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Traits of Character That Facilitate Formation of Exemplary Nurses in Bachelor of Science Nursing Programs

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TRAITS OF CHARACTER THAT FACILITATE FORMATION OF EXEMPLARY

NURSES IN BACHELOR OF SCIENCE NURSING PROGRAMS

by

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ABSTRACT

Constructivist grounded theory methods were applied in this study to explore traits of character that facilitate the formation of exemplary nurses in Bachelor of Science Nursing (BSN) programs. Interest in this study was prompted by a desire to examine attributes beyond academics alone that contribute to the formation of excellent nurses. The intent was to promote clarity in describing these attributes for further scholarly discussion.

Framing this study was Aristotle's doctrine of the golden mean (Aristotle, 350 B.C.E./1934). Operational definitions consistent with this doctrine were created for the concepts of character, character traits, and exemplary nursing practice. The concept of student formation as introduced in *Educating Nurses: A Call for Radical Transformation* (Benner et al., 2010) was adopted to explore synergistic processes melding excellence of character and excellence of intellect in nursing students.

One-on-one interviews were conducted using Zoom video-conferencing technology with 12 faculty members from 4 BSN programs in Mississippi. Open-ended questions posed to participants sought to identify habits of practice consistent with exemplary practice among nursing students and the traits of character that support development of those habits. Analysis of data was conducted through three coding phases consistent with constructivist grounded theory methodology. Theoretical sensitivity was maintained through constant comparative analysis of original data to emerging concepts. Data from the literature was incorporated to enrich discussion of these concepts.

Four categories emerged to describe exemplary practice habits in nursing students: presence, vigilance, grit, and commitment to professional nursing. Character

traits supportive of each category were also identified. A theoretical framework

explaining the relationship of these categories and traits to exemplary practice in BSN

nursing students was constructed.

ACKNOWLEDGMENTS

DEDICATION

This dissertation is dedicated to Fred Marks, my husband of 40 years. Thank you for sharing this adventure with me. Without your belief in me over the years, this would never have been possible.

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LIST OF ABBREVIATIONS

AACN	American Association of Colleges of Nursing
BSN	Bachelor of Science in Nursing
DNP	Doctor of Nursing Practice
IOM	The Institute of Medicine
MSN	Master of Science in Nursing
Ph.D.	Doctor of Philosophy
PPP	Preparation for the Professions Program
RN	Registered Nurse
WHO	World Health Organization

CHAPTER I – INTRODUCTION

In 2011, the Institute of Medicine of the National Academies (IOM) published

findings from a two-year study proposing a larger role for nursing in America's

healthcare system. This report, *The Future of Nursing: Leading Change, Advancing

Health,* outlined recommendations for the advancement of nursing through

transformation of practice. Key messages of the report were: (a) nurses should practice to

the full extent of their education and training, (b) nurses should achieve higher levels of

education and training, and (c) nurses should be full partners with physicians and other

healthcare professionals in redesigning health care in the United States (IOM, 2011).

America's nursing community boldly accepted this challenge for transformation.

Educators sought to understand potential impact of transformation objectives on nursing

education. As part of the Carnegie Foundation Study for the Advancement of Teaching

(Colby & Sullivan, 2008), nursing theorist Patricia Benner led a series of studies

designed to identify strengths and weaknesses in nursing education and to propose

changes addressing increased practice demands.

Conclusions published in *Educating Nurses: A Call for Radical Transformation*

reported evidence of a significant gap between current nursing practice and education for

that practice (Benner et al., 2010). Particularly concerning were indicators of deficient

clinical judgement among new nurses, including inability to effectively apply theoretical

concepts in actual practice. This finding suggests challenges for educators seeking to

realize current goals for a transformation of nursing—a process requiring new nurses not

only to be prepared for entry into practice but also to perform in an exemplary manner.

Nursing leaders proposed that, to realize IOM goals, nursing education may require transformation as well. To this end, Benner et al. (2010) recommended pedagogical strategies designed to develop student readiness for expanding roles in health care. Identified measures of readiness include ability to (a) balance various roles and competencies, (b) assimilate rapidly expanding theoretical base, (c) integrate knowledge from multiple domains of learning, and (d) demonstrate enhanced maturity and confidence in clinical judgment and practice.

Exploring the "Something Else" of Nursing

Undoubtedly, this unique set of competencies will be best developed in individuals who possess fitting aptitudes and attributes. Emphasis on assessment of intellectual and academic potential in nursing school admissions has failed to meaningfully consider the influence of less measurable and tangible attributes. Sellman (2011a) proposed these elusive attributes are components of a certain "something else" of nursing—those aspects of practice not easily defined and existing beyond "mere mastery and performance of a set of tasks" (p. 205). Sellman further suggested this "something else" of nursing results from possession of a "particular set" of characteristics, specifically character traits consistent with caring for others (Sellman 2011b, p. 19).

Multiple educators have offered insights supporting exploration of character traits essential to nursing practice. Scott (2014) suggested exemplary care of patients requires the nurse to possess "enduring traits or dispositions of character" (p. 177). Scott envisioned these traits develop over time in response to significant practice demands made on the person of the nurse. Mirza et al. (2019) recommended looking more closely at humanistic traits, or "invisible nursing characteristics" (p. 72) shaping readiness for

practice, noting a paucity of literature addressing this essential component. At least one scholar reviewed strategies for inclusion of character development in existing curriculum structure (McLean, 2012).

Conclusions reached by Benner and colleagues (2010) following the Carnegie National Nursing Education study encourage this discussion. Recommendations from the study included implementation of pedagogical processes intended to form student identity and character concurrently with acquisition of skilled knowledge and sense of salience. These integrative processes, termed formation, include internalization of ethical standards, social roles, and responsibilities of the nursing profession. Formation supports student evolvement into who and what they need to be to become exemplary practitioners (Benner et al., 2010).

Researchers focusing on examination of character traits note inadequate identification of those traits considered most essential for excellent nursing practice (Eley et al., 2010; Sellman, 2006). Recognizing the existence of various nursing codes in the developed world confirming professional aspiration for character development in nursing, Sellman (2011a) observed: "it is not, then, that the character of a nurse is ignored, rather it is that whatever being of good character requires remains poorly articulated" (p. 29). Just as scholars need clarity in defining clinical readiness, achieving clarity in description of character traits vital to exemplary performance is a desirable goal. A paucity of such literature has prompted interest in this grounded theory study.

Problem Statement

Nursing leadership accepted the Institute of Medicine (IOM, 2010) challenge to prepare new nurses for expanded roles in health care. Current research suggesting

inadequate preparation for practice among new graduate potentially affects full

realization of this goal. Educators need enhanced research-based evaluation criteria to

reliably facilitate student readiness for entry into a rapidly evolving nursing practice.

Nursing scholars encouraged curriculum transformation, emphasizing increased

opportunity for integration of knowledge components, clinical reasoning and skill, and

professional development (Benner et al., 2010). Formation processes facilitating

development of clinical identity and character are fundamental to this integration.

Research reviewed noted a paucity of literature definitively describing traits of character

supportive of student formation into exemplary practitioners. This study specifically

addressed this gap in literature.

<div align="center">Purpose of the Study</div>

The purpose of this grounded theory study was to explore traits of character that

facilitate formation processes leading to development of exemplary nurses in Bachelor of

Science Nursing (BSN) programs. Aristotle's doctrine of the golden mean was applied to

frame identified character traits and to illustrate relationships between these traits and

practice performance. A theoretical framework was developed from emerging themes to

promote clarity and focus for further scholarly discussion.

<div align="center">Conceptual Framework</div>

Multiple nursing scholars have explored character development as a fundamental

component of student formation, a process evolving over an established timeframe and

leading to excellence in clinical practice (Benner et al., 2010; Scott, 2014; Sellman, 2006,

2011a). This grounded theory study sought to address a gap in current nursing literature

definitively describing traits of character supportive of student formation into exemplary

<div align="center">4</div>

practitioners. Aristotle's doctrine of the golden mean provided a framework for exploring and relating categories of information obtained through qualitative interviews.

The Process of Formation in Professional Education

The Carnegie Preparation for the Professions Program (PPP) studies (Colby & Sullivan, 2008) applied the term formation to describe learning processes common to professions with recognized public service entrustments, such as medicine, nursing, the clergy, law, and engineering. The term formation describes the changes taking place in students as integration of professional concepts occurs throughout the educational experience. Benner et al. (2010) applied the model of formation in study findings addressing transformation strategies for nursing education. Conceptualized were three formative apprenticeships reflecting competencies identified by PPP as preparative for professional nursing practice. These apprenticeships are described:

1. Cognitive apprenticeship—to acquire theoretical knowledge base required for practice and develop the capacity to think in ways important to the nursing profession.

2. Practice apprenticeship—for development of clinical reasoning and skilled knowledge facilitating competent problem-solving for patient care situations.

3. Formation and ethical comportment apprenticeship—for internalizing ethical standards, social roles, and responsibilities of the nursing profession, all grounded in recognition of the profession's fundamental purposes (Benner, 2015).

Study recommendations indicated ideal formation of exemplary practitioners requires students to experience these apprenticeships in an integrated, progressive fashion throughout the required curriculum (Benner et al., 2010).

Overview of the Doctrine of the Mean

Common to both Eastern and Western philosophies, golden mean doctrines advocate benefits afforded by following a desirable middle path between two extreme traits—one considered excess and the other deficiency. Aristotle applied this doctrine in *Nichomachean Ethics* (350 B.C.E./1934), describing the Greek concept of *arete*. Commonly translated as virtue, *arete* as described by Aristotle is more accurately defined as "goodness or excellence" (Athanassoulis, n.d., p. 3). For Aristotle, goodness or excellence is achieved through proper fulfillment of purpose.

> Virtue (or excellence)...is a settled disposition of the mind determining the choice of actions and emotions, consisting essentially in the observance of the mean relative to us, this being determined by principle, that is, as the prudent man would determine it...And it is a mean state between two vices, one of excess and one of defect. Furthermore, it is a mean state in that whereas the vices either fall short of or exceed what is right in feelings and in actions, virtue ascertains and adopts the mean (Aristotle, ca. 350 B. C. E./1934, p. 95).

By use of the term, settled disposition of the mind, Aristotle considered traits of virtue forecasters of an individual's dispositions, or choices of behavior in relevant situations over time. These dispositions manifest in individual actions and emotions. For these dispositions to be excellent, they must be informed by phronesis, or practical

wisdom, as determined by the prudent or practically wise person. Aristotle specified an individual achieves goodness or excellence when performing human purpose "in conformity with rational principle, or at all events not in dissociation from rational principle..." (Aristotle, ca. 350 B. C. E./1934, p. 33).

Excellent character traits emerge in Aristotle's golden mean as reasoned means (virtues) existing between polar presentations of the same character trait (vices)—one seen in excess, the other in deficiency. Aristotle offered no exhaustive list of character traits (virtues) considered essential to *arete;* rather, he engaged in discussion of select virtues and their corresponding vices seeking to make theoretical concepts more concrete (Devettere, 2002).

Table 1

Aristotle's Doctrine of the Golden Mean

Deficiency	Mean	Excess
Cowardice	Courage	Rashness
Humility	Modesty	Pride
Sloth	Ambition	Greed
Indecisiveness	Self-Control	Impulsiveness

Adapted from *Nichomachean Ethics,* Aristotle, 350 B.C.E./1934

To better understand this framework, the trait courage is examined. Aristotle theorized courage to be "the observance of the mean in respect of fear and confidence" (350 B. C. E./1934, p. 161). An individual who displays a deficiency in courage is cowardly; conversely, the individual displaying an excess in courage is rash. An individual who demonstrates an appropriate level of courage is one who "endures or fears

the right things and for the right purpose and in the right manner and at the right time…" (Aristotle, 350 B.C.E./1934, p. 159).

Though Aristotle designated virtue (excellence) as observance of a reasoned mean, he also supposed this observance be "relative to us" (Aristotle, 350 B.C.E./1934, p. 95). This viewpoint proposes excellence is not a fixed point, but a target range of acceptable dispositions, affected by individual, situational, and environmental variants (Losin, 1987). The practically wise person, or one who achieves excellence, shows consistency in hitting the target in a wide variety of circumstances, displaying an adaptable, balanced, and proportioned disposition.

Two types of excellences described by Aristotle in *Nichomachean Ethics* are excellences of character and excellence of intellect. Excellences in character, usually thought of in terms of moral or ethical virtues, reflect permanent states or dispositions developed through habitual actions over time. Excellences of intellect reflect philosophic, scientific, and practical wisdom, modified through teaching and learning. Development of intellectual excellence results in prudence, or practical wisdom. Aristotle recognized the interactive nature between these two types of excellences, suggesting development of authentic character relies on acquisition of practical wisdom. Authentic character reflects deliberate, practiced decisions tempered by prudence (Devettere, 2002).

Compatibility Between Aristotle's Doctrine of the Golden Mean and Professional Formation

Aristotle's vision for achievement of excellence positively corresponds to processes described in the Benner et al., (2010) discussion of nursing student formation. Both scholars explored the role of habituation in achievement of excellence. Aristotle

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considered excellence to be a settled disposition of the mind achieved by habituated

practice over time, guided by practical wisdom. Excellence, as perceived by Aristotle and

illustrated through the doctrine of the golden mean, observes a reasoned mean, relative to

the situation resulting in fulfillment of human function (Devettere, 2002).

      Benner (2015) addressed the role of habituation in achievement of excellence in

nursing. In summarizing requisites of an ideal nursing education model, Benner noted:

> Finally, students must develop the habits of mind and practice to perceive
>
> and respond to clinical situations as an exemplary or good nurse. This
>
> requires formation of the clinician's identity, character, skilled know-how
>
> and sense of salience (Benner, 2015, p. 3).

      Pursuit of excellence, then, involves integrative processes intended to merge and

modify multiple aspects of individual features and traits. Aristotle expressed this

principle when noting the inter-related nature of two types of excellence—excellences of

character and excellences of intellect. The premise that development of each is modified

by development of the other is reflected in observations that choice of behavior and

emotions in situations must be "in conformity with rational principle" (Aristotle, 350

B.C.E./1934, p. 3). Processes of formation, as outlined by Benner et al. (2010), describe

this same synergetic relationship between character, skill, judgment, and intellectual

development achieved through concurrent, integrated apprenticeships.

      Aristotle suggested choice of traits leading to excellence are linked to practical

wisdom and are "relative to us" (Aristotle, 350 B.C.E./1934, p. 95). This condition

assumes variance in correct choice of action for each encounter based on consideration of

individual, situational, and environmental influences. The metaparadigm adopted to

conceptualize the practice of nursing parallels this supposition. Modification of the previous sentence to include four components of the nursing metaparadigm results in the following: excellence in nursing supposes correct choice of action in each encounter varies based on consideration of the individual (patient and nurse), situational (health circumstances), and environmental influences. During this period of transformation, new opportunity exists for the nursing profession to apply its considerable practical wisdom toward debating, defining, and affirming the excellences of character "relative to us."

<div align="center">Research Questions</div>

Central Research Question

The central research question identified for this study was: what are the traits of character supporting formation of exemplary nurses in BSN programs?

Subquestions:

Subquestions supporting this inquiry were:

a. What are the observed habits of nursing students who demonstrate excellence in the clinical setting? Which character traits support development of these observed habits?

b. What are the observed habits of nursing students who demonstrate deficiency in the clinical setting? Which character traits support development of these observed habits?

Operational Definitions

The following is a list of key terms explored within this study along with operational definitions for framing concepts. Although now common in everyday language, certain terms from the time of Aristotle were best examined through the lens of his original intent. Definitions offered include translations believed consistent with Aristotle's intended meaning.

Character

Character is the "particular combination of things about a person, or place, esp. things you cannot see, that make that person or place different from others" (Cambridge Dictionary, n.d.). The word character is traced back to Greek origins, first as *charassein,* meaning "to sharpen, cut in furrow, or engrave," and later as *character* meaning "mark, distinctive quality" (Merriam-Webster, n.d.). Aristotle addressed character in terms of morality, defining good moral character as "human excellence" or "excellence of the soul" (Aristotle, 350 B.C.E./1934, p. 61).

Character Traits

Referred to in the works of Aristotle as virtues or vices, a character trait is a "notable feature of a person's character" (Collins Dictionary, n.d.). These traits represent natural predispositions but, according to Aristotle, may be nurtured and developed through habituation to become ideal (Athanassoulis, n.d.). Development of character traits (virtues or vices) results in a psychological state (the soul to Aristotle) or disposition which guides choice of behaviors and actions. These dispositions become excellent when reflecting practical wisdom.

Exemplary Performance in Nursing

According to Aristotle, an individual performing in an excellent (virtuous) manner displays choices in actions and emotions determined by principle as the prudent man would determine them. These actions and emotions demonstrate the "right things, for the right purpose and in the right manner and at the right time" (Aristotle, 350 B.C.E./1934, p. 159). For the practice of nursing, excellence occurs when the nurse "develops enduring traits or dispositions of character that ensure that s/he, as a practitioner...works from the perspective of habituated good nursing behaviours (original spelling), and via the help of role modeling and education, develops educated emotion and perception" (Scott, 2014, p. 177). Excellence in nursing assumes correct choice of action in each encounter varies based on consideration of individual (patient and nurse), situational (health circumstances), and environmental influences.

Formation

Formation was used in the Carnegie PPP studies to describe learning processes common to professions with recognized public service entrustments (e.g., medicine, nursing, the clergy, law, and engineering) (Colby & Sullivan, 2008). For nursing education, formation is a term used to "describe the changes that students undergo in their outlook, values, behaviors, ideals, goals, and interpretations of experiences in the course of being a nursing student" (Sutphen & de Lange, 2015, p. 412). Student formation is achieved through synergistic processes melding excellence of character and excellence of intellect.

Assumptions

The purpose of this grounded theory study was to explore traits of character that facilitate formation processes leading to development of exemplary nurses in BSN programs. Constructivist grounded theory methods were applied in development of this study. The constructivist paradigm assumes a subjective nature of reality and proposes collected data reflects multiple perspectives regarding a phenomenon. These perspectives are gleaned through individual experiences recalled from participant history. The developing theory is constructed through collaborative induction methods by the researcher and participants based on subjective experiences; thus, it inherently reflects biases. The researcher must acknowledge potential biases before the study, claiming the role of inclusion in both data collection and the final product constructed (Birks & Mills, 2015).

An important assumption of this study was that student formation occurs to some degree, both formally and incidentally, in all educational programs. A further assumption was that all students possess traits of character and traits of intellect serving foundational roles in the processes of formation. The formal processes of formation outlined by Benner et al. (2010) were assumed to reflect competencies considered essential in education of BSN students.

Limitations

A recognized limitation of constructivist grounded theory research is the highly subjective nature of collected data (Polit & Beck, 2017). Constructivist grounded theory seeks to construct a theory about a phenomenon as a collaborative effort between researcher and participants. Use of purposive sampling invites participants with first-hand

knowledge of a phenomenon to actively participate in theory development. This method results in collection of rich data to support concepts; however, it also allows inclusion of biased perspectives.

Polit and Beck (2017) noted the influence of researcher subjectivity in reaching conclusions, asking "Would two constructivist researchers studying the same phenomenon in similar settings arrive at similar conclusions" (p. 12)? Final conclusions drawn by the researcher reflect individual experiences, priorities, and values. For this study, the researcher's novice status in conducting grounded theory research and interpreting collected data may have further influenced findings.

<div align="center">Delimitations</div>

For purposes of clarity, distinction is made between the concepts of virtue and virtue ethics. Though the writings of Aristotle address both, the notion of virtue was the phenomenon of interest for this study. Aristotle's definition of virtue derives from the Greek concept of *arete*. Commonly translated as virtue, *arete* more specifically means "goodness or excellence" (Athanassoulis, n.d., p. 3) and manifests through dispositions, or character traits guiding behaviors and actions. This definition was compatible with the purpose of this study.

The term virtue ethics refers to a group of theories contemplating the role of character and virtue in moral philosophy. From a philosophical perspective, the study of virtue ethics includes examination of the motives and goals inspiring virtuous action (e.g., to reach an overriding good or eudaimonia [happiness]) (Devettere, 2002). Discussion of character traits within this study was limited to identification of character traits (virtues) perceived to facilitate exemplary nursing practice. Determination of

motives and goals of virtuous actions were not considered. Thus, this study made no attempt to generalize findings to any of the three branches of normative ethics recognized in healthcare: deontology, consequentialism, or virtue ethics.

Significance of the Study

The purpose of this grounded theory study was to explore traits of character that facilitate formation processes leading to development of exemplary nurses in BSN programs. Research reviewed noted a paucity of literature definitively describing traits of character supportive of student formation into exemplary practitioners. This study specifically addressed this gap in literature, developing a framework of findings for utilization in further study.

Summary

The goal of this constructivist grounded theory study was (a) to explore traits of character that facilitate formation of exemplary nurse in BSN programs and (b) generate an explanation (theory) of relationships between these character traits and student nurse clinical performance. Interest in this study was prompted by a desire to examine attributes beyond academics alone that contribute to the formation of excellent nurses. The intent was to promote clarity in describing these attributes for further scholarly discussion.

Framing the study was Aristotle's doctrine of the golden mean (Aristotle, 350 B.C.E./1943). Operational definitions consistent with this doctrine were created for the concepts of character, character traits, and exemplary nursing practice. The concept of student formation as introduced by Benner et al. (2010) was adopted to explore synergistic processes melding excellence of character and excellence of intellect in nursing students. Categories reflecting excellent habits of nursing students, as well as

character traits supportive of those habits were identified through interviews. A framework was developed to illustrate relationships between this identified traits and level of performance in nursing practice.

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CHAPTER II - – REVIEW OF THE LITERATURE

In contrast to other methods, grounded theorists discourage initial comprehensive review of the literature. The goal is to limit early exposure to theories or knowledge with potential to bias the study processes and outcomes. However, experts in grounded theory research do recommend a **"**limited and purposive preliminary review of literature**"** to gain orientation to the subject (Birks & Mills, 2015, p. 22). Two stages of literature review, preliminary and substantive, were conducted for this study to allow the researcher to revisit the literature as concepts began to emerge.

Concepts included in the preliminary literature review were *character, character (virtue) in nursing, character (virtue) in professional practice, Aristotle's golden mean, Nichomachean Ethics, formation,* and *preparation for nursing practice.* Search engines accessed through PRIMO via The University of Southern Mississippi library system included CINAHL, Science Direct, Research Gate, and PubMed. A search of Amazon Prime resulted in procurement of classic translations of Aristotle's teachings on virtue and virtue ethics, as well as other scholarly volumes related to this study.

To reduce the influence of bias, the substantive literature review was postponed until theoretical coding began as final step of coding and analysis. Additional themes reviewed during the substantive literature review were *ethical codes that guide the practice of nurse* and *character development in higher education*. Data collected was evaluated for comparison and substantiation of concepts identified through interviews. Results were included in Chapter II to enrich the discussion surrounding role of character in nursing education and in Chapters IV and V to confirm discussion of findings.

The Case for Revisiting the Role of Character in Nursing Education

Historical Influences

Throughout nursing history, educators have sought to identify traits reliably predictive of student suitability for nursing practice. Florence Nightingale, founder of modern nursing, considered the prevailing societal image of nursing in Victorian England when establishing standards for her training school at St. Thomas's Hospital in 1860. Common opinions of nurses working in English hospitals during this period are depicted:

> Only a very low class of women apply for the situation of under-nurses, and…matrons are often obliged to receive them without obtaining any character. Till within the last few years, drunkenness was carried on to a fearful extent…it still remains the besetting sin of nurses… excuses are made for it on the plea that they need the support of spirits under their harassing work. A medical man in one of the large northern hospitals was questioned as to the religious character of his nurses. "If I can but obtain a sober set," was his answer, "it is as much as I can hope for" (Stanley, 1855, p. 8).

That consideration of character traits would become a crucial component of Nightingale's nurse training program seems reasonable. A recruitment advertisement for the St. Thomas Hospital nurse training program specified: "We require that a woman be sober, honest, truthful, without which there is not foundation on which to build. We train then in habits of punctuality, quietness, trustworthiness, personal neatness" (Nightingale, 1860/2010, p. 410).

Nightingale was strongly influenced by the Greek philosophy she studied as a young woman (LeVasseur, 1998). She identified with the guardian role as proposed by Plato—a role characterized by allegiance to public service. Plato believed the purpose of education for the guardian role was to "form moral character" (LeVasseur, 1998, p. 284). Nightingale considered public judgements regarding morality among nurses when selecting preferred traits for emphasis in her training program.

Like Aristotle before her, Nightingale offered no exhaustive list of character traits considered essential to exemplary nursing practice. Rather, preferred traits are identified throughout Nightingale's writings and letters to students. Nightingale's influence is noted in review of probationer *(*student) evaluative notes completed by various English school matrons in the late 19th and early 20th century. Descriptors such as "intelligent and kind" were frequently modified with qualifiers such as: "inclined to be self-opinionated" and "dictatorial", "not energetic" or "sufficiently responsible", or (has) "an ungracious and cold manner" (Lorentzon, 2003, p. 326). During this initial period of nursing reform, traits of character were appraised as carefully as traits of intellect.

Since 1860, the nursing profession has experienced incredible growth. Nurses now account for nearly 50% of the healthcare workforce, with approximately 20.7 million nurses and midwives worldwide (World Health Organization [WHO], n.d.). The Johnson and Johnson Nursing website lists 96 nursing specialties, offering guidance in assessing practice area compatibility (Johnson & Johnson Nursing, n.d.). The nursing profession has been named America's *"Most Trusted Profession"* for 18 consecutive years in Gallup polling (Gallup, 2020). Eighty-five percent of responders (n=1,025) in the 2019 poll rated the honesty and ethical standards of nurses as very high or high.

The influence of Florence Nightingale on the progression of nursing has been

widely debated among nurse scholars over past decades. Opinions have ranged from

those who "attribute all the ills nursing has suffered, such as poor pay, harsh discipline

and long hours" to her legacy, to those who say "if only she were alive today with her

vision, all would be well" (Baly, 1998, p. vii). The philosophical and methodological

tenets of the Nightingale traditions are questioned by some. However, prevailing societal

perspectives still reflect Nightingale's premise that, to recipients of nursing care,

character matters.

Sustaining a Character of Excellence for the Professional of Nursing

In *the Nature of Nursing: Reflections after 25 Years,* theorist Virginia Henderson

offered this definition of nursing:

> The unique function of the nurse is to assist the individual, sick or well, in
>
> the performance of those activities contributing to health or its recovery
>
> (or to a peaceful death), that he would perform unaided if he had the
>
> necessary strength, will, or knowledge and to do this in such a way as to
>
> help him gain independence as rapidly as possible (Henderson, 1991, p.
>
> 21).

Underlying this definition is suggestion of a unique patient/nurse relationship—one in

which the patient assumes a degree of vulnerability. The nursing role is trifold: (a) nurse

as patient substitute, (b) nurse as patient helper, and (c) nurse as partner. All three roles

require that the nurse provide some measure of patient protection.

Reflecting on this concept of vulnerability, Sellman (2011b) described patients as

existing in a "more than ordinarily vulnerable" reality (p. 70). Such vulnerability results

from the patient's decreased capacity for self-protection and required reliance on others for protection from risk. Sellman proposed that "this dependency is, of itself, an additional risk because the client is left to trust that those others have her or his good as a primary consideration" (Sellman, 2011, p. 70). The attributes of individuals assuming protector roles must be considered.

Darbyshire and McKenna (2013) reflected upon a perceived imbalance in modern practice between two traditional nurse attributes—intelligence and caring. In response to patient reports worldwide noting an erosion of caring in nursing, these educators considered the impact of role evolution in nursing over the past decades. Healthcare systems have steadily expanded the responsibilities of licensed nurses, while basic tasks usually associated with caring have been delegated to less trained assistants. In response to this trend, Darbyshire and McKenna asserted that basic care has been devalued and marginalized in nursing curricula.

In 2012, Griffiths et al. conducted a qualitative study seeking to explore patient and nurse perspectives on the traits they seek in nurses and their views on nurse education. The following themes emerged from the data analysis: (a) technical knowledge and competence, (b) empathy and communication, (c) non-judgmental approach, (d) individualized care, and (e) the over-educated nurse. Findings indicated that while patients recognize the importance of technical competence and knowledge, it is the humanizing elements of nursing that are particularly valued. One patient confirmed this view in asserting that "those old fashioned qualities, they're still really important" (Griffiths et al., 2012, p. 123).

Scott (2014) offered further perspectives on this issue. Gleaned from literature review, she reported straightforward evidence of two key nursing contributions to patient care: patient safety and humanization of patient experiences. These two contributions appear essential to protection of more than ordinarily vulnerable patients as described by Sellman (2010). Scott proposed that the ability to balance caring practices in a highly technical healthcare environment must be taught, modelled, worked at, and supported through education.

Benner et al. (2010) reinforced the significance of this concept throughout *Educating Nurses: A Call for Radical Transformation.* Representing the nursing component of the Carnegie Foundation PPP studies (Colby & Sullivan, 2008), Benner et al. described strategies for addressing the integration of nursing science and caring practices. The three apprenticeship models suggested by Benner et al. in their final reports were designed specifically for this purpose.

The mission of the Carnegie Foundation for the Advancement of Teachin*g* comparative studies (Colby & Sullivan, 2008) was to examine the deep and complex education requirements of professionals. Of concern was the preservation of ethical and public-serving purposes in professional education. Colby and Sullivan (2008) asserted that:

> …the commitment to serve the public interest sets the terms of the essential compact between the profession and society, providing the basis for the profession's autonomy and public esteem. Although other occupational fields may require high levels of knowledge and skill, they cannot be considered professions unless they are centrally defined as

serving some important aspect of the common good. (Colby & Sullivan, 2008, p. 405).

Deemed essential to preparation for practice in these professions were: (a) acquisition of specialized knowledge and skill, (b) meeting formal requirement for entry into the profession, and (c) recognized commitment to protection of patients/clients and society. Nursing was identified as one of five professions possessing this substantial public service entrustment. Other professions included in the study were: medicine, clergy, engineering, and law. Common to these five professions are these key qualities:

1. Deep engagement with the profession's public purposes, along with a sense of meaning and satisfaction from one's work grounded in or aligned with those purposes.

2. Strong professional identity...in which the field's mission and standards...are essential features of one's conception of the field and the self as a member of that field.

3. Habits of interpretation...through which complex situations are understood or framed at least in part in moral terms indicated by the field's purposes and standards.

4. Habitual patterns of behavioral response to patients or clients...well aligned with the profession's standards and ideals.

5. The capacity and inclination to contribute to the ethical quality of the profession and its institutions (Colby & Sullivan, 2008, pp. 415-416).

Interestingly, these five qualities all rely on internalization of traits derived from sound moral and ethical habits of practice. Nursing is clearly recognized as a profession guided by strong commitment to society.

Character as a Requirement for Licensure

Sellman (2006) noted that consideration of character is a condition of licensure as a registered nurse (RN) throughout the world. Reviewed are Nursing and Midwifery Council requirements in his native United Kingdom requiring declaration of "good health and good character" (Sellman, 2006, p. 762) as provisions for registry of nurses. Inherent in this provision is utilization of value judgment and assumptions regarding what constitutes "being of good character" (p. 763).

To illustrate, Sellman recounted an encounter:

I was asked by a ward-based mentor how she should go about undertaking the practice assessment of a student who was technically proficient but had an uncertain set of attitudes; attitudes that this particular mentor thought inappropriate for nursing. The guidance I was able to offer this mentor in her assessment...was predicated on the criteria by which student assessment in practice was measured in that institution at that time.

Even as the mentor assessed (and passed) the student it was clear to both the mentor and myself that there was something unsatisfactory about a process in which student success could occur, apparently, in the absence of any concerns with the character of a student (Sellman, 2011b, pp. 15-16).

Acknowledged is the difficulty in assessment of character in determination of suitability

for nursing practice. Often licensure agencies limit evaluation of good character to

include: (a) absence of relevant criminal misconduct or conviction, (b) subjective

references from referees, and (c) statement of personal intent by applicant (Sellman,

2011a).

In the United States, at least two states specifically mandate a candidate for RN be

of good moral character (Massachusetts Board of Registration in Nursing, n.d.; New

York State Education Department, n.d.). More than half of the states require

fingerprinting and criminal history as a requirement in the application process (Nursing

Licensure.org, n.d.). Extension of this requirement to other states is anticipated as this

and other issues affecting fitness for professional practice become relevant.

Developing Exemplary Nurses for Evolving Practice

Nursing faculty are the gatekeepers of the nursing profession (Gaza, 2009).

Faculty participate in selection of appropriate candidates for admission as well as careful

assessment of competence prior to graduation and licensure. In a climate seeking to

increase numbers and expand roles in nursing, successful fulfillment of these

responsibilities becomes even more essential.

The 2010 IOM summary report addressing future nursing education needs

outlined specifics on how best to view these responsibilities. In order to achieve an

exemplary level of practice, the report specified nursing students must have the

"intellectual capacity, human responsiveness, flexibility, and leadership skills" (p. xi)

necessary to provide care in an increasingly complex healthcare system. The future nurse

must balance diverse roles including assimilation of advancing medical and nursing

science, conducting and applying research, and caring for patients and families in a variety of settings.

Research conducted by the Benner team as part of the Carnegie National Nursing Education Study sought to evaluate efficacy of current nursing education programs in preparing students to assume these expanded roles. Data gathered aimed to answer this research question: "Given the enormous changes in and complexity of current nursing practice and practice settings, are nurses entering practice equipped with the knowledge and skills for today's practice and prepared to continue clinical learning for tomorrow's nursing?" (Benner et al., 2010, p. 31). General conclusions reached by investigators suggested inadequate preparation among American nursing students for contemporary practice.

In *Educating Nurses: A Call for Radical Transformation*, Benner et al. (2010) considered the impact of evolving healthcare trends on the practice of nursing:

> Nurses now do most bedside monitoring, make almost all home visits,
> assist and teach aging patients to manage multiple chronic illnesses, and
> deliver much of everyday primary care. Nurses maintain patient safety
> while managing multiple intrusive technologies where the margin of error
> is extremely narrow, and they do so in increasingly complex, hazardous
> work environments. Nurses administer care in widely diverse settings,
> ranging from specialized acute hospital bedside care to in-home and long-
> term nursing care for the technologically dependent and aging, as well as
> school and community nursing care. Although charged with caring for
> patients with increasingly complicated diagnostic and treatment regimes in

hospital settings, nurses may also deliver care to patients with similar

needs in ambulatory settings, the community, and the home (Benner et al.,

2010, p. 1).

The complexities and demands of the current healthcare system can be

challenging for even experienced nurses. For new nurse graduates, the complexity and

demands may be overwhelming. New nurses in one study reported anxiety, lack of

confidence, and expectation that they function quickly as a "skilled, seasoned registered

nurse (RN)" (Pellico et al., 2009, p. 197). Noting a disconnect between what they learned

in school and subsequent personal experience in practice, new graduates observed that it

takes about one year to transition from student to RN role.

Similarly, another group of new nurses described their transition into the

workforce as physically and emotionally demanding, stressful, and draining (Parker et al.,

2014). Identified contributing factors were perceived: (a) negative workplace culture, (b)

discrepancies between amount and quality of support required and that received, and (c)

excessive workload and responsibility. Some nurses reported doubts about their safety as

care providers.

A misalignment between new nurse expectations of practice and perceived reality

of practice at less than five years was reported by McKelvey (2018). One young nurse

reported a pre-working perception that nursing would be about helping people, but

actually, discovered that it was more about paperwork. Her observation was that such

practice takes away "the reason I am at the bedside" (p. 30). Another nurse acknowledged

the expectation of core responsibilities such as assessment and medication administration

but did not predict the degree of patient care coordination required. Her perception of

such coordination was that much of her work time included "fixing things other people do" (p. 32). Such experiences were associated with frequent job turnover and even consideration of leaving the profession (McKelvey, 2018).

Scott (2014) indicated maintaining excellence in the caring aspects of nursing places significant demands on the person of the nurse. For Scott, such maintenance requires development of character traits consistent with high quality, sensitive patient care. She proposed that developers of nursing curricula consider the realities of the current healthcare culture when creating learning opportunity for students. Specifically, she theorized that attention to compassionate and empathetic responses in clinical practice requires development of "dispositions or traits of character" in the student (p. 177).

Researchers seeking to identify indicators of new graduate preparedness for such work environments note a lack of clarity in language surrounding expectations (Mirza et al., 2019; Ulrich et al., 2010; Wolff et al., 2010). Consensus is that proficient nursing practice requires a unique mix of knowledge, skill, judgment, and humanistic traits. Wolff et al. (2010) recommended "creative and effective collaboration between the education, practice, and regulatory sectors" to "shape future understandings and dialogue" about readiness for practice (p. 11).

Summary

Two phases of literature review—preliminary and substantive— were conducted during this grounded theory study. The preliminary research review summarized insights from multiple scholars supporting exploration of character traits in nursing practice. The role of character in nursing was explored from: (a) historical perspectives, (b) as an

essential component in education of nurses, and (c) as an essential component for sustaining the Nursing Profession.

Examined were pertinent issues affecting nursing graduate preparation for entrance into current practice environments. This discussion included attention to the impact of evolving healthcare trends on new nurse practice. Support was provided for implementation of processes in nurse education that form nurses who: (a) are sufficiently prepared for successful entry into the current healthcare environment, and (b) are ideal candidates for admission into a profession claiming substantial responsibility to the welfare of society.

CHAPTER III – METHODOLOGY

This constructivist grounded theory study addressed a gap in current nursing literature definitively describing traits of character supportive of student formation into exemplary practitioners. Multiple nursing scholars have explored character traits as a fundamental component of student formation, a process evolving over a specified timeframe and leading to excellence in clinical practice (Benner et al., 2010; Scott, 2014; Sellman, 2006, 2011a). A goal of this study was to generate an explanation (theory) of relationships between these character traits and student nurse clinical performance.

Design

Grounded theory research is a branch of qualitative inquiry seeking to construct a theory about a chosen phenomenon through methodical collection and analysis of data. Emerging in 1960's era sociology research, grounded theory studies have been utilized in associated fields of study such as nursing, psychology, and education (Creswell, 2013). Particularly valuable in studies where little is known about a subject, grounded theory research aims to understand "invisible things" (such as invisible nursing characteristics) involved in a process (Star, 2007, p. 79).

Grounded theory research supports study goal via methods that move the researcher and participants beyond mere description of phenomena into collaborative formation of a general explanation. Defining characteristics of grounded theory research are:

1. Focus on a process or action over time, seeking to form an explanation or theory of this process (Creswell, 2013).

2. Concurrent data collection and analysis—transcription and coding of data collected from initial purposive sample occurs before collection of subsequent data, and this process is repeated throughout the study (Birks & Mills, 2015).

3. Memo writing—researcher memos ideas and thoughts during data collection and analysis processes. These memos become foundational in the theory development (Birks & Mills, 2015; Creswell, 2013).

4. Constant comparative analysis—constant comparison of data collected primarily through interviews use inductive methods to generate theory. This ongoing comparison between incidents, codes, and categories continues until the theory is fully integrated (Birks & Mills, 2015; Creswell, 2013).

5. Phased data analysis and coding—(a) initial coding for identification of major categories, (b) intermediate coding for saturation and connection of sub-categories, and (c) advanced coding for theoretical integration (Birks & Mills, 2015; Creswell, 2013).

6. Theory generation—final product developed to explain the phenomena of interest (Birks & Mills, 2015).

Role of the Researcher

Methods implemented in this study followed the constructivist grounded theory paradigm of Charmaz (2014). Constructivist grounded theory is a flexible approach recognizing social reality as a product constructed through multiple subjective viewpoints. This paradigm acknowledges the active role of the researcher as informed participant in creation of the final theory or product (Charmaz, 2014; Creswell, 2013).

The researcher in this study assumed the role of subjective active participant in data generation and analysis. The researcher acknowledged the role of specialist in the field of clinical nursing education, as well as the role of novice grounded theory researcher. A relationship of reciprocity was developed between researcher and participants in interactive discussion of open-ended questions. Participants were encouraged to respond to questions using their own words and reflecting personal perspectives. The researcher sought to clarify with participants the essence of their responses through reflection and summation at key points during interviews.

Site Selection

Sites selected for inclusion in the study interviews were chosen through identification of colleges and universities within the State of Mississippi conferring the BSN degree. Five of these institutions were selected for inclusion in this study. However, due to transitions occurring in one, only four institutions were represented. Though all institutions are located in Mississippi, selections included representatives from diverse regions of the state and from public and private sectors.

Purposive Sampling

Purposive sampling was utilized at each of the four colleges and universities to recruit a maximum of four faculty members per facility for inclusion in interviews via Zoom video-conferencing. Purposive sampling is defined as "a nonprobability sampling method in which the researcher selects participants based on personal judgment about which ones will be most informative" (Polit & Beck, 2017, p. 741). Inclusion criteria included: (a) minimum of three years teaching in both clinical and didactic settings at the BSN level of instruction and (b) clinical focus in either medical-surgical, pediatric,

psychiatric, community, or maternal-newborn nursing. BSN nursing faculty were selected for this study because of presumed experience with students who experience a curriculum enhanced by ethics and leadership courses. These faculty represented the practically wise person as defined by Aristotle in discussion of his theory of the golden mean (Aristotle, 350 B.C.E./1934).

The BSN teaching community across Mississippi is relatively small and maintains working relationships between institutions. The researcher was acquainted with a number of qualifying faculty across the state. From this group, informal gatekeepers were identified at each institution and these individuals assisted with recruitment of qualified faculty within their institution. Sixteen BSN faculty were identified as meeting inclusion criteria, and 12 agreed to participate in the study.

Grounded theorists vary in estimation of required number of participants for a potential study. Charmaz (2014) contended that the ultimate number of participants depends on the research purpose and the projected level of data analysis planned. For smaller studies, such as this, Charmaz projected that a small number of interviews may be sufficient. The decision was made to precede with 12 participants and to assess for points at which data saturation was achieved.

<div align="center">Ethical Protection Measures</div>

Approval from The University of Southern Mississippi Institutional Review Board (IRB Protocol #20-315) was obtained before establishing contact with participants. An e-mail identifying objectives of the study, data collection methods, and intended use of study results was sent to participating informal gatekeepers. This information was, in turn, shared with potential participants. Upon agreement to participate, the gatekeeper

forwarded participant contact information to the researcher. Participants were then contacted by e-mail.

Participants were notified that participation in the study was voluntary and might be halted at any time in the process. Each participant was e-mailed a standard consent form outlining details of the study along with a short demographic sheet asking for (a) highest level of education, (b) number of years teaching at the BSN level, and (c) areas of clinical focus. Participants were notified that all interviews would be conducted using Zoom password protected video-conferencing and would be recorded. After establishing an interview appointment, video-conferencing invitations were e-mailed to each participant. Agreement was made that the consent form would be signed electronically and e-mailed back to the researcher. The returned consent form was shown to the participant at the beginning of their recorded interview, and they were asked to verify that it did represent consent.

Recorded interviews were password protected on the investigator's private computer for purposes of transcription and analysis. All data (e.g., interview tapes, transcripts of interviews, and analysis data) were protected following standard research protocols in the researcher's personal office. All transcribed and written data obtained through analysis of videos were password protected in the researcher's personal computer.

Generating/Collecting Data

Following confirmation of informed consent, interviews via Zoom video-conferencing were conducted with 12 participants representing four BSN programs in Mississippi. Each participant interview began with a short orientation to operational

definitions: character traits, formation, and exemplary nurses. Open-ended questions

related to observed character traits in BSN students—those traits contributing to both

exemplary and deficient behaviors in practice—were discussed (See Appendix A). Each

interview lasted a minimum of 40 minutes and a maximum of 90 minutes. Initial

interview questions addressed the central research question identified for this study which

was: What are the traits of character supporting formation of exemplary nurses in BSN

programs?

Subquestions supporting this inquiry were:

a. What are the observed habits of nursing students who demonstrate excellence

in the clinical setting? Which character traits support development of these

observed habits?

b. What are the observed habits of nursing students who demonstrate deficiency

in the clinical setting? Which character traits support development of these

observed habits?

Use of the term *habits* references back to Aristotle's premise that traits of character are

built through processes of habituation. For clarity, this reference was explained to the

participants, and the word *behaviors* was included in questions as a synonymous term.

Interviews were recorded via Zoom and transcribed for analysis. Notes taken by

the researcher throughout the interviews captured non-verbal responses to questions.

Constant comparative analysis prompted modification of questions with each new

interview in order to further explore concepts as they arose. Such flexibility is a noted

component of grounded theory methods, allowing inclusion of concepts identified

through initial saturation, as well as emerging clues and observations from subsequent

interviews (Birks & Mills, 2015). Following each interview, memos were made reflecting content of interview along with indicators for further exploration.

<div align="center">Analysis of Data</div>

Transcription and analysis of data was begun following completion of the first five interviews. Transcripts were read and re-read seeking to identify recurrent themes occurring in each interview. Three phases of coding are recognized in grounded theory research. Phases of coding include: (a) initial coding for identification of conceptual potentials, (b) focused coding for linking or integration of categories, and (c) theoretical coding for generation of final product or grounded theory (Tie et al., 2019). Each phase is described in the upcoming sections.

Initial Coding

Processes of initial coding consistent with the constructivist ground theory paradigm began following the first five interviews for identification of concepts and conceptual similarities. Transcription and analysis of the next seven interviews commenced following initial coding of the first five. Tie et al. (2019) specified that the purpose of initial coding is to "start the process of fracturing the data to compare incident to incident and to look for similarities and differences in beginning patterns in the data" (p. 4). In this phase, the goal was to generate as many codes as possible, keeping codes similar to the actual words used by the participant (Charmaz, 2014).

In Vivo coding techniques, defined by Saldaña (2016) as "a word or short phrase from the actual language found in the qualitative data record" (p. 105), were used during initial coding. All identified words and phrases were copied into a Microsoft Excel folder, alphabetized, and edited to remove duplicates. Prior to this removal, most

frequently identified traits were noted. Following removal of duplicates, 243 word and phrases remained.

Focused Coding

The goals of focused coding is to begin transformation of identified codes into more abstract concepts (Tie et al., 2019). Constant comparative analysis was performed through three phases of data review to assist in identifying common properties among codes. From the first review of data, 48 core concepts were identified. Evidence emerged suggesting four categories around these core concepts, supported by comparison to the most frequently identified codes.

In the second review, the 48 core concepts were assigned to one of the four categories. Some core concepts were noted to be applicable in more than one category. Transcripts were reviewed to identify strongest linkage. Each category was assigned 12 of the concepts. During the third review, analysis was completed to again identify common properties. During this process, six codes were identified for each category.

Theoretical Coding

During the final phase of coding, the researcher returned to the literature for identification of relevant data. This technique, called *theoretical sampling*, assisted in formation of final theoretical categories. Theoretical sampling identified exemplary nursing student practice habits as: Presence, Vigilance, Grit, and Commitment to the Nursing Profession. Associated codes were again analyzed for core properties. From this analysis emerged either three or four traits subsumed from each category. A theoretical framework explaining the relationship of these traits to exemplary practice in BSN

nursing students was constructed. Detailed discussion of this framework follows in Chapters IV and V.

Quality and Rigor

Tie et al. (2019) reported three distinct areas affecting quality of a grounded theory study: (a) the researcher's expertise, knowledge, and research skills; (b) methodological congruence with the research question; and (c) procedural precision in the use of methods. The researcher's novice status has been acknowledged. In order to strengthen study rigor, services of a second reader were secured for comparison of data analysis. Variances were discussed via Zoom teleconferencing and resolutions agreed upon. Discussions between the researchers were conducted (a) following initial coding, (b) following identification of categories, and (c) following creation of theory.

To ensure methodology congruence, the researcher regularly compared memos on personal philosophical position with the established research questions and interview content. All research data, memos, and literature were maintained under password protection on researcher's private computer. Such information remains available to provide an audit trail of decisions, changes in research, and rationales for decisions.

Summary

This constructivist grounded theory study addressed a gap in current nursing literature definitively describing traits of character supportive of student formation into exemplary practitioners. Interviews were conducted with 12 BSN faculty in Mississippi using Zoom videoconferencing technology. Transcripts from these interviews were subjected to three phases of coding as suggested in the constructivist paradigm: (a) initial coding, (b) focused coding, and (c) theoretical coding. Review of literature re-

commenced in the theoretical coding phase to assist with theoretical sensitivity. Four categories emerged suggesting practice habits of exemplary nursing students. Character traits supportive of each category were also identified. A theoretical framework explaining the relationship of these categories and traits to exemplary practice in BSN nursing students was constructed.

CHAPTER IV – PRESENTATION AND ANALYSIS OF DATA

Constructivist grounded theory methods were used to explore traits of character that facilitate formation of exemplary nurses in BSN programs. One-on-one interviews were conducted using Zoom video-conferencing technology with 12 faculty members from four BSN programs in the State of Mississippi. Open-ended questions posed to participants sought to answer the following subquestions:

a. What are the observed habits of nursing students who demonstrate excellence in the clinical setting? Which character traits support development of these observed habits?

b. What are the observed habits of nursing students who demonstrate deficiency in the clinical setting? Which character traits support development of these observed habits?

These initial interview questions addressed the central research question identified for this study which was: What are the traits of character supporting formation of exemplary nurses in BSN programs?

Description of Sample

All participants interviewed for this study had taught at the BSN level of study for at least 3 years. Each had experience in both didactic and clinical instruction. Specific demographics that might inadvertently identify a participant among a relatively small community of individuals are not included in this discussion. However, as a group, participants reported between 3 and 23 years of experience teaching at the BSN level. Four participants held Ph.D. degrees, two held the DNP degree, one was a Ph.D. candidate, and another a DNP candidate. The remaining participants all held MSN

degrees. Among courses taught were didactic and clinical courses in Fundamentals of Nursing, Health Assessment, Women's Health, Pediatrics, Psychiatric Nursing, Gerontology, Chronic Health, Complex Illnesses, and multiple levels of Medical Surgical Nursing. Several participants had prior experience in Associate Degree Nursing education.

Findings

Grounded theory coding processes described in Chapter III identified multiple traits associated with excellence in BSN students. Emerging from final coding processes were four categories of responses reflecting student practice habits: (a) presence, (b) vigilance, (c) grit, and (d) commitment to the nursing profession. Three of these, vigilance, grit and commitment to the nursing profession were terms actually used by at least one of the faculty members to describe student behavior. Presence was selected to represent multiple traits identified by participants. Literature review conducted during theoretical coding identified either a concept development for each of these terms, or analyses in which the category was explored.

Presence, vigilance, grit, and commitment to the nursing profession address the first components of subquestions selected for this study: (a) what are the observed habits of students who demonstrate excellence in the clinical setting and (b) what are the observed habits of students who demonstrate deficiencies in the clinical setting? These four categories emerged clearly in analysis of transcripts from faculty interviews. In the theoretical coding phase of analysis, the original transcripts were reexamined for theoretical sensitivity. References to each of these categories were evident in the first

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interview and continued throughout each subsequent interview. No new categories were suggested following interview seven, and the data was considered saturated.

In final review of the transcripts for theoretical sensitivity, determination was made that these four categories are highly interdependent. Each category represents a single identified habit in student performance of duties. However, quality of performance in one category affects quality of performance in every other category. This finding is consistent with Aristotle's premise that pursuit of excellence involves integrative processes intended to merge and modify multiple aspects of individual features and traits.

Theoretical sensitivity also identified attributes that could possibly have influence in more than one category. For instance, the concept attentiveness was evident throughout interviews. This term was used to describe encounters that included being with and doing for the patient, as well as those encounters describing attention to patient risk. Theoretical sensitivity was applied to identify speaker's intent in use of this term. Therefore, the attribute attentive was applied to behaviors reflecting presence. The concept observant was applied to reflect those behaviors that described vigilance.

Three or four traits were identified through coding for each habit category. Identification of traits addresses the second component of subquestions—which character traits support development of these observed habits? Both exemplary and deficient traits were identified for each category. Discussion of traits follows. Each discussion includes faculty descriptions of student habits augmented by data from the literature. Tables illustrating the relationships of excellent and deficient traits to each category follow discussions.

Presence

Presence is defined as "being with another, both physically and psychologically, during times of need" (Free Dictionary, n.d.). According to Doona et al., the concept of nursing presence was initially introduced in 1962 by Madeleine Clémence Vaillot as part of her research on nursing commitment. The term has been variously defined in the literature as "giving the whole of self," "being there," "listening to," and "knowing the privilege in the experience" (Doona, et al 1999, p.55). These scholars defined six features of nursing presence: (a) uniqueness, (b) connecting with the patient's experience, (c) sensing, (d) going beyond the scientific data, (e) knowing (what will work and when to act), and (f) being with the patient (Doona et al., 1999).

Kostovich and Clementi (2014) compared nursing presence to two terms associated with Florence Nightingale—the "doing for" the patient and the "being with" the patient (p. 70). Noting the intersubjective human connectedness inherent in nursing presence, these researchers identified traits consistent with each of these themes. Traits identified as common to this relationship were: (a) compassionate concern, (b) openness, (c) commitment to another, (d) direct and indirect physical availability, and (e) empathetic attention (Kostovich & Clementi, 2014).

Traits common to nursing presence emerging from BSN faculty interviews conducted during this study included: (a) attentiveness, (b) engagement, and (c) empathy. Though differing slightly from the traits previously listed, there are similarities. Faculty perspectives on these three attributes follow.

Attentive. The word attentive is defined as "paying close attention, alert or observant" and as "showing care for the needs or desires of others, caring, or courteous"

(Free Dictionary, n.d.). Both of these connotations were addressed in faculty interviews. Lack of attentiveness or inattentiveness was frequently mentioned as descriptive of students with demonstrated deficiencies in patient care. Attentiveness interpreted as "paying close attention" was closely associated with active listening and effective communication. The terms were used interchangeably in some discussions.

When asked to describe exemplary student interactions with patients, one faculty spoke to the active listening component of attentiveness:

- I think she did a really good job of communicating with patients; that is one thing that I talk to students about. I have some students—they go into the room, and the patient is talking, and they kind of ignore the patient. They are so caught up in their skills that they appear robotic. By listening to the patient, this student collected so much more information. She was able to connect the dots and the patient began to trust her. Showing them that you are listening is a really important skill.

This same faculty followed up by describing an encounter where active listening was perceived to be deficient.

- I went into the room with one of my students—and I can't remember what we went in there to do. But while we were caring for this patient, the daughter was telling us all about what happened for her mother to get to this point. I think she had a surgery and the wound didn't heal; there was a whole story. When we came out of the room, I said "So tell me about your patient. What is she here for? What's the story? How did it happen?" The student couldn't tell me anything. She starts flipping through the computer, flipping through her

paperwork. And I said "this is the beginning of the shift: I haven't even looked through the computer. But by just listening to the patient's daughter, I can tell you the whole story of the past year of this women's medical history. By simply listening, you could have better known what is going on with your patient."

Active listening was mentioned by the majority of faculty participants in interviews. Other shared examples of excellent student attentiveness included:

- She wanted them to be able to talk with her freely, to ask her questions. She was not afraid to touch the patient or allow them to touch her. She listened first, and then shared her knowledge to enable them to learn.

- She was very warm. She was not standing back; she would go right up to the bedside—lay her hand on their arm or get near them and show them that she truly cared. And she would try to bring herself closer to their level.

In contrast, a reflection on poor student attentiveness or distraction was recounted:

- I had a student one time at a psychiatric clinical. There were small rooms for students to sit in with patients. They had big windows. The student sat by the door and the patient by the window. The student kept looking out the window past the patient. Finally, the patient had enough and started yelling at the student "you aren't even looking at met; you aren't paying attention to anything I'm saying." I mean ate him alive. That is an example of being fully present. The patient understood it to be that the

student didn't care. If you are fully present, it represents an attempt to be fully present.

Interestingly, one faculty described an episode where they perceived the student was inappropriately or excessively attentive to patients:

- He was an older student, and had been out working as a nursing tech. So, this student felt more relaxed in the environment and just overstepped his bounds. He went into the rooms of patients who were not assigned to us calling himself "helpful". Stated that he was just "checking on all the rooms and saying hello."

In assessment of this interaction, the faculty stated: "it wasn't about anybody but him. It was ego and it was superficial."

Engaged. Engagement is defined as "the state of being engaged: an emotional involvement or commitment" (Merriam-Webster, n.d.). Engagement was also associated with being concerned, providing comfort, and holistic care. Faculty frequently discussed the importance of engagement in building a relationship of trust. Building of trust was central to this description of exemplary student engagement:

- She came in and she held their hand and said "hello, I'm (stated name) and I'm going to be your nurse today." She explained what the day was going to be like and explained that she was a student. Then she began to ask about them about their preferences. She asked about how the patient prefers to take medications—asking "do you want them crushed, do you want them one at a time, or do you take them all at the same time? "With

any procedures, she communicated throughout, telling them exactly what

was going on."

This faculty went on to describe this student's obvious concern for the holistic needs of

this patient:

- And then, she made sure she cleaned up. Because people leave behind

  trash, she was constantly cleaning up for the patient. She wanted to make

  the patient comfortable, saying "let me go get help and get you

  comfortable in the bed before we get started." She wanted the patient and

  the environment to be clean and comfortable.

Exemplary student engagement in showing concern is reflected in these observations:

- I could see the concern she had for the patients, and that she acted on those

  concerns. And when, there was something that maybe needed to be fixed,

  she took the time to think about it and figure out what would make things

  better for that patient.

- I had one student who, when the rest of the group was ready to go to lunch

  said "you, know, I really don't to leave my patient right now. They need

  help doing this and this and this …"

Another example reflects the comforting component of engagement heard from several

faculty:

- Sometimes I walk in and the student will be crying with the patient. They

  take the time to listen to what's concerning them; what's concerning them

  about being in the hospital. And, if the patient asks them to, they will pray

  with the patient.

These encounters are contrasted with descriptions illustrating deficient

engagement or detachment in patient care:

- He thought he was doing a good job. He thought he was taking care of his

  patients, but his patients didn't like him. They complained about him—

  they didn't get their medications until such and so; they didn't get their

  food on time; their food was cold. He didn't offer to warm it. You know,

  he just would not take an extra step to do those minute things.

- I had a student who did bare minimum all the way around. When walking

  in the room, she was so literally task oriented that she didn't speak to the

  patient, and only spoke to the patient when told what to say. Medication

  administration went like: "I have this, this, this, and this; it is for this, this,

  this, and this. Will you take this?" And the patient says yes—and she's

  done. It's hard to teach somebody when they don't seem to "have it."

Excessive and inappropriate engagement with patients was described by another faculty:

- Sometimes we have those that go in and they think they know everything.

  This past semester I had a student go into a patient room that was not

  assigned to us and began to explain about the procedure that they were

  going to have done. I found him in the room with a patient who was not

  assigned to us, just watching TV. One nurse told me "he makes himself

  too much at home."

This example of inappropriate engagement was identified as intrusive.

   Empathetic. Empathy is defined as "the action of understanding, being aware of,

being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of

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another" (Merriam-Webster, n.d.). The term empathy was frequently associated by faculty with demonstration of genuine compassion. One faculty described a unique experience with student empathy:

- I had another student who was an amazing student. She had had a heart transplant a few months after birth. She had struggled with rejection syndrome on and off during her whole life. And she was told you don't really want to go into nursing because you're going to be exposed and you're immunocompromised. But she just felt like this was where she needed to be. She felt that she could help other families going through what she had been through. Her reason for being there was that she passionately wanted to help other people. She wanted to give.

When asked to identify traits of students coming into a program that reliably predict exemplary performance, several faculty identified empathy developed from personal experience with caregiving. Some examples were of students who were recipients of care or had observed care of a family member:

- For me, it's usually the people who speak of medical experiences that led them to want to become a nurse. Like, "as a child I was sick and was always in the healthcare system." That lets me know two things—that they had some awesome nurses and they know what it means to be an awesome nurse.

- I hear it over and over again. "I watched my Mom die with cancer. I watched nurses sit with her who held her hand and cried with her. I saw

nurses who didn't care or gave the appearance of not caring. I want to be

that nurse who helped."

Some incoming students reported serving as caregiver for a member of their own family:

- She had had a family member that had been sick earlier in her life and she

  had helped take care of that family member. So, she understood what it

  was like to have responsibility for a patient, and how it was to have a

  father that was sick. She came to nursing understanding a lot of

  information on caring and how to care for others.

One of the most poignant stories shared by faculty included an unusual demonstration of

compassion. This account gives a clear example of attentiveness demonstrating genuine

compassion and empathy:

- Clinically, this was one of the most caring people that I had ever seen. He

  was a young man, early 20's and I had him in pediatric nursing. We were

  doing a pediatric oncology rotation. During downtime between patient

  care, I found him in the room with the patients. With the little boys he

  would be playing video games. But what really touched me is that with

  little girls he was be doing what little girls like to do—like coloring and

  playing dolls.

    And it wasn't just in that rotation. It was consistent throughout the

  time he was there. I heard a story about him in an adult rotation where he

  was assigned a patient who was near the end of his life. They came on that

  day and it was pretty apparent that this patient was going to go some time

during that day. And so, this young man sat with this patient the entire time he was there for clinical and actually until he passed on.

He said that he did that because he didn't want the patient to be by himself. You have to remember these students are young adults who have no true frame of reference for life and all the things that come along with it. So, for him to take that initiative—that had to be something that was already in him.

This discussion of presence has included examples from BSN faculty interviews describing students who are attentive, engaged, and empathetic. An instance of deficient attentiveness, seen as distracted was described. Deficiencies in engagement were described as detached and deficiencies in empathy were identified as apathy. One description of behavior that could be considered excessive attentiveness was identified as superficial, and excessive engagement as intrusive. The following table summarizes identified key concepts that facilitate the habit of presence in nursing students:

Table 2

Summary of Character Traits Influencing the Habit of Presence

Deficiency	Mean	Excess
Distracted	Attentive	Superficial
Detached	Engaged	Intrusive
Apathetic	Empathetic	(Not Addressed)

Jean Marks, 2020

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Vigilance

A suggested definition of vigilant is "alertly watchful, especially to avoid danger" (Merriam-Webster, n.d.). The importance of vigilance is reflected in perceptions from Scott (2014) who proposed that patient safety is a fundamental responsibility of nurses. Vigilance also addresses the issue of patient vulnerability as described by Sellman (2010). Nursing vigilance is the habit required to compensate for the patient's decreased capacity for self-protection.

Nightingale referred to the importance of vigilance throughout her writings. In *Notes on Nursing: What It Is, and What it is Not she* noted:

> The most important practical lesson that can be given to nurses is to teach
> them what to observe—how to observe—what symptoms indicate
> improvement—what the reverse—which are of importance –which are the
> evidence of neglect—and of what kind of neglect (1898, p. 85).

Nightingale further commented on the essential purpose of sound observance, noting: "it is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort" (1898, p. 95).

Meyer and Lavin (2005) debated the importance of vigilance as the "essence of nursing" (para. 1) and deserving of more attention in nursing nomenclature. Discussion suggested additions for two classes of nursing diagnoses: (a) central diagnoses—to include planning and implementation of interventions that address desired outcomes and (b) surveillance diagnoses—to recognize patient risks and provide plans for responding in the event of an occurrence. Meyer and Lavin described components of vigilance as "a state of scientifically, intellectually, and experientially grounded:

a. attention of clinically significant observations/signals/cues

b. calculation of risk inherent in nursing practice situations

c. readiness to act appropriately and efficiently to minimize risk and to respond to threats" (2005, para. 2).

The three traits emerging from interviews effectively reflect these noted components. Traits supportive of the habit of vigilance are: (a) observant, (b) practical wisdom, and (c) being prepared.

Observant. Observant is defined as "paying close attention to detail; watchful or heedful" and "showing keen perceptiveness" (Free Dictionary, n.d.). Closely related to the word attentive, the term observant emerged in interviews to describe encounters demonstrating close attention to patient risks and advocacy needs. Students who were not observant were identified as heedless.

While discussing the Aristotelian premise that excellent actions take place at the right time, one faculty reflected on the importance of observation:

- A nurse has to be very astute—remaining intimately aware of a situation in order to make moment by moment decisions. Situations are fluid, so a nurse must be constantly vigilant to patient needs that could change on a dime. I tell students "never stop being vigilant; if you're vigilant you won't experience failure to rescue." When we're not vigilant, that's when things happen that put my patient at risk, or I fail to give them what they need.

Students who were closely attentive to potential patient risks and need for advocacy were described in these reflections:

- When she knew it was in her scope of practice, she knew exactly when vital signs needed to be taken and knew when assessments needed to be completed. And she knew exactly when to come to me and give me an update if findings were outside of normal. Her thought processes were exactly where they needed to be when things were not within normal limits.

- There are students you don't have to micromanage because they are watching and desiring to be involved in the care of their patients. They take ownership in the patient's outcomes. So, they do an intervention, and then they follow up to see in their intervention worked. Then they want to have done anything else that needs to be done appropriately, whether that be documenting, or notifying someone if the patient's not better. This student is able to see the bigger picture, and they want to see the patient improve.

One faculty spoke to a recognized pattern of "cutting corners" by students completing assessments.

- I see a lot of students who want to "cut corners". You know, if they are in the room with a patient who says they're short of breath, they note that the patient is able to speak to you and respiratory rate is OK. But they don't recognize that this patient still needs to be assessed. We need to truly see

if something is going on—don't jump to say, "Oh you're fine." It should never be that quick. These students just want to get things done quickly. Development of observations skills was described by several faculty as an essential skill in nursing students. One faculty observed that this development is often a product of maturation in the nursing role:

- I always talk to students about "nurse eyes"—the more you do, the more clinical practice you have, the more these are developed. I've just noticed that when they're still developing these…say, we're in a nursing home setting and there's a patient that's not supposed to be standing up because they are a fall risk. It's like as soon as that patient lifts his bottom off that seat, I see that, and I'm immediately going to go over there. But a student may be standing right there next to them, and the student doesn't even notice that this patient is a fall risk and is about to get up and walk away. It's like they don't see it yet.

- When I go into a room, I immediately survey what is going on. This student went in to get vital signs but wanted me to come in because they had a question. When we came out (and this was not this student's assigned patient), I said "did you see that NG tube?" We had just learned about that. They were like "no." And I'm thinking, so we just went into the room—and yes, you were only there to get vital signs—but we just learned about NG tubes in class. The less experienced students don't notice these things; they don't register to them. They don't survey the room.

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Deficient behaviors noted in observation were deemed heedless.

Practically Wise. Experienced nursing educators also recognize that maturation of clinical excellence depends upon the influence of critical thinking or judgment—a somewhat intangible ingredient expected in maturing nursing students. The term critical thinking was mentioned numerous times throughout interviews. Common sense was also frequently mentioned as a positive attribute of exemplary practice. Definitive traits that support both critical thinking and common sense are difficult to isolate. In attempt to address both of these components, the identified trait, borrowed from Aristotle (350 B.C.E./1934), was practically wise.

Aristotle suggested that, to be excellent, actions/decisions must be informed by practical wisdom, as determined by the prudent or practically wise person (350 B.C.E./1934). The term practical wisdom was chosen to reflect the expected maturation of critical thinking and common sense occurring in successful formation. Development of practical wisdom is an essential component of nursing practice.

Faculty who offered examples of practical wisdom, spoke to the idea that care rendered by exemplary students is often more thorough and addresses a bigger picture.

- Exemplary students treat patients like complex human persons; so, they are often able to see the complexity of how a person's social status, cultural choices, health status, and whether or not they have insurance will affect care after the hospital. They are able to see beyond the pathophysiology and medical orders to plan care for after the hospital.

    For instance, a patient who lives alone, is going home alone and takes a lot of medications is going to have to manage his own medications.

One medicine our patients go home on a lot is Lovenox. My exemplary

students start to talk to the patient without my prompting about how

they're going to have to give their own shots at home. They talk to the

patient about what Lovenox is and why they're getting it. They'll say,

"watch me do this, and then we are going to teach you how to do it" They

are not task oriented, they're very concerned about the whole patient and

if they are prepared to maintain safe care at home.

The ability to link theoretical knowledge to actual clinical practice was addressed

by every faculty member. The ability to link knowledge was described as a product of

both critical thinking and common sense.

- You can't always go by a GPA. I've seen some who are barely making

   that C, but when they're on the floor, they're getting it. Like we go into a

   room and the patient's extremities are swollen, and they say, "let's elevate

   your leg", or look to see what med they're on. And I'm like, "Why

   couldn't you get this on a test?" The common sense comes out. It's like

   they see it and it's not just words on a paper.

- I look at their ability to make links. Exemplary students are able to look at

   the patient's patho, their meds, and their labs, and tell me some deeper

   knowledge of what's going on. They are able to make connections.

   Then, there are other students who make no connections. They can

   regurgitate bits and pieces of information that is not reflective of reality.

   Say, they have a young healthy person in a car wreck and this patient has a

   low H & H on the paperwork. They write on their care plan that the cause

of the low H & H could be renal function and that they are anemic:

"Maybe they are anemic because they don't eat enough fish."

"And I say, "no they are anemic because they lost a leg in a car wreck and bled all over the interstate. So, their blood is sitting on the highway and not in their body." They are not able to make any connections to care—like the need to look at vital signs or what to expect.

Several faculty offered examples of students who had difficulty transferring learned patient care concepts to the practice setting. The trait naivety was selected to represent this particular example:

- Some students have a hard time with the actual application of what they've learned. I can give you an example. We were in a room—these were first semester students and they were giving oral medications to an elderly woman who was somewhat "out of it" and very lethargic. So, the student was going to give the patient her medications and gave her the cup of water and didn't let the head of the bed up.

  So, I'm like telling her "let the head of the bed up" and she is hesitating. Eventually the son lets the head of the bed up. When I asked her "why didn't you lift the head of the bed; what do you think could happen if you're giving oral medications?" And she was like "well I didn't want her to spill her water."

The trait displayed by this deficient student could be referred to as negligence; however, the term chosen to represent this habit is naive. This term allows for consideration of maturation in acquiring practical wisdom.

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Prepared. The word prepared is defined as "to make ready beforehand for a specific purpose, as for an event or occasion (Free Dictionary, n.d.). Meyer and Lavin (2005) referred to this process as "readiness to act appropriately and efficiently to minimize risk and to respond to threats" (2005, para. 2). Faculty in this study identified student preparedness as one of the most essential components of exemplary practice. Two aspects of preparedness were considered: (a) preparation that takes place to familiarize oneself with a patient and their individual care issues and (b) preparation that takes place through internalization of past learning. Accounts similar to the following were repeated throughout all participant interviews:

- She prepared herself for coming to clinical. We have them go the night before…she went that night, read about the diagnosis, looked up what she needed to do, and she was prepared when she came.

- She was always on top of everything. Knew everything going on with her patient; knew all the meds; knew why the meds were given; knew the whole history of the patient. So, she was not walking in blindly. She was walking in knowing about the patient.

Some faculty referred to preparedness as having internalized previously learned skills:

- At semester 3, I didn't have to remind her of basic processes. You would think that at semester 3, this wouldn't require prompting, but some students were still forgetting to put on gloves. Things like putting on gloves, patient identification, and medication checks had all become automatic for her. She did all these things like clockwork.

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I never had to prompt her to scrub the hub before IV medications.
Some of the other students get so caught up in processes that they forget
simple things like scrubbing the hub before IV meds. She didn't forget the
small things. She had internalized what she had learned in past semesters
into practice. It was automatic.

- So, this exemplary student, on second day, took care of two patients. She
  was able to look at medications for both of them and decide which of them
  needs to go first. She came out of the med room saying, "I need to do this
  early today, because these are the other patient needs." Plus, this
  exemplary student had made rounds, done assessment, and charted prior to
  medication administration. She had identified that one patient is going for
  a colonoscopy; so, everything needed to be done early for that patient,
  because we didn't know what time they would go. She had brought forth
  solid habits from her previous rotations.

- I have no problem trusting them to give cardiac medicines—if they have
  to give digoxin, they have already gotten an apical pulse. It they have to
  give a diuretic, they know the potassium was this, the sodium was this; so,
  it's OK to give. These habits have been internalized.

Lack of preparedness was also observed in students. One example paints a clear picture
of how lack of preparedness can result in negligence:

- This student spent the morning begging to take a second patient. I finally
  asked, "have you seen your patient?" ("Yeah"). Have you charted
  everything on your patient that you need to do?" ("Well, I was going to do

that later"). "So, you haven't done that? Do you have your medicines ready to be given? ("No ma'am"). "So, you haven't taken care of one patient and you're asking me for a second patient?"

Later at medication administration time, this student continued a similar pattern:

- When it came time to give medications, I asked "are you ready to give medicine?" He answered affirmatively. Then opened the cart and said, "where are my medicines, I put them in a cart?" I asked, "did you put them in THIS cart?" He responded, "well I didn't look".

    So, he was "bumped" to go find them. Finally, a nurse reported that she had found his pills in an empty cart and put them in the pharmacy return bin. He began making excuses—blaming this on the nurse who returned the medications to pharmacy. He never recognized that his negligence resulted in late administration of medications to his patient. And yet, he felt like he should have been assigned a second patient

When questioned about the possibility a student might come overprepared for the clinical experience, one faculty observed:

- I remember one student who was as book smart as they come. When charting, she literally wrote a dissertation. She spent so much time on her nurses notes I wondered what she was doing for her patient. I think for some students, if they try to be overprepared, the thing we see with them is exhaustion. When they come to clinical, they are exhausted because they spent so much time the night before trying to perfect their work. I think it's a kind of perfectionism.

This discussion of vigilance has included examples from BSN faculty interviews describing students who are observant, have practical wisdom and are prepared. Several instances of deficient observation, seen as heedlessness were described. Certain deficiencies in practical wisdom were identified as naivety. A clear example of deficiency in student preparedness, identified as negligence, was also included. One description of behavior that could be considered excessive preparedness was identified as perfectionism. The following table summarizes identified key concepts that facilitate the habit of vigilance in nursing students:

Table 3

Summary of Character Traits Influencing the Habit of Vigilance

Deficiency	Mean	Excess
Heedless	Observant	(Not Addressed)
Naive	Practically Wise	(Not Addressed)
Negligent	Prepared	Perfectionist

Jean Marks, 2020.

Grit

The word grit is defined as "firmness of mind or spirit: unyielding courage in the face of hardship or danger" (Merriam-Webster, n.d.). This term was used by several faculty members to definitively summarize attributes observed in an exemplary student. Grit was described by Duckworth (2016) as a positive psychological trait resulting from passion and perseverance. Duckworth envisioned grit as comprised of four key components: (a) interest—a passion for a singular goal, (b) practice—for perfecting of

skills, (c) purpose—the intention to contribute to the well-being of others, and (d) hope—the expectation that efforts can improve the future (Duckworth, 2016).

This concept of grit certainly encapsulates much of what is involved in forming exemplary nurses. Associated with grit are other characteristics, such as courage, conscientiousness, endurance, follow-through, and resilience. All of these terms were touched upon in faculty interviews; however, three traits related to grit emerged from descriptions. These traits were: (a) self-confident, (b) dedicated, and (c) self-disciplined.

Self-Confident. Self-confidence is defined as "confidence in oneself and in one's powers and abilities" (Merriam-Webster, n.d.). Self-confidence and lack of self-confidence were among the most frequently identified traits named by participants in this study. Several faculty discussed the influence of past experiences on the development of self-confidence:

- She had a confidence about her. She usually knew most things, but if she didn't know something she asked for guidance. She knew what to do and when to do it, and not wait for someone to direct her. She brought that with her from second or third semester. She brought her clinical experience and her practice experience and it showed up as confidence.

- She was confident in herself and her knowledge. She didn't take over, but she would easily help others to get where they needed to go. She tried to share things she had learned from a previous patient. I observed her talking with another student in the medicine room—talking about blood pressure meds. I could tell she was the one that was very knowledgeable and was helping the other student.

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Other participants perceived that self-confidence was influenced by past life experiences:

- One exemplary student that I'm thinking of had been out in the world and had raised a family. She had more worldly experience, paying bills, and being responsible in life. She just had a different demeanor with her patients than other students who appeared very frightened to go and talk to a patient by themselves. She had gained confidence through life experiences.

- There are some students who don't do quite as well in the classroom, but they are hard workers. So, they work really hard, they do what they're supposed to do in clinical. They are really good with working with people. A lot of times I see this in our accelerated students—those who already have a degree and have life skills. They have a sense of responsibility toward their job. They know how to interact with people. They know how to put things together and see the bigger picture.

Several faculty member spoke of self-confidence as a trait allowing for constructive feedback and improvement in performance. This attribute was reflected in the following observation:

- She looked exemplary from the beginning—was very studious and had obvious leadership potential. She possessed self-confidence. She wasn't afraid to ask questions, to guide other people or offer suggestions. She was willing to look inside herself and make changes. She recognized where she could improve, and then made a concerted effort to make those improvements. And I think that's where she grew tremendously. She

learned how to use self-reflection to look back at a situation and say, "this

was good but maybe I could have done better here."

In contrast, deficiencies in self-confidence were often associated with inability to accept

constructive criticism. Several faculty identified defensiveness and making excuses in

response to feedback:

- With deficient students I have observed a lack of confidence. They seem

  to think I'm judging them somehow. They don't take constructive

  criticism very well. When you simply say something like "that was really

  good, but you could have done it this way", they become defensive. They

  make excuses.

Some faculty identified fearfulness as a manifestation of lack of self-confidence.

Fearfulness frequently manifested as avoidant behavior in the clinical setting:

- I always have that student who is scared to death and is a wall-flower and

  hides. Those are the ones you have to peel off the wall and make them go

  in and do things. You have to tell them that they are never going to get

  over it if it is not addressed, then make them do it. I think it is a lack of

  confidence and fear of making a mistake.

- I had one girl refuse to do a dressing change one time. It was a sterile

  abdominal dressing change—pretty involved. She said she couldn't do it. I

  told her I was going to have to send her home. She made the choice

  between doing the dressing or going home with an unsatisfactory. She had

  a fear of the unknown or a fear of failure, I guess. It was basically a lack

  of confidence.

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Lack of confidence was also associated with avoidance in assuming independent responsibility for patient care:

- They don't have the confidence that they know what they know. And I think there's also the fear…and this goes along with maturity; they've never had to be responsible in other aspects of their lives. They've never had to worry about anything, never had to be in charge in any situation or take charge in any situation. So now, when they're in this role, there is this fear of being really responsible for this patient.

Several participants also referred to the effects of overconfidence in student nurses, pointing out that these individuals can be unsafe:

- It's almost like they think they know more than they do. In reality—they refuse to consider constructive criticism. They don't see anything wrong in the way that they are taking care of patients. And when it comes to theory, they think that what they guessed was the right answer, and we should take their answer. I had a student like that who later got into serious trouble with his employer. It was because of not stopping to ask a question and assuming he knew what to do. He received some fairly serious disciplinary action, and that seemed to finally humble him.

- You know, some are overconfident; they have too much confidence. If they are overly-confident and never ask questions, they can be very dangerous and unsafe. So, students need to have a fine line of confidence—enough confidence to do things proficiently, but

conscientious enough to know that they could be wrong and that they need
to ask questions.

Dedicated. The word dedicated is defined as "devoted to a cause, ideal, or
purpose" (Merriam -Webster, n.d.). Dedicated emerged as the term that best describes
several behaviors consistent with Duckworth's (2016) conception of grit. This description
addresses the passion and the perseverance idealized in Duckworth's framework:

- I taught students in a mental health rotation. It's a different kind of setting,
  a different kind of clinical experience. Most of the patients are there on
  court order; they are there because they are a danger to themselves or
  others. There have been life-long patterns that shape how these individuals
  view and interact with the world. Our students come into this setting with
  no idea of how to connect with the individual.

  This particular student was tasked with spending time with and
  developing therapeutic communication with a young man who had
  paranoid schizophrenia. He had bad mistrust and was withdrawn into
  himself. Something about this patient must have resonated with this
  student. She had heard from the staff that he wouldn't talk much or
  interact; so, she spent several days trying to find a connection. She
  happened upon the fact that he liked baseball. She knew nothing about
  baseball, but when baseball got mentioned, she saw the change in him.

  Between that clinical experience and the next week when she went
  back, the student researched everything she could on baseball. She found
  out about different teams and their statistics. She learned the lingo. She

went above and beyond to be able to connect with this one individual. She

connected. The staff told me later that when they looked across the room

at them, not only was he talking to her, but he was actually smiling.

This is to me a demonstration of an exemplary nurse--finding what

that person needs. She saw him as a human being, not a patient. She saw

him as a person, not a disease process. And she saw his intrinsic worth.

Dedicated students such as this were also identified as demonstrating a sense of purpose.

Often this attribute was described as clearly engaging in a patient-focused approach to

care. Exemplary students were assessed as consistently rendering patient-focused care,

while deficient students often were deemed to be focused on self-interests:

- Exemplary students have qualities that I think differentiate them from their

  classmates: in that they are reliably outstanding. They consistently put

  forth effort in the clinical setting, are dedicated, determined and motivated

  by something intrinsic rather than extrinsic. Their motivation is not for a

  grade or a satisfactory. Their motivation is to lay hands on people and

  make them better.

- They sense a responsibility to the patient to make sure they have the tools

  they need to take care of themselves. In the hospital, if we can give the

  tools that they need in the 2 or 3 days that they are there—hopefully they

  can go home with the education they need not to be readmitted.

- They are always wanting to go above and beyond for patients. You know

  we have rubrics and guidelines, and checklists that they have to complete.

  The exemplary students are the ones that ask not just what's on the

paper—they ask why that's on the paper. Like, I want to know what this

means.

In contrast to these exemplary students, faculty spoke to the type of motivation often

observed in deficient students. The traits displayed by these students were referred to by

several faculty as indifferent:

- The deficient student is often motivated by something outside himself. All

  he cares about is meeting the minimum expectations that I put forth for

  them. So, they're not reaching, they're not trying to do anything more than

  the minimum. They'll give a medication. I'll ask them did they chart it.

  They'll think about it—maybe they have and maybe they haven't. They

  often don't take responsibility for their own actions. If something gets

  missed or doesn't get done, it's because the instructions weren't clear or

  because someone else did this, or nothing is ever their fault. They are not

  willing to take ownership of anything. Sometimes, in clinical, they are

  even hard to find. So, if I'm looking for a student to say put in a Foley or

  something—the deficient student is either the one who doesn't volunteer

  or I have to go find them.

- There is often a real good student right there with me, so if I say "look we

  have something to do" they are right there and jump to do it. The others

  may be sitting in the conference room or somewhere. I don't know where,

  but they are not jumping up to find opportunities to do skills or see

  patients. They are going to do only what they have to do to get a

  satisfactory in the course and that's it.

- It's time to give medicines-it's 9:00. We are going through our medicine

  checks—what is this, what is it for? This is the student you have to send

  back three or four times because they are always missing some piece of

  information. It was as though he wasn't serious about the things he was

  doing and does not choose to interact with the patients or spend time with

  the patients. He would much rather be doing just about anything else; like

  sitting, talking…you know "let me do what I'm supposed to do and go on.

  I'm just here."

Self-Disciplined. The term self-disciplined is defined as "correction or regulation

of oneself for the sake of improvement" and "the power to control one's actions,

impulses, or emotions" (Merriam-Webster, n.d.). Terms associated with self-discipline

were independent, self-directed, self-controlled, self-aware, and goal-directed. Exemplary

students were often referred to as self-disciplined and exhibiting initiative throughout

faculty interviews:

- The student I'm thinking of was always prepared. And honestly, I think

  with very little prompting, with very little even questioning, she just kind

  of "got it." She understood that she needed to go in a room and see a

  patient, and not wait on someone to tell her you need to go check on your

  patient.

- When you asked about what makes an exemplary student, the first thing

  that came to mind was taking initiative. She was in 3rd semester, and in 3rd

  semester often they are still waiting on me to give them directions. One

thing she didn't do was wait. As soon as we hit the floor, she took

initiative. She immediately hit the floor running.

Self-discipline was also frequently attributed to the students who independently seek

learning opportunities in the clinical setting:

- She was very conscientious, very caring in general. She was always doing

  something productive. If there wasn't anything going on with her patient

  then she would go find somethings else to do. She would offer to help

  other students or ask the nurses if they had anything for her to do. And it

  wasn't like she was trying to make herself busy. She was actually caring

  and wanted to help those patients.

This student behavior was contrasted with that observed in deficient students. These

students were identified as disengaged:

- He's like a robot. He goes in and does what he's got to do to earn a

  satisfactory and stay in nursing school. For him, it's just following the

  basics.

- There are some students that complain about not having a good clinical

  experience, about not learning a lot—it's because they are not motivated

  within themselves to seek out opportunities to learn, or to find things to

  do. I've seen that characteristic in practicing nurses, that they don't seek

  out things where they can help. They don't want to go the extra mile—

  they just want to do the minimum

The following are descriptions of self-disciplined students who displayed aspects of self-

control or remaining self-aware in the learning environment:

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- Exemplary students are able to separate themselves in order to be present for patients. It's like when they come to clinical, they leave everything at the door. They realize their patient is not responsible for whatever is going on in their personal lives. They consistently come in and try their best to make sure that patient feels like what happens to them is important to them.

- Excellent students usually manage to balance their school life and their personal life. They are on top of things; and usually have things squared away in their personal lives. If something is going on, you don't likely know anything about it. If there is something going on in their personal life, they usually manage to separate it from their school life.

- Self-awareness is fundamental and I think it is a character trait common in exemplary students. I remind students that they have to know what they believe before they can go out and take care of another. You have to know internally how you feel and what you can handle. You have to know what your feelings and your limits are.

These examples are contrasted with this describing a student who was deficient in the area of self-discipline. The trait identified for this student was lacking restraint:

- I saw him where he did a good job sometimes, and then I'd turn around and say, "where is he?" And someone would say, he's in a room changing a dressing." He had gone for a dressing change because he had one coming up, and he did it without me, and he got busted.

This discussion of grit has included examples from BSN faculty interviews describing students who are self-confident, dedicated, and self-disciplined. Several instances of deficiencies in self-confidence, identified as defensiveness, fearfulness, and avoidance were described. Deficiencies noted in dedication were identified as indifference. Clear examples of deficiencies in self-discipline were identified as disengaged or lacking restraint. The following table summarizes identified key concepts that facilitate the habit of grit in nursing students:

Table 4

Summary of Character Traits Influencing the Habit of Grit

Deficiency	Mean	Excess
Defensive Fearful Avoidant	Self-Confident	Overconfident
Indifferent	Dedicated	(Not Addressed)
Disengaged Lacking Restraint	Self-Disciplined	(Not Addressed)

Jean Marks, 2020

Commitment to the Nursing Profession

Commitment is defined as "a promise or firm decision to do something" (Cambridge, n.d.) and as "a pledge or obligation, as to follow a certain course of action" (Free Dictionary, n.d.). Commitment was the most frequently mentioned trait in this faculty study. Throughout interviews, commitment to the nursing profession was explored as the foundation for exemplary performance. Lack of commitment to the

nursing profession was explored as the foundation for deficient performance. One participant specified:

- The difference between my exemplary students and deficient students is commitment. The exemplary students are committed to every part of nursing. They come to every lecture, every clinical, come on time, and submit all their work on time. They see a nursing degree as something to be earned.

Garcia-Moyano et al. (2019) sought to define professional commitment to nursing to eliminate ambiguities, clarify dimensions, and study the ethical and moral sphere of professional caring activities. Four attributes of professional commitment to nursing were identified: (a) learning the knowledge and skills inherent to the profession, (b) professional behaviors, (c) acknowledgement of professional responsibility, and (d) acquisition of values. They defined professional commitment to nursing as:

…the commitment of offering service to society, belief in respect and the value of every individual; the commitment to education and autonomy, and the intention to continue to work as a nurse. It is the way people think about the profession and show their loyalty to it (Garcia-Moyano et al., 2019, p.783).

The purpose stated in the Garcia-Moyano et al. concept development is similar the purpose of this current grounded theory study. Each sought to reduce ambiguity and seek clarification of traits consistent with exemplary nursing practice. Two components in the Garcia-Moyano et al. definition appeared as consistent threads throughout faculty interviews. These discussions have not been represented thus far. They were prevalent

enough that they warranted inclusion in findings. These areas include (a) loyalty to the

Nursing Profession, and (b) acquisition of values consistent with professional

commitment.

Loyalty to the Nursing Profession. Every participant interviewed considered the

role of loyalty to nursing in formation of exemplary students. One faculty reflected:

- I have often thought about—do people still come into nursing because of a

  desire to help others? The answer is yes, a lot do. But some do not. And I

  can tell you…if I have someone struggling, the first thing I'll say is "let

  me ask you this, what was your reason for coming into nursing?" I advised

  a young man in pre-nursing and he failed his classes miserably. I mean

  F's. And I asked him to tell me about his rationale for coming into

  nursing. He said "well I went to college before and played around. My

  parents are helping me go to college. They are not rich, and I need to be

  able to go out and be able to support myself, and nursing pays well." And

  I asked, "have you ever considered that maybe this is not where you want

  to be?"

References to professional loyalty appeared in almost every faculty interview. Prior

discussions in this section have included references to commitment and loyalty among

exemplary students. These examples reflected the following theme:

- This student was respectful, hard worker, eager to be involved in giving

  quality care. The student performed with a sense of service. The message

  was that they felt that this was something they were supposed to be doing

  and that they were supposed to be there. They seemed to feel a need to be

there. The outward message was one of wanting to care for patients—outwardly displaying "I'm here for you."

Other perspectives given were often in reference to a deficient student:

- What set him apart? I don't know for sure. Maybe he doesn't really want to be in nursing. I wanted to know what drove him to nursing. Because you expect certain characteristics from someone who wants to be a nurse. I really think it's about ego—it's more about him than the nursing part or actually giving patient care.

- He was always the student you had to find—could never keep up with him. I moved him to other faculty because I felt I was focusing on him too much. Even our best faculty came back and said, "He's not interested, he doesn't want to do anything." His commitment was more "I want to make this amount of money than I want to take care of the patient." It wasn't the patient that truly concerned him. It was what he was going to get out of being a nurse.

- I don't know what led her to come to nursing school. But I think a lot of people don't know what nursing school involves and the commitment they are going to have to make. It is very much like a full time job. People don't think it through—just getting the idea that going to nursing school sounds like a good idea. When they get there, it's very hard work, very challenging. I don't think some of them are ready for that.

Discussion included accounts of students who dropped out of nursing programs after realizing the demands:

- We've had a rash of students coming and struggling and then

  withdrawing. The reason for the withdrawal is because they simply don't

  want to be a nurse. Not that they are not smart enough for the classes,

  because they are all really bright students. They could do it if they wanted

  to. A lot of the time it's "I realized that I don't want to be a nurse," or "this

  is not what I thought it would be."

Faculty views were that loyalty to the Nursing Profession is fundamental to the

development of exemplary nurses. The terms loyalty and disloyalty were identified to

describe the differences observed in students.

Acquisition of Values Consistent with Professional Commitment. The purpose of

this grounded theory study was to explore traits of character that facilitate formation

processes leading to development of exemplary nurses in BSN programs. Throughout

faculty interviews, numerous traits or values consistent with professional commitment

were identified. This section is included to consider traits stressed by faculty as core

values for the professional practice of nursing.

One faculty movingly shared these thoughts at the end of our interview:

- I want to give you one word that I think is important to add. I'll call it

  honor, but it includes honesty; it includes putting your best food forward

  all the time. Honor, honesty, doing your best. Back to that above reproach

  thing—setting the example. I don't want to go back to the old quotes and

  to Nightingale and even the Nightingale Pledge. Many people today have

  a big problem with that. They think it's nice to cite it at pinnings and

  things like that. And it's a good reminder of how we should be.

It takes us back to remembering that we're held to a higher

standard by society. We do have a strong responsibility to the rest of

society in what we do. People's lives are in our hands and we are looked at

differently—just watch the news on that. I try to explain that to students,

but some of them don't really grasp it. Part of our personal identity is

performing as a registered nurse, and there is an implied higher standard in

that role. We are guiding students to attend to that part of honor—that they

owe it to the rest of us not to tarnish the profession in a certain way. I

think that's where honor and honesty, responsibility, and trustworthiness

come back into nursing. These three traits are essential for sustaining our

profession.

Honesty, responsibility, and trustworthiness were referred to at some point by

every participant in this study. These terms seemed to rise to a different level of

importance among faculty—affects appeared more serious. The perceived impact on

development of nursing students seemed more significant.

Honest. The word honest is defined in several ways. All definitions are important

for nursing. Honest is defined as "truthful, genuine or real, reputable and respectable

(Merriam-Webster, n.d.); and "honorable in principles, intentions, and actions; upright

and fair" (Dictionary.com, n.d.). Words associated with honesty included integrity,

genuine, fair, and sincere. Those students considered deficient in honesty were identified

as dishonest.

Responsible. Responsible is defined as "to have control and authority over

something or someone and the duty of taking care of them" (Cambridge, n.d.). Other

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definitions include "able to make moral or rational decisions on one's own and therefore answerable for one's behavior"; and "able to be trusted or depended upon" (Free Dictionary, n.d.). Words associated with responsible included accountable, rational, reasonable, mature, reliable, dependable, and conscientious. Those students considered deficient in responsibility were identified as irresponsible.

Trustworthy. The definition of the word trust is "assured reliance on the character, ability, strength or truth of someone or something (Merriam-Webster, n.d.). Trustworthiness is an attribute that is earned—it means having been deemed worthy of trust. Like honesty, and responsibility, trustworthiness is an essential attribute in a nurse. Words associated with trustworthy are safe, loyal, devoted, faithful, and constant. Those who are deficient in trustworthiness are identified as untrustworthy.

Table 5

Summary of Observed Traits Influencing the Habit of Commitment to the Nursing Profession

Deficiency	Mean	Excess
Disloyal	Loyal	(Not Addressed)
Dishonest	Honest	(Not Addressed)
Irresponsible	Responsible	(Not Addressed)
Untrustworthy	Trustworthy	(Not Addressed)

Jean Marks, 2020

Summary

Constructivist grounded theory methods were used to explore traits of character that facilitate formation of exemplary nurses in BSN programs. One-on-one interviews were conducted using Zoom video-conferencing technology with 12 faculty members

from four BSN programs in Mississippi. Questions addressed the central research question identified for this study which was: What are the traits of character supporting formation of exemplary nurses in BSN programs?

Analysis of data identified presence, vigilance, grit, and commitment to the nursing profession as the habits that define exemplary performance in nursing students. Thirteen character traits facilitating formation of exemplary nurses were also identified, as were deficient and excessive presentations of these traits.

CHAPTER V – DISCUSSION, CONLUSIONS, AND RECOMMENDATIONS

Overview

Constructivist grounded theory methods were applied in this study to explore traits of character that facilitate formation of exemplary nurses in Bachelor of Science Nursing (BSN) programs. Interest in this study was prompted by a desire to examine attributes beyond academics alone that contribute to the formation of excellent nurses. The intent was to promote clarity in describing these attributes for further scholarly discussion.

Interpretation of the Findings

Aristotle's doctrine of the golden mean framed this study seeking to describe traits that promote exemplary practice in nursing. In *Nichomachean Ethics* (350 B.C.E./1934), Aristotle shared a vision of excellence achieved by following a desirable middle path between two extreme traits—one considered excess and the other deficiency. According to Aristotle, an individual performing in an excellent (virtuous) manner displays choices in actions and emotions determined by principle as the prudent man would determine them. These actions and emotions demonstrate the "right things, for the right purpose and in the right manner and at the right time" (Aristotle, 350 B.C.E./1934, p. 159).

In the doctrine of the golden mean these actions and emotions represent settled dispositions of the mind. Aristotle considered traits of character (virtue) forecasters of an individual's dispositions, or choices of behavior in relevant situations over time. These dispositions are achieved through habituated practice over time, guided by practical wisdom.

Practice Habits of Nursing Students. Faculty perspectives on student practice

habits or settled dispositions of the mind were addressed by asking: (a) what are the

observed habits of nursing students who demonstrate excellence in the clinical setting,

and (b) what are the observed habits of nursing students who demonstrate deficiencies in

the clinical setting? Four categories emerged from responses to this questions. Presence,

Vigilance, Grit, and Commitment to the Nursing Profession were identified through data

analysis to explain the practice habits of exemplary nursing students. These habits were

described as highly interrelated in faculty observations. This concept is reflected in the

following model illustrating the interactive relationship among the four categories.
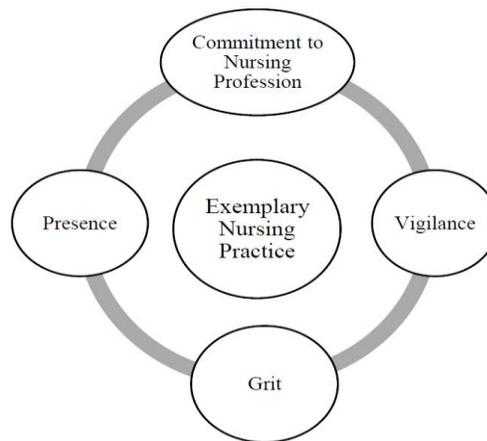
Figure 1. Practice Habits of Exemplary Nursing Students.

Jean Marks, 2020

Findings from this study reinforced the Aristotelian concept that pursuit of

excellence involves integrative processes intended to merge and modify multiple aspects

of individual features and traits. Aristotle expressed this principle when noting the inter-

related nature of two types of excellence—excellences of character and excellences of intellect. Processes of formation, as outlined by Benner et al. (2010), describe this same synergetic relationship between character, skill, judgment, and intellectual development achieved through concurrent, integrated apprenticeships.

Character Traits Supporting Development of Habits. Excellent character traits or dispositions emerge in Aristotle's doctrine of the golden mean as reasoned means (virtues) existing between polar presentations of the same character trait (vices)—one seen in excess, the other in deficiency. Faculty perspectives on these traits were addressed by the second component of study subquestions: which character traits support development of these observed habits? From over 243 terms initially extracted from the data, 13 traits eventually emerged. These 13 dispositions represent reasoned means recognized in the practice of exemplary nursing students. Traits descriptive of deficiencies and excesses relating to mean behavior also were identified.

Character Traits That Facilitate the Formation of Exemplary Nursing Students. The central research question for this study was: what are the traits of character that facilitate the formation of exemplary nurses in BSN programs? The term formation was used in this study to "describe the changes that students undergo in their outlook, values, behaviors, ideals, goals, and interpretations of experiences in the course of being a nursing student" (Sutphen & de Lange, 2015, p. 412). Processes of formation, as outlined by Benner et al. (2010), describe the synergetic relationships between character, skill, judgment, and intellectual development. The following composite table illustrates practice habits and character traits identified through BSN faculty interviews as supportive of the formation of exemplary nursing students:

Table 6

Character Traits That Facilitate Formation of Exemplary Nursing Students

Sphere of Influence	Deficiency	Mean	Excess
Presence	Distracted	Attentive	Superficial
	Detached	Engaged	Intrusive
	Apathetic	Empathetic	(Not Addressed)
Vigilance	Heedless	Observant	(Not Addressed)
	Naive	Practically Wise	(Not Addressed)
	Negligent	Prepared	Perfectionist
Grit	Defensive Fearful Avoidant	Self-Confident	Overconfident
	Indifferent	Dedicated	(Not Addressed)
	Disengaged Lacking Restraint	Self-Disciplined	(Not Addressed)
Commitment to the Nursing Profession	Disloyal	Loyal	Not Addressed)
	Dishonest	Honest	Not Addressed)
	Irresponsible	Responsible	(Not Addressed)
	Untrustworthy	Trustworthy	(Not Addressed

Jean Marks, 2020

Discussion

This grounded theory study sought to consider a component of student

development that has been underrepresented in evaluation of nursing students.

Traditional models of student evaluation frequently reflect categories as outlined in *The*

Essentials of Baccalaureate Education for Professional Nursing Practice (American

Association of Colleges of Nursing [AACN], 2008). These nine *essentials* describe expected outcomes of BSN education. Included are statements that describe the desired actions of nursing students in practice. These statements are prefaced with action verbs such as demonstrate, collaborate, apply, integrate, and promote.

Several faculty members expressed frustration that such words limit their ability to accurately measure a student's level of performance. One faculty described this dilemma:

- In student evaluation, often you are given a checklist. Here's the goal and here are the steps to get there. Students are tasked with checking things off of their list. Isn't it sad that we don't have a way to evaluate students who are just "checking things off the list"? There is no measure of good, better, and best. There's just, did you do it, or did you not? Satisfactory versus unsatisfactory.

Another participant added:

- We've talked about three types of students here—the one who goes above and beyond to care for patients, the one who provides only basic care, and the one who clearly does not provide even basic care. I have no way in my evaluation processes to differentiate between the first two. Both will eventually earn the same degree. But, for me, basic care in nursing is not enough.

Aristotle's doctrine of the golden mean was chosen as a framework for this study because it offered a means for exploring traits of all students, not just exemplary and deficient ones. Expectations are that all students will exhibit both exemplary and

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deficient traits—in differing proportions. Though Aristotle designated virtue (excellence) as observance of a reasoned mean, he also proposed that it is not a fixed point. Rather excellence is represented by a target range of acceptable dispositions. The one who achieves excellence shows consistency in hitting the target in a wide variety of circumstances, displaying an adaptable, balanced and proportioned disposition. The role of a teacher is to guide students toward hitting that target.

- When I think of students who are polar opposites, I can think of some who are really good, and then I can think of some who were not so good. Out of one hundred kids there are always about 10, that if I wake up in the emergency room and they are standing there to take care of me, I know I'm in good hands. There are another 10 that if I wake up in the emergency room and they are standing there to take care of me, I'm going to get anxious. And then, there is that majority in the middle. They are the ones that challenge me most. These are the ones you can actually kind of grow and nurture and help them find what is inside of them that needs to be reflected.

The goal of this study was to create a framework that assists the teacher in guiding nursing students toward adaptable, balanced, and proportioned practice. This framework was not created as a replacement for traditional methods of evaluation. The intention was simply to identify additional perspectives that might enhance the language used in student evaluation.

Recommendations for Further Study

When choosing between qualitative research methods that might effectively address this research, it became apparent that the best choice was grounded theory. Upon consultation with committee members, it was decided that the goal would be to create a foundational framework for explaining the practice habits and associated traits of exemplary nursing students. The framework presented in this work represents the most frequently identified themes by this particular group of participants. However, other themes identified in initial coding warrant review. Replications of this study could add additional insights and further assess the strength of the constructed framework.

One theme that began to emerge through faculty conversations was the influence of student maturation on development of ideal traits. Perceptions were that some deficiencies reflect lack of student commitment to nursing. However, some examples of deficiencies were identified as expected for the student's level of maturation. Some exemplary behaviors were associated with ability of student to integrate past learning. This finding implies a relationship between level of study and presentation of trait, as would be expected in the processes of formation. This topic deserves further study.

Additionally, the strong emergence of commitment to the nursing profession was noteworthy. Level of student commitment was identified as a constant thread throughout faculty discussions; interwoven in multiple descriptions of student behaviors. Further exploration of student commitment to the nursing profession alone could identify potentially salient information.

The purposive sample selected for this study consisted of 12 BSN faculty in the State of Mississippi. Though there was good representation of views heard among this

group, it must be considered that cultural influences predominate in this region of the United States influenced perspectives. Therefore, recommendations are that the study be replicated to include BSN faculty from more diverse regions of the country.

Recommendations for Further Action

Following the successful defense of this paper, study findings will initially be shared with the 12 BSN faculty members who helped create this framework. These participants will be invited to provide feedback on findings and suggest areas that might require further exploration. One of the anticipated benefits of including faculty from across the State of Mississippi was that some interest might be kindled in the idea of nursing student formation. Anticipated further discussion could encourage promotion of the concepts via presentations and publications within the state and beyond.

Reflections from Researcher

The primary researcher in this study has taught nursing at the university level for the past 15 years. Acknowledged from the beginning was potential for bias resulting from past experiences. Throughout the interviews, the researcher attempted to detach any personal biases, allowing for clear recognition of concepts emerging from participant contributions. A relationship of reciprocity truly existed between researcher and participants.

Some observations shared by participants reinforced the researchers pre-study perceptions; some did not. Mostly differences were associated with perceived level of importance associated with a particular trait. The four habits of exemplary nursing practice clearly emerged early in interviews. Character traits identified represent those mentioned most frequently by all participants.

Conclusions

This study was inspired by a long-term desire to explore factors that promote

maturation of nursing students into proficient practitioners. Through the years, beliefs

about how this process unfolds have developed. This endeavor allowed the opportunity to

compare these beliefs to those of colleagues across the state. Reflected are BSN faculty

perspectives on habits of practice and traits of character that lead to formation of

exemplary nursing students. The theoretical framework developed from emerging

themes in this study seeks to promote clarity and focus for further scholarly discussion.

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APPENDIX A – Interview Questions

1. Describe a student who demonstrated exemplary clinical practice.

2. Describe a student who demonstrated deficient clinical practice.

3. What are the observed behaviors of the student whose performance demonstrates excellence in clinical practice?

4. What are the observed behaviors of the student whose performance demonstrates deficiencies in clinical practice?

5. We have all had students who performed better in the classroom than in the clinical setting. Conversely, we have had students who performed better in the clinical setting than in the classroom. Compare and contrast the behaviors of these students.

6. Describe a student who performed equally well in both settings.

7. What are the observed behaviors of the student who performed equally well in both settings?

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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.
- FACE-TO-FACE DATA COLLECTION WILL NOT COMMENCE UNTIL USM'S IRB MODIFIES THE DIRECTIVE TO HALT NON-ESSENTIAL (NO DIRECT BENEFIT TO PARTICIPANTS) RESEARCH.

PROTOCOL NUMBER: IRB-20-315
PROJECT TITLE: Character Traits that Facilitate Formation of Exemplary Nurses in Bachelor of Science Nursing Program : A Grounded Theory Study Applying Aristotle's Theory of the Golden Mean
SCHOOL/PROGRAM: College of Nursing & Health Pr, School of LANP
RESEARCHER(S): Jean Marks, Jennifer Story

IRB COMMITTEE ACTION: Approved
CATEGORY: Expedited
                6. Collection of data from voice, video, digital, or image recordings made for research purposes.
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

PERIOD OF APPROVAL: July 13, 2020
Donald Sacco, Ph.D.
Institutional Review Board Chairperson

Modification Institutional Review Board Approval

The University of Southern Mississippi's Office of Research Integrity has received your notice of modification for your submission Character Traits that Facilitate Formation of Exemplary Nurses in Bachelor of Science Nursing Program : A Grounded Theory Study Applying Aristotle's Theory of the Golden Mean (IRB #: IRB-20-315).

Your modification has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
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- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.
- Face-to-Face data collection may not commence until USM's IRB modifies the directive to halt non-essential (no direct benefit to participants) research.

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SCHOOL/PROGRAM: College of Nursing & Health Pr, School of LANP
RESEARCHER(S): Jean Marks , Jennifer Story, Kadija Polk

IRB COMMITTEE ACTION: Exempt

Category 2.(ii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).
Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.

APPROVED STARTING: August 10, 2020

Donald Sacco

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

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