen conveyed,

> *I work in a nursing home. So, I have a lot of these issues, one particularly, umm,*
>
> *a resident passed away and she had lived there for a long long time and we were*
>
> *really close with her and her family. Umm, and I had to use empathetic*
>
> *communication you know to get my sympathies across to her family without*
>
> *just saying I'm sorry. It was hard, it was kinda like an awkward weird kinda*
>
> *situation. I think my effective communication could be better, umm I really*
>
> *didn't say much, I just kind of stood there and you know I hugged her. I wasn't*
>
> *able to kind of get across what I wanted to say without sounding inappropriate or*
>
> *just not getting across what I wanted to say.*

Many of the participants had a difficult time remembering a specific communication

encounter; therefore, they made general accounts pertaining to their experiences.

Fallon reported,

> *Last semester I had my psych rotation and I felt like the whole thing was a big mess*
> *because we learned in class, oh you should say this, you should say that, but we never*
> *actually practiced it. So, we got thrown into clinical and they're like, okay, go talk to*
> *these people and I'm like ummmm…about that. I didn't know what to say. So it was…*
> *the whole semester was just awkward I felt like.*

Barb stated, *I feel like before I never really knew what to say in those situations,* and Debbie recalled a situation in which she didn't know how to communicate assertiveness, *So, I had a situation at work where somebody wasn't willing to help me and it was very frustrating, I almost was in tears.*

As seen in the variation of participants' excerpts, "the nurse is expected to communicate in various formats and in all areas of practice" (Boykins, 2014). One commonality, regardless of the experience, expressed by the students was the difficulties they had in "finding the right words." The statement "I didn't know what to say" was very common in the participants' responses. Statements of insecurity by nursing students with communication in the health care setting were also reported in a study conducted by Kotecki (2002). The study conducted by Kotecki (2002) found that third and fourth year baccalaureate nursing students encountered basic problems of "saying the right thing" and "fear of saying the wrong things to patients" (p. 61). In struggling with their communication skills, the participants experienced many undesirable emotions. These emotions seemed to dissipate when the students acknowledged knowing identity of "self".

Theme 2: Knowing Identity of "Self"

After enrolling in the theater course, the students started becoming more in touch with themselves. They became more aware of their communication techniques, primarily their body language. Theme two will capture the participants' feelings and learning experiences in knowing identity of "self".

The theater course provided a range of learning styles in which effective communication in nursing was taught. The students were perplexed at some of the strategies the theater faculty used in teaching the class but found these strategies to be helpful. Debbie stated,

Well, I don't know that with traditional courses we learned

to meditate. Um, in the theater classes we learn to meditate and focus inward on

how we're feeling and I don't know that we really do a lot with that in our

traditional classes.

Gwen reported,

After taking this class or during taking this class Sharon made us

more aware of ourselves and I think that is lacking in nursing…regular

nursing courses and theater majors are actors, they just kind of…she made

us more aware of ourselves so I could effectively communicate with him.

She also described,

We did journal entries, you know, after each class or before each class and

I think it facilitated what we learned in class. And it helped me to focus on

myself and look back at situations where I could have done better and what I would

have done. So, I think it helped me think about myself and my own actions. I think

they were really important, as well as the work in the class and reading the

book. I think they were both essential in facilitating learning.

Holly reported,

We do a lot of stress relievers and self-awareness and that has

made me a better communicator because I'm more comfortable with myself.

This theater class has really helped me – I know this sounds kind of touchy

feely – but get in touch with where I am and who I am and be okay with

that. Almost grounding me. I think I'm more aware of what I could specifically

do to make things better.

After a few weeks of the course, the students realized that the exercises, such as

meditation, role-play, and journaling, were actually helping them with communication in a

different way. Becoming aware of the inner self and being able to identify self-worth and quality

of relationships will increase self-esteem (Ünal, 2012). "Individuals who feel good about

themselves are confident" (Ünal, 2012, p. 2) and will take pride in their work, as well as become

effective communicators (Ünal, 2012). Fallon stated, *I have become more aware of myself and*

the way I act verbally and nonverbally after taking the class. Isabelle recalled,

The theater class has really taught me more about my body presence

and how you stand and how you present to a patient. She makes you aware

of your body and how you're standing. Something I realized about myself

is that when I get nervous I talk really fast and she taught me to slow it

down and she taught me to remember to breathe because I talk so fast I

forget to breathe and my patients can't understand me.

Barb had also become more aware of not only her non-verbal communication but her verbal skills, as well. She stated,

> I definitely feel like I know how to talk to patients better. Like, I
> don't know how to explain it, it's like, she taught us verbal things to
> say but she also taught us posture and how to stand whenever we're
> in there.

Lastly Emily acknowledged, *It definitely has helped with the way I visualized myself when I'm with the patient.*

The responses from the participants revealed that they had utilized the techniques that were taught in class and applied them in a way that led to awareness not only pertaining to their inner self but also their body language. When we suffer or feel inadequate, engaging in learning activities concerning the inner self leads to self-compassion, emotional intelligence, and self-kindness which encompasses an understanding of ourselves. An understanding of ourselves as individuals leads to better relationship skills, empathic behaviors, stress reduction, competence, and the ability to manage emotions and assertiveness (Heffernan, Quinn, McNulty & Fitzpatrick, 2010). The awareness of the ability to perform these skills led to believing in oneself.

Theme 3: Believing in Oneself

As the participants became more aware of themselves and different communication practices including body language, they started believing in their capabilities of communicating effectively. A commonly used term to describe believing in oneself is self-efficacy. The most commonly used meaning for self-efficacy is based on Albert Bandura's theories which refers to a "person's confidence in their ability to perform in certain situations" (as cited in Nørgaard, Ammentorp, Ohm Kyvik, & Kofoed, 2012). Theme three will capture the essence of the

students' thoughts and feelings pertaining to believing in themselves and their ability to effectively communicate after taking the theater course. The participants were asked: *Discuss how or if your perceptions have changed about your ability to effectively communicate after taking THTR 481.*

Corinna described,

> *We're forced to practice communication. We do skits, we do readings,*
>
> *we do theater exercises. So, I know that my ability to communicate effectively*
>
> *with people in the healthcare system is getting better because, like, I've seen*
>
> *the change.*

Gwen stated,

> *With this class, I feel so much more confident about how I interact*
>
> *with any type of person. I feel like I can walk into a situation, whether it's*
>
> *a colleague or a patient and I feel that I am capable of what comes at*
>
> *me pretty much.*

Isabelle reported,

> *I practice now and I know what to say and how to keep*
>
> *the patient talking and feel comfortable after taking the class. And last*
>
> *year at this time, I probably would have just sat in the room*
>
> *and cried and felt bad for her and not been able to get my words out.*
>
> *But instead, I was able to go into the room, sit down and talk to her and*
>
> *ask her if she was scared, what her fears were and how she, like, came to*
>
> *this decision and what she wants to do these last couple of weeks she is*
>
> *alive. And just really got to connect with my patient and not really just learn*

about Hospice in general but just like…I learned how brave someone has

to be to even to make that decision. So like I was just able to sit there and

effectively communicate with her instead of just sitting there feeling sorry for

her which I would have done a year ago.

In a recent study, Nørgaard, Ammentorp, Ohm Kyvik, and Kofoed (2012) also reported increased self-efficacy in the practice of nursing communication after the participants were enrolled in a program that focused on repetitive practice in empathy, pausing, hints, etc., and role playing patient centered communication like "passing on bad news, problematic discussions with colleagues, and communication with relatives" (p. 92). In addition, they found that patient satisfaction with nursing communication had increased after the participants went through the training.

Some of the other participants weren't as specific in their responses but felt like their abilities to communicate effectively had definitely become better. Holly stated, *I have a more stable base to reach out to other people from.* Fallon reported, *This semester, I've had a lot more confidence just talking to my patients after taking this class than I did last semester.* Lastly, Barb confessed, *I feel like before I never really knew what to say in those situations but now, I don't know, I can kind of feel out the situation and decide what a good thing to say is.* Each participant stated in their own words how believing in themselves has made them look at and approach situations in communication differently and with confidence.

In nursing, there are many different situations that can arise which require a nurse to have the knowledge and skill to adapt to every given situation. In order obtain the knowledge and embrace the skill sets needed, nurses must become familiar with good practices.

58

Theme 4: Becoming Familiar with Good Practices

There are many different communication practices that take place in nursing and health care in general. "Health communication is defined as the study and use of communication strategies to inform and influence individual and community decisions that affect health" (Boykins, 2014, p. 41). Effective communication in healthcare also includes being able to reduce stress levels and connect with others in order to build trusting and empathetic relationships (Dabney & Tzeng, 2013). It also embraces practices such as using empathy, assertiveness, and appropriate non-verbal's. Theme four will address the participants' feelings of becoming familiar with good practices.

Empathy is an important communication practice because the nurse needs to understand what the patients and families are going through during their time of illness. Empathy is defined as the capability to put oneself in someone else's place and develop an understanding and awareness of what that person is going through (Sorenson, 2009). "Nursing research emphasizes the significance of empathy in patient relationships" (Sorenson, 2009, p. 7). Many of the participants expressed an ability to use empathetic communication after taking the theater class. Barb explained that, *You kind of put yourself in their shoes and it makes it easier to communicate with them in that way.* Debbie stated,

> *But when we went in, we were empathetic with him and explained why*
> *and it kind of calmed him down. I think you just have to show empathy*
> *and take a deep breath to relax before you go in with a patient so you*
> *don't have strong anxiety. And we learned a lot of techniques in the class,*
> *how to relax, how to just shake it all off and we practiced that quite a bit.*

Jen also reported, *I had to use empathetic communication you know to get my sympathies across to her family without just saying I'm sorry,* and also felt like, *I connected with them better.* Empathetic communication is an essential practice in nursing and one of the Basic prerequisites to nursing care delivery, and may be the basis that drives therapeutic relationships (Juvé-Udina, Pérez, Padrés, Samartino, García, Creus, et al., 2014).

Another communication practice that many of the students became familiar with while taking the theater class was assertiveness. Assertiveness in nursing communication is imperative because it is an interpersonal behavior that upholds equality in human interactions by allowing individuals to give expression to their rights, thoughts and feelings (Freeman & Adams, 1999). Corinna had experienced a situation in which she had to show assertiveness and stated, *my intention was to stick up for myself. And I feel like if I hadn't taken that course, I wouldn't have been able to do that.* Jen on the other hand commented, *remembering not to be aggressive either but to be assertive,* realizing there may be times when assertive communication is appropriate where as being aggressive is not an effective communication technique in nursing.

Lastly, non-verbal communication is required in the health care setting. Nurses should be aware of their use of non-verbal communication which includes posture, body positioning, leaning forward, nodding heads, and uncrossing legs and arms. A journal entry by the researcher had addressed her feelings on body language, *as a nurse, I had to become very aware of my body language. I didn't figure that out until several months into my career as a nurse. Nurses would walk by me and say, "are you mad about something?" I wasn't, so I asked one day why they always asked me that. They replied, "It's the look on your face". I instantly became aware that when I get busy and I am thinking about things in depth, I look mad and I'm not. This was a big wake-up call for me that I needed to be more aware of my facial expressions. If the nurses*

thought I was mad, then what do the patients think? The problem was I had no way of practicing

the way I come off to people and no one to tell me if I was doing it right or wrong. I had no one

to show me how to reduce my stress levels so that I could have a relaxed look on my face. I really

needed help at that point. Basically what I ended up doing was to just keep reminding myself

about it over and over until I thought I learned it myself. There is a time or two even now that

people will still think I am upset about something and I'm not. This is why I have felt learning

good body language prior to entering the workforce is so important.

Nurses should also have the ability to recognize patient's emotions consistently because

this could be an indicator of a potential physical or emotional problem. Awareness of other

individuals emotions through their use of body language is referred to as non-verbal sensitivity

(Chan, 2013). Overall, patient satisfaction with care is enhanced when nurses practice

appropriate non-verbal communication (Chan, 2013). Many of the participants acknowledged

heightened awareness of their body language or non-verbal communication during and after

taking the theater class. Abby indicated

> *I find myself now going into my patient's room and looking at*
>
> *the environment, looking at their body language and learning half, if not*
>
> *more than half, of something about them before I even ask them anything*
>
> *or before they even start telling me anything about them.*

Emily also pointed out,

> *She taught us a lot about open communication, or like the*
>
> *way you stand, as an example, like don't cross your arms, don't tap your foot,*
>
> *don't, like, be messing with something in your hands. She calls it second*

circle. Like the way you stand. I always think about that. Like the way you

sound open or you look open to the patient so they can talk to you.

Fallon also agreed, *I have become more aware of myself and the way I act verbally and*

nonverbally after taking the class.

The participants felt strongly about becoming more familiar with different effective

communication practices which they learned in the theater course. Becoming familiar with both

verbal and non-verbal communication practices in patient care primarily results in meeting the

individual's needs (Sumner, 2012) which is an important concept in nursing.

The participants engaged in many different classroom activities in order to learn and be

more comfortable with these communication practices. Some of these activities include

meditation, journaling, and role-play. The participants showed an overwhelming response of

excitement and overall satisfaction when engaging in "lifelike" experiences when learning

communication in the theater course.

Theme 5:   Engaging in "Lifelike" Experiences

While taking the theater course, the students engaged in many different practices in

learning communication. Theme five will address students' enthusiasm and overall satisfaction

in engaging in lifelike experiences as a learning strategy. Participants were asked: *Compare for*

me your experiences in learning caring and empathetic nursing communication using traditional

instruction practices versus a theater course setting. Abby explained,

> *So, we'd go in and we'd start doing it and then a curve ball would come*
>
> *our way about, you know, the patient is being portrayed by a theater student*
>
> *which was really nice so it was a real person and not a sim manikin, and*
>
> *they would start acting difficult or they would start crying or they would*

start screaming, or they would act very inappropriate and ask questions you

didn't expect and it was nice because we started focusing on the communicating

side of it while we were also doing the nursing skills too. While it was based on

nursing, it's a nice change of scenery and a completely different learning

environment having a theater instructor.

Barb expressed,

With the theater class we do actual scenarios and things you

might run into in the hospital, so doing it with another person, kind of,

like, I don't know, it's easier to practice almost because it's real life situations.

While in our theory classes, we would do questions in the book and tell me

more about it, that would always be the answer, but in theater we do

situations, we do, uh, what's it called, I forget the word, you know

you have people who are actually acting out the situation with you. So it

feels like better practice. In participating in role-play with the use of standardized

patients, the participants had to use critical thinking in their decision making and make clinical

judgments in how to proceed when communicating with their "patient." Participating in these

"lifelike" experiences allowed the participants to immerse themselves in the scenarios and

actively engage in the communication process, thus enhancing communication skills (Gropelli,

2010).

All ten participants made similar comments pertaining to their abilities to learn effective

communication skills by role-playing with real life actors and seemed to embrace this type of

learning. Three more examples of the participants feelings include:

Emily stated,

> *We do everything hands on. We do little practice simulations of things.*
>
> *And that's helpful compared to in like the traditional setting where the teacher*
>
> *is up there and we're just writing down notes. Like, writing down notes isn't*
>
> *going to help you with communication. You have to practice communication to,*
>
> *like, get better at it.*

Gwen expressed,

> *And I'm practicing it with another human being so I'm not sitting*
>
> *there with a sim where I don't see their facial expressions or their body*
>
> *movements. I think that's more important than what they're saying sometimes.*
>
> *I feel like practice makes perfect honestly and that…I can read about*
>
> *communication all I want and I'm still not going to be confident in it until*
>
> *I practice it. So, that way, having that interaction, and you don't know*
>
> *what that person's going to say, you don't know how they're going to interact.*
>
> *And I think that was the greatest part of this class and I think my experience with this.*

Lastly Isabelle reported,

> *I think that traditional…how we're taught traditionally in classes is very,*
>
> *um, by the book. So everything just feels, like, scripted and you're taught*
>
> *what to say but then it doesn't feel natural coming out or doesn't even apply*
>
> *to that person, whereas in the theater class we're working with real, live*
>
> *people who go into their role as, like, the patient or the angry family member.*
>
> *It's just so much more realistic than sitting there talking to a dummy or*
>
> *reading out of the textbook the questions you should ask if the patient answers*

this way. So it's just a lot more realistic and can prepare you better for being

in the hospital or wherever you end up working.

All students indicated that this strategy for teaching communication had better prepared them to interact with other individuals because it replicated real "lifelike" experiences and they were actually engaging in conversations with real life actors.

The themes generated in this study helped to capture the participants' "lived experiences" of learning communication in a theater course taught by theater faculty. The qualitative data that were generated through the interviews also facilitated the answers to the following research questions.

Research Questions

Research Question One: What are the nursing students' perceptions of their ability to effectively communicate in a healthcare setting?

Prior to taking the theater course, many of the students perceived their communication skills as lacking and stated having feelings of awkwardness and not knowing "the right things to say. *I felt awkward in the room, like I had all the thoughts in my head but couldn't get them out and I just felt awkward and like I couldn't help the patient; So, we got thrown into clinical and they're like, okay, go talk to these people and I'm like ummmm…about that. I didn't know what to say. So it was…the whole semester was just awkward I felt like.* In some cases, these feelings of uncertainty in their perceptions in the ability to effectively communicate led to avoidance in communicating with their patients at all. *I avoided communication with her as much as possible because it was so uncomfortable.*

After being enrolled in the theater course, the participants' perceptions of their abilities to effectively communicate increased, and the students were excited and confident in those abilities. *I definitely feel like I know how to talk to patients better; It definitely has helped with the way I visualized myself when I'm with the patient; This semester, I've had a lot more confidence just talking to my patients after taking this class than I did last semester.*

Participants perceived their abilities to effectively communicate in the healthcare setting differently before and after taking the theater course. An assumption can be made that the learning strategies used in the theater course not only taught them effective communication but invoked confidence and increased self-esteem in their abilities to effectively communicate.

Research Question Two: How do nursing students perceive their understanding of communication in a healthcare setting after being enrolled in a theater course taught by theater faculty?

There are many different practices that nurses implement when communicating in the healthcare setting. Some of these include caring, empathy, assertiveness, and appropriate non-verbal's. After being enrolled in the theater course and being taught by theater faculty, the participants expressed different dimensions of their understanding of effective communication. Based on the statements by the participants, it can be assumed that the students perceived a better understanding of their verbal and non-verbal communication practices after taking the theater course.

Caring and empathetic communication has been one of the most important concepts in nursing since the era of Florence Nightingale. Students expressed their understanding in communicating caring, *The theater course you were worried about, you know, did we comfort them, did we understand what they were saying, did we, kind of, use the right techniques that*

we've, you know, been learning since sophomore year in our textbooks; Just the open-ended

questions, sitting at the level with them, not looking down at them, letting them say what they

want to say and be, like, an ear. Be an ear for them to listen to…or for me to listen to them.

Student understanding of empathy was also noted, *You kind of put yourself in their shoes*

and it makes it easier to communicate with them in that way;

> *I was able to go into the room, sit down and talk to her and ask her if*
>
> *she was scared, what her fears were and how she, like, came to this decision*
>
> *and what she wants to do these last couple of weeks she is alive. And just really*
>
> *got to connect with my patient and not really just learn about Hospice in*
>
> *general but just like…I learned how brave someone has to be to even to make that*
>
> *decision.*

Another communication style that is used in nursing is assertiveness. This practice

allows the nurse to regulate situations that may arise in the health care setting. The students

expressed increased capabilities and understanding of the practice of assertive communication,

My intention was to stick up for myself. And I feel like if I hadn't taken that course, I wouldn't

have been able to do that. In this situation it is assumed that the student learned to be more

assertive through building on confidence and self-esteem, in order to be able to speak up and

defend herself. Another student stated, *Remembering not to be aggressive either but to be*

assertive, understanding that there is a difference in communicating assertiveness and that

aggressive behaviors have no place in nursing communication.

The last communication style that the participants reporting increased understanding was

the use of non-verbal's and body language. They reported, *She taught us a lot about open*

communication, or like the way you stand, as an example, like don't cross your arms, don't tap

67

your foot, don't, like, be messing with something in your hands; How you are trying to come off,

so like your verbals and nonverbal match up well; The theater class has really taught me more

about my body presence and how you stand and how you present to a patient; and Taking out

what you say and being more aware of how you physically interacting with a patient or your

colleague.

All of the participants reported understanding of at least two of the above-mentioned

practices in effective nursing communication. Some of the participants also reported learning

other concepts that had increased their understanding of effective communication. Those

concepts included self-awareness, using relaxation techniques, and building confidence. It can

be assumed based on student responses that the participants' understanding of effective

communication increased in many different areas after taking the theater course.

Research Question Three: How do nursing students describe the differences in learning

caring and empathetic communication practices in a theater class versus traditional

instructional practices?

During the interview process, the participants were specifically asked, *Compare for me*

your experiences in learning caring and empathetic nursing communication using traditional

instruction practices versus a theater course setting. Student responses included,

> *So, we'd go in and we'd start doing it and then a curve ball would*
>
> *come our way about, you know, the patient is being portrayed by a theater*
>
> *student which was really nice so it was a real person and not a sim manikin,*
>
> *and they would start acting difficult or they would start crying or they would*
>
> *start screaming, or they would act very inappropriate and ask questions you*

68

didn't expect and it was nice because we started focusing on the communicating

side of it while we were also doing the nursing skills too;

With the theater class we do actual scenarios and things you might

run into in the hospital, so doing it with another person, kind of, like, I don't

know, it's easier to practice almost because it's real life situations. While in

our theory classes, we would do questions in the book and tell me more about it,

that would always be the answer, but in theater we do situations, we do, uh,

what's it called, I forget the word, you know you have people who are actually

acting out the situation with you. So it feels like better practice;

We do everything hands on. We do little practice simulations of things.

And that's helpful compared to in like the traditional setting where the teacher is

up there and we're just writing down notes. Like, writing down notes isn't going

to help you with communication. You have to practice communication to, like,

get better at it;

I feel more natural in the theater situation because I can interact with

a human. I can see their face, I can see their eyes, I can see the way they move

and when in more traditional nursing you can read about it as much as you

want. But we practice it. All participants had also mentioned the high value in the

learning experience they had with the "hands-on", "real life-like" simulation experiences and

69

believed they learned communication at a higher level than just reading it out of a book in a classroom setting or using a manikin to practice with in scenarios.

Other techniques used in teaching effective communication that were helpful to the participants that were not taught in the traditional classroom setting, but were taught in the theater course, were relaxation techniques, meditation, and journaling. Some of the student responses included,

> *But when we went in, we were empathetic with him and explained*
>
> *why and it kind of calmed him down. I think you just have to show empathy and*
>
> *take a deep breath to relax before you go in with a patient so you don't have*
>
> *strong anxiety. And we learned a lot of techniques in the class, how to relax,*
>
> *how to just shake it all off and we practiced that quite a bit;*
>
> *Well, I don't know that with traditional courses we learned to*
>
> *meditate. Um, in the theater classes we learn to meditate and focus inward on*
>
> *how we're feeling and I don't know that we really do a lot with that in our*
>
> *traditional classes;*
>
> *We did journal entries, you know, after each class or before*
>
> *each class and I think it facilitated what we learned in class. And it helped me to*
>
> *focus on myself and look back at situations where I could have done better and*
>
> *what I would have done. So, I think it helped me think about myself and my own*
>
> *actions. I think they were really important, as well as the work in the class*
>
> *and reading the book. I think they were both essential in facilitating learning.*

The participants were very enthusiastic about discussing the different learning strategies that were used in the theater course. An assumption can be made that the participants felt the differences in the theater course setting contributed to a higher level of learning effective communication in nursing. Along with the differences the students described, many of them also mentioned the enthusiasm that the faculty member held during the theater classes and had stated that her enthusiasm gave them the drive and confidence they needed to be active participants in the class.

Validation of the Findings

Triangulation was used for this study in order to establish validity of the findings, "multiple data collection methods provide an opportunity to evaluate the extent to which a consistent and coherent picture of the phenomenon emerges" (Polit & Beck, 2012, p. 590). The primary source of data collection was the participant interviews (See Appendix F) in which responses were documented throughout Chapter IV. The other methods used were researcher observation which took place during the interviews and reflective writings written by the participants while taking the theater course. These two methods will be discussed below.

While interviewing the participants, it was observed by the researcher that the student's facial expressions, body language and tone of voice were consistent with what the participants were trying to convey (See Appendix J). It was observed by the researcher the discomfort on the participant's faces and in their voices when they talked about the communication experiences they had encountered prior to taking the theater course. This occurred primarily when the participants were discussing their feelings of awkwardness, uncertainty and lack of confidence in their ability to communicate effectively. The participants also expressed regret that they had not had the opportunity to take the theater course prior to their junior or senior year. As the interview

71

progressed, the students passionately expressed excitement and enjoyment with their facial expressions and in their voices when describing the growth in their learning of effective communication while taking the theater course. The students were enthusiastic when describing their increase in confidence, ability to show empathy and assertiveness, and the capability to be aware of their inner selves, body language, and overall skill to effectively communicate.

The researcher also read the participants reflective writings on three separate occasions and found that the writings were consistent with the participant's responses throughout the interview process regarding their growth in learning effective communication in the theater course (See Appendix I). Examples of their reflective writing statements concerning how the theater course had helped them include: *I believe I am more focused and thorough in my home health clinical rotation this semester because of the examples we have discussed in this class; An actual student giving constructive criticism on her communication skills and techniques is invaluable; By connecting with our inner selves and becoming vulnerable with others we have learned how our patients must feel when we interact with them; I try to stop, listen and connect with my patients; I was much more open to discussion when I knew my partner was listening to me and fully understood what I was saying; I have noticed a big change in just being more aware of the way I am coming across to others; The activities involving space and getting to know your environment have been most beneficial to me; The activities where we became aware of our movements and then proceeded to become more aware of ourselves were interesting because it allowed me to become comfortable in any environment; and I am confident in my abilities.* In reviewing all of the reflective writings the researcher found that each student had taken away several important components of effective nursing communication. Every student in their writings had also expressed satisfaction and enjoyment in taking the theater course.

Summary

The participants began their "lived experience" by describing the uncertainty, awkwardness, and unpreparedness that they had felt in communicating with individuals in the health care setting. They reported many inadequacies in their communication skills along with lack of confidence and avoidance.

As the students started their voyage into learning effective nursing communication in a theater course, they were puzzled by the initial strategies being used. Relaxation exercises, meditation, role-playing with live actors, and journaling were all new techniques introduced to them in learning communication. As the weeks progressed, they became engaged in the learning activities and found that the teaching techniques being used along with active participation was not only teaching them how to effectively communicate but also teaching them about themselves. They became more aware of their own feelings and attitudes and felt more centered and grounded. This mindfulness led them to a higher level of confidence and self-esteem.

With new-found confidence, the participants found themselves volunteering more in other classes because they were confident in their abilities. They also found that they were communicating more effectively and not avoiding uncomfortable situations. They found it easy to implement the strategies that were taught to them in the theater class and apply them to real life situations. They found that they had become more aware of the use of empathic, assertive, and non-verbal communication.

The participants had experiences during and after taking the theater course in which they had used empathy and assertive communication, and they found that they were much more effective in handling situations in which these types of communication were needed. Non-verbal communication was mentioned by all of the participants as being a very important part of their

new communication habits. They mentioned many times about how much more aware they were of how they stood, crossed their arms, kept eye contact, and a few others. The students reported many learning strategies that were taught to them in the theater class which really helped them develop into effective communicators. The one that they all felt helped them the most was working with the live actors in role-play.

The participants had reported enthusiastically the benefit in which working with live actors had given them. They discussed many advantages to this type of learning. The benefits in working with a live actor included being able to see their body language, talking to a real live person, having unexpected situations thrown at them, and the overall feeling of it being real instead of a fake simulation.

The students concluded their voyage by reporting how great the class and teacher were and recommended that other nursing students should take the class. Many of them stated that they wished it would have been offered at an earlier stage in their educational endeavors because they would have been so much better at communicating with their patients while they were at the hospitals doing their clinical rotations.

Conclusion

This chapter captured the core educational experiences for ten baccalaureate nursing students learning effective communication in nursing while taking a theater course taught by theater faculty. Through the significant words from these participants, the voyage through their educational adventure unfolded, capturing the story of the students' lived experiences in learning effective communication while taking a theater course. This educational voyage provided new visions into the experience of the nursing student with a reliable basis from which to develop

appropriate learning strategies and teaching techniques to foster effective nursing

communication.

CHAPTER V

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

Through the participants' expressive interviews, the phenomenon of nursing students learning effective nursing communication in a theater course was explored. This research describes the essence of what it is like to learn effective nursing communication in a theater course based on the "critical truths" concerning the reality of the participants' "lived experience."

This chapter will provide preconceptions and assumptions made by the researcher, and meanings and understandings of the following developed themes, *struggling with communicating effectively, knowing identity of "self", believing in oneself*, *becoming familiar with good practices*, and *engaging in "lifelike" experiences* with reference to the current literature previously reported. Based on the developed themes, meanings and understandings of the following research questions will also be discussed.

1. What are the nursing students' perceptions of their ability to effectively communicate in a healthcare setting?

2. How do nursing students perceive their understanding of communication in a healthcare setting after being enrolled in a theater course taught by theater faculty?

3. How do nursing students describe the differences in learning caring and empathetic communication practices in a theater class versus other traditional instructional practices?

Additionally, implications for faculty and students will be discussed and recommendations for faculty on how to improve student learning in nursing communication will be made. Based on the data from the study, suggestions for future research will also be identified. In conclusion, the

study's strengths and limitations will be provided and reliability and validity of the study will be established using the qualitative criteria suggested by Lincoln and Guba (1985) which include credibility, dependability, confirmability, transferability, and authenticity .

<center>**Preconceptions and Assumptions**</center>

In the beginning of the voyage of exploration into the students' "lived experiences" of learning effective nursing communication in a theater course, there were preconceived notions and assumptions held by the researcher. Reflexivity took place where the researcher developed self-awareness of any preconceived notions and assumptions and set them aside (Polit & Beck, 2012). Reflexivity permitted the researcher to stay objective while listening to the participants' responses and stories.

Based on the researcher's knowledge and experience working as a nurse, it was preconceived that effective communication by nurses was not always being implemented or understood by nurses. Quickly leaving the patient's room while the patient was speaking, not making eye contact with the patient, and being short and uncaring while answering patients questions have all been observed at one point in time while working as a nurse in a health care setting. Also, the researcher's experience in teaching nursing courses led to assumptions that communication was not being completely learned in traditional classroom settings, as well as using simulation with manikins. Visualizing hesitancy and uncertainty in student approaches in communicating with patients while on a nursing unit, hearing students comment on not knowing what to say, and observing unnatural behaviors during simulation with the use of manikins were all factors that led the researcher to these assumptions. Grounded in these experiences, the researcher developed a preconceived notion that educational practices that foster effective nursing communication had not been widely studied especially teaching nursing students'

<center>77</center>

communication skills in a theater setting. Contrary to these preconceptions, the literature review

showed that teaching effective nursing communication had been studied broadly in areas of the

traditional classroom, role-play, and simulation with manikins and standardized patients. One

presumption was accurate; the phenomenon under study had little consideration within nursing

education.

Assumptions of the study were made by the researcher pertaining to student reaction,

sufficient participant size, and study significance for faculty.   The first assumption made by the

researcher was that the students would not particularly like taking nursing communication in a

theater course because they would think it was "acting" and had no relevance to nursing.

Another assumption made was the notion that it would be difficult to obtain a sufficient

number of participants to interview for the study. Many reasons led the researcher to this

assumption. Reasons for this assumption included that it was the first time the theater course

was being offered at the university and it was listed as an elective. Therefore, it was unknown

how many nursing students would actually register for the class because it was not required.

There were also no prerequisites or stipulations that had to be met in order for students to take

this course and being a junior or senior level nursing student was part of the inclusion criteria for

this study. Any undergraduate student could register for this class.

Finally, it was assumed that participants would learn important and effective

communication techniques in the theater course. Therefore, this study would provide meaningful

information that could be used by faculty and administration in curriculum development.

Contrary to these assumptions, the participants found the theater course to be engaging

and important to their nursing practices. The participants were able to learn many important

components to effective nursing communication and implement them successfully within the health care setting.

Additionally, 17 students enrolled in the theater course. After IRB approval, the faculty member teaching the theater course was contacted via e-mail by the researcher. The faculty agreed to forward the letter of participation to the 17 students taking part in the nursing communication course. Out of the 17 students, only ten of them met the criteria. The other seven students were sophomore students, therefore, not meeting the inclusion criteria. One of the sophomore students contacted the researcher and asked if she could participate because she wanted to be able to give her input on the effectiveness of the theater course. The researcher had to decline this request based on the inclusion criteria. The ten students that met all inclusion criteria agreed to participate in the study.

Finally, the participants' accounts of their "lived experiences" in learning effective nursing communication in a theater course provided valuable information for faculty and administration considering changes in their approaches to teaching nursing communication. This assumption was accurate and the students' rich descriptions of their experiences while taking the theater course need to be communicated to faculty and administration. The experiences that the participants encountered led to meanings and understandings of the phenomenon.

Meanings and Understandings

All participants shared their experiences in taking the theater course. They openly discussed their feelings and communication experiences prior to and after taking the theater course. Although the participants' experiences with nursing communication varied, their feelings on effective nursing communication abilities held many similarities before and after taking the

theater course. The five themes developed in chapter four provided meaning and understanding to the participants feelings and experiences.

Theme One: Struggling with Communication Effectively

The first theme, *struggling with communicating effectively,* describes the students lack of confidence in their communication skills prior to taking the theater course and encompasses the participants' feelings of being worried, frightened, unprepared, guilty, and uneasy in their communication practices. These feelings have shown to be experienced in nursing communication when students lack the knowledge and organizational thoughts in order to communicate effectively (Thomas, Bertram, & Johnson, 2009). Traditional practices of learning communication can leave nursing students feeling unprepared and unconfident in their abilities to communicate effectively and can leave them feeling anxious and nervous when asked to interact with their patients in the clinical setting (Reams & Bashford, 2011). In a study conducted by Reams and Bashford (2011), a collaborative assignment was designed in which six theater students were asked to role-play patient scenarios and 27 nursing students were asked to use effective communication practices. Prior to the study, the students only experiences in nursing communication was in a classroom setting. Students were interviewed prior to the role-play activity and it was found that 78% of the nursing students felt unprepared to effectively communicate with the theater students, 74% lacked the confidence in initiating the activity and 81% of the students did not feel confident in their abilities of conducting a patient interview in the health care setting. These findings are consistent with the experiences of this study's participants prior to their taking the theater course.

Theme Two: Knowing Identity of "Self," and Theme Three: Believing in Oneself

Participants in this study also reported feeling having a lack of confidence and preparedness

stating, *I didn't know what to say* and *I felt awkward and uncomfortable.* The lack of confidence and unpreparedness led to students avoiding communication with their patients. Avoidance of communicating with patients in the health care setting leave patients feeling uncertain about their care which can lead to poor patient outcomes (Nørgaard, Ammentorp, Ohm Kyvik, & Kofoed, 2012; Stewart, Brown, Donner, McWhinney, Oates, et al. 2000). It is imperative for nurses to be able to communicate with patients effectively in order to improve patient outcomes and provide patient-centered care which involves "respecting and responding to patients' wants, needs, and preferences" (IOM, 2001, p. 3) which students were unable to do prior to taking the theater course.

Regardless of the method used in learning communication prior to the theater course, the participants expressed having a lack of understanding and confidence in implementing effective communication practices in the health care setting. These findings should compel faculty to re-evaluate the current methods used in teaching nursing communication.

After taking the theater course, students identified an increase in self-awareness and confidence in communicating effectively, which was reflected in theme two, *knowing identity of 'self,'* and theme three, *believing in oneself.* In Reams and Bashford's study (2011), students also reported an increase in self-awareness and confidence in their communication abilities after participating in the role-play interview activity with the theater students. Although, not a substitute for real nurse-patient interaction, Reams and Bashford (2011) found that there was an 87% increase in student self-awareness and a 29% increase in student confidence after the theater activity. Self-awareness and confidence are two core components that are necessary in effective nursing communication that fosters caring, empathy and positive nurse-patient relationships (Jack & Smith, 2007).

81

Students reported an increase in confidence and inner self-awareness, as well as their use of body language. Students stated feeling *more aware of myself and the way I act verbally and nonverbally; more aware of how you physically interacting with a patient or your colleague; more confidence just talking to my patients after taking this class than I did last semester; much more confident about how I interact with any type of person.* Students learned how to acknowledge their beliefs and inner most thoughts, which in turn helped to build their confidence level. The students became more self-aware and confident while engaging in meditation, journaling, relaxation techniques, and role-play activities which were used in the theater course. Students no longer felt *awkward* or *uncomfortable* with their communication practices. They took control of themselves which enabled them to engage in effective communication instead of running away and avoiding patient interaction. A statement made by Jack and Smith (2007) can be appropriately used in describing the students after taking the theater course, "Being more self-aware helps us to take control of situations and become less of a victim" (p. 49).

All of the participants acknowledged throughout the interviews that the increase in self-awareness and confidence, developed while taking the theater course, made it easier for them to effectively communicate with their patients. Their feelings of uncertainty and unpreparedness had dissipated leaving them feeling good about themselves and secure with their communication abilities. The participants new found self-awareness and confidence is consistent with what Watson (2009) believed to be true about changing the way nurses practice, "True transformation of health care ultimately has to come from a shift in consciousness and intentional actions of the practitioners themselves, changing health care from the inside out" (pp. 469-470).

Theme Four: Becoming Familiar with Good Practices

Besides building on self-awareness and confidence, the theater course provided the students with essential communication skills. The students developed an understanding on the use of empathy, assertiveness, and the use of non-verbal communication, which was revealed in theme four, *becoming familiar with good practices.*

The IOM (2001) identified effective communication practices as a key role in patient-centered care which has been established by the AACN (2014) as one of the core competencies issued in the *Quality and Safety Education for Nurses.* Some of the communication skills that are indicative of providing patient-centered care include empathy (Dabney & Tzeng, 2013, Juvé-Udina, Pérez, Padrés, Samartino, García, Creus, et al., 2014; Sorenson, 2009, Cunico, Sartori, Marognolli, & Meneghini, 2012), assertiveness (Freeman & Adams, 1999, as cited in Ünal, 2012) and the use of appropriate non-verbal communication (Chan, 2013). Students reported that learning practices such as empathy, assertiveness, and non-verbal communication had helped them to connect to their patients better, made it easier to communicate, and made them more aware of the verbal and non-verbal messages they were sending to their patients. Understanding the use of these important communication practices helped the participants to effectively communicate, which in turn will help to build therapeutic nurse-relationships leading to patient-centered care.

Theme Five: Engaging in "Lifelike" Experiences

Lastly, the students expressed their overall experience in the theater course as positive but one teaching method of the course stood out for them. This method was learning communication through role-playing with the theater students. Role-playing communication scenarios with the theater students was the essence of theme five, *engaging in "lifelike" experiences.* The use of

standardized patients in developing nursing communication skills has been shown to have positive effects on student learning. Recent studies revealed that the use of standardized patients increased effective nursing communication among nurses including empathetic practices (Bosse, Nickel, Huwenick, et al., 2010; Lim, Moriarity, & Huthwaite, 2011; Schlegel, Shaha, & Terhaar, 2009).

Participants engaged actively in the role-play scenarios with the theater students and expressed enthusiasm and excitement when talking about this teaching method. Students described the use of standardized patients as, *it's just a lot more realistic and can prepare you better for being in the hospital or wherever you end up working; in the theater class we're working with real, live people who go into their role as, like, the patient or the angry family member. It's just so much more realistic; I'm practicing it with another human being* and *I think that was the greatest part of this class and I think my experience with this;* and *we do actual scenarios and things you might run into in the hospital, so doing it with another person, kind of, like, I don't know, it's easier to practice almost because it's real life situations.* Based on student responses, role-playing with theater students in lifelike situations had a positive effect on students and aided in the increased effectiveness of students' communication practices.

Not only did the themes identified in this study provide meaning and understanding to the participants' innermost thoughts and feelings pertaining to their experiences in learning and practicing nursing communication, the themes generated in this phenomenological study also aided in answering the research questions.

Research Question One

1. What are the nursing students' perceptions of their ability to effectively communicate in   a healthcare setting?

An overwhelming response by the participants indicated that they lacked security and confidence in their ability to effectively communicate prior to taking the theater course. They felt unprepared and inadequate in their communication practices.

Research Question Two

2. How do nursing students perceive their understanding of communication in a healthcare setting after being enrolled in a theater course taught by theater faculty?

All of the participants reported growth in their communication skills. The students indicated becoming more self-aware of themselves and more confident in their communication practices based on techniques learned in the theater course such as meditation, relaxation techniques, appropriate body language, assertiveness and empathy.

Research Question Three

3. How do nursing students describe the differences in learning caring and empathetic communication practices in a theater class versus traditional instructional practices?

The participants indicated that learning effective communication practices that nurses need in the health care setting became more evident for them in the theater course because they practiced stress reduction, engaged in journaling activities and practiced effective communication techniques repeatedly through role-playing with the theater students. The participants had identified that the repetitive practice and learning more about themselves led them to better caring and empathetic practices. The students had compared their experiences with the traditional methods for teaching nursing communication and in general, indicated that they felt learning communication through lecture, reading it out of a book or engaging in simulation talking to a manikin were not effective methods for them to learn nursing

communication practices and that until the theater course they felt they lacked overall ability to effectively communicate.

Based on the meanings and understandings of the developed themes and answered research questions, the researcher identified implications for nursing faculty. It was also determined that implications for nursing students existed.

Implications for Nursing Faculty

Unmistakably, this research study has marked a colossal step in describing the lived experiences of ten baccalaureate nursing students in learning communication skills in a theater class taught by theater faculty. Many research studies have been completed pertaining to types and importance of nursing communication but little has been identified regarding nursing students learning communication in a theater course. These participants let their voices be heard and provided awareness that their insecurities in their communication practices are real, and that changes need to be made in the way nursing communication is taught.

Some nursing faculty and administration may argue that nursing communication should be taught within the realm of nursing and shouldn't be taught in a theater course. To dismiss this human experience would be inconsistent to statements issued by the Essentials of Baccalaureate Nursing Education and the National League of Nursing (NLN) Core Competencies of Nurse Educators regarding educating students in communication. The Essentials of Baccalaureate Nursing Education states, "Interprofessional education enables the baccalaureate graduate to enter the workplace with baseline competencies and confidence for interactions and with communication skills that will improve practice, thus yielding better patient outcomes" (AACN, 2008, p. 22), and "Caring as related to this Essential encompasses the nurse's empathy for, connection to, and being with the patient, as well as the ability to translate

86

these affective characteristics into compassionate, sensitive, and patient centered care" (AACN, 2008, p. 26). The NLN Core Competencies of Nurse Educators states, "Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting; and "Fosters the cognitive, psychomotor, and affective development of learners; and Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes" (NLN, 2005). According to the students' lived experiences in taking the theater course, students' had developed and increase in confidence, as well as cognitive, psychomotor and affective growth, which is consistent with the AACN and NLN statements concerning communication education.

Nursing faculty and administration must embrace the "lived experiences" of these students and appreciate the growth in communication experiences that these students obtained through the theater course taught by theater faculty. According to the participants, the theater course not only taught them how to effectively communicate, which is a primary component of patient-centered care and one of the core competencies of Quality and Safety Education for Nurses (QSEN) (AACN, 2014), but they also learned how to enhance their personal growth through self-awareness and increased confidence. Five out of ten of the participants stated that their only regret was that they did not have this class earlier in their years of study. The participants were junior and senior level students and half of them felt that if they would have had it in their sophomore year it would have helped them with their communication skills in their clinical rotations throughout their nursing education.

Implications for Nursing Students

In light of the participants' responses, students should become more active in their role as a student. If students are still feeling insecure at the junior and senior level with communication

practices in a profession that relies on effective communication, then the students should take steps to address these issues before it is too late. Students could address this problem by bringing it to faculty through the student advisory board that communication practices needs to be changed in the way it is taught. This recommendation will provide faculty with the knowledge that there is a problem within the curriculum. Students could also improve communication skills by engaging in volunteer work or part-time work in the healthcare setting where they could gain experience actively communicating with this population. Actively engaging with patient's in the health care setting would help the students to become more familiar of the communication practices in the health care setting. Although the students should take some personal responsibility to learn effective communication practices, nursing faculty should foster the growth of these communication practices using effective teaching strategies. In order to meet the students' needs in learning effective communication while enrolled in the nursing program, recommendations for nursing faculty have been identified based on the research data of this study.

Nursing Faculty Recommendations

In light of these implications, recommendations for faculty would include to develop a course in which nursing faculty would teach the techniques that the students learned in the theater course; continue collaboration with the theater department in teaching this course; promote the course to sophomore level students in order to better prepare them for their clinical experiences throughout their education; and, make the course a requirement instead of an elective. The research supports the need to continue educating nursing students using the methods used in the theater course in order for students to learn and engage in effective communication.

Suggestions for Future Research

This doctoral dissertation began the voyage into unchartered waters of nursing students' learning communication in a theater course taught by theater faculty. Although there are a multitude of studies on nursing communication, a gap was identified in nursing students taking a theater course to learn effective nursing communication. Throughout the investigation of this phenomenon, many questions became evident requiring further investigation.

The first question had become evident when the participants were describing their learning experiences in the theater course. Many different teaching methods were used but students were most enthusiastic when describing their experiences when role-playing scenarios with the theater students. Since the theater students interactively communicated with the nursing students, it may be helpful to obtain the views of the theater students in an empirical study concerning nursing student growth in effective communication.

Another suggestion for future research became evident when the students suggested that the course be encouraged by faculty to take at the sophomore level rather than at the junior or senior level. Evidence for this suggestion came from the students when they acknowledged that if they had taken the course earlier, their new-found communication practices would have enhanced their clinical experiences throughout their education. Based on these findings, the theater class should be promoted to the sophomore level students and longitudinal studies should be conducted in order to assess quality of clinical experiences pertaining to communication after taking the course.

In addition, nursing faculty perceptions of student interactions with patients after taking the theater course should be investigated in order to achieve a greater sense of the effectiveness of teaching nursing communication in a theater course taught by theater faculty.

89

Moreover, the findings of this phenomenological qualitative study suggests that additional qualitative, quantitative, and mixed-methods studies should be conducted on nursing students learning effective communication practices in a theater course taught by theater faculty. There is a need for a longitudinal study pertaining to the students taking the theater course. As students graduate and enter the nursing profession, work-related stressors and the overall demands of the job may affect students' effective communication practices. Following the students after graduation and conducting a longitudinal study would provide nurse educators with information on retention and implementation of effective communication practices after entering the workforce.

Although it was not found in the literature review, it has not been definitively identified if other nursing communication theater courses exist in other educational institutions. There is a need for future research to be conducted to see if any other theater courses are offered at any other educational institution.

Lastly, based on the findings of this study, it could be recommended that future studies be conducted in other workplace settings where communication is important. Some of the professions may include but are not limited to social work, education, and law enforcement (lawyers and police officers).

Strengths of the Study

This study has several strengths that are important to effective nursing communication and nursing education. Ten participants shared their "lived experiences" in taking the theater course to learn effective communication. The students only voiced positive responses in relation to taking the theater course and shared their stories openly, providing information on how the theater course impacted their effective nursing communication practices. The participants

expressed enthusiasm when talking about the course and had no negative perceptions about the class. The students felt that the course was valuable to their educational experiences as well as their nursing practice. The course provided the students with confidence, self-awareness, empathy, assertiveness and overall effective communication practices. In addition, nursing faculty may gain an understanding of these students' "lived experiences" and advocate for students to enroll in the theater course in the future or make it a required course instead of an elective.

Additionally, another strength to this study was the journal entries provided by the researcher. The researcher was able to document her own feelings and thoughts about the phenomenon in order to set her beliefs and biases aside which enabled the researcher to remain objective throughout data collection and analysis.

Lastly, the researcher's sample size for this study was appropriate for this phenomenological study. The sample size requested through IRB approval was ten or until saturation of data was met. Saturation was met after eight interviews; therefore, the last two interviews aided in confirmation of findings.

Limitations of the Study

Limitations to this study were encountered. The studies' limitations were based on participant and site selection which will be discussed.

Although the sample size for this study was adequate, a limitation to the study was utilizing convenience sampling. The researcher needed at least 10 participants for this study or enough participants for data saturation to be met. The number of nursing students enrolled in the theater course was small. Out of the 17 students enrolled in the class, only 10 met the inclusion criteria leaving the researcher unable to employ random sampling.

91

Additionally, nursing students enrolling in a theater course to learn effective nursing communication is a new concept; therefore, there were no other nursing schools in which the researcher could seek participants. Participant selection was from one site.

Reliability, validity, trustworthiness, and rigor. Reliability, validity, trustworthiness, and rigor are often assessed in qualitative studies using qualitative criteria by Lincoln and Guba (1985). The criteria used to assess this study included credibility, dependability, confirmability, transferability, and authenticity which are the suggested criteria by Lincoln and Guba (1985).

Credibility

In order to establish credibility, the researcher personally engaged in extensive interviews with the participants in order to tie mood, facial expressions, and overall body language to the responses given by the participants. Moreover, a significant amount of time was dedicated to examining the data in order to provide rich descriptions of the participants' "lived experiences" in learning effective communication in a theater course. In addition, utilizing a decision trail, adherence to Colaizzi's (1978) method of data analysis, and validation of the participants' descriptions through their journal writings established credibility of the findings.

Dependability

Dependability was established through strict adherence to Colaizzi's (1978) procedural steps in data collection and analysis. Inclusion of true descriptions of the participants and setting of the study also aided in the dependability of this study.

Confirmability

In order to establish confirmability, the researcher had to remain objective when providing meaning to the participants' responses. Therefore, the researcher used her personal journal writings to ensure personal biases and beliefs were set aside and the participants "voice"

was being heard. Confirmability was also established through referring to the students' journal writings to check that findings and meanings of the participants' rich descriptions were consistent with the researcher's interpretations.

Generalizability

Generalizability is typically not a goal of qualitative research. Rather, rich descriptions were provided of the participant's experiences learning effective nursing communication in a theater course which provided applicability to nursing education. Applicability allows someone interested in this phenomenon to view the rich descriptions provided and make an informed decision on transferability.

Authenticity

Lastly, Authenticity was achieved through the participants' interviews. The students' exact words were used throughout the study. In addition, the participants' moods and body language used during the interview process was acknowledged in chapter four.

<div align="center">

Summary

</div>

Findings of this study generated a rich understanding of the participants' experiences in learning effective nursing communication in a theater course taught by theater faculty. The study results support that nursing students possess a feeling of inadequacy in nursing communication based on traditional classroom teaching. This study also revealed that the students "lived experiences" while taking the theater course were positive and worthy of faculty and administration to continue collaboratively working with the theater department in teaching nursing communication or implementing a program in nursing that incorporates the same learning techniques used in the theater course.

Through the use of Colaizzi's (1978) methods and procedures, comparisons of the participants' journals to their verbal responses, and the researchers' interviewing processes, credibility, dependability, confirmability, transferability, and authenticity were achieved. Through this process from a qualitative perspective, reliability and validity were attained.

The optimistic outcomes of this study along with validation of the study, led the researcher to implications for faculty and students and ideas in future research on education in effective communication. Although this study showed that offering courses in communication enhancement through the theater department is beneficial in the health care setting, faculty and students need to take responsibility and action in determining the best methods to achieve effective nursing communication. Future studies need to be conducted to determine if theater courses in nursing communication are offered at other institutions and if the courses would prove to be beneficial to other professions.

References

American Association of Colleges of Nursing (2012). *Employment of new nurse graduates and employer preferences for baccalaureate-prepared nurses.* Washington, DC: Author.

American Association of Colleges of Nursing (2013). *New AACN data show an enrollment surge in baccalaureate and graduate programs amid calls for more highly educated nurses.* Retrieved from http://www.aacn.nche.edu/news/articles/2012/enrollment-data.

American Association of Colleges of Nursing (2014). *Quality and safety education for nurses.* Retrieved from http://www.aacn.nche.edu/qsen/about-qsen

American Nurses Association (2004). *Nursing: Scope and standards of practice.* Silver Spring, MD: Author.

American Nurses Association (2010). *Nursing: Scope and standards of practice.* Silver Spring, MD: Author.

Babatsikou, F. P., & Gerogianni, G. K. (2012). The importance of role-play in nursing practice. *Health Science Journal, 6*(1), 4-10.

Bailey, D. (2009). Caring defined: a comparison and analysis. *International Journal for Human Caring*, *13*(1), 16-31.

Becker, K. L., Rose, L. E., Berg, J. B., Park, H., & Shatzer, J. H. (2006). The teaching effectiveness of standardized patients. *Journal of Nursing Education, 45*(4), 103-111.

Bernard, M., Roten, Y., Despland, J. N., & Stiefel, F. (2012). Oncology clinicians' defenses and adherence to communication skills training with simulated patients: An exploratory study. *Journal of Cancer Education, 27*, 399-433.

Bolstad, A. L., Xu, Y., Shen, J. J., Covelli, M., & Torpey, M. (2012). Reliability of

    standardized patients used in a communication study on international nurses in

    the United States of America. *Nursing and Health Sciences, 14,* 67-73.

Boschma, G., Einboden, R., Groening, M., Jackson, C., MacPhee, M., Marshall, H., & …

    Roberts, E. (2010). Strengthening communication education in an undergraduate nursing

    curriculum. *International Journal of Nursing Education Scholarship*, *7*(1),

    doi:10.2202/1548-923X.2043

Bosse, H. M., Nickel, M., Huwendiek, S., Jünger, J., Schultz, J. H., & Nikendei, C. (2010).

    Peer role-play and standardized patients in communication training: A comparative

    study on the student perspective on acceptability, realism, and perceived effect. *BMC*

    Medical Education, 10(27), 1-9.

Boykins, A. D. (2014). Core communication competencies in patient-centered care.

    ABNF Journal, *25*(2), 40-45.

Cant, R. P., & Cooper, S. J. (2010). Simulation-based learning in nurse education: Systematic

    review. *Journal of Advanced Nursing*, *66*(1), 3-15. doi:10.1111/j.1365-

    2648.2009.05240.x

Centers for Medicare & Medicaid Services (2013). HCAHPS: Patients' perspectives of care

    survey. Retrieved from http://www.cms.gov/Medicare/Quality-Initiatives-Patient-

    Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html

Chan, Z. C. (2013). A qualitative study on non-verbal sensitivity. *Journal of*

    Clinical Nursing, 22, 1941–1950, doi: 10.1111/j.1365-2702.2012.04324.x

Chan, Z. C., Fung, Y., & Chien, W. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process. *The Qualitative Report, 18*(59), 1-9.

Chen, R. P. (2011). Moral imagination in simulation-based communication skills training. *Nursing Ethics, 18*(1), 102-111.

Cohen, J. A. (1991). Two portraits of caring: A comparison of the artists, Leininger and Watson. *Journal of Advanced Nursing, 16*, 899-909.

Colaizzi, P. F. (1978). Psychological research as the phenomenologists views it. In R. Valle, & M. King, *Existential-phenomenological alternatives for psychology.* New York, NY: Oxford University Press.

Cortis, J. D. (2000). Caring as experienced by minority ethnic patients. *International Nursing Review, 47*(1), 53-62.

Creswell, J. W. (2013). *Qualitative inquiry research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.

Dabney, B. W. & Tzeng, H. M. (2013). Service quality and patient-centered care. *Medsurg Nursing, 22*(6), 359-364.

The Essentials of Baccalaureate Nursing for Professional Nursing Practice (2008). American Association of Colleges of Nursing: Author.

Fitzpatrick, J. M., While, A. E., & Roberts, J. D. (1992). The role of the nurse in high-quality care: A review of the literature. *Journal of Advanced Nursing, 17,* 1210-1219.

Fowler, M. D. M. (Ed.). (2008). *Guide to the code of ethics for nurses: Interpretation and application.* Silver Spring, MD: American Nurses Association.

Fox, R. L., & Abrahamson, K. (2009). A critical examination of the U.S. nursing shortage: Contributing factors, public policy implications. *Nursing Forum, 44*(4), 235-244.

Freeman, L. H. & Adams, P. F. (1999). Comparative effectiveness of two training programmes on assertive behavior. *Nursing Standard, 13*(38), 32-35.

The Future of Nursing: Focus on Education (2010). Institute of Medicine: Author.

Griffin, A. P. (1983). A philosophical analysis of caring in nursing. *Journal of Advanced Nursing, 8*, 289-294.

Gropelli, T. (2010). Using active simulation to enhance learning of nursing ethics. *Journal of Continuing Education in Nursing*, *41*(3), 104-105. doi:10.3928/00220124-20100224-09

Gustafsson, C., Asp, M., & Fagerberg, I. (2009). Municipal night nurses' experience of the meaning of caring. *Nursing Ethics, 16*(5), 599-612.

Harrison, L. (2006). 30th Anniversary editorial. Maintaining the ethic of caring in nursing... first published in 1990: Law Harrison L. (1990) Maintaining the ethic of caring in nursing. Journal of Advanced Nursing 15, 125-127. *Journal Of Advanced Nursing*, *54*(3), 255-257.

HCAHPS: Patients' Perspectives of Care Survey (2013). Centers for Medicare and Medicaid Services: Baltimore, MD. Retrieved from http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAPS.html

Heffernan, M., Quinn Griffin, M. T., McNulty, R., & Fitzpatrick, J. J. (2010). Self-compassion and emotional intelligence in nurses. *International Journal of Nursing Practice*, *16*(4), 366-373. doi:10.1111/j.1440-172X.2010.01853.x

Hemsley, B., Balandin, S., & Worrall, L. (2012). Nursing the patient with complex communication needs: Time as a barrier and a facilitator to successful communication in hospital. *Journal of Advanced Nursing*, *68*(1), 116-126. doi:10.1111/j.1365-2648.2011.05722.x

Hoyt, S. (2010). Florence Nightingale's contribution to contemporary nursing ethics.

    Journal of Holistic Nursing, 28(4), 331-332.

Indiana University of Pennsylvania (2013). THTR 481: The performance of caring. *Syllabus*,

    Department of Theater and Dance.

Institute of Medicine (2001). Crossing the chasm: A new health system for the 21st century.

    Report Brief, 1-8. Retrieved from

    http://www.iom.edu/~/media/Files/Report%20Files/2001/Crossing-

    the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf

Institute of Medicine (2010). *The future of nursing: Leading the change, advancing health*.

    Retrieved from http://www.iom.edu/reports/2010/the-future-of-nursing-leading-change-

    advancing-health.aspx

Jack, K., & Smith, A. (2007). Promoting self-awareness in nurses to improve nursing practice.

    Nursing Standard, *21*(32), 47.

Jeffries, P. (2005). A framework for designing, implementing, and evaluating simulations used

    as teaching strategies in nursing. *Nursing Education Perspectives*, *26*(2), 96-103.

Jirwe, M., Gerrish, K., & Emani, A. (2010). Student nurses' experiences of communication

    in cross-cultural care encounters. *Scandinavian Journal of Caring Science, 24,*

    436-444.

Joint Commission (2001). Health care at the crossroads: Strategies for addressing the evolving

    nursing crisis. Retrieved from www.jointcommission.org/assets/1/18/health_care_at_

    the_crossroads.pdf

Juvé-Udina, M., Pérez, E., Padrés, N., Samartino, M., García, M., Creus, M., & ... Calvo, C. (2014). Basic Nursing Care: Retrospective Evaluation of Communication and Psychosocial Interventions Documented by Nurses in the Acute Care Setting. *Journal of Nursing Scholarship*, *46*(1), 65-72. doi:10.1111/jnu.12062

Kameg, K., Howard, V. M., Clochesy, J., Mitchell, A. M., & Suresky, J. M. (2010). The Impact of High Fidelity Human Simulation on Self-Efficacy of Communication Skills. *Issues in Mental Health Nursing*, *31*(5), 315-323. doi:10.3109/01612840903420331

Kotecki, C. (2002). Baccalaureate nursing students' communication process in the clinical setting. *Journal of Nursing Education*, *41*(2), 61-68.

Kristjansdottir, G. (1992). Empathy: A therapeutic phenomenon in nursing care. *Journal of Clinical Nursing, 1*(3), 131-140.

Lee-Hseih, J., Kuo, C. L., & Tseng, H. F. (2005). Application and evaluation of a caring code in clinical nursing education. *Journal of Nursing Education*, *44*(4), 177-184.

Leininger, M (1991). Transcultural care principles, human rights, and ethical considerations. *Journal of Transcultural Nursing, 3*(21), 21-23. doi:10.1177/104365969100300105

Leininger, M. (1997). Overview of the theory of culture care with the ethnonursing research method. *Journal of Transcultural Nursing, 8*(2), 32-52.

Levinson, W., Lesser, C. S., & Epstein, R. M. (2010). Developing physician communication skills for patient-centered care. *Health* Affairs, 29(7), 1310-1318.

Lim, B. T., Moriarty, H., & Huthwaite, M. (2011). "Being-in-role": A teaching innovation to enhance empathetic communication skill in medical students. *Wellington School of Medicine and Health Sciences, 33*, 663-669.

Lopez, K. A. & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their

 contributions to nursing knowledge. *Qualitative Health Research, 14*(5), 726-735.

McCabe, C. (2003). Nurse-patient communication: An exploration of patients' experiences.

 Journal of Clinical Nursing, 13, 41-49.

McDonald, L. (2010). Florence nightingale a hundred years on: Who she was and what she

 was not. *Women's History Review, 19*(5), 721-740.

McGilton, K., Irwin-Robinson, H., Boscart, V., & Spanjevic, L. (2006). Communication

 enhancement: Nurse and patient satisfaction outcomes in a complex continuing care

 facility. *Journal of Advanced Nursing, 54*(1), 35-44.

McKenna, L., Boyle, M., Brown, T., Williams, B., Molloy, A., Lewis, B., & Molloy, L. (2012).

 Levels of empathy in undergraduate nursing students. *International Journal of Nursing

 Practice, 18*, 246-251.

Merriam-Webster (2014). Struggling. Retrieved from

 http://www.merriam-webster.com/dictionary/struggling?show=0&t=1408549629

Munhall, P. (2012). Nursing research: A qualitative perspective (5th ed.). Sunbury, MA: Jones

 and Bartlett.

National League for Nursing (2005). *Core competencies of nurse educators with task

 statements.* Retrieved from http://www.nln.org/profdev/corecompetencies.pdf

National League for Nursing (2012). *Annual survey of schools of nursing, fall 2012.*

 Retrieved from www.nln.org/research/slides/index.htm.

Negarandeh, R., Oskouie, F., Ahmadi, F., Nikravesh, M., & Hallberg, I. R. (2006). Patient

> advocacy: Barriers and facilitators. *BMC Nursing, 5*(3), Advance online publication.

> doi:10.1186/1472-6955-5-3

Nørgaard, B., Ammentorp, J., Ohm Kyvik, K., & Kofoed, P. (2012). Communication skills

> training increases self-efficacy of health care professionals. *Journal of Continuing*

> *Education in the Health Professions*, *32*(2), 90-97. doi:10.1002/chp.21131

Panosky, D. & Diaz, D. (2009). Teaching caring and empathy through simulation.

> *International Journal for Human Caring, 13*(3), 44-46.

Polit, D. F. & Beck, C. T, (2012). *Nursing research: Principles and methods* (9[th]ed.).

> Philadelphia, PA: Lippincott,Williams, & Beck.

Press Ganey Associates (2002). Inpatient psychometrics. South Bend, IN: Press Ganey

> Associates.

Reams, S., & Bashford, C. (2011). Interdisciplinary role play: Nursing and theater students

> advance skills in communication. *Delta Kappa Gamma Bulletin, 77*(4), 42-48.

Rickles, N. M., Tieu, P., Myers, L., Galal, S., & Chung, V. (2009). The impact of a standardized

> patient program on student learning of communication skills. *American Journal of*

> *Pharmaceutical Education, 73*(1), 1-10.

Sanders, C. (2003). Application of Colazzi's method: Interpretation of an auditable decision

> trail by a novice researcher. *Contemporary Nurse, 14*(3), 292-303.

Sartorio, N. A., & Zoboli, E. L. (2010). Images of a 'good nurse' presented by teaching staff.

> *Nursing Ethics, 17*(6), 687-694.

Schlegel, C., Shaha, M., & Terhaar, M. (2009). The value of standardized patients in nursing

> education. *Journal of Nursing Science, 27*(2), 40-48.

Sheldon, L. K. & Ellington, L. (2008). Application of a model of social information

    processing to nursing theory: How nurses respond to patients. *Journal of Advanced*

    Nursing, 64(4), 388-398.

Shepherd, C., McCunnis, M., Brown, L., & Hair, M. (2010). Investigating the use of simulation

    as a teaching strategy. *Nursing Standard*, *24*(35), 42-48.

Shosha, G. A. (2012). Employment of Colaizzi's strategy in descriptive phenomenology:

    A reflection of a researcher. *European Scientific Journal, 8*(27), 31-43.

Siassakos, D., Bristowe, K., Hambly, H., Angouri, J., Crafts, J. H., Winter, C., Hunt, L. P., &

    Draycott, T. J. (2011). Team communication with patient actors: Findings from a

    multisite simulation study. *Society for Simulation in Healthcare, 6*(3), 143-149.

Sitzman, K. & Eichelberger, L. W. (2004). *Understanding the work of nurse theorists: A*

    creative beginning. Sudbury, MA: Jones and Bartlett.

Sleeper, J., & Thompson, C. (2008). The use of hi fidelity simulation to enhance nursing

    students' therapeutic communication skills. *International Journal of Nursing Education*

    Scholarship, *5*(1), 1.

Sorenson, A.L. (2009). Developing personal competence in nursing school through international

    clinical practice: With emphasis on communication and empathy. *Journal of*

    International Communication, 19, 7.

Spichiger, E., Wallhagen, M. I., & Benner, P. (2005). Nursing as a caring practice from a

    phenomenological perspective. *Scandinavian Journal of Caring Science, 19*, 303-309.

Stewart, M., Brown, J., Donner, A., McWhinney, I., Oates, J., Weston, W., & Jordan, J. (2000).

    The impact of patient-centered care on outcomes. *The Journal of Family Practice*,

    49(9), 796-804.

Suliman, W. A., Welmann, E., Omer, T., & Thomas, L. (2009). *Applying Watson's nursing theory to assess patient perceptions of being cared for in a multicultural environment, 17*(4), 293-300.

Sumner, J. (2012). Communication as Moral Caring in Nursing: The Moral Construct of Caring in Nursing as Communicative Action. *International Journal for Human Caring*, *16*(2), 20-27.

Taylor, C., Lillis, C., Lemone, P., & Lynn, P. (2011). *Fundamentals of nursing: The art and science of nursing care* (7th ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.

Thomas, C. M., Bertram, E., & Johnson, D. (2009). The SBAR communication technique: Teaching nursing students professional communication skills. *Nurse Educator, 34*(4), 176-180.

Ünal, S. (2012). Evaluating the effect of self-awareness and communication on nurses' assertiveness and self-esteem. *Australian Nursing Profession*, *43*(1), 90-98.

Valle, R. S. & King, M. (1978). Existential phenomenological alternatives for psychology. New York, NY: Oxford University Press.

Wagner, D. J. & Whaite, B. (2010). *An exploration of the nature of caring relationships in the writings of Florence Nightingale, 28*(4), 225-234.

Watson, J. (2009). Caring science and human caring theory: Transforming personal and professional practices of nursing and health care. *Journal of Health and Human Services Administration, 31*(4), 466-482.

Watson, J. (n.d.). Theory of human caring. Retrieved from http://watsoncaringscience.org/images/features/library/THEORY%20OF%20HUMAN%20CARING_Website.pdf

Wojnar, D. M. & Swanson, K. M. (2007). Phenomenology: An exploration. *Journal of Holistic Nursing, 25,* 172-180. doi:10.1177/0898010106295172

Zavertnik, J., Huff, T., & Munro, C. (2010). Innovative approach to teaching communication skills to nursing students. *Journal of Nursing Education*, *49*(2), 65-71. doi:10.3928/01484834-20090918-06

Research/Interview Question Matrix

Research Questions	Interview Questions
1. What are the nursing students' perceptions of their ability to effectively communicate in a healthcare setting?	1. Discuss an experience you had in using caring and empathetic communication practices in the healthcare setting prior to taking the theater course. 2. Discuss how you felt about this experience and your ability to use effective communication practices during the encounter.
2. How do nursing students perceive their 3. understanding of communication in a healthcare setting after being enrolled in a theater course taught by theater faculty?	1. Discuss how or if your perceptions have changed about your ability to effectively communicate after taking THTR 481. 2. Discuss an experience in caring and empathetic communication practice you have had while taking the theater course.
4. How do nursing students describe the differences in learning caring and empathetic communication practices in a theater course versus traditional instructional practices?	1. Compare for me your experiences in learning caring and empathetic nursing communication using traditional instruction practices versus a theater course setting.

3. What year of the nursing program are you currently enrolled?
4. What made you decide to pursue a career in nursing?
5. Do you feel having effective communication skills is an important part of nursing? And if so, can you describe some situations or areas of nursing where effective communication is essential?
6. Discuss what techniques or teaching methods are used that are most helpful to you in the learning process.
7. Is there anything that I haven't specifically asked about this topic that you would like to share?
8. Do you have any artifacts which you would like to discuss or show me which would help me understand your comments better?

Invitation to Participate

Indiana University of Pennsylvania

Department of Professional Studies   724-357-2400
     in Education   Internet: http://www.iup.edu
Davis Hall, Room 303
570 S. Eleventh Street
Indiana, Pennsylvania 15705-1087

Dear Student,

I am currently a Doctoral Candidate at Indiana University of Pennsylvania in the Curriculum and Instruction program. I am focusing my dissertation within the area of nursing communication and will be studying the nursing students' lived experience of learning effective communication skills in a theater classroom setting.

Data collection for this study consists of reading your reflective papers written in THTR 481 and participating in a one-on-one interview with me. Confidentiality is of great importance and great efforts will be made to protect your identity. A pseudonym will be assigned to you that will be assigned to you for the interview and reflective papers.

Your participation, or lack of participation, will in no way positively or negatively affect your grade in THTR 481. Your instructor of THTR 481 will not know who has agreed to participate nor who has disagreed to participate. As an incentive to participate and to thank you for sharing your valuable insight into the topic of this study, if you sign your informed consent and are interviewed you will receive a $10.00 gift card. Your participation in this study is voluntary. You may withdraw from the study at any time by contacting me via e-mail (xvjg@iup.edu) or by letter (435 Old Elderton Hill Rd., Shelocta, PA. 15774).

If you are willing to be a participant in this study, you can contact me via e-mail (xvjg@iup.edu) or by letter (435 Old Elderton Hill Rd., Shelocta, PA. 15774). Thank you for your consideration. I look forward to hearing from you.

Sincerely,

Pamela O'Harra MS, RN
Doctoral Candidate   Kelli R. Paquette, Dissertation Chairperson
Indiana University of Pennsylvania   Indiana University of Pennsylvania
xvjg@iup.edu   329 Davis Hall, Indiana, PA 15705
(724) 549-2384 (cell)   kpaquett@iup.edu
(724) 354-4754 (home)

IUP Indiana University of Pennsylvania
www.iup.edu

Department of Theater and Dance
Waller Hall, Room 104
401 South Eleventh Street
Indiana, Pennsylvania 15705-1065

P 724-357-2965
F 724-357-3885
www.iup.edu/theater

Institutional Review Board

Indiana University of Pennsylvania

Indiana, Pennsylvania 15705

December 12, 2013

Dear IRB Members,

This letter is in support of IRB approval for a research study being proposed by Pamela s. Ruddock O'Harra. The study will involve nursing students enrolled in **THTR 481 Special Topics: The Performance of Caring**. Ms. Ruddock O'Harra has my permission to conduct the study using students in this class. I will have no knowledge of which students are to be involved in the study, nor will involvement in the study have any influence or weight in grading for the course.

If you have any questions or require additional documentation, please let me know. I look forward to this opportunity for inter-professional collaboration and I appreciate your consideration of this research study.

Thank you,

April Daras, M.F.A.

Assistant Professor of Theater

Waller Hall, Room 206H

beyond expectations

Informed Consent Form

Indiana University of Pennsylvania

Department of Professional Studies   724-357-2400
     in Education   Internet: http://www.iup.edu
Davis Hall, Room 303
570 S. Eleventh Street
Indiana, Pennsylvania 15705-1087

Dear (Student's Name),

I am currently a Doctoral Candidate at Indiana University of Pennsylvania in the Curriculum and Instruction program. I am focusing my dissertation within the area of nursing communication and will be studying the nursing students' lived experience of learning effective communication skills in a theater classroom setting.

Indiana University of Pennsylvania has recently implemented a theater course, THTR 481: The Performance of Caring, so this sample is one of convenience. I am using both courses of THTR 481 as my research sample. The sample will include both junior and senior level nursing students enrolled in this class.

The main part of my dissertation research is to conduct one-on-one interviews with nursing students enrolled in THTR 481. The interviews will be helpful in gaining the nursing students' perceptions of learning effective communication in a theater classroom setting. The interviews will take approximately 60 minutes. With your permission, I will also be looking at your reflective writings which are part of your assigned work in THTR 481. Comparing your reflective writings to the interview material is called member checking and will help with the validity of the study. Your contributions would be of great significance and would offer key insights, advantages, disadvantages, etc. into the effectiveness of learning effective communication while enrolled in THTR 481. If you would be willing to share your thoughts and opinions about learning communication while enrolled in this course, please sign the attached consent and return it in the envelope provided. Please keep the extra copy of this document for your records. If you do not wish to participate, please leave this page blank.

Confidentiality is considered a priority, and if you agree to participate you will be assigned a pseudonym which will be used when referring to any comments made during the interview. The sample size of students in this study is relatively small; your comments could be recognized by the other students even with the use of a pseudonym. As the researcher, I will attempt to keep direct lines of conversation to a minimum to avoid this likelihood. Your responses will be considered in combination with the other student responses in order to analyze common ideas and themes. You may request the interview questions ahead of time. You may choose to

withdraw from this study at any time. If you would choose to withdraw, you would simply have to contact me via e-mail (xvjg@iup.edu) or letter (435 Old Elderton Hill Rd., Shelocta, PA 15774) stating that you are withdrawing from the study and all of your information will be destroyed. If you agree to complete the study, you will be given the opportunity to read over your transcript of your interview, this is another form of member checking to ensure accuracy of the information retrieved. Federal regulations maintain that all data and materials be kept for three years; the data collected for this study will be locked in a secure location. This study may be published in journals or presented at professional conferences. The results of this study will be provided to the participants and will be available for your review.

As an incentive to participate and to thank you for sharing your valuable insight into the topic of this study, if you sign your informed consent and are interviewed, you will receive a $10.00 gift card. Your participation in this study is voluntary. You are also free to decide not to participate in this study. You are also free to withdraw at any given time without any adverse effects. I want to thank you for your consideration. I look forward to hearing from you.

Sincerely,

Pamela O'Harra MS, RN
Doctoral Candidate   Kelli R. Paquette, Dissertation Chairperson
Indiana University of Pennsylvania   Indiana University of Pennsylvania
xvjg@iup.edu   329 Davis Hall, Indiana, PA 15705
(724)549-2384 (cell)   kpaquett@iup.edu
(724)354-4754 (home)

This project has been approved by the Indiana University of Pennsylvania Instructional Review Board for the Protection of Human Subjects (Phone: 724-357-7730)

Informed Consent

VONLUNTARY CONSENT FORM
I have read and understand the information on the form and I consent to volunteer to be a
subject in this study. I understand that my responses are completely confidential and that
I have the right to withdraw at any time. I have received an unsigned copy of this
Informed Consent Form to keep in my possession. I certify that all my questions have been
answered concerning my role within this study.

Name (Please Print): _____

Signature: _____

Date: _____

Permission from Site Faculty

On Sun, 27 Oct 2013 11:12:07 -0400 (e-mail correspondence)
 "April Daras" <april.daras@iup.edu> wrote:
> Hello Pam,
>
> I think the THTRE 481 Class for Nursing students is a perfect fit
>for your research and I welcome your involvement. So, yes, you have
>my permission to interview students enrolled in the class.
>
> Thanks,
> April Daras
> Assistant Professor of Theater
> 304-516-9192 cell

Complete Listing of Significant Interview Statements

Significant Statements	Participant	Line
"Just reading the material and taking the test on it and picking what sounds best, um, isn't the best way to increase all of our knowledge about therapeutic communication."	Abby (A)	75-77
"You know, right now we only have one simulation day a semester and really I'm so worried about making sure I complete all of the skills in the simulation because I have to go out and, um, get critiqued on it. So, I kind of forget that I am talking to a person, and that I am able to make small talk and ask them how they're doing."	Abby (A)	77-80
"I find myself now going into my patient's room and looking at the environment, looking at their body language and learning half, if not more than half, of something about them before I even ask them anything or before they even start telling me anything about them."	Abby (A)	89-92
"So, we'd go in and we'd start doing it and then a curve ball would come our way about, you know, the patient is being portrayed by a theater student which was really nice so it was a real person and not a sim manikin, and they would start acting difficult or they would start crying or they would start screaming, or they would act very inappropriate and ask questions you didn't expect and it was nice because we started focusing on the communicating side of it while we were also doing the nursing skills too."	Abby (A)	108-113
"The theater course you were worried about, you know, did we comfort them, did we understand what they were saying, did we, kind of, use the right techniques that we've, you know, been learning since sophomore year in our textbooks."	Abby (A)	117-120
"While it was based on nursing, it's a nice change of scenery and a completely different learning environment having a theater instructor."	Abby (A)	122-124
"Especially in the theater class we do, like, acting it out. That's helpful for me to be in an actual situation and talking through it."	Barb (B)	24-26
"I definitely feel like I know how to talk to patients better. Like, I don't know how to explain it, it's like, she taught us verbal things to say but she also taught us posture and how to stand whenever we're in there."*	Barb (B)	47-49

"I feel like before I never really knew what to say in those situations but now, I don't know, I can kind of feel out the situation and decide what a good thing to say is."	Barb (B)	49-51
"With the theater class we do actual scenarios and things you might run into in the hospital, so doing it with another person, kind of, like, I don't know, it's easier to practice almost because it's real life situations. While in our theory classes, we would do questions in the book and tell me more about it, that would always be the answer, but in theater we do situations, we do, uh, what's it called, I forget the word, you know you have people who are actually acting out the situation with you. So it feels like better practice."	Barb (B)	63-68
"I don't know, but we act things out and that's a better way of learning for me."	Barb (B)	71
"You kind of put yourself in their shoes and it makes it easier to communicate with them in that way."	Barb (B)	80-81
"I just think that it's a really good class and I don't think that people give it chance because they're like, oh it's theater. I mean I took it originally because I needed another elective, but it ended up being a really good class for me and I really did learn a lot. I feel like it's definitely going to help me with my communication."	Barb (B)	84-87
"We're forced to practice communication. We do skits, we do readings, we do theater exercises. So, I know that my ability to communicate effectively with people in the healthcare system is getting better because, like, I've seen the change."	Corinna (C)	44-46
"My intention was to stick up for myself. And I feel like if I hadn't taken that course, I wouldn't have been able to do that."	Corinna (C)	68-69
"Sometimes when you're reading about therapeutic communication it seems so fake and, like, processed and not really a real…like, I remember, like, learning how to start collecting information through communication by asking open-ended questions and, you know, not using the word "why" because it seems very judgmental and things like that. But, like also at times it seems like, very ingenuine because it's the textbook right answer but not the real answer."	Corinna (C)	76-81

"So, I feel like the major difference between nursing communication you learn in your textbook is that it's very synthetic, it's not real. Like this is the right thing to say, this is the wrong thing to say, but it's subjective, every situation's not the same. So, there isn't a right and wrong way to say. But in theater, you learn to be…just throw yourself in the situation and learn to communicate appropriately without giving like, a mechanical or synthetic answer."	Corinna (C)	86-90
"But I feel like everyone should take it because it prepares you for real situations and you get to do a simulation, not on a dummy, but on a person who can actually respond to you, you know?"	Corinna (C)	102-104
"So, I had a situation at work where somebody wasn't willing to help me and it was very frustrating, I almost was in tears. So, I brought that to class and we practiced it with one another and I think that really helped. We were able to discuss the situation and practice other ways to approach the situation and other scenarios. So, it's been very beneficial for me and when I went back to work I tried to use it."	Debbie (D)	43-47
"But when we went in, we were empathetic with him and explained why and it kind of calmed him down. I think you just have to show empathy and take a deep breath to relax before you go in with a patient so you don't have strong anxiety. And we learned a lot of techniques in the class, how to relax, how to just shake it all off and we practiced that quite a bit."	Debbie (D)	54-58
"Well, I don't know that with traditional courses we learned to meditate. Um, in the theater classes we learn to meditate and focus inward on how we're feeling and I don't know that we really do a lot with that in our traditional classes."	Debbie (D)	61-63
"Um, I don't know, we really focus more on the way that someone feels is not necessarily our fault. We can't make someone feel a certain way. So we discussed that a lot in the theater class and we try to focus on our surroundings more. We're learning to focus on the outside, not just so narrow."	Debbie (D)	67-70
"I really think it's an important class for everyone to take. It may seem kind of silly, some of the things that we do, but I think what we're trying to learn is to just be more aware of ourselves and our surroundings and just learn relaxation."	Debbie (D)	73-75
"It definitely has helped with the way I visualized myself when I'm with the patient."	Emily (E)	43-44

"She taught us a lot about open communication, or like the way you stand, as an example, like don't cross your arms, don't tap your foot, don't, like, be messing with something in your hands. She calls it second circle. Like the way you stand. I always think about that. Like the way you sound open or you look open to the patient so they can talk to you."	Emily (E)	44-47
"Like you don't sound or feel closed off to them. Um, that's definitely helped me."	Emily (E)	47-48
"A woman was just on meds with lung cancer and she was, like, really distraught about it. And I, like, sat down with her and I let her discuss her feelings with me. Like, I sat at a level with her and I was asking open-ended questions, like, to get her feelings out because she seemed, like, really sad. And I feel like, that I wouldn't have, maybe not thought of that before I took the class."	Emily (E)	54-58
"Just the open-ended questions, sitting at the level with them, not looking down at them, letting them say what they want to say and be, like, an ear. Be an ear for them to listen to…or for me to listen to them."	Emily (E)	58-60
"We do everything hands on. We do little practice simulations of things. And that's helpful compared to in like the traditional setting where the teacher is up there and we're just writing down notes. Like, writing down notes isn't going to help you with communication. You have to practice communication to, like, get better at it."	Emily (E)	64-67
"How you are trying to come off, so like your verbals and nonverbal match up well. I feel like that's where it's most important because you can say one thing but be sitting completely different and acting different than what you actually mean."	Fallon (F)	19-22
"I like doing things better than sitting and reading. If I can do something and practice doing something I'm better at it than just reading examples from the textbook."	Fallon (F)	25-26
"Last semester I had my psych rotation and I felt like the whole thing was a big mess because we learned in class "oh you should say this, you should say that" but we never actually practiced it. So, we got thrown into clinical and they're like, "okay, go talk to these people" and I'm like "ummmm…about that." I didn't know what to say. So it was…the whole semester was just awkward I felt like. It didn't get much better."	Fallon (F)	29-33

"Um, I have become more aware of myself and the way I act verbally and nonverbally after taking the class."	Fallon (F)	42-43
"This semester, I've had a lot more confidence just talking to my patients after taking this class than I did last semester."	Fallon (F)	44-45
"A specific example is during class we were doing this exercise where you had a partner and you would talk about something that is important to you and your partner had to repeat it back to you in their own words. And I learned in the nursing classes repeat back what they say, verify. But it never actually clicked, I never actually knew why I was doing it and then when I was talking to somebody else and she repeated it back to me, I was like, "oh, she's listening!" And so, I had an epiphany that day and was like, I need to tell her more now. So it was like, I finally got it."	Fallon (F)	51-56
"Um, and I think this class was very helpful, but would probably be more helpful at a sophomore level because you're just starting and just learning and I would have found it to be more useful if I had taken it two years ago. I feel like I would have done a lot better in clinical if I had been able to talk to people better and be more aware of how I come across to people sometimes."	Fallon (F)	61-65
"Well, in our nursing courses we just read the textbook and get examples from there. But in the theater course, we sit and act it out and we do it. Like, we have scenarios and one person will play the nurse. And after the scenario is over we would talk about it and say, "well maybe we should say something like this instead" or "did you notice how she was leaning forward while she was talking to express empathy." So it's like, we physically do it and then talk about it."	Fallon (F)	67-71
"I really like this class and as much as I say it should be required, I think the small class size is really helpful."	Fallon (F)	74-76
"I think it's really important to be able to be aware of yourself as well as the patient and how you come off."	Gwen (G)	14-15
"I definitely benefit from practice like the sim and techniques like being more aware of verbal communication as well as nonverbal communication."	Gwen (G)	21-22
"Taking out what you say and being more aware of how you physically interacting with a patient or your colleague. I think that those techniques helped me more than, you know, the verbal techniques we would use."	Gwen (G)	23-25

117

"Before I started my junior year, that summer, I had a patient…I worked in homecare, she was in her nineties and had severe dementia. So, I didn't have a lot of experience with communication or dealing with that kind of situation."	Gwen (G)	30-32
"I was very uncomfortable and unaware of myself and how to deal with that situation. So, how to communicate with someone who was not in the right frame of mind. I think that…that if I had I taken this course or if I was more aware of, you know, communication styles I think I would have benefitted her a lot more or I would have been able to communicate with her a lot more."	Gwen (G)	34-37
"I avoided communication with her as much as possible because it was so uncomfortable that I felt like I could have been better at it now."	Gwen (G)	41-42
"It changed 150%. I see things totally different now. And not that nursing courses aren't beneficial in communication, I think that it helps in a different way. It shows you a different way. Not…I don't learn easily by reading a book about communication. I have to practice it."	Gwen (G)	48-50
"And I'm practicing it with another human being so I'm not sitting there with a sim where I don't see their facial expressions or their body movements. I think that's more important than what they're saying sometimes."	Gwen (G)	50-52
"With this class, I feel so much more confident about how I interact with any type of person."	Gwen (G)	52-53
"I feel like I can walk into a situation, whether it's a colleague or a patient and I feel that I am capable of what comes at me pretty much."	Gwen (G)	53-55
"I was in psych and community, so this was definitely beneficial being in this class while I'm in psych. So, you know, I had talked to a patient who was bipolar and was severely depressed and having suicidal ideation and I think I was more…after taking this class or during taking this class Sharon made us more aware of ourselves and I think that is lacking in nursing…regular nursing courses and theater majors are actors, they just kind of…she made us more aware of ourselves so I could effectively communicate with him."	Gwen (G)	58-63
"I could be more comfortable with someone being upset or someone being sad."	Gwen (G)	63-64

118

"I feel more natural in the theater situation because I can interact with a human. I can see their face, I can see their eyes, I can see the way they move and when in more traditional nursing you can read about it as much as you want. But we practice it."	Gwen (G)	69-71
"I feel like practice makes perfect honestly and that…I can read about communication all I want and I'm still not going to be confident in it until I practice it. So, that way, having that interaction, and you don't know what that person's going to say, you don't know how they're going to interact. And I think that was the greatest part of this class and I think my experience with this."	Gwen (G)	71-75
"It prepared me for difficult situations."	Gwen (G)	80-81
"We did journal entries, you know, after each class or before each class and I think it facilitated what we learned in class. And it helped me to focus on myself and look back at situations where I could have done better and what I would have done. So, I think it helped me think about myself and my own actions. I think they were really important, as well as the work in the class and reading the book. I think they were both essential in facilitating learning."	Gwen (G)	88-92
"I think it's helpful to have those little charts they give us sophomore year and whenever we take psych, saying this is reflection, this is validation, just to kind of see what the different types of therapeutic communication are and to see what's nontherapeutic. That's really helpful initially, but what this theater class has done that's really been helpful and helped me learn is actually practicing them and roleplaying them."	Holly (H)	24-28
"I feel like in the nursing classes I took, I was given that chart and learned how to study it for a test so I wouldn't forget it. I wasn't actually utilizing it and adopting it for myself like through roleplay and having to write up answers where I myself apply therapeutic communication to a situation."	Holly (H)	28-31
"I think I've had a lot of empathetic interactions with the patients. I remember one time in adult one clinical, I only had one patient that day and I just sat down and we ended up talking for like an hour and a half after all of my work was done and at one point she was telling me about how much she loved her husband and how her husband had died and was just telling me the story of her life. And I actually started crying when she was telling it."	Holly (H)	34-38
"I wouldn't say I've had bad interactions, but I think they could have been better."	Holly (H)	42-43

"My perceptions have changed because I realized that I'm not as...I'm good with, maybe comforting people or trying to make them feel better, but I'm not good with being assertive or using confrontation or really getting feedback, and that's just as important."	Holly (H)	53-55
"I realize I'm not strong in those areas and I've learned some ways to improve. And I haven't had much chance to utilize them, but I feel equipped to do it."	Holly (H)	55-57
"I think I'm just more aware."	Holly (H)	60
"I think I'm more aware of what I could specifically do to make things better."	Holly (H)	60-61
"I would say I'm still interacting the same way in my everyday interactions. The way I feel I would utilize what I learned in the theater courses would be if something more out of the ordinary would come up like a confrontation, or someone who is really unhappy or hard to communicate."	Holly (H)	64-67
"The traditional background was a good starting place because I really had no clue that there was a whole theory to communication whenever I started college, but it really did not go far in equipping me to communicate."	Holly (H)	71-73
"This theater class has really helped me – I know this sounds kind of touchy feely – but get in touch with where I am and who I am and be okay with that. Almost grounding me."	Holly (H)	73-75
"We do a lot of stress relievers and self-awareness and that has made me a better communicator because I'm more comfortable with myself."	Holly (H)	75-76
"I have a more stable base to reach out to other people from."	Holly (H)	76-77
"I think a lot more students should have the opportunity to take the class because it's very beneficial. And it takes a little bit of effort to get used to the class because it's very different from anything else I've ever taken, but I think this is a really really good tool for students to become better nurses."	Holly (H)	80-83
"I like doing stuff that is hands on."	Isabelle (I)	16
"When I get to, like, practice the skills or I'm taught and I have to have interaction with people face-to-face that helps me learn better than, like, reading the textbook and, like, learning what to say."	Isabelle (I)	16-18

"Sophomore year I was at a clinical, and it was one of my first clinicals, and I had a patient in the retirement home who, like, did not want to be alive. They would tell me "I just want to die, I don't want to be here anymore." And being a sophomore I was taught what to say, so I was sitting there, like, trying to form the right words, but I felt really hopeless and helpless, like I didn't know what to say."	Isabelle (I)	21-24
"I felt awkward in the room, like I had all the thoughts in my head but couldn't get them out and I just felt awkward and like I couldn't help the patient. And I was just sad for them."	Isabelle (I)	24-26
"I just felt like I didn't have effective communication skills. I felt like I was sitting there listening to the patient repeat "I don't want to be alive, I don't want to be alive" and I kept saying "oh, I'm sorry, I'm sorry" instead of figuring out why the patient didn't want to be alive or asking questions and, like, letting the patient feel comfortable talking to me."	Isabelle (I)	29-32
"The theater class has really taught me more about my body presence and how you stand and how you present to a patient."	Isabelle (I)	35-36
"She makes you aware of your body and how you're standing."	Isabelle (I)	37-38
"Something I realized about myself is that when I get nervous I talk really fast and she taught me to slow it down and she taught me to remember to breathe because I talk so fast I forget to breathe and my patients can't understand me."	Isabelle (I)	37-40
"I practice now and I know what to say and how to keep the patient talking and feel comfortable after taking the class."	Isabelle (I)	42-43
"And last year at this time, I probably would have just sat in the room and cried and felt bad for her and not been able to get my words out. But instead, I was able to go into the room, sit down and talk to her and ask her if she was scared, what her fears were and how she, like, came to this decision and what she wants to do these last couple of weeks she is alive. And just really got to connect with my patient and not really just learn about Hospice in general but just like…I learned how brave someone has to be to even to make that decision. So like I was just able to sit there and effectively communicate with her instead of just sitting there feeling sorry for her which I would have done a year ago."	Isabelle (I)	49-56
"I think that traditional…how we're taught traditionally in classes is very, um, by the book."	Isabelle (I)	59

"So everything just feels, like, scripted and you're taught what to say but then it doesn't feel natural coming out or doesn't even apply to that person, whereas in the theater class we're working with real, live people who go into their role as, like, the patient or the angry family member."	Isabelle (I)	59-62
"It's just so much more realistic than sitting there talking to a dummy or reading out of the textbook the questions you should ask if the patient answers this way. So it's just a lot more realistic and can prepare you better for being in the hospital or wherever you end up working."	Isabelle (I)	62-65
"I just think that over the years it would be beneficial if more of the sim labs were with live actors as opposed to the sims."	Isabelle (I)	68-69
"We did our first one and I can't even explain how much more effective it was than a real sim. I understand with some of them you can't have an actor be throwing up or bleeding or have hypotension, but just for like communication-wise."	Isabelle (I)	70-71
"Everyone goes into sim lab and it's the scariest day for everyone. They're afraid they're going to be picked out to be primary nurse. And I just had my sim lab last week and my teacher was like "who wants to go?" and I was like "I'll go" and at that point I wasn't scared. So, I think working with real people and having an angry doctor come to the room and yell or something happen that you don't expect. Like, it's going to prepare you if you aren't under the pressure at the time."	Isabelle (I)	71-76
"I felt more comfortable in sim labs than anyone in my clinicals. So, it was just...I just think that maybe if they could incorporate more of like communication skills wise with the real live actors and then, like, save the medical side of it for the sim."	Isabelle (I)	78-80
"I really enjoyed the live actor."	Isabelle (I)	80-81
"I'm a hands on learner. So anything where I'm thrown into a field and able to do what I'm being taught."	Jen (J)	18-19
"I had to use empathetic communication you know to get my sympathies across to her family without just saying I'm sorry."	Jen (J)	24-25
"think it was hard, it was kinda like an awkward weird kinda situation."	Jen (J)	27

"I think my effective communication could be better, umm I really didn't say much, I just kind of stood there and you know I hugged her."	Jen (J)	33-34
"I wasn't able to kind of get across what I wanted to say without sounding inappropriate or just not getting across what I wanted to say."	Jen (J)	34-36
"Definitely changed because I feel more confident."	Jen (J)	39
"Learning different ways to get across what we want to say."	Jen (J)	40
"Remembering not to be aggressive either but to be assertive."	Jen (J)	41-42
"I was able to kind of soothe their pain a little and was able to communicate with them the way I wanted to after learning some of the models that we use in the class."	Jen (J)	49-50
"I connected with them better."	Jen (J)	51
"With traditional practices you just kind ahh, they lecture you about it."	Jen (J)	54
"didn't really explain or show you how you could be empathetic without being like bawling your eyes out or something."	Jen (J)	55-57
"as in the theater class you know, our professor guides us and she really shows us what she wants us to do and she is really. She's emotional about this course, she loves it, and umm, by her being so enthusiastic about the course we're able to really umm, absorb the information she's trying to say to us and work as a group rather than trying to figure it out ourselves."	Jen (J)	57-61
"We do hands on umm like simulating activities and umm we do a lot of role play."	Jen (J)	64-65
"We always start the beginning of the class by loosening up."	Jen (J)	66-67
"doing some sort of theater activity that is really silly and kind of stupid, umm but it gets us laughing and it gets the group comfortable with each other."	Jen (J)	67-69

"We have umm, a group discussion at the end where we talk about what we learned in a chapter or what goes on and so it's, it's hands on."	Jen (J)	69-70
"It's a great class. We have fun."	Jen (J)	75

Appendix G

Significant Statement with Formulated Meanings

Significant Statements	Participant	Formulated Meaning
"Just reading the material and taking the test on it and picking what sounds best, um, isn't the best way to increase all of our knowledge about therapeutic communication."	Abby (A)	Expressed concern about traditional methods of teaching therapeutic communication.
"You know, right now we only have one simulation day a semester and really I'm so worried about making sure I complete all of the skills in the simulation because I have to go out and, um, get critiqued on it. So, I kind of forget that I am talking to a person, and that I am able to make small talk and ask them how they're doing."	Abby (A)	More worried about completing technical skills in a manikin simulation setting than talking to the patient.
"I find myself now going into my patient's room and looking at the environment, looking at their body language and learning half, if not more than half, of something about them before I even ask them anything or before they even start telling me anything about them."	Abby (A)	More aware of self and surroundings.
"So, we'd go in and we'd start doing it and then a curve ball would come our way about, you know, the patient is being portrayed by a theater student which was really nice so it was a real person and not a sim manikin, and they would start acting difficult or they would start crying or they would start screaming, or they would act very inappropriate and ask questions you didn't expect and it was nice because we started focusing on the communicating side of it while we were also doing the nursing skills too."	Abby (A)	Enthusiasm in dealing with a real person when practicing communication. Thought more about communication techniques.
"The theater course you were worried about, you know, did we comfort them, did we understand what they were saying, did we, kind of, use the right techniques that we've, you know, been learning since sophomore year in our textbooks."	Abby (A)	In the theater course there was more thought about empathetic communication and the "right" things to say to the patient.

125

"While it was based on nursing, it's a nice change of scenery and a completely different learning environment having a theater instructor."	Abby (A)	Enthusiasm for change of environment and faculty.
"Especially in the theater class we do, like, acting it out. That's helpful for me to be in an actual situation and talking through it."	Barb (B)	Acting out scenarios and talking through it is helpful.
"I definitely feel like I know how to talk to patients better. Like, I don't know how to explain it, it's like, she taught us verbal things to say but she also taught us posture and how to stand whenever we're in there."	Barb (B)	Growth in self-awareness and self-confidence in verbal and non-verbal communication.
"I feel like before I never really knew what to say in those situations but now, I don't know, I can kind of feel out the situation and decide what a good thing to say is."	Barb (B)	Growth in self-confidence in dealing with situations and knowing the right thing to say.
"With the theater class we do actual scenarios and things you might run into in the hospital, so doing it with another person, kind of, like, I don't know, it's easier to practice almost because it's real life situations. While in our theory classes, we would do questions in the book and tell me more about it, that would always be the answer, but in theater we do situations, we do, uh, what's it called, I forget the word, you know you have people who are actually acting out the situation with you. So it feels like better practice."	Barb (B)	Theater class allows for more real life practice with real people as compared to the traditional classroom setting.
"I don't know, but we act things out and that's a better way of learning for me."	Barb (B)	Learning better through acting out scenarios.
"You kind of put yourself in their shoes and it makes it easier to communicate with them in that way."	Barb (B)	Ability to be empathetic makes it easier to communicate.

126

"I just think that it's a really good class and I don't think that people give it chance because they're like, oh it's theater. I mean I took it originally because I needed another elective, but it ended up being a really good class for me and I really did learn a lot. I feel like it's definitely going to help me with my communication."	Barb (B)	Enthusiasm in taking the theater class.
"We're forced to practice communication. We do skits, we do readings, we do theater exercises. So, I know that my ability to communicate effectively with people in the healthcare system is getting better because, like, I've seen the change."	Corinna (C)	Awareness of increased ability to effectively communicate by using multiple methods of learning techniques.
"My intention was to stick up for myself. And I feel like if I hadn't taken that course, I wouldn't have been able to do that."	Corinna (C)	Able to show assertiveness.
"Sometimes when you're reading about therapeutic communication it seems so fake and, like, processed and not really a real…like, I remember, like, learning how to start collecting information through communication by asking open-ended questions and, you know, not using the word "why" because it seems very judgmental and things like that. But, like also at times it seems like, very ingenuine because it's the textbook right answer but not the real answer."	Corinna (C)	Practicing methods of communication right out of the textbook seems "not real".
"So, I feel like the major difference between nursing communication you learn in your textbook is that it's very synthetic, it's not real. Like this is the right thing to say, this is the wrong thing to say, but it's subjective, every situation's not the same. So, there isn't a right and wrong way to say. But in theater, you learn to be…just throw yourself in the situation and learn to communicate appropriately without giving like, a mechanical or synthetic answer."	Corinna (C)	Textbook communication is not for every situation. The theater class allows for quick thinking in what to say in different situations.

"But I feel like everyone should take it because it prepares you for real situations and you get to do a simulation, not on a dummy, but on a person who can actually respond to you, you know?"	Corinna (C)	Better prepared for real situations by practicing with real people.
"So, I had a situation at work where somebody wasn't willing to help me and it was very frustrating, I almost was in tears. So, I brought that to class and we practiced it with one another and I think that really helped. We were able to discuss the situation and practice other ways to approach the situation and other scenarios. So, it's been very beneficial for me and when I went back to work I tried to use it."	Debbie (D)	Ability to take a bad situation in communication and turning it around by practicing other approaches.
"But when we went in, we were empathetic with him and explained why and it kind of calmed him down. I think you just have to show empathy and take a deep breath to relax before you go in with a patient so you don't have strong anxiety. And we learned a lot of techniques in the class, how to relax, how to just shake it all off and we practiced that quite a bit."	Debbie (D)	Practicing relaxation techniques and reducing stress helps with empathetic practices.
"Well, I don't know that with traditional courses we learned to meditate. Um, in the theater classes we learn to meditate and focus inward on how we're feeling and I don't know that we really do a lot with that in our traditional classes."	Debbie (D)	Practicing self-awareness techniques such as meditation helps to put one's own feelings into perspective.
"Um, I don't know, we really focus more on the way that someone feels is not necessarily our fault. We can't make someone feel a certain way. So we discussed that a lot in the theater class and we try to focus on our surroundings more. We're learning to focus on the outside, not just so narrow."	Debbie (D)	Looking outward and the bigger picture and knowing that we can't control everything and that everything is not our fault.

"I really think it's an important class for everyone to take. It may seem kind of silly, some of the things that we do, but I think what we're trying to learn is to just be more aware of ourselves and our surroundings and just learn relaxation."	Debbie (D)	Enthusiasm in learning how to become aware of the inner self and the environment.
"It definitely has helped with the way I visualized myself when I'm with the patient."	Emily (E)	Better understanding of who I need to be when I'm taking care of a patient.
"She taught us a lot about open communication, or like the way you stand, as an example, like don't cross your arms, don't tap your foot, don't, like, be messing with something in your hands. She calls it second circle. Like the way you stand. I always think about that. Like the way you sound open or you look open to the patient so they can talk to you."	Emily (E)	Better understanding of non-verbal communication, especially body language.
"Like you don't sound or feel closed off to them. Um, that's definitely helped me."	Emily (E)	Feeling open and engaging when communicating.
"A woman was just on meds with lung cancer and she was, like, really distraught about it. And I, like, sat down with her and I let her discuss her feelings with me. Like, I sat at a level with her and I was asking open-ended questions, like, to get her feelings out because she seemed, like, really sad. And I feel like, that I wouldn't have, maybe not thought of that before I took the class."	Emily (E)	In taking the theater class and using the techniques learned enabled empathetic, open communication.
"Just the open-ended questions, sitting at the level with them, not looking down at them, letting them say what they want to say and be, like, an ear. Be an ear for them to listen to…or for me to listen to them."	Emily (E)	Being empathetic and caring by using appropriate communication techniques.

129

"We do everything hands on. We do little practice simulations of things. And that's helpful compared to in like the traditional setting where the teacher is up there and we're just writing down notes. Like, writing down notes isn't going to help you with communication. You have to practice communication to, like, get better at it."	Emily (E)	Practicing communication through little simulation scenarios allows for someone to get better at it.
"How you are trying to come off, so like your verbals and nonverbal match up well. I feel like that's where it's most important because you can say one thing but be sitting completely different and acting different than what you actually mean."	Fallon (F)	Becoming aware of body language matching the verbal message for better communication practices.
"I like doing things better than sitting and reading. If I can do something and practice doing something I'm better at it than just reading examples from the textbook."	Fallon (F)	Practicing is always better than reading examples from a textbook.
"Last semester I had my psych rotation and I felt like the whole thing was a big mess because we learned in class "oh you should say this, you should say that" but we never actually practiced it. So, we got thrown into clinical and they're like, "okay, go talk to these people" and I'm like "ummmm…about that." I didn't know what to say. So it was…the whole semester was just awkward I felt like. It didn't get much better."	Fallon (F)	Feeling uncomfortable communicating with patients due to lack of practice.
"Um, I have become more aware of myself and the way I act verbally and nonverbally after taking the class."	Fallon (F)	This class facilitated self-awareness of verbal and non-verbal cues when communicating.
"This semester, I've had a lot more confidence just talking to my patients after taking this class than I did last semester."	Fallon (F)	This class increase confidence in communicating with patients.

"A specific example is during class we were doing this exercise where you had a partner and you would talk about something that is important to you and your partner had to repeat it back to you in their own words. And I learned in the nursing classes repeat back what they say, verify. But it never actually clicked, I never actually knew why I was doing it and then when I was talking to somebody else and she repeated it back to me, I was like, "oh, she's listening!" And so, I had an epiphany that day and was like, I need to tell her more now. So it was like, I finally got it."	Fallon (F)	Practicing communication styles helps to validate why different techniques are used.
"Um, and I think this class was very helpful, but would probably be more helpful at a sophomore level because you're just starting and just learning and I would have found it to be more useful if I had taken it two years ago. I feel like I would have done a lot better in clinical if I had been able to talk to people better and be more aware of how I come across to people sometimes."	Fallon (F)	The theater class would have been welcomed at an earlier stage of the nursing program to give more meaning to clinical experiences.
"Well, in our nursing courses we just read the textbook and get examples from there. But in the theater course, we sit and act it out and we do it. Like, we have scenarios and one person will play the nurse. And after the scenario is over we would talk about it and say, "well maybe we should say something like this instead" or "did you notice how she was leaning forward while she was talking to express empathy." So it's like, we physically do it and then talk about it."	Fallon (F)	Repetitive practice and discussions help to acknowledge good and bad communication practices and produces more self-awareness.
"I really like this class and as much as I say it should be required, I think the small class size is really helpful."	Fallon (F)	Working in smaller groups makes for more productive learning.
"I think it's really important to be able to be aware of yourself as well as the patient and how you come off."	Gwen (G)	Awareness of yourself and others is essential to therapeutic communication.

"I definitely benefit from practice like the sim and techniques like being more aware of verbal communication as well as nonverbal communication."	Gwen (G)	Awareness of yourself through practicing sim and communication techniques.
"Taking out what you say and being more aware of how you physically interacting with a patient or your colleague. I think that those techniques helped me more than, you know, the verbal techniques we would use."	Gwen (G)	Becoming more aware of body language.
"Before I started my junior year, that summer, I had a patient…I worked in homecare, she was in her nineties and had severe dementia. So, I didn't have a lot of experience with communication or dealing with that kind of situation."	Gwen (G)	Uncertain how to handle certain situations prior to the theater class.
"I was very uncomfortable and unaware of myself and how to deal with that situation. So, how to communicate with someone who was not in the right frame of mind. I think that…that if I had I taken this course or if I was more aware of, you know, communication styles I think I would have benefitted her a lot more or I would have been able to communicate with her a lot more."	Gwen (G)	Lack of communication skills made it difficult to communicate with the patient.
"I avoided communication with her as much as possible because it was so uncomfortable that I felt like I could have been better at it now."	Gwen (G)	Avoiding patient interactions when unprepared to communicate effectively.
"It changed 150%. I see things totally different now. And not that nursing courses aren't beneficial in communication, I think that it helps in a different way. It shows you a different way. Not…I don't learn easily by reading a book about communication. I have to practice it."	Gwen (G)	Practicing communication is very beneficial in learning.
"And I'm practicing it with another human being so I'm not sitting there with a sim where I don't see their facial expressions or their body movements. I think that's more important than what they're saying sometimes."	Gwen (G)	Practicing with real people makes it easier to "read people" through body language and facial expressions.

"With this class, I feel so much more confident about how I interact with any type of person."	Gwen (G)	Increased confidence with interacting with people.
"I feel like I can walk into a situation, whether it's a colleague or a patient and I feel that I am capable of what comes at me pretty much."	Gwen (G)	Confident in knowing abilities to communicate effectively is solid.
"I was in psych and community, so this was definitely beneficial being in this class while I'm in psych. So, you know, I had talked to a patient who was bipolar and was severely depressed and having suicidal ideation and I think I was more…after taking this class or during taking this class Sharon made us more aware of ourselves and I think that is lacking in nursing…regular nursing courses and theater majors are actors, they just kind of…she made us more aware of ourselves so I could effectively communicate with him."	Gwen (G)	Increased self-awareness allows for effective communication.
"I could be more comfortable with someone being upset or someone being sad."	Gwen (G)	Being comfortable in handling different emotions of patients.
"I feel more natural in the theater situation because I can interact with a human. I can see their face, I can see their eyes, I can see the way they move and when in more traditional nursing you can read about it as much as you want. But we practice it."	Gwen (G)	Interacting with a human and practicing allows for a more natural setting in learning communication.
"I feel like practice makes perfect honestly and that…I can read about communication all I want and I'm still not going to be confident in it until I practice it. So, that way, having that interaction, and you don't know what that person's going to say, you don't know how they're going to interact. And I think that was the greatest part of this class and I think my experience with this."	Gwen (G)	Being able to practice communication and being given on the spot situations allowed for better experiences.
"It prepared me for difficult situations."	Gwen (G)	Feel more confident with communication.

"We did journal entries, you know, after each class or before each class and I think it facilitated what we learned in class. And it helped me to focus on myself and look back at situations where I could have done better and what I would have done. So, I think it helped me think about myself and my own actions. I think they were really important, as well as the work in the class and reading the book. I think they were both essential in facilitating learning."	Gwen (G)	Journaling helped with self-awareness of thoughts and actions pertaining to communication.
"I think it's helpful to have those little charts they give us sophomore year and whenever we take psych, saying this is reflection, this is validation, just to kind of see what the different types of therapeutic communication are and to see what's nontherapeutic. That's really helpful initially, but what this theater class has done that's really been helpful and helped me learn is actually practicing them and roleplaying them."	Holly (H)	Practicing and role-playing communication techniques builds good practices.
"I feel like in the nursing classes I took, I was given that chart and learned how to study it for a test so I wouldn't forget it. I wasn't actually utilizing it and adopting it for myself like through roleplay and having to write up answers where I myself apply therapeutic communication to a situation."	Holly (H)	Learning communication by reading it from a text does not help to apply it.
"I think I've had a lot of empathetic interactions with the patients. I remember one time in adult one clinical, I only had one patient that day and I just sat down and we ended up talking for like an hour and a half after all of my work was done and at one point she was telling me about how much she loved her husband and how her husband had died and was just telling me the story of her life. And I actually started crying when she was telling it."	Holly (H)	Encountered empathetic communication in which was very emotional.
"I wouldn't say I've had bad interactions, but I think they could have been better."	Holly (H)	Acknowledgement of need for additional strategies to make communication better.

"My perceptions have changed because I realized that I'm not as…I'm good with, maybe comforting people or trying to make them feel better, but I'm not good with being assertive or using confrontation or really getting feedback, and that's just as important."	Holly (H)	Self-acknowledgement for the need to learn assertive communication styles.
"I realize I'm not strong in those areas and I've learned some ways to improve. And I haven't had much chance to utilize them, but I feel equipped to do it."	Holly (H)	Confidence is rising by feeling equipped to handle different situations.
"I think I'm just more aware."	Holly (H)	Self-awareness
"I think I'm more aware of what I could specifically do to make things better."	Holly (H)	Self-awareness in making situations better through communication.
"I would say I'm still interacting the same way in my everyday interactions. The way I feel I would utilize what I learned in the theater courses would be if something more out of the ordinary would come up like a confrontation, or someone who is really unhappy or hard to communicate."	Holly (H)	Confidence in handling difficult situations through communication.
"The traditional background was a good starting place because I really had no clue that there was a whole theory to communication whenever I started college, but it really did not go far in equipping me to communicate."	Holly (H)	Need to have traditional classroom learning in communication but need another means in preparing for real life situations.
"This theater class has really helped me – I know this sounds kind of touchy feely – but get in touch with where I am and who I am and be okay with that. Almost grounding me."	Holly (H)	Self-awareness in thoughts and feelings.
"We do a lot of stress relievers and self-awareness and that has made me a better communicator because I'm more comfortable with myself."	Holly (H)	Reducing stress through class exercises and being self-aware of one's own feelings and thoughts make a better communicator.
"I have a more stable base to reach out to other people from."	Holly (H)	Confidence in reaching out to others.

"I think a lot more students should have the opportunity to take the class because it's very beneficial. And it takes a little bit of effort to get used to the class because it's very different from anything else I've ever taken, but I think this is a really really good tool for students to become better nurses."	Holly (H)	Enthusiasm in how different the theater class is but how much it helps with therapeutic communication and in becoming a better nurse.
"I like doing stuff that is hands on."	Isabelle (I)	Learning through hands on activities is enjoyable.
"When I get to, like, practice the skills or I'm taught and I have to have interaction with people face-to-face that helps me learn better than, like, reading the textbook and, like, learning what to say."	Isabelle (I)	Practicing with real people enhances the learning experience and increases knowledge level.
"Sophomore year I was at a clinical, and it was one of my first clinicals, and I had a patient in the retirement home who, like, did not want to be alive. They would tell me "I just want to die, I don't want to be here anymore." And being a sophomore I was taught what to say, so I was sitting there, like, trying to form the right words, but I felt really hopeless and helpless, like I didn't know what to say."	Isabelle (I)	Uncertainty and a sense of despair in not knowing how to communicate effectively.
"I felt awkward in the room, like I had all the thoughts in my head but couldn't get them out and I just felt awkward and like I couldn't help the patient. And I was just sad for them."	Isabelle (I)	Not knowing how to transform thoughts into words. A sense of feeling uncomfortable.
"I just felt like I didn't have effective communication skills. I felt like I was sitting there listening to the patient repeat "I don't want to be alive, I don't want to be alive" and I kept saying "oh, I'm sorry, I'm sorry" instead of figuring out why the patient didn't want to be alive or asking questions and, like, letting the patient feel comfortable talking to me."	Isabelle (I)	Not being able to communicate in an empathetic way.
"The theater class has really taught me more about my body presence and how you stand and how you present to a patient."	Isabelle (I)	Self-awareness of body language.

136

"She makes you aware of your body and how you're standing."	Isabelle (I)	Learning appropriate techniques in body language.
"Something I realized about myself is that when I get nervous I talk really fast and she taught me to slow it down and she taught me to remember to breathe because I talk so fast I forget to breathe and my patients can't understand me."	Isabelle (I)	Becoming aware of self. Learning techniques to relax in order to communicate effectively.
"I practice now and I know what to say and how to keep the patient talking and feel comfortable after taking the class."	Isabelle (I)	Confidence is ability to communicate and comfortable in doing it.
"And last year at this time, I probably would have just sat in the room and cried and felt bad for her and not been able to get my words out. But instead, I was able to go into the room, sit down and talk to her and ask her if she was scared, what her fears were and how she, like, came to this decision and what she wants to do these last couple of weeks she is alive. And just really got to connect with my patient and not really just learn about Hospice in general but just like…I learned how brave someone has to be to even to make that decision. So like I was just able to sit there and effectively communicate with her instead of just sitting there feeling sorry for her which I would have done a year ago."	Isabelle (I)	Becoming confident and brave in delivering effective empathetic communication.
"I think that traditional…how we're taught traditionally in classes is very, um, by the book."*	Isabelle (I)	Generally learning communication in a classroom setting is by the book.
"So everything just feels, like, scripted and you're taught what to say but then it doesn't feel natural coming out or doesn't even apply to that person, whereas in the theater class we're working with real, live people who go into their role as, like, the patient or the angry family member."	Isabelle (I)	Working with real live people makes practicing communication techniques more real and natural.

"It's just so much more realistic than sitting there talking to a dummy or reading out of the textbook the questions you should ask if the patient answers this way. So it's just a lot more realistic and can prepare you better for being in the hospital or wherever you end up working."	Isabelle (I)	Talking to a manikin or reading about communication out of a book is not realistic.
"I just think that over the years it would be beneficial if more of the sim labs were with live actors as opposed to the sims."	Isabelle (I)	Live actors are more beneficial to learning communication than manikins.
"We did our first one and I can't even explain how much more effective it was than a real sim. I understand with some of them you can't have an actor be throwing up or bleeding or have hypotension, but just for like communication-wise."	Isabelle (I)	Manikins are good to use in skill competencies but live actors should be used for communication.
"Everyone goes into sim lab and it's the scariest day for everyone. They're afraid they're going to be picked out to be primary nurse. And I just had my sim lab last week and my teacher was like "who wants to go?" and I was like "I'll go" and at that point I wasn't scared. So, I think working with real people and having an angry doctor come to the room and yell or something happen that you don't expect. Like, it's going to prepare you if you aren't under the pressure at the time."	Isabelle (I)	Builds confidence in other aspects of nursing. Being able to volunteer in a normally scary environment.
"I felt more comfortable in sim labs than anyone in my clinicals. So, it was just…I just think that maybe if they could incorporate more of like communication skills wise with the real live actors and then, like, save the medical side of it for the sim."	Isabelle (I)	Increase comfort level simulation participation. Use of real life actors is beneficial.
"I really enjoyed the live actor."	Isabelle (I)	Enjoyment in learning communication with live actors.
"I'm a hands on learner. So anything where I'm thrown into a field and able to do what I'm being taught."	Jen (J)	Learning more with hands on practice.

"I had to use empathetic communication you know to get my sympathies across to her family without just saying I'm sorry."	Jen (J)	Feelings of needing to say something else other than" I'm sorry."
"think it was hard, it was kinda like an awkward weird kinda situation."	Jen (J)	Uncomfortable situation when the words don't come.
"I think my effective communication could be better, umm I really didn't say much, I just kind of stood there and you know I hugged her."	Jen (J)	Need to improve some areas in effective communication.
"I wasn't able to kind of get across what I wanted to say without sounding inappropriate or just not getting across what I wanted to say."	Jen (J)	Couldn't find the words to communicate effectively.
"Definitely changed because I feel more confident."	Jen (J)	Increase in confidence level.
"Learning different ways to get across what we want to say."	Jen (J)	Learning different strategies in effective communication.
"Remembering not to be aggressive either but to be assertive."	Jen (J)	Knowing the difference between assertiveness and aggressiveness when communicating.
"I was able to kind of soothe their pain a little and was able to communicate with them the way I wanted to after learning some of the models that we use in the class."	Jen (J)	After applying the models that was implemented in class, communication was more effective.
"I connected with them better."	Jen (J)	Able to form a nurse-patient relationship.
"With traditional practices you just kind ahh, they lecture you about it."	Jen (J)	Lecturing is a form of traditional practices.
"didn't really explain or show you how you could be empathetic without being like bawling your eyes out or something."	Jen (J)	Unable to see how to communicate empathetically in a traditional classroom setting.

"as in the theater class you know, our professor guides us and she really shows us what she wants us to do and she is really. She's emotional about this course, she loves it, and umm, by her being so enthusiastic about the course we're able to really umm, absorb the information she's trying to say to us and work as a group rather than trying to figure it out ourselves."	Jen (J)	Group work, faculty enthusiasm and guidance is beneficial in learning effective communication.
"We do hands on umm like simulating activities and umm we do a lot of role play."	Jen (J)	Role-play is beneficial in learning effective communication.
"We always start the beginning of the class by loosening up."	Jen (J)	Using relaxation techniques is a good way to start the process of learning.
"doing some sort of theater activity that is really silly and kind of stupid, umm but it gets us laughing and it gets the group comfortable with each other."	Jen (J)	Being comfortable in the class and around your peers is helpful in learning.
"We have umm, a group discussion at the end where we talk about what we learned in a chapter or what goes on and so it's, it's hands on."	Jen (J)	Group discussions increase awareness of what was done right in a situation or what could have been done better.
"It's a great class. We have fun."	Jen (J)	Enjoyment and Enthusiasm about the theater class.

Emergent Themes

Emergent Themes	Cluster Themes
Struggling with Communicating Effectively	Unprepared Uneasiness Loss of Words Avoiding Communication Frightened
Knowing Identity of "Self"	Self-Awareness Awareness of Body Language Getting in Touch with Yourself
Believing in Oneself	Confidence Stability in Actions Preparedness
Becoming Familiar with Good Practices	Empathetic Communication Assertiveness Connecting with Others Matching Verbal's and Non-Verbal's Stress Reduction
Engaging in "Lifelike" Experiences	Hands on Learning Techniques Manikin Simulation Not Real Standardized Patients More Real Repetitive Practice Human Interaction Faculty Enthusiasm

Complete Listing of Significant Journal Statements

"I enjoyed the collaboration that the nursing department and theater department showed in their efforts to create this class".	Abby (A)
"I believe that the variety and uniqueness of the class is brought to life because a theater professor teaches it".	Abby (A)
"The activities involving space and getting to know your environment have been most beneficial to me".	Abby (A)
"The addition of theater students to participate in our on-campus simulations is invaluable".	Abby (A)
"An actual student giving constructive criticism to the nursing student on her communication skills and techniques is invaluable and allows the nursing student to learn her strengths and weaknesses".	Abby (A)
"I believe I am more focused and thorough in my home health clinical rotation this semester because of the examples we have discussed in this class".	Abby (A)
"The smaller class size allows for thorough discussion, appropriate role-playing and skits, and receptive feedback between classmates".	Abby (A)
"I learned we have to put ourselves in their shoes".	Barb (B)
"It's invaluable to restate what the patient says and validate their feelings through using good communication skills".	Barb (B)
"I feel I have learned good skills in assertiveness and appropriate body language".	Barb (B)
"I learned a valuable lesson between aggressive and assertive behavior".	Corinna (C)
"This class helped me realize that the basis of nursing is patient-centered care and that my communication techniques play an important role in conveying that".	Corinna (C)
"Before this class, I struggled believing that I could do things".	Corinna (C)
"I am more confident in my abilities".	Corinna (C)

"Becoming more aware of my behaviors through this class has made me more confident in my relationships with my patients and seeing that my patients have confidence in me".	Corinna (C)
"I learned showing signs of warmth include touch, nodding, and holding eye contact".	Debbie (D)
"In order for our patients to feel comfortable expressing their feelings, they have to see that we are not hiding our own feelings from them".	Debbie (D)
"I take the time to stop, listen and connect with my patients".	Debbie (D)
"I have learned that it is important to me to respect their situation, to comfort them, and let them know I am not there to judge them".	Debbie (D)
"I feel through our interactions in this class we have come to respect one another and except each other's differences".	Debbie (D)
"Through this class, I have learned that I need to stand up for myself and maintain a calm, collected appearance so others have faith in my abilities".	Debbie (D)
"I have learned to calm my inner self in order to calm the client".	Debbie (D)
"A light touch on the shoulder can let the patient know, I am here for you".	Debbie (D)
"This class has taught me that if there is something we do not like about ourselves that it is up to us to change".	Emily (E)
"My weakness before the class was that I didn't have confidence in the ability of knowing what I should say".	Emily (E)
"The activities where we became aware of our movements and then proceeded to become more aware of ourselves were interesting because it allowed me to become comfortable in any environment".	Emily (E)
"I realized to display warmth you cannot cross your arms or fiddle with your hands while communicating".	Emily (E)
"I am more aware that sometimes my assertiveness comes off to other people as aggressive behavior".	Fallon (F)
"What I'm learning is definitely helping me communicate better with my patients both verbally and non-verbally".	Fallon (F)

"I really enjoy the exercises we do to become more aware of ourselves. Specifically I like the one where we put our elbows up, then wrists, then hands and then dangle over and stand back up aligning all of our vertebrae".	Fallon (F)
"I never really noticed before how someone can come across just by the way they are walking".	Fallon (F)
"I have found myself now really working hard to stand in an open manner with my hands down at my sides".	Fallon (F)
"The exercise of repeating back what are partner was saying really made me pay attention to what my partner was saying. From a patient perspective I saw how that really fueled a conversation".	Fallon (F)
"In my nursing classes I was taught to repeat back what the patient says as a form of validation, but I never actually did it".	Fallon (F)
"I think this class is great! I have really noticed a difference in the way I stand, walk and overall come across non-verbally not only in the clinical setting but in everyday life".	Fallon (F)
"I am so glad that I took this class as I have already noticed a huge difference in my communication skills".	Gwen (G)
"The activities involving space, and getting to know your environment, have been the most beneficial to me".	Gwen (G)
"The activities where we became aware of our movements and then proceeded to become more aware of ourselves, were interesting because it allowed me to become comfortable with my environment."	Gwen (G)
"I have become more aware of myself".	Gwen (G)
"I have also learned that it is important to apply positive self-talk when feeling inadequate or incapable of being successful in a situation".	Gwen (G)
"This class has taught me that confidence in your abilities decreases the potential for errors made because of anxiety, which is a positive influence for quality of work and safety of the patient".	Gwen (G)
"Becoming more familiar with identifying with your patients and putting yourself in their shoes has made me a better communicator".	Gwen (G)

144

"Being non-assertive in your actions can portray a lack of confidence in your abilities. This class has taught me it is okay to show assertiveness but be sure not to portray aggressiveness".	Gwen (G)
"I have learned that being genuine to not only yourself but to your patients is an important message to give not only to future nurses but to growing individuals".	Holly (H)
"After doing this exercise, I realized that I am most natural and genuine when I am relaxed and don't feel like I have to accomplish an agenda. I'm almost always genuine, but as soon as I feel like the pressure is off, I relax, and become even more natural, and thus more empathetic".	Holly (H)
"I've realized that when I'm tired and need to be genuine, I need to slow down and take the time to get in touch with myself and my patients/co-workers".	Holly (H)
"I practiced how to ask questions in a nonjudgmental, non-threatening manner. I would use a conversational tone, maintain an open, receptive posture, and make eye contact to show that I'm listening".	Holly (H)
"Self-reflection activities have made me more aware of my inner most thoughts and feelings helping me to be a better communicator".	Holly (H)
"I have learned that things I can utilize with my patients include immediately offering of self, listening to the information patients have to offer without prying to details, using a soothing voice, and offering physical reassurance".	Holly (H)
"This class has showed me how to be confident in my abilities. In my clinical rotation, because I held myself to the standards I knew to be right, I wasn't pressured to dance to the ever-changing tune of other people's expectations. I ended up being more compassionate, more assertive, learning more, and bonding more as a result of this".	Holly (H)
"By connecting with our inner selves and becoming vulnerable with others we have learned how our patients must feel when we interact with them".	Isabelle (I)
"I was much more open to discussion when I knew my partner was listening to me and fully understood what I was saying".	Isabelle (I)
"I have noticed a big change in just being more aware of the way I am coming across to others".	Isabelle (I)

145

"This class has built my confidence in empathetic communication. I am more aware that I need to place myself in their situation in order to begin to comprehend what they are going through".	Isabelle (I)
"I found myself that I am now very much aware of body language and facial expressions of my patients and myself when we are communicating".	Isabelle (I)
"I no longer feel awkward or feel like I don't know what to say".	Isabelle (I)
"I started out not very comfortable with who I am when it comes to communication and I did not think about my actions and words before I said them".	Jen (J)
"The focus of this class was the performance of caring! I do not think we learned how to act as if we cared…we truly learned how to care".	Jen (J)
"These games made every student, myself included, jump out of their comfort zone and into this unknown world. We had to put ourselves out there, imitate each other, and think about our own bodies and our environment".	Jen (J)
"This helped with my caring communication because I am now better able to understand the way people act and feel in uncomfortable situations".	Jen (J)
"I now have the tools I need to speak and hold myself in way that shows I care about my patients".	Jen (J)
"This class helped me to better communicate my needs or wants in a sticky situation. I am able to keep calm and think, maybe even remain silent the whole time and simply use the non-verbal techniques I learned to use to keep moments from becoming long, awkward lapses in time".	Jen (J)

Appendix J

Researcher Observation of Participants	
Participant	Body Language and Facial Expressions
Abby	Worried look on face when discussing previous encounters with patient communication. Showed enthusiasm, eyes bright and smiling when discussing the theater course.
Barb	Nervous at the beginning of interview. Started smiling when talking about the theater course.
Corinna	Expressed apprehension when first talking about experiences in nursing communication prior to taking the theater course. Smiled and exuded confidence in discussing communication experiences after taking the theater course.
Debbie	Smiled through the entire interview; eyes widened and demeanor more expressive showing enthusiasm when discussing the theater course.
Emily	Facial features very expressive. Look of concern on her face when discussing the lack of confidence and experience she had in communication prior to taking the theater course. Demeanor changed with excitement when expressing her confidence in her communication practices after taking the theater course.
Fallon	Very eager throughout entire interview to discuss stories of her communication experiences. Very enthusiastic when discussing the theater course.
Gwen	Showed distressed expressions when describing her experiences with her communication experiences prior to taking the theater course. Eyes enlightened and a look of excitement took over when discussing the change in her communication practices after the taking the theater course.

Holly	Smiled through the entire interview. Portrayed a look of determination on her face when discussing the theater course as if she wanted to convince the researcher how great the class was, as she was describing the class and its benefits.
Isabelle	Portrayed a flat affect when first discussing the experiences she had in nursing communication prior to taking the theater course. Smiled slightly and eyes became wider when discussing the theater course itself and her communication practices after taking the course.
Jen	Smiled through the entire interview. She was upbeat when discussing all of her experiences prior to and after taking the theater course. There was no change in her demeanor. Became slightly more excited when discussing the faculty teaching the course and the activities she was involved in during the theater course.