VALUE-BASED TEACHING:

A GROUNDED THEORY OF INTERNALIZING ACCOUNTABILITY

IN TEACHING DOCUMENTATION

by

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ABSTRACT

Nurse educator perspectives about knowledge, awareness, skills, and attitudes regarding documentation, as a component of health information technology can offer important data on the links between achieving safe and quality patient outcomes. A classic grounded theory approach was used to explore nurse educator faculty perceptions of issues and strategies related to teaching effective patient care documentation. The current problem with teaching nursing documentation among nurse educators surfaced during the interviews with nurse educators and the specific problem was identified in the study from the views of study participants. This study included two main purposes: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format, and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. In-depth interviews with observation were conducted among sixteen nurse educators from a baccalaureate nursing program. A grounded theory of internalizing accountability emerged as the core variable/core category through classic grounded theory data collection and analysis in a simultaneous fashion. Four sub-categories and components also emerged and include (a) progressing levels, (b) reflecting on conflicting roles of nurse educators, (c) accepting transitioning, and (d) engaging and empowering through leadership. As a result of the analysis of the study findings, conclusions in this study filled the current gap in the literature through development of a new theory of internalizing accountability with future use in undergraduate and graduate nursing education.

DEDICATION

Dedication of this dissertation is extended to several individuals. My grandma Long always believed in education and would be most proud of my work. My dad was always proud of his daughter and nurse and I know he would celebrate with joy at this accomplishment. I lost my precious mom during the second residency at University of Phoenix. I have completed another era in my life Mom and the journey will continue to achieve more in the years ahead. Mom and Dad always encouraged me to face the future with the same maturity, determination, courage, and dedication I model my character on and to realize that sacrifice is part of the journey to success. At the core of my success is my husband Donnie who has supported me beyond any measure of expectation on the path to obtaining the PhD in nursing degree. Thank you, Donnie for the sacrifices made and willingness to care for many things at home over the past five-year period. I look forward to our many years of enjoying the mountain excursions and vacations without having to take a computer or electronic device for school work. You are my best friend and I love you deeply as my husband.

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Table of Contents

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1: INTRODUCTION

Nurse educators are challenged to lead initiatives and serve as active participants to move the informatics agenda forward in nursing education and clinical practice. The National League for Nursing (2008) supported the adoption of electronic health records for the 2014 mandate as a priority area for reform within nursing education and practice. The National League for Nursing (2008) stated, "It is imperative that graduates of today's nursing programs know how to interact with these important informatics tools to ensure safe and quality care" (p. 1). McBride, Delaney, and Tietze (2012) reported that an executive order was signed by President George W. Bush in 2004 as a federal initiative for the Department of Health and Human Services to establish electronic health record technology by 2014.

This research study applied a qualitative classic grounded theory approach to explore nurse educator perceptions of issues and strategies related to teaching effective patient care documentation. Documentation is an important mechanism to achieve effective communication among health care providers. Improved communication is one goal of recent trends toward the use of tracking patient care data in an electronic format. Since the era of Florence Nightingale, the profession of nursing has worked to set standards for all nursing documentation of patient care for electronic health records (Ozbolt & Saba, 2008).

Nursing documentation is relevant in the quest for quality care and in the advancement of health care education and research. Accurate nursing documentation can support the role of nurses in contributing to patient outcomes while keeping track of nursing-sensitive indicators and decision making data (Hamilton, Harper, & Moore,

2012). Jha, et al. (2009) reported that the assumption of the national agenda is that nursing documentation, using electronic health record format will enhance quality of patient care.

The topic of this study was to investigate the main concern that was later identified by the participants due to the grounded theory method, with teaching nursing documentation among nurse educators and how nurse educators proposed to overcome their concerns. Chapter 1 covers the (a) phenomenon of interest, (b) background of the problem, (c) statement of the problem, (d) purpose of the study, (e) research questions, (f) significance to nursing education and nursing leadership, (g) nature of the study, (h) preliminary theoretical framework, (i) definition of terms, (j) assumptions, (k) scope and limitations, (l) delimitations, and (m) chapter summary.

Phenomenon of Interest

The phenomenon of interest in this qualitative classic grounded theory study was the process by which nurse educators drew conclusions about their concerns on teaching documentation using an electronic documentation format and their proposals to remedy those concerns. By the year 2014, the U.S. government had issued a mandatory requirement for all hospitals to incorporate electronic nursing documentation in all patient care areas with the goal to improve patient care quality outcomes (Kelley, Brandon, & Docherty, 2011; United States Department of Health & Human Services, 2013).

Kelly et al. (2011) stated that the entire area of consideration is for quality structure, process, and outcomes in nursing documentation. Hamilton et al. (2012) proposed that health care documentation has six major purposes in providing a concise,

comprehensive, and clear process to ensure safety of patients. These purposes are to (a) be a considerable potential to reduce or eliminate medical errors, (b) serve as a communication mechanism among various health care providers, (c) provide a source to gain financial reimbursement through demonstration of care delivery, (d) ensure nurse adherence to multiple standards for accreditation, (e) supply an evidence source, if necessary in a legal situation, and (f) encourage development of knowledge through research (Hamilton et al., 2012). This qualitative classic grounded theory study on nurse educator perceptions of teaching effective nursing documentation built a foundation from readings, research, personal experience, and a passion and interest in the areas of health information technology and nursing informatics.

Background of the Problem

A study by Doona, Chase, and Haggerty (1999) found that one potential gain of implementing increased mandates for use of electronic health records, point of care technology devices, electronic monitoring, electronic biomedical devices, and computerized physician order entry, is that nurses can have an increased amount of time to spend with patients. McBride et al. (2012) reported that nurses are charged to engage in health information technology educational efforts to successfully and safely integrate meaningful use of electronic health record systems. The effect of an electronic nursing documentation format on time may vary depending on the clinical setting, nursing competence, and patient acuity, all of which influence the overall health status of patients (Kelley et al., 2011).

One area of concern in nursing education is a need for nursing students and faculty to access electronic systems in health care settings as part of a nursing student's

clinical experience. The opportunity for students to receive full immersion with documenting in the electronic health record during clinical rotations needs to be an area of focus for nurse administrators and educators in an academic setting. Mahon, Nickitas, and Nokes (2010) noted that student nurses need to experience the transition of paper-based to electronic format of nursing documentation in clinical laboratory settings, whether in skills labs or in live patient care settings. A related argument is that nurse educators will need to acquire skills of electronic nursing documentation to expose nursing students to hands-on experience of nursing documentation using electronic health records. Integration of a program, such as the Academic Education Solution (AES) by Cerner Corporation (Meyer, Sternberger, & Toscos, 2011), or the SpringCharts Electronic Health Record (EHR) program from Spring Medical Systems Incorporated may be used as a collaborative method to teach nursing documentation using an electronic format (Hamilton et al., 2012).

Halstead (2007) stated that eight core nurse educator competencies are necessary in the nurse educator role in producing well-prepared nurses to deliver safe, effective, and quality nursing care to patients. Purposes of the eight competencies address nurse educator skill in integrating health information technology and nursing informatics into nursing curriculum (Halstead, 2007). The eight core competencies require the nurse educator to:

> (a) facilitate learning, (b) facilitate learner development and socialization, (c) use assessment and evaluation strategies, (d) participate in curriculum design and evaluation of program outcomes, (e) function as a change agent and leader, (f) pursue continuous quality improvement in the nurse educator role, (g) engage in

scholarship, and (h) function within the educational environment. (Halstead, 2007, p. 3)

The National League for Nursing (2012) provided *The Scope of Practice for Academic Nurse Educators* as a document to describe nursing education as an area of specialization and advanced practice role within nursing as a profession. Health information technology and nursing informatics are infused throughout the eight core nurse educator competencies (National League for Nursing, 2012).

The Technology Informatics Guiding Education Reform (TIGER) initiative is one national plan to guide nursing practice and education forward into the digital age (Pesta, 2011; Technology Informatics Guiding Education Reform [TIGER], 2009). The vision statement from Technology Informatics Guiding Education Reform [TIGER] (2012) included support "to enable nurses and interprofessional colleagues to use informatics and emerging technologies to make healthcare safer, more effective, efficient, patient-centered, timely and equitable by interweaving evidence and technology seamlessly into practice, education and research fostering a learning healthcare system" (para.1). Three phases of the TIGER initiative addressed the limitations with competencies related to technology and knowledge of informatics among nurses in academic settings and clinical practice sites (Walker, 2010). Incorporation of all recommendations from the TIGER initiative for nursing competencies is considered by many to be an important consideration as nurse educator's work with students in making the transition from a paper-based to an electronic format of nursing documentation.

Sullivan (2010) explained another initiative with recommendations for implementation of nursing competencies as nurse educator's work with nursing students

in the paper-based to an electronic format of nursing documentation transition as the Quality and Safety Education for Nurses (QSEN). QSEN includes three phases to address the challenges in preparation of nurses with necessary knowledge, skills and attitudes (KSAs) to enhance patient quality and safety initiatives in identified areas (Quality and Safety Education for Nurses [QSEN], 2013; Sullivan, 2010). Sullivan further stated that critical competencies of QSEN identified from the 2003 Institute of Medicine (IOM) include "patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics" (2010, p. 40). The conclusion reached by Sullivan (2010) is that the goal of QSEN is to bridge the gap between nursing education and clinical practice.

Mahler et al. (2007) reported that the contribution of electronic nursing documentation to patient care quality is limited and therefore requires an awareness of nursing leadership to examine the process of documentation while converting from paper-based to an electronic format. A study that explored the role of nursing documentation from the perspectives of nurse educator teaching strategies of converting from a paper-based to an electronic format provided an in-depth understanding of the process. In this research study, a qualitative classic grounded theory approach was applied to formulate a theory composed of the prevalent reports of observations, behaviors, and recommendations as identified through nurse educators as the participants. Integration of the components of the Technology Informatics Guiding Education Reform [TIGER] (2009) initiative strategic plan and the Quality and Safety Education for Nurses [QSEN] (2013) competencies into nursing curriculum may bring about necessary changes

for safer patient care delivery through an increased use of health information technology among nurse faculty.

A qualitative exploratory study by Mahon et al. (2010), on the topic of "Faculty Perceptions of Student Documentation Skills During the Transition from Paper-based to Electronic Health Records Systems", explored perceptions of nursing faculty during the experience of teaching documentation to nursing students using either paper-based or electronic health record format (p. 615). Further exploration of how nurse faculty members experience a transition from paper to electronic format documentation requires the nurse educator to gain knowledge and understanding of the process of documentation in roles of faculty and student (Mahon et al., 2010). This qualitative classic grounded theory study explored nurse faculty perceptions of issues and strategies related to teaching effective patient care documentation.

Nurse educators must interpret and incorporate traditional and recently formulated standards of documentation when working with students in clinical laboratory settings. As documentation moves quickly from a paper-based format to an electronic medical record, nursing informatics knowledge and skill related to information technology must be a nurse educator competency. Thus, nurse educator perspectives on issues related to documentation of patient data in clinical lab experiences comprised an urgent topic for a research study. Legal and risk issues are priorities on the health care agenda as nurse educators lead in efforts to gain knowledge and understanding of the process of nursing documentation in the electronic initiative (Fetter, 2007).

Cronenwett et al. (2007) concluded that further exploration is needed on how technology supports the nursing profession in providing presence while using information

technology to manage patient data and information. When nurses work with information technology, a connection must exist with the patient through a reduction in distractions and thoughts. Nurse educators can provide an environment for nursing students in which nursing informatics competencies learning and application promotes authentic presence within the nurse-patient interaction. Informatics is an important competency for health professions education and focus in order to meet the vision and standards of care from the Institute of Medicine report of their studies (Cronenwett et al., 2007). Ainsley and Brown (2009) reported informatics competencies improve outcomes in the other competencies. A preliminary review of the literature revealed a gap of the literature for the role of nurse educators in acquiring the skill of electronic documentation to effectively teach nursing students who will enter the electronic health care industry.

Statement of the Problem

Nurse educator perspectives about knowledge, awareness, skills, and attitudes regarding documentation as a component of health information technology may offer important data on the links between achieving safe and quality patient outcomes. The process of documentation as a teaching strategy was examined through perspectives of nurse educators. This research study used a qualitative classic grounded theory approach to explore nurse educator faculty perceptions of issues and strategies related to teaching effective patient care documentation.

In a qualitative classic grounded theory study, the main concern of study participants provided discovery of the problem. As stated by Glaser (1998), the problem is identified by the participants in the study. The current problem with teaching nursing documentation among nurse educators surfaced during the interviewing of nurse faculty,

as study participants, and identified the specific problem in the study. Emergence of the main concern of study participants was the first organizational feature of qualitative classic grounded theory research. The main concern advanced to a substantive theory of how participants resolved their problem with attention to behaviors. The core category emerged from the main concern of participants and was the second organizational aspect of grounded theory in accordance with Glaser (1998).

One area of the position statement for an electronic health record from the American Nurses Association [ANA] (2009) stated, "Academic and professional development settings and experiences provide opportunities for nurses to learn about the new and developing technologies being integrated into practice and explore the legal and ethical implications resulting from such changes" (p. 6). Patients expect nurses and other health care professionals to collect, record, store, utilize, analyze, and report health data and health care information in a manner producing correct and efficient results (American Nurses Association [ANA], 2009). In addition, the ANA statement concluded that patient safety and outcome improvements serve as the foundation for delivery of health care using an electronic health record (American Nurses Association [ANA], 2009).

This qualitative classic grounded theory study addressed what nurse educators, as study participants, viewed as the main concern with nursing documentation using an electronic health record along with ideas on correcting the primary concern. Discovery of a core variable is a key factor in qualitative classic grounded theory in providing an explanation of phenomena grounded in social reality (Polit & Beck, 2004; Polit & Beck, 2014). In qualitative classic grounded theory, Creswell (2013) believed the research aims for development of a theory grounded in data obtained from the field. This research

study centered on qualitative classic grounded theory or specifically Glaserian grounded theory (Artinian, Giske, & Cone, 2009; Birks & Mills, 2011; Cooney, 2010).

Purpose of the Study

This qualitative classic grounded theory study included two main purposes: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format, and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. This study began with the goal to explore the main concern of approximately 15 to 20 nurse educators who taught nursing documentation using electronic health record technology to undergraduate baccalaureate nursing students for better student success later in the workforce in the Southern region of the United States. This study utilized the steps and contribution of the process involved in a qualitative classic grounded theory study and explored the topic of nurse educator teaching of nursing technologies based documentation. This study utilized individual one hour, audio digital recordings of face-to-face and in-depth interviews with observation to also explore how nurse educators hoped to achieve success in using teaching strategies to overcome the concern.

Research Questions

The general research questions for this qualitative classic grounded theory study included:

R1 - How do nurse educators manage main concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology?

R2 - How do the nurse educators work to overcome the concerns?

R3- What new theory explains nurse educator teaching of nursing documentation and its negative or positive influences of student learning of the competency? Psychological and sociological aspects of the nurse educator were answered when teaching nursing documentation to nursing students. Exploration of the awareness, skill, knowledge, and attitudes of nurse educators addressed a psychological component, especially as nurse educators worked with the newer technology aspects of nursing documentation of patient care using an electronic health record format. The sociological aspect included responses given by nurse educators of the social contexts in which teaching was documented.

Asking the right question in a qualitative classic grounded theory is an important focus to eliminate any false assumptions with potential for disturbing the theory (Nathaniel, 2008). A qualitative classic grounded theory study requires selection of an area of professional interest and concern and a sample population to encourage emergence of the main concern in a substantive area (Nathaniel, 2008). This qualitative classic grounded theory study used a formulated grand tour question and eight semi-structured interview questions to promote responses from study participants (see Appendix A). Careful consideration was given to inspire and "elicit spill" (Nathaniel, 2008, p. 61) from study participants using the three general research questions, a grand tour question, and eight semi-structured interview questions for this qualitative classic grounded theory. The questions assisted in seeking to identify the problem in this qualitative classic grounded theory study of the main concern of nurse educators teaching

nursing documentation to nursing students and how nurse educators overcame the concern.

Significance of the Study to Nursing Education

Collaboration among nursing programs and clinical facilities is essential in generating nursing graduates with essential information technology competencies, especially with skills in electronic nursing documentation. This collaborative effort can meet the integration of information technology into nursing education and practice from the Technology Informatics Guiding Education Reform (TIGER) initiative and the Quality and Safety Education for Nurses (QSEN) initiative to bridge the education-information technology chasm (Fetter, 2009). Nurse faculty members and administrators are to become champions of information technology integration into the nursing curriculum (Technology Informatics Guiding Education Reform [TIGER], 2011). The nursing profession needs to target effective approaches to achieve these set goals in nursing education.

Not all faculty work with students in a clinical setting. The trend is to incorporate classroom and clinical as one and not separate entities. One of three major discoveries in the practice-education gap involving nursing students and nurse educator's experience of nursing education is to connect classroom and clinical (Benner, Sutphen, Leonard, & Day, 2010). Nurse educators must be able to bring current practice into teaching in the classroom (Benner et al., 2010). With limited clinical agency sites, using only traditional live patient contact for educating nurses is not feasible.

Dixon and Newlon (2010) found that transformation of health care and provision of nurses with essential skills in informatics is essential for improvements in quality

health care and patient safety. In addition, these authors stated that authentic presence is a measure of the ability of a nurse to be fully engaged and present in the nurse-patient interaction while incorporating information technology (Dixon & Newlon, 2010). Information technology competencies of nurse educators are a focus in nursing education as an ability to apply computerized documentation with clinical scenarios in care of patients in simulation and live patient settings, using guidelines set forth by the TIGER program (Technology Informatics Guiding Education Reform [TIGER], 2007).

In order to fulfill the recommendations of TIGER, nurse educators, nurse administrators, and nursing students must be competent with information management and application of patient care technology. The American Association of Colleges of Nursing [AACN] (2008) encouraged nurse educators to provide the baccalaureate student with classroom and clinical experiences to enhance knowledge and skills in information management and patient care technologies with use of information management and patient care technologies to effectively and safely deliver care. Three components of the American Organization of Nurse Executives (AONE) guiding principles are knowledge and caring at the core of nursing, the synthesis of knowledge, and the presence and virtual relationships of care (American Organization of Nurse Executives [AONE], 2005). Practicing authentic presence is essential to enhance a nurse-patient relationship. Nurse faculty must explore the concept of presence as increased technology and virtual relationships create less patient touch (Macdonald, 2008). Nurse educators must work with nursing students in the clinical lab settings to facilitate improved methods of communication among patients and display authentic presence while working with advancing technology, including nursing documentation in an electronic health record.

Significance of the Study to Nursing Leadership

The gap in the literature to address the main concern of nurse educators' teaching nursing documentation to nursing students using an electronic health record and how nurse educators worked to overcome the concern reaffirmed the need for a qualitative classic grounded theory study. The contribution of electronic health record nursing documentation to patient care quality requires an awareness of nursing leadership to examine the process of documentation while converting from paper-based to an electronic format (Mahler et al., 2007). A qualitative classic grounded theory study that explored the role of nursing documentation from the perspectives of nurse educator teaching strategies of converting from a paper-based to an electronic format provided an in-depth understanding of the process.

This qualitative classic grounded theory study produced a theory of the main concern among nurse educator's with teaching nursing documentation, especially with the timely and increasing focus in nursing education to patient quality and safety initiatives with integration of TIGER nursing competencies and the QSEN competencies. To achieve the set Institute of Medicine (IOM) competencies from the 2003 report entitled, *Health Professions Education: A Bridge to Quality* and components of the 2001 *Crossing the Quality Chasm Report*, one college of nursing devised a framework for curriculum change, as noted by Hickey, Forbes, and Greenfield (2010). This integration of change also included the new American Association of Colleges of Nursing (AACN) essentials (Hickey et al., 2010).

The IOM competencies, AACN essentials, and the nursing process were at the center of the framework. Four areas surrounded these components and included (a) core

knowledge, (b) professional values, (c) role development, and (d) core competencies (Hickey et al., 2010). Health information technology is changing how nurse's document nursing care, as noted in improvement of documentation quality and accessibility post implementation of health information technology (Institute of Medicine, 2011).

The third phase of the IOM's quality initiative was the *Health Professions Education: A Bridge to Quality*, which promoted the transformation of health professions education (Greiner & Knebel, 2003). The first two quality initiatives were *To Err is Human: Building a Safer Health System* (Kohn, Corrigan, & Donaldson, 2000) and *Crossing the Quality Chasm: A New Health Care System for the 21st Century* (Committee on Quality of Health Care in American, Institute of Medicine, 2001). In transformation of health professions education, education is based upon the IOM competencies, as described earlier (Greiner & Knebel, 2003). This qualitative classic grounded theory study of the main concern with nursing documentation of patient care among nurse educators has potential to include future studies with faculty teaching in other health professions settings. This qualitative classic grounded theory approach encouraged the nurse educators, as study participants, to define the problem with teaching nursing documentation to nursing students.

Innovative nursing leadership will require health information technology and nursing informatics technology knowledge and application to empower, drive, and execute health care transformation. Future technology initiatives will be seen when nurse educators and leaders receive necessary education and preparation with information competencies (Technology Informatics Guiding Education Reform [TIGER], 2009). Health information technology and nursing informatics research should include the four

components of the metaparadigm of nursing: (a) nursing, (b) health, (c) environment, and (d) nursing (Effken, 2003). Advancement of nursing practice with nursing informatics theory may be possible through reaching a clear understanding and conceptualization of the phenomenon inherent in nursing information (Erdley, 2005).

A qualitative classic grounded theory approach produced an effective study of teaching strategies required to integrate full organizational change in nursing education to meet electronic nursing documentation skill among nurse educators. The profession of nursing, as a human resource development area was an appropriate clinical practice setting for initiation of this qualitative classic grounded theory research. Qualitative classic grounded theory was of value in exploration of how nurse educator's worked with nursing students to meet information technology and nursing informatics needs and teaching strategies used while identifying, evaluating, and responding to these critical changes in health care (Egan, 2002). Technological advances, especially with implementation of the electronic health record affect outcomes of care, patient concerns, educator concerns, policy concerns, agency concerns, and nurse documentation concerns by an increased focus on the need to stay up-to-date with these advances for improved patient safety and quality.

Nurses will need to move from novice to expert with documentation of patient care (Benner, 2001). Nurses seek information from individuals, families, groups, and communities to provide care based upon inclusion of nursing informatics. Nursing informatics can support the nursing professional through theory while using health information technology to manage patient data and information. Through advancing nursing information theory efforts, positive differences in the nurse-patient relationship,

especially in times of advancing information technology may be achieved. Nurse educators need to take the challenge to advance health information technology and nursing informatics through dialogue and competency in these areas. As a scholar, practitioner, and leader in nursing, a personal obligation is to assist with meeting the nursing research agenda in nursing informatics.

Nature of the Study

In this qualitative classic grounded theory approach, it was determined that integration of documentation standards as a component of nursing informatics competencies by nurse educators is essential to move the informatics agenda forward. This qualitative classic grounded theory design established a theory by providing an exploration of various ways nurse educators moved through the information technology and documentation experience. The qualitative classic grounded theory design assisted in determining how nurses worked with the demands of information technology while incorporating standards for complete and accurate documentation of patient data. Areas for study included (a) nurse educator beliefs on the importance of integrating documentation with clinical lab experiences, (b) strategies of nurse educators used in teaching documentation in clinical experiences, and (c) nurse educator use of documentation standards in clinical lab experiences. The level of comfort among nurse educators with using electronic health record documentation emerged with the qualitative data from interviews.

This qualitative classic grounded theory design brought influence by the seminal work of Glaser and Strauss (1967) and inquired how nurse educator's transitioned to an electronic health record documentation system by exploration of nursing perspectives. In

addition, this qualitative classic grounded theory study explored possible inclusion of (a) Bridges' managing transitions process (Bridges, 1986; Bridges, 2004; Bridges, 2009), (b) Locsin's theory of technological competency as caring in nursing (Locsin, 2005), (c) Resnick's middle range theory of self-efficacy based on Bandura's work (Resnick, 2008), and (d) Jean Watson's model of caring (Walker & Avant, 2005, Watson, 2009), and their individual contributions to the generated theory for the process of documentation. Qualitative classic grounded theory acknowledged process questions with changes occurring over time as noted by Merriam (2009). The complexity of documentation was best understood through research beginning at "ground zero" as stated by Shank (2006, p. 129). The data obtained through this study steered theory growth and development in the area of teaching documentation.

Quasi-experimental and pretest-posttest were two designs of potential interest as quantitative research designs using application of statistical analysis to produce findings (Schmidt & Brown, 2009). As noted by Marczyk, DeMatteo, and Festinger (2005), statistical analysis is used to obtain findings. The purpose of this classic grounded theory study was not to apply quantitative statistical analysis to obtain findings. A qualitative classic grounded theory study was the choice for this study because the method and design supported an explanation of nurse educator's perspectives of teaching strategies used to prepare students to document using an electronic health record throughout the nursing program of study and transition as a new graduate into the informatics rich health care environment. Qualitative classic grounded theory was a general method that remained true to the foundational discovery in 1967 (Glaser, 2009; Glaser & Strauss, 1967). A theory was developed from the main concern to explain and predict behavior

among study participants (Jones, 2009). Glaser (1998) stated, "Its justification and legitimacy is found in the rich proof of its product and in its roots" (p. 35).

Phenomenology, case study, Delphi technique, ethnographic, exploratory qualitative and classic grounded theory were possible qualitative research designs to study the topic of nursing documentation. The focus of this research study was not to achieve understanding of the nature of an experience, as noted in a phenomenological approach (Creswell, 2013). There was no desire to formulate a thorough description and analysis from an individual case or several cases, as seen in a case study approach described by Creswell (2013). Polit and Beck (2004; 2014) discussed how the Delphi technique may be used to gain answers to questions on a specific issue of concern. This study sought to discover the main concern with teaching nursing documentation among nurse educators as participants.

Creswell (2013) posited that ethnography describes and interprets values, behaviors, and beliefs from culture-sharing groups. Remaining conceptual was maintained during this study in accordance with classic grounded theory, which is different from ethnographic research. Exploratory qualitative research delivered an examination of the full essence of the phenomenon (Polit & Beck, 2004; Polit & Beck, 2014). Although these designs were of interest, a qualitative classic grounded theory study was the appropriate and chosen method to develop a theory from the main concern of nurse educators while explaining and predicting behavior related to nursing documentation of patient care through conceptualization versus description as described by Glaser (2011).

Qualitative classic grounded theory is an appropriate research method in quality improvement of nursing care (Nathaniel & Andrews, 2007). Nathaniel and Andrews (2007) stated, "Nurses can apply new understandings of predictable processes and patterns of behavior to improve the quality of patient care or to alter patterns that negatively impact patient outcomes" (p. 350). Two exemplar grounded theories with specific relevance to professional nursing practice, and real-life concerns of nurses included visualizing deteriorating conditions and moral reckoning in nursing (Nathaniel & Andrews, 2007). Of significance to nursing documentation, the first exemplar theory of visualizing deteriorating conditions emerged as the core category in a study of nurse detection and reporting of deterioration in physiological status. Andrews, in Nathaniel and Andrews (2007) addressed the main concern of nurse participants and how these nurses gained attention of physicians through a process involving three stages. Andrews, in Nathaniel and Andrews (2007) stated that the three stage process required: "(a) picking up (intuitive knowing), (b) physiological deterioration, getting attention (grabbing attention) by explaining signs, and then (c) getting action (actioning)" (p. 351).

This classic grounded theory study included a pilot study. The pilot study was designed as a three-informant study of nurse educators who currently worked or had prior experience in teaching nursing students the process of nursing documentation of patient care in the classroom and clinical experience settings. Nathaniel (2003) included a "three-informant" pilot study as part of a qualitative classic grounded theory study generating the theory of moral reckoning. This qualitative classic grounded theory pilot study of the main concern of teaching nursing documentation among nurse educators explored the appropriateness of the general interview grand tour question and semi-

structured interview questions included as part of the interview guide (Appendix A). The three experts in the pilot study evaluated whether the face to face questions had validity for the express purpose of this qualitative classic grounded theory study. An estimated time for each interview was 60 minutes.

In qualitative research, pilot studies can delineate measurement of the problem. Researcher perceptions of situations may be viewed differently from what is found in the field (Krathwohl & Smith, 2005). Individual one-on-one interviews occurred with the three participants. An individual face-to-face interview may be most appropriate for collection of data when the interviewer seeks to gain very specific information from a participant who may experience embarrassment in sharing personal details in a group setting (Bogdan & Biklen, 2007). Individual interviews are also most appropriate when the time factor is not of concern (Polit & Beck, 2004; Polit & Beck, 2014).

Data collection began with preparation to limit preconceptions. An initial expanded literature review was not consistent with qualitative classic grounded theory as noted by Simmons (2012). A qualitative classic grounded study begins with a generalized topic of research, without a research problem determined in advance (Simmons, 2012). In this qualitative classic grounded theory study, the general topic of research was to discover the main concern of nursing documentation of the patient care experience among nurse educators.

A preliminary and minimal literature review began with the broad topic, but an expanded literature review occurred later in the research process. Glaser (1998) stated, "Grounded theory must be free from the claims of related literature, its findings and its assumptions in order to render the data conceptually with the best fit" (p. 69). Once

discovery of the grounded theory transpired in this study of nursing documentation among nurse educators, the related literature was weaved into the theory through comparison.

Data collection for this qualitative classic grounded theory study of the main concern of teaching nursing documentation among nurse educators included intensive one-on-one individual, digitally recorded interviews and observation. Theoretical sampling was employed at the onset of data collection as a guide to where and what to search in the next step of data collection. In qualitative classic grounded theory, data collection and analysis occurs in a simultaneous format (Simmons, 2012). At the onset of this study, approximately 15–20 nurse educators from a baccalaureate college of nursing program in two mid-size cities and one small-size city and rural setting in a Southern region of the United States were estimated to participate in this qualitative classic grounded theory study. Interviews were scheduled to occur in a private conference room within the university library on each of three campus locations at the college of nursing and last approximately one hour for each interview.

The general research questions for this qualitative classic grounded theory included:

R1 - How do nurse educators manage main concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology?

R2 - How do the nurse educators work to overcome the concerns?

R3- What new theory explains nurse educator teaching of nursing documentation and its negative or positive influences of student learning of the competency?

A broad interview guide included one grand tour question and eight semi-structured interview questions, which assisted in gathering specific information and increasing understanding (Appendix A).

General inclusion criteria for the classic grounded theory study included (a) approximately 15 to 20 nurse educators, (b) age range of study participants will range from 24 to 65 years, (c) males and females, and (d) all racial/ethnic groups. Specific inclusion and exclusion criteria were part of this study. Three initial, criterion-based selection inclusion attributes included (a) nurse educators from a baccalaureate college of nursing program in a mid-size city and small-size city/rural area in a Southern region of the United States, (b) nurse educators working in the selected baccalaureate program must teach nursing students in clinical and classroom experiences, and (c) nurse educators must have at least two years of experience teaching in a college of nursing with current responsibilities in teaching nursing students in the classroom and clinical areas. Exclusion criteria included (a) urban and large academic teaching acute care facilities, (b) facilities outside the acute care setting, such as long-term care and associate degree programs, and (c) nurse educators with fewer than two years of experience working with nursing students in the classroom and clinical settings. The pilot study of three expert and experienced nurse educators who have taught nursing documentation to nursing students in the first, second, third, or fourth semesters did not include these criteria.

Data analysis included constant comparative analysis to show how data related to ideas, and ideas to additional ideas (Simmons, 2012). When working with qualitative data, which was the method of data for use in this qualitative classic grounded theory study, the method of constant comparative analysis began the research process of data

collection and analysis while working with the initial field notes (Glaser, 1998). In constant comparative analysis, four coding processes were incorporated: (a) substantive coding, (b) open coding, (c) selective coding, and (d) theoretical coding (Simmons, 2012). In substantive coding, substantive codes provide a summary of "empirical substance" with proper fit, relevance, and grab from sensitizing or in vivo concepts (Simmons, 2012, para. 5).

In this qualitative classic grounded theory study of the main concern of nurse educator's teaching nursing documentation to nursing students in a transition from paper-based to an electronic health record format, partial use of NVivo 10® was integrated as a computer assisted qualitative data analysis software (CAQDAS) program. NVivo 10® was helpful at the beginning of the study with managing collected data from interviews through the process of classifying, sorting, and arranging data (Quality Research Software [QRS] International, 2013b). Classic grounded theory foundations were adhered to using QRS using NVivo 10® while remaining aware not to have data forced into preconceived patterns. Data analysis remains the responsibility of the researcher (Qualitative Research Software [QRS] International, 2013a; Glaser, 1998). Analysis was changed to the use of One Note® and a manual method of data organization and analysis, as NVivo 10® did not meet the need to fully adhere to the classic grounded theory method.

Data was coded through open coding and included "anything and everything" (Simmons, 2012, para. 5). In open coding, answers were sought to three main questions concerning the collected data. The first question, according to Simmons (2012) is, "What is this data a study of" (para. 5)? The core variable was discovered as the primary focus

in qualitative classic grounded theory for the research and theory and attributed to the greatest variation (Simmons, 2012). Simmons (2012) stated the second question to ask of data is, "What category does this incident indicate" (para. 5)?

The third question dealing with data asks, "What is actually happening in the data" (Simmons, 2012, para. 5)? Selective coding and theoretical coding provided answers to this question. Selective coding was evident with discovery of the core variable, significant dimensions, and properties of data. The process of closed coding occurred when coding was limited to related items of the core variable (Simmons, 2012). Theoretical codes provided conceptualization, which showed the relationship of substantive codes to one another as hypotheses for integration into the grounded theory (Simmons, 2012). This qualitative classic grounded theory study incorporated these questions and methods.

Memoing is a process where memos "capture, track and preserve conceptual ideas" (Glaser, 1998, p. 180). In qualitative classic grounded theory, the process of data collection, analysis, and memoing was continual with an overlap among these components (Simmons, 2012). Memoing was a priority stage where the findings were written that emerged from collected data and analysis. The process of memoing began as soon as possible to convey the emerging ideas in a free and flowing process to reduce writers block (Simmons, 2012). Many opportunities were allotted to refer back to initial memos and make necessary modifications through further discovery concerning the research topic (Simmons, 2012). Memoing was included in this classic grounded theory study through use of NVivo 10® at the onset of the study with conversion to OneNote® 2010 and hand-written memoing while serving as the key analyzer of all data.

Once a theory was produced with confidence, a review of relevant and extant literature occurred through analysis and integration into the new grounded theory (Simmons, 2012). Integration or weaving of the literature into the theory was performed through constant comparison (Glaser, 1998). At this point, it became clear which literature served as relevant to the theory. Any missed literature became additional data for constant comparison. Modifications to the theory increased power to the theory (Glaser, 1998). Findings were assimilated from the preliminary review of the literature with the expanded review of the literature in this classic grounded theory study.

Another important stage of qualitative classic grounded theory was the process of sorting and a theoretical outline (Simmons, 2012). This conceptual sorting involved an examination of gathered memos into an outline of the emerging theory to display any relationship between the concepts. The process provided opportunities that lead to further memos and additional collection of data (Simmons, 2012). This study incorporated this stage.

The final stage in a qualitative classic grounded theory study was when the first draft of the research study was written as a result of the sorting and theoretical outline. The writing momentum continued until a refined and polished product produced a final draft of the classic grounded theory study (Simmons, 2012). Glaser (1998) noted that the writing phase of a classic grounded theory study brought "stasis" to the process of grounded theory occurring to the 5 S's: "subsequently, sequentially, simultaneously, serendipitously, and scheduled" and completed the research study (p. 194). Upon completion of the initial write-up of the classic grounded theory study, a final product was achieved through the phases of reworking, editing, publishing, and continued

scholarship (Glaser, 1998). All phases of the classic grounded theory method were part of this classic grounded theory study of the main concern of teaching nursing documentation among nurse educators and how nurse educators overcame the concern.

Theoretical Framework

The role of nurse educators to effectively teach documentation to students while transitioning from paper-based to an electronic health record documentation format has implications to nursing students who will enter the professional practice environment (Mahon et al., 2010). Mahon et al. (2010) described that those nursing graduates who possessed competency with the electronic health records system of documentation were highly marketable in the health care environment. New graduate nurses are expected to quickly transition to an electronic format of documentation. This qualitative classic grounded theory study explored nurse educator perceptions of issues and strategies related to teaching effective patient care documentation.

A theoretical framework in a research study will build upon components of a certain literature base or disciplinary focus, such as definitions, models, concepts, and theories. In classic grounded theory, as a general method, a theoretical framework is not applied to guide the research study. Instead, theoretical frameworks are useful for interpretation of data findings (Birks & Mills, 2011; Glaser, 2005).

In this qualitative classic grounded theory research study, the theory was grounded in a systematic and inductive approach through continual data collection and analysis (Glaser, 1992). A grounded theory was constructed without in-depth integration of preconceived or existing theories. Once the grounded theory was created, synthesis of other theoretical frameworks and theories were compared to the newly generated

grounded theory (Glaser, 1992). This qualitative classic grounded theory included a brief exploration of four theoretical frameworks as part of preliminary work. These frameworks included (a) Bridges' managing transitions process (Bridges, 1986; Bridges, 2004; Bridges, 2009), (b) Locsin's theory of technological competency (Locsin, 2005), (c) Resnick's middle range theory of self-efficacy based upon Bandura's work (Resnick, 2008), and (d) Watson's model of caring (Walker & Avant, 2005; Watson, 2009).

Bridges' Managing Transitions Process

The process of transition involves ending, neutral zone, and new beginning as three effective stages of transition (Bridges, 1986; Bridges, 2004; Bridges, 2009). McVey (2007), a nurse educator, discussed role changes among nurse educators during transition with positive implications for integration of transition strategies. These strategies are based upon the change and transition that occur according to Bridges' managing transition theory (Bridges, 1986; Bridges, 2004; Bridges, 2009). McVey (2007) stated, "Individuals who will profit the most from efforts related to role change and transition are those who willingly face the internal discomforts of transition" (para. 6).

Locsin's Theory of Technological Competency

Locsin (2005) noted in the theory of technological competency that nurses apply the conceptual model of technological competency as caring in nursing when consideration is given to the harmony to the coexistence of nurse caring and nursing technologies. When nurses, including nurse educators are competent with documentation in paper and electronic formats contributions of the patient to the nursing process are evident in the final documentation of the patient experience. Locsin (2005) stated,

"Overwhelming demands are placed upon the nurse to be technologically competent, and the authentic intention of the nurse to know persons in their wholeness is often devalued" (p. 62). Technological competency as caring in nursing requires the components of nurse, technology, and patient to be a comforting relationship rather than one of tension (Locsin, 2005).

Resnick's Middle Range Theory of Self-efficacy

Theory of self-efficacy was based upon the work of Bandura and social cognitive theory (Resnick, 2008). Resnick (2008) provided a definition for self-efficacy as "an individual's judgment of his or her capabilities to organize and execute courses of action" (p. 183). When nurse educators can reflect upon individual ability to incorporate increased information technology skills into the classroom and clinical experiences, they can apply self-efficacy to determine a plan to navigate successfully through the transition period of paper-based to an electronic format of nursing documentation. Based upon Bandura's work, the theory of self-efficacy includes "direct experience, vicarious experience, judgments by others, and derivation of knowledge by inference" as four aspects of experience from an individual (Resnick, 2008, p.189). These experiences enhance self-efficacy measurement and outcome judgments or expectations (Resnick, 2008).

Watson's Model of Caring

Watson's model of caring as discussed in Walker and Avant (2005) and Watson (2009) had potential for use as a theoretical framework for this qualitative classic grounded theory study as nurses need to practice nursing in a caring manner while maintaining patient safety and quality outcomes. Watson (2009) discussed how nurses

explore the caring experience between patients and nurses through documentation using an electronic health record format to capture application of caring indicators. One essential competency for baccalaureate prepared nurses is to practice nursing with a focus on patient care in application of information management systems and patient care technologies (American Association of Colleges of Nursing [AACN], 2008). Increased documentation requirements from regulatory agencies should not create dissatisfaction among nurses while striving to provide foundational nursing care in an intentional caring approach (Watson, 2009).

Definitions of Terms

The following eleven key terms are defined for clarification to the reader throughout the study.

1. Electronic health records (EHRs) are a repository of information maintained electronically about health status and health care of an individual over their lifetime (Shortcliffe & Cimino, 2006). Shortcliffe and Cimino (2006) further stated that information is stored and can be accessed by multiple, legally authorized users of the health care record.

2. Health information technology (HIT) includes use of a variety of electronic means for health and medical care information management for individual or groups of patients (Robert Wood Johnson Foundation, 2006).

3. Informatics includes a combination of the three areas of (a) computer science, (b) the science of nursing, and (c) information science (Graves & Corcoran, 1989). The areas manage and process nursing data, information, and knowledge, which can supplement nursing practice and the patient care delivery (Graves & Corcoran, 1989).

4. Institute of Medicine (IOM) - Three main reports focusing on quality and safety in health care and inclusion of informatics competencies for nurses include (a) the 2001 *Crossing the Quality Chasm Report* (Committee on Quality of Health Care in America, Institute of Medicine, 2001), (b) the 2003 *Health Professions Education: A Bridge to Quality Report* (Greiner & Knebel, 2003), and (c) the 2011 report for *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine, 2011). The Institute of Medicine defines informatics as one key competency for nurses to acquire and sustain in the advancing role of health information technology in health care settings (Institute of Medicine, 2011).

5. Nurse educator is a nurse expert practicing in the realm of classroom, clinical, and staff development with advanced knowledge in the specialty of nursing education (Wittmann-Price & Godshall, 2009). For this classic grounded theory study, a nurse educator was a professional registered nurse with at least a master of science (MS), a master of science in nursing (MSN), or a doctor of philosophy in nursing (PhD) employed in a baccalaureate nursing program. Academic nursing education is a designated area of specialty and professional nursing advanced practice role (National League for Nursing, 2012).

6. Nurse educator competencies consist of eight competencies to provide guidance and direction to nurse educators, as a curriculum framework in identifying knowledge, skills, and attitudes pertinent to the nurse educator role (Halstead, 2007). The degree of competency and confidence or the lack thereof with the eight essential standards relating to electronic documentation by nurse educator study participants emerged in the data.

7. Nursing documentation is the recording of patient care based upon patient assessment, planning, intervention, and evaluation. Nursing documentation assists nurses in formulating an individual plan of care to achieve positive health outcomes while reflecting and critically thinking about patients (Kelley et al., 2011).

8. Nursing informatics (NI) is considered a subarea of clinical informatics for application of biomedical informatics methods and approaches to issues decided from the discipline of nursing (Shortliffe & Cimino, 2006).

9. Quality and Safety Education for Nurses (QSEN) - An initiative to prepare nurses to apply knowledge, skills, and attitudes (KSAs) in six of the Institute of Medicine competencies of "patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics" (Institute of Medicine, 2011; Quality and Safety Education for Nurses [QSEN], 2013; Sullivan, 2010, p. 40).

10. Technology Informatics Guiding Education Reform (TIGER) - An initiative to advance nursing education and practice settings in delivering safe and quality health care to patients using informatics and various technologies (Pesta, 2011; Technology Informatics Guiding Education Reform (TIGER), 2012).

11. Transition - Bridges (2009) defined transition as "psychological; it is a three-phase process that people go through as they internalize and come to terms with the details of the new situation that the change brings about" (p. 3).

Assumptions

Three main assumptions were acknowledged in this qualitative classic grounded theory study. The assumptions to support this qualitative classic grounded theory study

depended on nurse educator perceptions of issues and strategies related to teaching effective patient care documentation. The three assumptions included the following:

1. The first assumption was to be theoretically sensitive to concepts derived from data collection and analysis while remaining mindful of personal preconceptions on theory development (Birks & Mills, 2011). Personal experience as a nurse educator in a faculty role and teaching nursing documentation to nursing students required a focus on the main concern of the study participants and not a preconceived problem.

2. The second assumption was that this qualitative classic grounded theory study approach generated the main concern of teaching nursing documentation among nurse educators and how nurse educators overcame those concerns through the voice of study participants. This occurred in individual, approximately 60 minute, digital recordings of one-on-one, face-to-face, and in-depth interviews and observation based upon purposive or purposeful sampling, theoretical sampling, and criterion-based selection of participants.

3. The third assumption was through use of one grand tour question and proceeding to the eight semi-structured questions from an interview guide. The questions assisted the participants in answering the research study questions in this qualitative classic grounded theory study. Using the classic grounded theory approach, the input of study participants was adhered to with an appreciation for open-ended interviewing. The pilot study participants assisted in evaluation of the grand tour question and semi-structured interview questions included with the interview guide (Appendix A).

A potential effect of this study was to improve patient safety and quality outcomes. Transformation of health care and provision of nurses with essential skills in

informatics is a requirement for improvements in quality health care and patient safety (Dixon & Newlon, 2010). Authentic presence is a measure of the ability of a nurse to be fully engaged and present in the nurse-patient interaction while incorporating information technology. Information technology perceptions of nurse educators contribute to an ability to apply computerized documentation with clinical scenarios in care of patients in simulation and live patient settings, using guidelines set forth by the TIGER initiative (TIGER, 2007). Exploration of the topic of nurse educator teaching strategies for documentation contributed to the nursing profession. The topic of nurse educator teaching strategies for documentation was original for a PhD dissertation.

Scope and Limitations

The people and sites selected in this classic grounded theory study were nurse educators in a baccalaureate college of nursing program with three campus locations in two mid-size cities and one small-size city/rural setting in the Southern region of the United States. A list of essential attributes of criterion-based selection included (a) nurse educators from a baccalaureate nursing program with three campus sites in a region of the Southern United States, (b) nurse educators providing both clinical and classroom experiences for nursing students, and (c) nurse educators having at least two years experience at the college or school of nursing with responsibilities in the classroom and clinical experiences.

Delimitations

Delimitations of this classic grounded theory study included geographic boundaries because of the inclusion of only one baccalaureate nursing program with three campus sites in two mid-size cities and one small-size city/rural region and a mix of

nurses prepared at either the masters or doctorate levels. The one nursing program had three campus sites, which contributed to the study. A larger sample, greater than the anticipated 15 to 20 nurse educators may have been needed to enhance the generalizability and transferability of the study results; however, the sample initially anticipated was sufficient in representing the common nurse educator population. Exclusion of associate-degree programs was one area of consideration. Licensed vocational nurses were not included in this study. Exclusion criteria were (a) rural critical access hospital clinical sites, (b) associate degree nursing programs, and (c) nurse educators with fewer than two years experience in working with nursing students in the classroom and clinical settings.

Summary

Health information technology is of considerable importance to future health care delivery and will require collaboration between clinical practice sites and academia. Nurse educators can lead the integration of nursing informatics into undergraduate curriculum and ensure the purposes of documentation are met (Dixon & Newlon, 2010; Hamilton et al., 2012). This qualitative classic grounded theory study focused on the role of nurse educators in applying effective teaching strategies for nursing documentation through an exploration of nursing perspectives while moving from paper-based to electronic health record format. Nurse educators, as leaders have the responsibility to acquire and maintain nurse educator competencies as set forth by the National League for Nurses [NLN] (Halstead, 2007). Areas of discussion in Chapter 1 included the (a) purpose of the study, (b) phenomenon of interest, (c) background of the problem, (d) statement of the problem, (e) research questions, (f) significance of the study to nursing

education, (g) significance of the study to leadership, (h) nature of the study, (i) theoretical framework, (j) definition of terms, (k) assumptions, (l) scope and limitations, and (m) delimitations.

A general method using a classic grounded theory design was appropriately chosen because of potentially limited relevant literature and lack of understanding of perspectives of nurse educators about awareness, knowledge, skills, and attitudes regarding documentation as a component of patient safety. In addition, the process of electronic documentation while using presence among nurse educators achieved exploration through a classic grounded theory design. Digitally recorded, individual face-to-face interviews and participant observation were part of the data collection process. As an emerging researcher, scholar, practitioner, and leader, this classic grounded theory study served as a foundation for future generation of inquiry and knowledge into the topic of nurse educator teaching strategies for documentation.

A literature review in accordance with classic grounded theory, as a foundational basis for the purpose of the study is discussed in Chapter 2. The preliminary literature review supported a study to explore the main concern of approximately 15 to 20 nurse educators' teaching nursing documentation to nursing students in the use of electronic health record technology and how nurse educators achieved success to overcome the concern with nursing documentation. This classic grounded theory study explored nurse educator perceptions of issues and strategies related to teaching effective patient care documentation.

CHAPTER 2: REVIEW OF THE LITERATURE

A critique of the literature provided an up-to-date comprehension of the research topic. The choice of qualitative classic grounded theory design was imposed in reports from other qualitative and quantitative studies on the topic of nursing documentation. Chapter 2 covered literature in basic substantive issues. In addition, literature support for the research selection of a classic grounded theory design for this study was on various methods used in studies of nursing documentation. In a literature review, prior knowledge was analyzed to answer the research question (Machi & McEvoy, 2009).

Bryant and Charmaz (2010) discussed the literature review as a preliminary review with conceptions of the research problem framed in broad terms where categories of literature broadly classify and encompass the problem. Chapter 2 covers the following major headings: (a) grounded theory approach to literature review, (b) title searches, articles, research documents, and journals, (c) literature review on nursing documentation, (d) literature on nursing documentation and related topics using grounded theory and classic grounded theory designs, (e) literature review on documentation and related topics using alternative research designs, (f) theoretical framework, (g) conclusion, and (h) summary.

Grounded Theory Approach to Literature Review

In qualitative classic grounded theory, the literature review enhanced when theory was generated from study data. The literature review serves to connect the topic of study to the chosen methodology to impart comprehension of the research approach and selected data collection methods (Bloomberg & Volpe, 2008). In qualitative classic

grounded theory, a literature review supplied a venue for self-immersion in substantial concepts and research design.

The literature review for this qualitative classic grounded theory study focused on the substantive topic of nurse educator concerns on teaching documentation and also included both substantive and methodologies and materials. Charmaz (2010) stated that the literature review invokes a researcher to make definitive and decisive linkage between his or her study and prior studies. In addition, Charmaz (2010) discussed the ability to make claims for grounded theory from the literature review. Charmaz (2010) also noted that points of divergence and convergence can determine whether or not the grounded theory developed during the study supports with leading works included in the literature review. Christianson (2007) stated that analysis and integration of relevant existing literature into the developed theory occurs when confidence is acquired in the theory.

The literature review for this qualitative classic grounded theory involved a time frame during two time periods that included a thoughtful yet somewhat tentative review and a later integration of related literature once a definitive grounded theory emerged from the data. In a qualitative classic grounded theory approach, a comprehensive pre-research literature review is not recommended. From Glaser (1998), the classic grounded theory provides freedom and openness to discovery and emergence of data from concepts, problems, and interpretations. Glaser (1998) stated, "When the grounded theory is nearly completed during sorting and writing up, then the literature search in the substantive area can be accomplished and woven into the theory as more data for constant comparison" (p. 67). Discovery of the core variable was the goal for a classic grounded theory approach. To remain true to a classic grounded theory approach, the literature

review section of this qualitative classic grounded theory study expanded once the complete theory developed (Glaser, 1998).

The literature review had a specific purpose in the classic grounded theory method. As noted from Glaser (1992), in this classic grounded theory, data collection began in the field and proceeded to data coding. Constant comparative analysis compared "incident to incident and incident to codes" (Glaser, 1992, p. 32). This all occurred through analysis and generation of a theory. As further noted by Glaser (1992), once the theory became adequately grounded in a core variable and emergence through an integration of categories and properties occurred the literature review in the substantive field began for this study. In this classic grounded theory study, efforts were made to integrate literature through a relation with personal work as part of the method noted by Glaser (1992).

While staying true to the classic grounded theory method as noted by Glaser (1992), the literature was integrated with the emergent theory during the process of data saturation, densifying, and sorting in this study. During the classic grounded theory process of sorting and writing, constant comparison was applied to display similarities in patterns and concepts, coordinate differences and infuse work in the process of classic grounded theory with discovery of data and concepts within the literature as discussed by Glaser (1992). The literature review in this classic grounded theory study served to identify what Christiansen (2011) defined as a "loosely defined research topic" (p. 21).

The research problem needs to emerge from behavioral data. This empirical discovery may differ from what an extensive literature review reveals. The literature review assisted as a conceptual comparison once behavioral patterns emerged as the main

concern. This approach diminished any preconception issues. Reading of classic grounded theory literature during the research process enhanced an understanding of the methodology, especially for a novice researcher (Christiansen, 2011).

Title Searches, Articles, Research Documents, and Journals

Health information technology and nursing informatics studies combined with literature review discoveries were useful in establishing a framework for current research. Inclusion criteria in this expanded review of the literature included published, peer-reviewed articles and papers on nursing documentation, nursing informatics, health information technology, and teaching strategies of nurse educators when evolving from paper-based to electronic format. The literature review included English language papers only. Exclusion criteria included abstracts, most unpublished data, and non-health care related health information technology practice areas. The original literature review consisted of one systematic review, one meta-analysis, one integrative literature review, six qualitative studies, three mixed-method studies, nine quantitative studies, six qualitative doctoral dissertations, and one qualitative thesis. Additional literature was added over a period of three years.

At the start of the classic grounded theory process, the review of the literature included issues contributing to the significance of this health care concern including inconsistent procedure for documentation as a standard of practice and lack of knowledge as nurse educator's transitioned from paper-format to the electronic health record. Included in a review of the literature were peer-reviewed articles using the main databases of CINAHL, EBSCOhost, and ProQuest from February 2011 to March 2014. Key words in the search included: nursing documentation, electronic documentation,

paper documentation, teaching strategies and nursing documentation, nurse educator and documentation, documentation, and nursing documentation, patient outcomes, and quality.

One meta-study of nursing documentation information by Jeffries, Johnson, and Griffiths (2010) reported data upon essential components of quality nursing documentation using CINAHL and MEDLINE databases. These researchers found that seven essential themes emerged from the literature search. These themes were worded as the following recommendations: (a) a patient-centered approach was vital to documentation, (b) nursing documentation consisted of experiences of nurses with inclusion of educational and psychological patient support, (c) nurses documented in a descriptive approach though reflective and objective clinical judgment, (d) a logical and sequential course was evident in nursing documentation, (e) nurses documented patient events as they occurred, (f) any variances in nursing documentation were noted, and (g) the patient record contained documentation meeting legal requirements (Jeffries et al., 2010).

All these themes provided encouraging support for the idea that this classic grounded theory study of the main concern with teaching nursing documentation among nurse educators culminated into a substantive theory as a relevant and timely topic. This topic was already under discussion as one essential to effective possibilities in health care. This classic grounded theory study has potential to be valuable to other nurse educators in colleges of nursing and thus contributes to the effective education of future nurses.

Dissertations and Theses

The literature search for this classic grounded theory study also included a search of the ProQuest Dissertations and Theses database and University of Phoenix Dissertations and Theses Database. Dissertations using similar methodology or addressing a similar problem included six dissertations and one master's thesis related to the topic of nursing documentation and information technology, and qualitative in approach. The Colburne (2008), Kerr (2011), and Smith (2010) studies were more specifically related to nursing documentation, as compared to the health information technology focus in the Amendola (2008) and Parker (2011) studies. The literature review section was very influential in framing these individual studies by selection of the appropriate research method and study design. Four of the six studies used a grounded theory approach (Calvin, 2000; Kerr, 2011; Nathaniel, 2003; Parker, 2011).

One study started as a grounded theory study and moved to a qualitative, descriptive case study approach (Amendola, 2008). A review of the literature section from these four studies was performed with the finding. A classic grounded theory approach to study the barriers and teaching strategies of nurse educators who experienced the transition of moving from paper-based to electronic documentation to develop a theory about nursing documentation was not identified.

Literature Review on Nursing Documentation

A preliminary literature review on nursing documentation included discussion in five main areas. The five areas of focus were part of a substantive literature review on nursing documentation. The five areas included (a) nurse educator perspectives on documentation importance, (b) search categories and relevant literature themes, (c)

historical review of nursing documentation, (d) historical review for increased health information technology (HIT) and nursing informatics (NI) competencies among nurse faculty and (e) history of teaching strategies with documentation and relevance to nursing education.

Documentation is a key component of informatics. Quality documentation is of high priority in providing nursing care interventions and evaluating responses to reduce financial and legal risks to patients, nurses, and the organization. Documentation of assessments, interventions, and responses needs to avoid the syndrome of dumping as seen in a computerized format when data enters the system and is forgotten. Reflection upon nursing documentation can seek patterns and incomplete areas (Alfaro-LeFevre, 2010). Nursing assessment, diagnosis, planning, implementing, and evaluating are components of the nursing process, which guide nursing documentation. This process is the basic foundation for clinical reasoning (Alfaro-LeFevre, 2012).

Nurse Educator Perspectives on Documentation Importance

A review of the literature guided the importance of nurse educator perspectives on issues related to documentation. A preliminary literature review on documentation was included here as a foundational basis for the purpose of this qualitative classic grounded theory research study. The research explored nurse educator perspectives on issues of teaching documentation of patient data in clinical lab experiences and the process of documentation teaching strategies while moving from paper-based to electronic formats of nursing documentation. Discussion also included gaps in the literature. As a qualitative classic grounded theory study, the literature review refined as categories, subcategories and theory emerged through constant comparative analysis.

Search Categories and Relevant Literature Themes

Seven major search categories were used for the preliminary literature search and are listed here with resulting numbers of findings given in alphabetical order of the search engines CINAHL, EBSCO, and ProQuest. A search using the term "Documentation" yielded 140,644 items (CINAHL = 21453, EBSCO = 51476, ProQuest = 67715). For documentation formats, "Electronic Documentation" showed a total of 13943 titles (193, 291, 13459) compared to "Paper Documentation" with 3788 titles (46, 107, 3635). "Nursing Documentation" located 9127 publications (709, 458, 7960). The more specific "Nursing Documentation and Patient Outcomes and Quality" resulted in 3991 items (18, 16, 3957). The even more topic-specific combination of terms "Nurse Educator and Documentation" produced 1541 titles (17, 19, 1505) while "Teaching Strategies and Nursing Documentation" yielded a total of 1838 items (2, 1, 1835).

Using these figures, multiple searches done using the above terms yielded a grand total of 174872 publications. It is to be noted that CINAHL is the most specialized system for searching nursing content and issues, while the other two systems cover multiple professional and academic topics. This factor implied some overlapping of located titles using the seven search categories listed. However, the dramatic decreases in numbers of documents located as search terms became more specific for this qualitative classic grounded theory study and supported the importance of the topic of nurse educator concerns regarding strategies for teaching nursing documentation that support quality patient care outcomes (see Table 1).

Table 1

Results of Preliminary Title Searches

Search Categories	CINAHL	EBSCO	PROQUEST	TOTALS
Documentation	21453	51476	67715	140644
Electronic Documentation	193	291	13459	13943
Paper Documentation	46	107	3635	3788
Nursing Documentation	709	458	7960	9127
Nursing Documentation & Patient Outcomes & Quality	18	16	3957	3991
Nurse Educator & Documentation	17	19	1505	1541
Teaching Strategies & Nursing Documentation	2	1	1835	1838
TOTALS	22438	52368	100066	174872

Historical Review of Nursing Documentation

Finkelmann and Kenner (2012) noted that integration of the core competency to use informatics in the classroom and clinical settings is an essential area to address by nurse educators. Nursing documentation is an integral part of the nursing process. With escalating digital requirements for nursing documentation, nurses must transition from paper-based to electronic format in a manner recognizing the provisions of safe and quality care to patients. Nurses are at an influential place in time to improve methods to communicate patient information to increase financial reimbursements to health care institutions and seek methods of reimbursement for nursing care. Nurse educators are positioned to teach the electronic system of documentation to students to meet the

mandate by 2014 for electronic health record utilization (Kelley, Brandon, & Docherty, 2011).

Documentation of patient care while moving from a paper-based to an electronic format needs to address the socio-cultural issue of health information technology in health care. In addition, nurse educators need to integrate curriculum in nursing education for undergraduate nursing students with a focus on teaching documentation using an electronic format. Colleges and schools of nursing have potential to bring about essential changes for safer patient care delivery through an increased application of information technology competencies among nurse educators and students.

Cross-cultural communication exists among nurse educators, students, and other members of the health care team resulting as a major socio-cultural issue in health care. Physicians also contribute to language and communication difficulties (Bednarz, Schim, & Doorenbos, 2010). These socio-cultural issues can create concern for approaches to patient-centered care. Cross-cultural communication exists in several rural areas in southern and southwest areas of the United States, as nurse educator's work with various clinical agencies to bridge the gap between academics and clinical practice.

Diversity in the classroom and clinical settings includes various learners. The following list, which was not exhaustive, includes individuals in regard to (a) international, (b) multicultural, (c) adult, (d) non-traditional, (e) educationally disadvantaged, (f) at-risk, (g) physically challenged, or (h) those seeking a second degree (Halstead, 2007). Each category of students on the list was enrolled in nursing programs in the southern areas of the United States. The importance of the issue of nursing documentation to the profession of nursing is to produce nursing students who will enter

many clinical settings upon graduation and provide safe and quality care with high standards for documenting care provided.

Paper-based versus electronic format. Nurses must possess the knowledge, skills, and attitudes of informatics. Documentation in the electronic health record requires nurse educators to teach the skill of providing patient care while documenting patient care from the traditional paper-based to an electronic format. The navigation of the electronic health record is an informatics skill to support safe and quality patient care in health care settings (Cronenwett et al., 2007). Documentation of patient assessments, interventions, and responses to care are nurse priorities upon completion of nursing care. Goals to be achieved, regardless of the format include documentation seen as exact, true, and whole, organized and formalized, and timely and readily retrievable for other health care professionals to view (Alfaro-LeFevre, 2010).

One study emphasized caution with consideration of a computerized Nursing Information System (NIS) to integrate complete documentation of patient data. This process should be assessed frequently to address areas for improvement with the NIS (Larrabee et al., 2001). A computerized NIS can assist nurses to document nursing assessment and interventions in a complete and thorough approach, as reported from research studies from quality assurance measures. Paper-formatted documentation is often deficient in several areas of patient data, especially with care plans and problems, interventions, and patient outcomes. With this finding, the patient chart is a valid and reliable data source. Future quasi-experimental or experimental studies to link nursing interventions to patient outcomes using the electronic health record, as a valid source are essential (Larrabee et al., 2001).

Duffy, Kharasch and Du (2010) conducted a quantitative pilot study to measure the effect of documentation using an electronic medical record (EMR) point of care (POC) approach on the nurse-patient interaction with emphasis on verbal and visual interaction. Duffy et al. (2010) reported that twenty-four registered nurses participated in a study in the use of a simulated patient care environment to measure interaction in the nurse-patient relationship using paper-format or the electronic health record. Videotaping of study participants interaction with patients measured visual nurse-patient contact using a stopwatch. The first hypothesis, which stated registered nurses use of an electronic health record format of documentation, would not experience reduced visual contact with patients than registered nurses using paper-formatted documentation was rejected (Duffy et al., 2010). The second hypothesis, which stated "Nurses using electronic POC documentation will not communicate less with their patients during their encounter than do nurses using paper documentation" was also rejected (Duffy et al., 2010, p. E7). Nurse's using documentation in an electronic format of point of care did communicate more in the nurse-patient interaction than seen in nurses using paper-based format documentation (Duffy, et al., 2010).

Findings. A retrospective study design by Gjevjon and Helleso (2010) was done to determine community nurses practice to document patient care in the electronic health record and to explore the extent of documentation in regard to comprehensiveness. According to Gjevjon and Helleso (2010), the patient's ability to communicate was lacking in nursing documentation as noted from only two of 264 nursing diagnoses linked to communication. Documentation of the nursing process was an area for improvement by home care nurses in the study (Gjevjon & Helleso, 2010).

Cheevakasemsook, Chapman, Francis, and Davies (2006) employed a mixed method design to examine nursing documentation complexities in areas of care continuity, legal evidence in care processes, and patient care quality evaluation (Cheevakasemsook et al., 2006). Areas of triangulation in this study included quantitative and qualitative methodologies. Exploration of documentation included several methods of inquiry: (a) comprehensive interviewing (qualitative method), (b) participant observation (qualitative method), (c) processing by nominal group (qualitative method), (d) use of focus group meetings (qualitative method), (e) nursing activity time and motion studies (quantitative method), and (f) chart audits to determine completeness of nursing documentation (quantitative method) (Cheevakasemsook et al., 2006).

Cheevakasemsook et al. (2006) stated that qualitative data analysis was performed through coding of notes from thematic concerns with complex documentation. In addition, critical reflection from nurse participants was done from two meetings. Simple coding was used for data analysis from focus group meetings and participant observation. A final summary of documentation complexities was provided from four emerging main themes (Cheevakasemsook et al., 2006).

Manual calculation of time and motion study data included minute per day and minute per event data using a quantitative approach of analysis. The degree of completeness of nursing documentation was analyzed using quantitative data analysis including standard deviation and percentage (Cheevakasemsook et al., 2006). Nurses in Thailand at a private hospital were part of the sample in the study by Cheevakasemsook et al. (2006) using a mixed-method design. In the study, the following six themes came to surface: (a) documentation disruption, (b) charting gaps because of incompleteness, (c)

reduction in appropriate documentation, (d) decreased nurse competency, motivation, and confidence factors, (e) substandard nursing procedures, and (f) unacceptable auditing of nurse documentation and lack of standard staff supervision and development (Cheevakasemsook et al., 2006).

A dialogue approach using Koski's adaptation of Gadamer's theory of hermeneutic experience formed nursing care documentation on the foundation of a theoretical process model of caring (Karkkainen & Eriksson, 2004). A nursing diagnosis as part of the traditional nursing process model was not included in this study. A model of caring was a humanistic and holistic caring science theory to form this conceptual process (Karkkainen & Eriksson, 2004).

A qualitative metasynthesis was performed using the following key words: "documentation of care, metasynthesis, nursing ethics, and nursing records" (Karkkainen, Bondas, & Eriksson, 2005, p. 123). Karkkainen et al. (2005) discussed that the CINAHL and MEDLINE databases were from 1996 to 2003 to reflect the transition from paper-based to electronic format of documentation. Three background themes surfaced in the study by Karkkainen et al. (2005) regarding nursing documentation content: (a) documentation was based upon organizational demands (nursing care problems are identified for human needs of patients), (b) attitudes and duties of nurses was reflected in documentation (substandard nursing care documentation), and (c) patients' involvement in the plan of care was reflected in nursing documentation (patient views were seldom noted in the medical record). Study results pointed to a need for a clear definition of the purpose and aim of nursing documentation (Karkkainen et al., 2005).

A qualitative study using a semi-structured interview with grounded theory analysis was conducted of an academic ambulatory area's implementation of an electronic health record for best practice (Yoon-Flannery et al., 2008). In the study by Yoon-Flannery et al. (2008) six themes emerged for implementation of an electronic health record: (a) communication, (b) migration throughout the health system, (c) availability of appropriate training, support, and technical equipment, (d) maintenance of patient privacy, (e) changes in achieving patient care efficiency, and (f) financial considerations. Health care leaders in the ambulatory setting viewed electronic health record implementation as a benefit to the practice setting. Clinicians were hesitant in their approach to adopt the electronic health record even though positive clinical and financial advantages existed for the ambulatory setting (Yoon-Flannery et al., 2008). One area of reluctance to implementing electronic health record documentation was immediate benefits in terms of delayed workflow effects among practitioners, as compared to the ability to view lab results or computer physician order entry in an expedited manner (Yoon-Flannery et al., 2008).

Historical Review for Increased HIT and NI Competencies among Nursing Faculty

To better facilitate health information technology (HIT) competencies for students at undergraduate and graduate levels, nurse educators and nurse executives within health care settings can collaborate in initiatives to bridge a gap between patient quality and safety outcomes while working with health information technology and nursing informatics. The nurse executive and nurse educator can interact with and receive considerable support from specialized nursing informatics (NI) nurses to move the informatics agenda forward in health care. Simpson (2013) stated that nurse executives

can increase knowledge with HIT while seeking assistance of leaders within academia supporting increased competency levels with HIT. Nurse executives were keys to implementing the increased and complex informatics competencies of nurses (Simpson). Nurse educators must possess competencies in HIT and NI and work with area health care facility nursing informaticists and nurse executives to better transition student nurses into the graduate nurse role.

Nursing faculty need to acquire the necessary knowledge and skills to master and teach informatics to future nurses who will practice in an informatics-infused health care delivery system (Dixon & Newlon, 2010). One possible transition is for the nursing instructors to help introduce nursing informatics to undergraduates (Dixon & Newlon, 2010). This qualitative classic grounded theory study discovered the main concern of nurse educators who were teaching nursing documentation to nursing students in the transition from a paper-based to an electronic format and inclusion of electronic health record technology. In addition, nurse educator's ideas were explored concerning how they worked to overcome the concern that was identified when the study was conducted in true grounded theory fashion.

Nursing students should experience working with health information technology and nursing informatics in health care settings. Nurse educators can assist with the transition of health care facilities from paper-based to electronic formats through inclusion of the core competency of informatics in classroom and clinical settings throughout the student nurse education experience. This can be achieved when nurse faculty are educated in informatics and apply teaching strategies for teaching the process of documentation in an electronic system for information retrieval during clinical

experiences in both simulation and live patient contact situations (Finkelman & Kenner, 2012).

Findings. A mixed method design was conducted using a national survey to determine nursing students, nursing faculty, and clinician's knowledge, skills, and preparation in nursing information technology (McNeil et al., 2003). Research questions in the McNeil et al. (2003) study included: R1) - What skills in information technology are being taught by nurse educators specifically in the areas of knowledge and computers? R2) - What is the extent of faculty preparation to teach information technology skills? R3) - What are the perceptions of practicing nurses with current and future uses of information technology tools (McNeil et al., 2003)? The survey return rate was 40% among nurse educators, nursing program administrators, directors, manager, and deans (McNeil et al., 2003). McNeil et al. (2003) concluded that gaps in information technology content in undergraduate and graduate nursing program levels existed with greater emphasis on computer literacy versus information literacy skills. McNeil et al. (2003) also noted gaps in nurse faculty knowledge were discovered in linking classroom to clinical practice. Nurse faculty perceived the need to include information technology and literacy skills in curriculum content with a need for more knowledge by this group to advance information technology competencies (McNeil et al., 2003).

An examination of computer competencies of student nurses in a bachelor of science in nursing (BSN) program was conducted using a quantitative design (Ornes & Gassert, 2007). Ornes and Gassert (2007) based the study on the research question: "What is the extent to which nursing informatics material is present in the course in a BSN program" (p. 76)? A tool was used to evaluate four semesters of course syllabi.

Competencies included in the curriculum were administration, communication, data access, documentation, patient education, patient monitoring, basic desktop software, and systems (Ornes & Gassert, 2007).

Course syllabi were found to lack patient care documentation. Discoveries in this study supported previous research that nurse educators were not fully knowledgeable with implementing information technology from the classroom to clinical practice. Future studies should include comprehensive interviews with nurse faculty for incorporation of information technology competencies into nursing curriculum (Ornes & Gassert, 2007).

History of Teaching Strategies with Documentation and Relevance to Nursing Education

Student written communication can be evaluated in clinical performance. The clinical skill of documentation can be reviewed by nurse educators through examination of the students' competence to process critically and record pertinent patient data (Bonnel, 2009). Nurse educators should incorporate effective teaching strategies with documentation during a period of transition from paper-based to electronic format. The relevance of nursing documentation skills to nursing education is in the role of nurse educators to be involved in research for appropriate methods to teach the process of documentation to nursing students in classroom and clinical experiences.

Findings. The definition of nursing informatics provided by nurse faculty members and lack of knowledge and skills in nursing informatics to produce nursing graduates with skills in informatics was the problem of study in one qualitative study (Mahon, Nikitas, & Nokes, 2010). Competencies from the Institute of Medicine include

the Quality and Safety Education for Nurses [QSEN] (Mahon et al., 2010). Mahon et al. (2010) stated that informatics is one of six competencies to assist nurses in an ability to deliver patient care with a focus on safety and effective outcomes.

The exploratory, qualitative study by Mahon et al. (2010) explored perceptions of nurse faculty with teaching documentation skills in paper-based and electronic formats. The self-efficacy model was applicable in exploration of nurse faculty motivations in learning the skill of electronic documentation to move from a paper-based format. In the self-efficacy model, how nurse faculty engaged in learning more about documentation in general enhanced the move from a paper-based to electronic format (Mahon et al., 2010). Four major themes emerged from the data analysis process with codes, direct quotes, clusters, and categories. These included (a) strategies for teaching documentation, (b) learning from experts in the clinical setting, (c) novice to expert road as nursing students progressed in skills of documentation throughout the nursing program, and (d) issues of legal and ethical consideration with limited availability and use of computerized documentation entries (Mahon et al., 2010).

Without a standardized nursing language for nursing diagnoses, interventions, and outcomes in an electronic health record, nurses experience difficulty in accurately documenting these areas. Guided clinical reasoning may assist nurses in applying a standardized language to the nursing process. Classic case discussions guided nurses to link nursing diagnoses to selected interventions and outcomes (Muller-Staub, 2009). Muller-Staub (2009) conducted a quantitative research study using a randomized, controlled experimental design with guided clinical reasoning in the intervention group in

three patient care areas and classic case discussions in three patient care areas comprising the control group.

Muller-Staub (2009) stated that the quality of nursing diagnosis documentation was seen in the group receiving guided clinical reasoning. In addition, nursing interventions were present, which included etiology and moved in a positive direction with nurse-sensitive patient outcomes. A challenge in paper-formatted documentation is to provide standardized terms and definitions for nursing diagnoses, interventions, and outcomes. The electronic health record can bring increased challenges with documentation requirements, especially with ensuring a consistent language with the nursing process components (Muller-Staub, 2009).

Bjorvell, Wredling, and Thorell-Ekstrand (2003) conducted focus groups as a data collection method in a qualitative study for describing perceptions of registered nurses and their attitudes concerning the effects of the Swedish well-being, integrity, prevention, and security (VIPS) model as a nursing documentation intervention program over a two-year period . Twenty registered nurses at a Swedish university hospital took part in discussion in focus groups (Bjorvell et al., 2003). Bjorvell et al. (2003) reported that four categories emerged from focus group data and included (a) VIPS model influence on use in daily practice and in the role of the registered nurse as a professional, (b) issues with VIPS within the organization, (c) VIPS skills acquired by registered nurses, and (d) VIPS responses and reactions as seen by other health care professionals.

Implications of this study suggested further research be conducted to determine if the VIPS model assists registered nurses with completion of thorough patient assessments and provides reflection about nursing care using a structured documentation model with

nursing content headings (Bjorvell et al., 2003). The Bjorvell et al. (2003) model sought to include many components of the nursing documentation process of patient care while adhering to standards of professional nursing practice, organizational requirements, continuing skill advancement, and integration of all health care professionals in an electronic format.

A systematic review assessed the application of methods of research in nursing documentation evaluation. Data sources included CINAHL, Cochrane, and PubMed databases. Nursing, patient-centered, and standardized documentation methods were three themes of classification. The systematic review concluded that more research should be done to evaluate nursing documentation from the patient and family member's perspective (Saranto & Kinnunen, 2009). The voice of patient's and family members can contribute to the completeness of nursing documentation of the full patient experience in the electronic health record. In addition, the input from other health professions to the electronic health record can provide further data for examination in improving the completeness of documentation.

Menke, Broner, Campbell, McKissick, and Edwards-Beckett (2001) used a quantitative, modified one group, pretest-posttest design in a study of a computerized clinical documentation system (CDS) in a pediatric intensive care unit (PICU). The purpose of the study was to determine if a reduction in the amount of time used for documentation and an increase in patient care encounter, reduction in medication errors, enhanced clinical decision- making, improvement in the quality of nursing documentation, and better shift-to-shift nurse continuity was the result of the CDS

(Menke et al., 2001). The study concluded that the CDS was effective in these previously identified areas when compared to paper-based charting (Menke et al., 2001).

A repeated measures design was done in a study of instructional studies used by nurse faculty in five programs of nursing concerning teaching strategies for implementing information technology at the point-of-care (Elfrink et al., 2000). This study included 44 nursing students from two registered nurse to bachelor of science in nursing (RN-BSN) programs, one generic BSN program, one associate of science in nursing (ADN) program, and one graduate level family nurse practitioner program. Elfrink et al. (2000) stated that the Nightingale Tracker (NT) project is a computer-based electronic system for patient care data collection, storage, retrieval, and aggregation as a reliable and valid tool. Results of this study included future need for studies of teaching strategies for inclusion of daily information technology by nurse faculty in clinical education experiences for nursing students (Elfrink et al., 2000).

Farren (2010) applied an educational strategy, using a pedagogical approach for teaching standardized nursing language (SNL) in the clinical and classroom settings for a mental health nursing course in an associate degree nursing program. Farren (2010) stated that the student nurse documentation packet (SNDP) was a tool for plan of care documentation and for continual client evaluation for progress in meeting goals. The educational strategy had patient safety and quality care implications for future use in high-fidelity simulation center evaluation of clinical reasoning among nursing students (Farren, 2010).

Literature on Nursing Documentation and Related Topics Using Grounded Theory and Classic Grounded Theory Designs

Although there are several types of qualitative grounded theory designs, classic grounded theory was a generalized design and the choice for this research study. This classic grounded theory study explored the main concern with documentation through nurse educator perceptions of issues and strategies related to teaching effective nursing documentation. In addition, the study explored how nurse educators overcame their concerns when working with nursing students.

Grounded Theory Studies and Research Processes

Documentation of the nursing process was a very inconsistent area and one that can benefit from attention to address legal and risk issues brought to surface when lack of this skill can be detrimental to patients and nurses (Gjevjon & Helleso, 2010). The importance of nursing documentation for clinical nursing practice parallels the roles of nurse clinicians and nurse educators to meet the requirements of documentation. A qualitative study using a grounded theory approach was the design used in the study by Laitinen, Kaunonen, and Astedt-Kurki (2010), which aimed to determine nurse expressions displayed when performing nursing documentation in the electronic health record using a constant comparative method. Laitinen et al. (2010) reported that the patient's voice, view of the nurse, and a combined nurse-patient relationship view were three categories appearing in nursing documentation. More qualitative studies can assist with better understanding of documentation in the electronic health record format (Laitinen et al., 2010). Nurse educators are challenged to be competent with

documentation in the electronic health record to ensure quality documentation among nursing students.

Classic Grounded Theory

Glaser (1998) defined grounded theory as a "package" and inductive method of producing a theory from data (p. 12). The systematic process includes (a) data collection, (b) memoing (coding and analyzing), (c) theoretical sampling, (d) sorting, and (e) writing (using the constant comparative method) (Glaser, 1998). Classic grounded theory requires an ability to distinguish between conceptualization and description (Glaser, 2011). Classic grounded theory provides conceptual abstraction instead of participant's interpretation of meaning or conformity of descriptive units (Glaser, 2011). Nathaniel (2003) completed a successful dissertation on moral reckoning in nursing, as a classic grounded theory study. Nathaniel applied this methodology in an interesting fashion to stay true to a classic grounded theory approach and successfully completed all doctoral requirements for the dissertation process at West Virginia University (Nathaniel, 2003).

Andrews and Waterman (2005) produced the grounded theory of packaging, which involved how nurses relayed physiological deterioration of patients to physicians in an effective manner. Nurses in the study applied the early warning score (EWS), in addition to vital signs in a packaging approach to more adequately persuade physicians to intervene for patients experiencing deteriorating conditions (Andrews & Waterman, 2005). Spontaneous conversations and observation with interview participants were part of the data collection process. Theoretical sensitivity and theoretical sampling were applied to open-ended questions. Participant interviews were tape-recorded and transcribed (Andrews & Waterman, 2005).

Using the constant comparative method in the Andrews and Waterman (2005) classic grounded theory study, 83 categories and subcategories emerged. Andrews and Waterman (2005) noted that "making credible" emerged as the core category (p. 476). Andrews and Waterman (2005) further stated that subcategories included 'intuitive knowing', 'contextualizing' and 'grabbing attention' (p. 476).

Two dissertations used the classic grounded theory method (Calvin, 2000; Nathaniel, 2003). Calvin (2000) developed a "theory of personal preservation" to assist health care providers in achieving an increased understanding of patients' perspectives concerning end-of-life treatment for those patients receiving hemodialysis (p.182). In classic grounded theory fashion, Calvin (2000) defined the personal preservation theory as an "interactive paradox of being responsible and taking chances" (p. 182). A comparison of this theory with the literature prompted a reexamination of the literature with a focus on personal preservation versus what was included in the original chapter 2 literature review topic of advance care planning for hemodialysis patients (Calvin, 2000).

Nathaniel (2003) produced the grounded theory of moral reckoning, which consisted of three stages: (a) stage of ease, (b) stage of resolution, and (c) stage of reflection. The original focus of the research of moral distress did not emerge as the major category. Instead, the core concept of moral reckoning emerged (Nathaniel, 2003). The grounded theory of moral reckoning had significance for this classic grounded theory study on how nurse educators used a moral decision process to teach student nurses about standards of documentation.

Literature Review on Documentation and Related Topics Using Alternative Research Designs

A discussion of qualitative designs other than grounded theory or classic grounded theory was provided on documentation and related topics. This qualitative classic grounded theory study included discussion of five qualitative designs of relevance to the topic of nursing documentation. The five designs included phenomenology, case study, Delphi technique, ethnography, and exploratory qualitative.

Qualitative Designs and Relevance to Classic Grounded Theory Study

Qualitative research included studies with interviews and observations, as an approach without formal measurement. Unlike quantitative research, qualitative research does not aim to quantify results using statistical summary or analysis (Marczyk, DeMatteo, & Festinger, 2005). Potential qualitative research designs to achieve the goals for the topic of nursing documentation included phenomenology, case study, Delphi technique, ethnography, and exploratory qualitative. The following peer-reviewed studies were provided, as examples of these designs.

Phenomenology. Creswell (2013) stated that a phenomenological approach focuses on an understanding of the nature of the experience. An interpretive phenomenological study investigated adaptive experiences of nurse faculty post implementation of an innovative clinical immersion nursing curriculum (Paulson, 2011). In the Paulson (2011) study, challenges for nurse faculty to increase student enrollment while improving the quality of nursing graduates included two factors. Paulson (2011) observed that a lack of qualified clinical faculty to satisfy the increased number of nursing students in the program was the first factor. The second factor was issues

generated from an inadequate number of clinical agencies to meet the demand for nursing and other health program professionals (Paulson, 2011). Paulson (2011) also reported that five main themes emerging from the analysis included "Perceptions of Innovation, Utility of Structure, Opportunity, Valuing, and Embracement of Change" (p. 397). In the Paulson (2011) study, nurse faculty were asked for their perceptions on categories of adaptation necessary during a major change in nursing education similar to changes in documentation teaching which showed a link of the study to the topic for this qualitative classic grounded theory study.

Case study. Creswell (2013) described case study as a qualitative approach centered upon formulating a detailed description and analysis of a single case or multiple cases. Willmer (2007) discussed a case study method to address the research questions in a sufficient manner. Willmer (2007) discovered that through using a case study approach that student nurses were found to be lacking in use of information and communication technology (ICT) in his or her nursing practice. Willmer (2007) stated that the inclusion of student nurses required nurse leaders and managers to use evidence-based activities to develop information and communication technology skills in this population. The study concluded that student nurses were key stakeholders in health care so nurse leaders and managers needed to use information and communication technology in practice (Willmer, 2007).

Delphi technique. Simon (2011) stated that Delphi research provides a future-oriented focus. Delphi technique gained written judgments from an expert panel on a particular issue of concern. Individuals provided answers to questions separately in more

than one round. A summary of participant's views provides some consensus between rounds (Polit & Beck, 2004; Polit & Beck, 2014).

Hart (2010) discussed a Delphi approach to validate generic nurse manager core informatics competencies in three steps. The study concluded with a consensus of generic nurse manager competencies. The approach validated generic nurse manager core informatics competencies in three areas. Three Delphi conducted rounds determined core informatics competencies specific to the role of generic nurse managers in three steps (Hart, 2010). Nurse educators can use increased competencies on core informatics to meet their concerns on teaching documentation to meet the standards of practice for nurse educators as set forth by the National League for Nursing (National League for Nursing, 2012). The National League for Nursing (2012) stated that nurse educators can meet the competency to promote learning by incorporating "information technologies skillfully to support the teaching-learning process" (p. 14).

Ethnography. In ethnography, description and interpretation of a culture-sharing group are provided (Creswell, 2013). Rankin and Campbell (2009) applied a research approach of qualitative institutional ethnography to make empirical links, rather than theoretical links to ordinary aspects of life and subsequent social organization. The ethnographic approach examined nurses' professional judgment in caring for patients and competing organizational requirements for efficiency (Rankin & Campbell, 2009). The ethnographic study by Rankin and Campbell (2009) provided an opportunity to examine health informatics and health care reform in institutions by following nurses in the work environment.

McKnight (2007) produced a grounded theory model of "The Nurse's Patient-Chart Cycle: Informative Interactions" of the core process of how nurse seek patient information and record the findings (p. 67). McKnight's ethnographic research study includes how nurses experienced five patient-nurse interactions during an information gathering and reporting process in a "consistent process pattern" (2007, p. 67). McKnight (2007) concluded that report, the chart, and the patient were three major interactions and the health care worker and the patient's family, friends, and visitors made up two minor interactions within "observable informative interactions" (p. 67).

Exploratory qualitative. Polit and Beck (2004, 2014) stated that exploratory qualitative research provides an investigation of the entire nature of the phenomenon. Other considerations of this type of research include the manner of phenomenon specification and any underlying processes (Polit & Beck, 2004, 2014). Mahon et al. (2010) examined perceptions of nursing faculty when teaching documentation to students using either paper-based or electronic health record (EHR) format in an exploratory study. One noted limitation in the study by Mahon et al. (2010) was an inability to explore nurse faculty views of personal ability to move through the method of documentation. Mahon et al. (2010) noted a need for the nurse educator to gain knowledge and understanding of the process of documentation of faculty and students.

Quantitative Designs with Relevance to Classic Grounded Theory Study

A quantitative approach was of interest in the early phases of this qualitative classic grounded theory study. Two potential quantitative research designs for consideration to the topic of nursing documentation were quasi-experimental, time series design and a quantitative study with a pretest-posttest deign for a chosen area of research.

Examples of each design included the works of Larrabee et al. (2001) and von Krogh and Nåden (2008).

Quantitative true experimental design. Schmidt and Brown (2009) defined a quantitative true experimental design as a design providing evidence to support a cause and effect relationship. Schmidt and Brown (2009) also stated that two group pretest-posttest design is known as a classical experimental design where randomization of subjects occurs in either the experimental or control group. Measurement of subjects occurred prior to and after implementation of an intervention (Schmidt & Brown, 2009).

von Krogh and Nåden (2008) discussed that the Norwegian documentation KPO model (quality assurance, problem solving, and caring) permitted two methods of documentation: (a) a continuous sequential form, and (b) process-oriented method using a plan of care. The KPO model was developed for use at a Norway university hospital and for nurse faculty use as a software program for teaching students electronic documentation (von Krogh & Nåden, 2008). The quantitative study with a pretest-posttest design by von Krogh and Nåden (2008) was conducted in five hospitals for examination of practice implications and quality of documentation. The KPO model assisted in organizing electronic patient record documentation, including the nursing minimum data set (NMDS) and nursing terminologies (von Krogh & Nåden, 2008).

Quantitative quasi-experimental design and quasi-experimental time series design. Schmidt and Brown (2009) stated that quasi-experimental designs are similar to experimental research designs in that manipulation of the independent variable (IV) occurred. This design lacks other experimental design components, such as randomization, or a control group (Schmidt & Brown, 2009). Schmidt and Brown (2009)

reported that a time series design is a commonly performed quasi-experimental design. This design approach is used to study one group over an extended period before administering an intervention at planned intervals. Time series also occurs over an extended period before administering an intervention at planned intervals. Multiple observations are made post intervention (Schmidt & Brown, 2009).

Larrabee et al. (2001) used a quasi-experimental, time series design to determine differences in thoroughness of documentation of nurse assessments of patient outcomes (NASSESS), success with patient outcomes (NGOAL), performance of nursing interventions (NQUAL), and conducting routine assessments pre and post retraining in Nursing Information Systems (NIS). The study by Larrabee et al. (2001) emphasized caution with consideration of a NIS to integrate complete documentation of patient data. Paper-based documentation was often deficient in several areas of patient data, especially with care planning and determining problems, interventions, and patient outcomes. The patient chart was found to be a valid and reliable data source. Future quasi-experimental or experimental studies to link nursing interventions to patient outcomes using the electronic health record, as a valid source were essential as rationale for why it was important to do studies (Larrabee et al., 2001).

Theoretical Framework

Many components of a research study are influenced by the theoretical framework. The theoretical framework identifies the topic of interest to the reader. Merriam (2009) noted that the relationship of the theoretical framework to the research problem is depicted by a set of interlocking frames, which include the theoretical framework, problem statements, and purpose of the study. The theoretical framework is

the outermost frame, and is the main part of the literature (Merriam, 2009). Prior formulated theoretical frameworks are useful to complement, lengthen, and validate study discoveries for other research studies (Corbin & Strauss, 2008).

Purpose and Intent of Using a Theoretical Framework

Corbin and Strauss (2008) proposed that theoretical frameworks are useful in four instances. The first example for use of a theoretical framework is when a topic is studied and close alignment is found with discoveries in a current research study with a prior formulated framework (Corbin & Strauss, 2008). The previously developed framework can enrich, extend, and support research findings (Corbin & Strauss, 2008). The second instance for use of a theoretical framework in qualitative research is to provide optional explanations. In this classic grounded theory study, caution was applied to prevent masking of the findings in the literature to fit the theory as noted by Corbin and Strauss (2008). In this classic grounded theory study, relevancy of the literature was primarily unknown until after discovery of the main concern of participants as noted by Glaser (1998).

The third instance for use of a theoretical framework according to Corbin and Strauss (2008) is when a researcher aims to develop a middle-range theory or to expand upon a program of research. A previously identified framework can deliver direction, comprehension, and a beneficial list of introductory concepts. Remaining open to discovery of new concepts and ideas was maintained in this classic grounded theory study with parting of inferred concepts that did not conform to the data as discussed by Corbin and Strauss (2008). The fourth use of a theoretical framework is to assist in

concluding on the chosen methodology for this research study as stated by Corbin and Strauss (2008).

Anfara and Mertz (2006) provided much discussion concerning the use of theoretical frameworks in qualitative research through a review of the literature and concluded that the relationship concerning theory and qualitative research remained a complicated one. Anfara and Mertz (2006) noted that effects of a theoretical framework on qualitative research brought (a) purpose to a study, (b) disclosed and concealed meaning and understanding, (c) placed the research in a scholarly tone and provided an informal style, and (d) uncovered its strength and areas for improvement. In classic grounded theory, the aim is to generate theory that is "grounded in the data" without influence from preconceived ideas about the chosen area of study (Birks & Mills, 2011, p. 24). For this reason, theoretical frameworks are inconsistent with grounded theory and usually not employed to guide the research in grounded theory research as stated by Birks and Mills (2011).

Artinian, Giske, and Cone (2009) provided discussion on how to adjust the requirements of Glaserian grounded theory in nursing research by addressing 13 directives or the "don'ts of Glaser" (p. 36). One of the13 directives addresses a predetermined theoretical framework in grounded theory research. Glaserian grounded theory or classic grounded theory aims for discovery of themes and patterns to answer the main concern of research participants with resulting theory development (Artinian et al., 2009). In use of emergent theoretical codes, Artinian et al. (2009) found that the theory of reconnecting emerged in a study among previously homeless mothers. Approaching

the data with an open mind allowed for avoidance of a preconceived theoretical framework, as required in Glaserian or classic grounded theory (Artinian et al., 2009).

Theoretical Framework for Nursing Documentation

In qualitative research, identification of a theoretical framework includes the disciplinary orientation of the researcher and the literature review related to the topic of interest (Merriam, 2009). As stated by Glaser (2005), the grounded theory method provides for emergence of the theoretical codes that weave a grounded theory in this generalized methodology (Glaser, 2005). In this classic grounded theory study, a focus on getting out of the data and from the descriptive level to allow for emergence at the conceptual level was consistent. This established conceptual hypotheses to frame a multivariate conceptual substantive theory as discussed by Glaser (2011).

Glaser (2011) stated that use of the method of constant comparative analysis is necessary to bring about trust in emergence of patterns through conceptualization; not description. Theoretical sensitivity was gained in this classic grounded theory study when approaching the research setting without any pre-existing hypotheses or biases. Theoretical sensitivity is an ability to remain open to what occurred in the field while remaining aware of the need to minimize predetermined ideas (Glaser, 1978). Theoretical sensitivity is the capacity of the researcher to discern and extract from the research data those elements that had usefulness in the emerging theory (Birks & Mills, 2011).

A classic grounded theory study does not begin with a theory (Glaser, 1998). The literature and other potential theoretical frameworks are used to compare the new theory. For example, the grounded theory of moral reckoning in nursing was a substantive theory

emerging from data as noted by Nathaniel (2003). Nathaniel's (2003) new theory proceeds beyond inclusion of moral distress, as discovered in the life experiences of nurses and "it transcends, organizes, and synthesizes the extant literature on moral distress, and explains stages of a newly identified basic social process, which is also relevant to many other substantive areas" (p. 131).

Birks and Mills (2011) stated that the research process generates the research question in classic grounded theory. The main concern of study participants is not known until the research begins with classic grounded theory. Theoretical frameworks are useful in the process of theoretical coding as a grounded theory emerges (Birks & Mills, 2011).

A search for an appropriate and existing grounded theory to add to a classic grounded theory study was important. Packaging was a grounded theory of how nurses reported physiological deterioration effectively to physicians (Andrews & Waterman, 2005). Packaging included use of the early warning score (EWS) to enhance communication among professional caregivers. Vital signs and the early warning score were used together to assist in physician notification of patient deterioration.

The category of packaging deterioration emerged from the data in the study by Andrews and Waterman (2005) from a core category and three subcategories. The core category was "'making credible'" and the subcategories were "'intuitive knowing', 'contextualizing', and 'grabbing attention'" (Andrews & Waterman, 2005, p. 476). The theory of Andrews and Waterman (2005) had potential for use in contributing to a classic grounded theory study of the topic on how nurse educators provided content on nursing documentation to students by seeking how nursing students documented the details of a

physician referral for physiological deterioration. Skill in nursing documentation required appropriate use of medical language, as student nurses transcribed the physician encounter in reporting physiological deterioration in a patient (Andrews & Waterman, 2005).

A phenomenon of personal interest was in the area of health information technology and nursing informatics and the role of nurse educators in teaching nursing documentation to students using the electronic health record. Four theoretical frameworks had potential for inclusion in this qualitative classic grounded theory study of nursing documentation, based upon the main concern identified by study participants. The theories included: (a) Bridges' managing transitions process (Bridges, 1986; Bridges, 2004; Bridges, 2009), (b) Locsin's theory of technological competency (Locsin, 2005), (c) Resnick's middle range theory of self- efficacy based on Bandura's work (Resnick, 2008), and (d) Watson's model of caring (Walker & Avant, 2005).

Bridges' managing transitions process. William Bridges is an author and former literature professor with expertise as a consultant and lecturer on the topic of transition management (Bridges, 2009; McVey, 2007). Bridges' managing transitions process includes recognition for change (situational) and three phases of transition (psychological) (Bridges, 2009). Bridges (2009) reported that the three phases of transition include "ending, losing, letting go; the neutral zone; and the new beginning" (p. 5).

Bridges (2004) detailed the experience of "ending, losing, and letting go" (p. 109) as requiring an individual to embrace the phases of "disengagement, dismantling, disidentification, disenchantment, and disorientation" (p.109). Bridges (2004) stated that

during the shift of transition during the neutral zone phase, an individual becomes reoriented and realigns to what is in store in the new beginning phase. Persons transition to the new beginning phase and finish with a new sense of direction and refined identity (Bridges, 2004).

Bridges' transition process was applicable for incorporation as part of a discovered theory of nursing documentation for this classic grounded theory study. Nurse educators must transition through the change from paper-based format to an electronic method of documentation. Nurse educators can move through the situational changes of learning and teaching a new format of documentation. The process of transition demands that nurse educators psychologically experience the transition process of the loss of paper-based documentation (ending, losing, letting go phase) (Bridges, 1986; Bridges, 2009).

Nurse educators then experience the necessary "realignments and repatternings" (the neutral zone phase) to learn and apply the electronic format of documentation (Bridges, 1986; Bridges, 2009). The last phase of the transition process encourages and supports the nurse educator to incorporate the new method of electronic documentation (the new beginning phase) as part of teaching student nurses the new informatics skills for success in the electronic requirements for the future of health care (Bridges, 1986; Bridges, 2009).

McVey (2007) applied the transition process as strategies for nurse educators. For this classic grounded theory study, nurse educators must adapt to new technologies while maintaining professional standards as part of necessary and important professional and psychological adjustments. McVey (2007) stated, "Situational changes required in

taking on nurse educator responsibilities can overshadow the inner experiences of learning a new role" (para. 2). Role change for nurse educators to successfully learn and teach new forms of documentation can be a painful experience.

McVey (2007) stated that some of the behavioral adaptations of nurse educator role change include revised teaching strategies requiring the nurse educator to be exposed to the psychological adjustments from an internal perspective. McVey (2007) also stated that the nurse educator ends the transition process with a "changed self-concept and different ways to meet challenges" (para.2). How nurse educators manage the period of discomfort of change and the transition process during the passage from learning and teaching nursing documentation was an exciting topic for this classic grounded theory study. Bridges' process of three phases of managing transition had value for inclusion as part of a theoretical framework for this study.

Locsin's theory of technological competency. Locsin's theory of technological competency as caring in nursing served as a model for practice for the topic of nursing documentation. Exploration of different ways nurse educators and administrators moved through information technology and the caring/presence experience included Locsin's model (Locsin, 2005). The technological competency as caring model links the caring of nursing with technology (Locsin, 2005).

Resnick's middle range theory of self- efficacy. Resnick (2008) stated that the theory of self-efficacy based upon the work of Bandura applied in focus areas of education, nursing competencies, and clinical aspects of patient care. The self-efficacy theory was a good choice for the selected topic of nursing documentation, as motivation to assist nurse educators and nurse administrators in acquiring competencies with health

information technology and nursing informatics. The center of self-efficacy is an assumption that persons exert influence over actions (Resnick, 2008).

Watson's model of caring. A theoretical framework based upon Jean Watson's model of caring links authentic presencing to the metaparadigm of nursing's concepts of health, environment, person, and nursing (Walker & Avant, 2005; Watson, 2009). When the nurse educator teaches nursing documentation to students, a link between classroom and clinical setting can promote inclusion of authentic presencing through application of the patient's voice to the experience in simulated and live patient clinical lab settings. Watson's human caring theory includes 10 caritas processes or nursing interventions. Authentic presence is one of the caritas (Walker & Avant, 2005; Watson, 2009). Watson's theory of human caring was appropriate for inclusion of an electronic nursing documentation system to provide the patient's voice in the electronic health record. As noted by Rosenberg (2006), the theory deepens the language of the patient-nurse relationship.

In summary, a challenge for nurse educators is to advance nursing informatics through dialogue and competency in nursing informatics to enhance the process of nursing documentation. Nurse scholars, practitioners, and leaders in nursing must assist with meeting the nursing research agenda in nursing informatics. The four predetermined theoretical frameworks, which included Bridges' managing transitions process (Bridges, 1986; Bridges, 2004; Bridges, 2009); Locsin's theory of technological competency (Locsin, 2005); Resnick's middle range theory of self-efficacy based upon Bandura's work (Resnick, 2008); and Watson's model of caring (Walker & Avant, 2005; Watson, 2009) were most appropriate for discussion of nursing documentation and the existing

gap between theory and practice with nursing informatics among nurse educators in this classic grounded theory study.

Theoretical Framework Evaluation

A preconceived theoretical framework was not the recommended choice for this classic grounded theory study to remain true to the chosen qualitative research method and design of classic grounded theory. In keeping with seminal work of Glaser and Strauss (1967), Schreiber and Stern (2001) supported grounded theory as an exploratory method of research that does not commence with a previously established theory and predefined concepts. Instead, data collection, coding, and analysis were used in a simultaneous manner with emergence of concepts and properties (Glaser & Strauss, 1967; Schreiber & Stern, 2001).

When developing a theory, Glaser and Strauss (1967) stated that application of classic grounded theory incorporates four interrelated properties. These properties include (a) a theory that fit the substantive area, (b) laymen easily comprehend the theory, (c) the theory has general applicability to several daily encounters within the substantive focus, and (d) the theory permits partial control concerning the structure and process of changing day to day situations (Glaser & Strauss, 1967). These four properties were targeted for inclusion in this classic grounded theory study for application in the area of nursing practice.

A classic grounded theory approach derived a theory related to the process of teaching documentation. Classic grounded theory exceeds descriptive and interpretive goals (Jenkins, 2011). This classic grounded theory study of the main concern with teaching nursing documentation among nurse educators and how nurse educator's

overcame the concern focused on the barriers and teaching strategies of nurse educators who experienced the transition of moving from paper-based to electronic documentation to develop a theory of nursing documentation. The classic grounded theory design was most appropriate to inquire how nurse educators transitioned to an electronic health record documentation system by explorations of perspectives. In addition, this classic grounded theory study included minimal contributions of Bridges' managing transitions process (Bridges, 1986; Bridges 2004; Bridges, 2009); Locsin's theory of technological competency as caring in nursing (Locsin, 2005); Resnick's middle range theory of self-efficacy based upon Bandura's work (Resnick, 2008); and Watson's model of caring (Walker & Avant, 2005; Watson, 2009) as theoretical frameworks to support and enhance the new theory for the process of documentation.

As noted in Figure 1, contributions of the patient's voice, nurse competency with nursing documentation, and nurse educator competency with nursing documentation were key areas of consideration concerning multi modal documentation with application to the main concern of nurse educators with teaching nursing documentation to nursing students. This qualitative classic grounded theory study included two main purposes: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format; and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. A nurse educator is first a nurse and then a nurse educator.

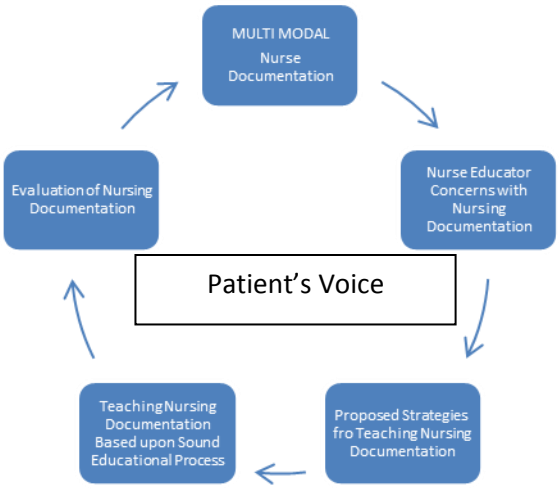

Figure 1. Conceptual Model

Conclusion

The purpose of this qualitative classic grounded theory study was twofold: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format, and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. This qualitative classic grounded theory study explored the main concern of 16 nurse educators' teaching students in the use of electronic health record technology and how success was achieved to overcome the concern at a baccalaureate nursing program in a rural area in the southern region of the United States, using in-depth interviews with audio taped, digital voice recordings and participant observation. An extensive review of the literature in the substantive area at the beginning of this classic grounded theory study was not consistent with a classic grounded theory approach. Instead, an additional search of the literature was done toward completion of the grounded during sorting and the write up.

Sorting occurred while going through a large collection of memo piles. Sorting memo piles took place upon category saturation through the process of transitioning from open to selective coding with theoretical completeness and conceptualization. Write-up began from the sorted memo piles, as part of data analysis. At this point, the literature review in a substantive area occurred where literature served as additional data integrated into the theory for constant comparison.

Summary

The introductory review of the literature supported a lack of grounded theory studies applying to nursing documentation. Qualitative research had much potential and assisted in exploration of nurse educator's perspectives on the process of documentation in paper and electronic formats and nurse educator competencies. A classic grounded theory study explored nurse educator perspectives of the process of nursing documentation and issues related to documentation of patient data and integration of health information technology and nursing informatics in clinical lab experiences.

The current state of informatics technology education and training among nurse faculty needed further exploration through research on barriers for faculty in moving from novice and advanced beginner to proficient and expert levels in health information technology and nursing informatics (Benner, 2001). Nurse educators must possess necessary knowledge, skill, and preparation to teach nursing students how to use a standardized nursing language in the electronic health records. Nurse educators must effectively transition from paper-based to electronic formats of documentation; however, views of personal ability to achieve this transition required further research.

Preconceptions were minimized and openness to data was brought forth through discovery and emergence of concepts, problems, and interpretations found in data. Emergence of the main concern of study participants was adhered to in this classic grounded theory study. Although an in-depth examination of the literature was performed for Chapter Two to meet university requirements, an enhanced review of the literature was done after discovery and emergence of data with concepts, problems, and interpretations of that data, even though the in-depth review of the literature was not advised by classical grounded theorists (Glaser, 1998). Glaser (1998) stated, "The literature is discovered just as the theory is. Once discovered the literature is compared as simply more data" (p. 69).

An introductory literature review was provided here in accordance with qualitative classic grounded theory, as a foundational basis for the purpose of the study. Gaps in the literature exist for inclusion of future studies in the process of nursing documentation and the role of faculty to facilitate a smooth transition with nursing documentation from paper to the electronic health records format. The preliminary literature review revealed a lack of qualitative studies on the role of nurse educators in acquiring the skill of documentation to teach effectively to nursing students who will enter a workforce requiring high levels of health information technology and nursing informatics skills. A qualitative classic grounded theory design was the choice for this research study because of limited relevant literature and lack of understanding of perspectives of nurse educators about awareness, knowledge, skills, and attitudes regarding documentation, as a component of patient safety and quality outcomes based upon the nursing process. Chapter 3 will include discussion of a qualitative classic

grounded theory study, as rationale to explore the main concern of nurse educator's when teaching nursing documentation to nursing students using electronic health record technology and how the nurse educators work to overcome the concern. A discussion of a qualitative classic grounded theory approach as an appropriate research design for a research study is provided.

CHAPTER 3: METHOD

The purpose of this qualitative classic grounded theory study was twofold: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format, and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. The population of nurse educators who taught in the college of nursing program at the baccalaureate level was 42 (N= 42). Sixteen nursing faculty members at a baccalaureate nursing program were interviewed for study data as the study sample (n= 16). The original sample was 17 nurse educators (n = 17). One nurse educator completed the interview process and later withdrew from the study due to personal reasons. The full study withdrawal procedure was maintained. The target site was a Bachelor of Science in Nursing (BSN) program with three campus locations in two mid-size cities and one small-size/rural area in the Southern region of the United States. Classic grounded theory qualitative research methods using inductive reasoning generated a new theory and understanding and the research problem identification from the perspectives of participants is a key component of this qualitative classic grounded theory (Elliott & Higgins, 2012). By opposition, the deductive inquiry seeks to either prove or disapprove established theory and includes a search of the literature to formulate the research problem (Elliott & Higgins, 2012).

An initial literature review in Chapter 2 supported this classic grounded theory study, which explored the main concern with teaching nursing documentation among nurse educators and how nurse educators overcame the concern. The literature review also included publications supporting the chosen grounded theory research design of

classic grounded theory and compared results with studies using other qualitative and quantitative methodologies. The seminal work of Glaser and Strauss (1967) was based upon the discovery of theory from data, known as grounded theory. Grounded theory is recognized as a qualitative method by many authorities, but Glaser acknowledges classic grounded theory as a general method (Glaser, 1998). This classic grounded theory study addressed what nurse educators, as study participants viewed as the main concern with nursing documentation using an electronic health record. Discovery of a core variable is a key factor in grounded theory in providing an explanation of phenomena grounded in social reality (Polit & Beck, 2004, 2014). Grounded theory aims for development of a theory grounded in data obtained from the field (Crewsell, 2013). Discussion for this research study focused on classic grounded theory or Glaserian grounded theory.

Chapter 3 includes discussion of a research study using a classic grounded theory research approach in the following areas: (a) research method appropriateness, (b) research design appropriateness, (c) research questions, (d) sample population and geographic location, (e) informed consent for participant confidentiality, (f) data collection, (g) grand tour question, (h) instrumentation, (i) methods to assure internal and external validity, and (j) data analysis.

Research Method Appropriateness

This qualitative classic grounded theory study has significance to nursing education and leadership. Nurse faculty must generate nursing graduates with essential information competencies, especially with skills in electronic nursing documentation. This study explored the main concern with teaching nursing documentation among nurse educators. It also looked at how nurse educator's who overcame the concern had

potential to assist with the integration of health information technology into nursing education and practice from the Technology Informatics Guiding Education Reform (TIGER) initiative and the Quality and Safety Education for Nurses (QSEN) initiative to bridge the education-health information technology chasm (Fetter, 2009; QSEN 2012, 2013; TIGER 2007, 2009, 2011, 2012, 2013).

Elliott and Higgins (2012) noted that a classic grounded theory study provides the following four key areas for the researcher, as an academic scholar. The first point establishes a meaning of inductive inquiry and how new knowledge generation makes contributions to science. The second point addresses the noteworthiness of questions applied in gathering and analysis of data. The third point reveals understanding to the "research-theory link as opposed to the theory-research link" (Elliott & Higgins, 2012, p. 9). The final and fourth point of using a classic grounded theory study was to generate a theory through induction and deduction with a focus from the experiences of the participant (Elliott & Higgins, 2012). These four key areas were included in this research study, using a qualitative classic grounded theory approach. In this research study, generation of a classic grounded theory was based upon the emerging main concern of nurse educator's teaching nursing documentation, as defined by the participating nurse educators.

The key motivation in using a qualitative classic grounded theory approach was to produce a theory of nursing documentation based upon the main concern of nurse educators with the process. One focus of the Quality and Safety Education for Nurses is critical thinking and health informatics (Quality and Safety Education for Nurses, 2012). The Quality and Safety Education for Nurses (2012) reported that informatics defines

how to "use information and technology to communicate, manage knowledge, mitigate error, and support decision making" (para. 1). A theory emerged as a result of an identified main concern in the process of documentation by nurse educators while teaching nursing students in transitioning from a paper-based to electronic format of nursing documentation during the data collection and analysis phases.

As a perspective based methodology, qualitative classic grounded theory produces a transcending abstraction in the form of a final product, a grounded theory (Glaser, 2012a). A researcher seeking to use a classic grounded theory method must remain true to the path. Four main versions of grounded theory exist. These include (a) Classic, (b) Straussian, (c) Feminist, and (d) Constructivist grounded theory (Breckenridge, Jones, Elliott, & Nicol, 2012). In classic grounded theory, the findings are about patterns of behavior in which people encounter. A conceptual view of participant behavior is the aim of classic grounded theory (Breckenridge et al., 2012). Four core facets of constructivist methodology include (a) an interpretive comprehension of participant's meanings, (b) co-construction of data, (c) relativism, and (d) a philosophical position (Breckenridge et al., 2012). This grounded theory study incorporated classic grounded theory or Glaserian methodology.

Research Design Appropriateness

Methodological stages of classic grounded theory for employment in this research study included (a) identification of an area of interest in a substantive area for nursing documentation among nurse educators, as the substantive population, (b) data collection, (c) open coding, (d) memo writing, (e) selective coding and theoretical sampling, (f) memo sorting to find the theoretical code(s), (g) review of the literature with integration

with the emerging theory using selective coding, and (h) noting the developed theory by through writing and publication (Artinian, Giske, & Cone, 2009; Birks & Mills, 2011; Glaser, 1998). The purpose of this qualitative classic grounded theory study was twofold: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format, and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. Anticipated study goals were to (a) determine nurse educator integration of information technology into nursing education curriculum and practice and (b) discover how nurse educators generated nursing graduates with essential information technology competencies, especially with skills in electronic nursing documentation to fully capture the patient experience.

Benefits of this study to subjects, the organization, and to society are of priority, especially with limited clinical agency sites. Use of only traditional live patient contact for educating nurses is not feasible. Collaboration among nursing programs and clinical facilities, including the ability to practice the skill of nursing documentation of the patient experience is needed to meet the information technology goals in nursing education. This area is identified in particular by the Technology Informatics Guiding Education Reform initiative (TIGER, 2013) and Quality and Safety Education for Nurses competencies at the undergraduate and graduate levels (QSEN, 2013).

After consideration of other methods, classic grounded theory was the best fit to provide a theory for nursing documentation based upon the main concern of participants. Nathaniel (2003) completed a successful dissertation on moral reckoning in nursing as a

grounded theory. Nathaniel applied classic grounded theory as methodology in a fashion to stay true to classic grounded theory (Nathaniel, 2003). The grounded theory of moral reckoning in nursing may stimulate future development of a formal grounded theory of moral reckoning in other substantive areas with generalizability applications (Nathaniel, 2007). Calvin (2004) discovered a theory of personal preservation to provide increased comprehension of illness behavior in hemodialysis patients and the manner how patients arrive at decisions regarding end-of-life treatments. A substantive theory of personal preservation developed as hemodialysis patients centered thoughts and decisions regarding end-of-life care on living instead of dying (Calvin, 2004).

Glaser (2010) considered that the future of classic grounded theory is hopeful due to the increased use of the method on a global level, especially in the disciplines of nursing, education, and business. Glaser (2010) based globalization, as one reason for the expansion of grounded theory to diversity in people, including researchers, as the core variable. Grounded theory's conceptual attention allows freedom for researchers to become empowering and unique theorists. Glaser (2010) stated, "Once the researcher has a grounded theory for what is going on in a substantive area, no one can tell him or her much different; new data just get compared to the theory, and the researcher's concepts have grab for others" (p. 6).

Classic grounded theory is a research method that permits generation of a theory that explains the main concern of the population in a substantive area and how this concern resolves or processes from the focus on participant behavior. The unique characteristics of classic grounded theory as a general research method guided the collection of data and data analysis procedures as described by Scott (2009). The eight

key stages of classic grounded theory methodology included in this classic grounded theory and described by Scott (2009) were (a) identification of a substantive area, (b) data collection, (c) open coding, (d) writing of memos throughout the research process (e) conducting selective coding and theoretical sampling, (f) memo sorting and discovery of the theoretical code(s), (g) reading of the literature and integrating pertinent literature with the researcher's theory through selective coding, and (h) writing and presenting the theory. All eight stages were included with this study of the main concern with teaching nursing documentation among nurse educator's and how nurse educator's overcame the concern.

A classic grounded theory study was an exciting option as a chosen research study design. Classic grounded theory provided an explanation of nurse educator's perspectives of teaching strategies used to prepare students to document using electronic health records throughout the nursing program of study and transition as new graduates into the informatics rich health care environment. A classic grounded theory revealed a core category to resolve a main concern, from the perspectives of a nurse educator. Emergence of a problem occurred with this approach. In classic grounded theory, the substantive area was the main concern of participants on what was important, as an inductive approach. As noted in this study and according to Glaser (1998), discovery of the main problem or concern of participants created social organization of behavior in a substantive area with an emerging theory.

Glaser (2009) defined classic grounded theory as a general method and the only true methodology of grounded theory design. This noted author believed that other multiple versions deviate from the classical approach originating in 1967 (Glaser, 2009).

The historic grounded theory of awareness and dying, developed by Glaser and Strauss in 1965, focused on the dying process (Glaser & Strauss, 1967). This study occurred as a result of a public health research grant from a division of nursing (Andrews & Nathaniel, 2009). Andrews and Nathaniel (2009) reported that the grounded theory of awareness and dying remains useful with application for future research from a conceptual view modifiable as current research emerges. The roots of grounded theory center on four dimensions of conducting sociology: (a) autonomy, (b) originality, (c) contribution, and (d) power (Glaser, 2006). These dimensions also apply to nursing and supported the use of grounded theory as an appropriate method for nursing research in this classic grounded theory study.

The aim of classic grounded theory is core category discovery (Artinian et al., 2009). When discussing the developmental nature of grounded theory, Glaser (1998) stated, "The time has come for a methodology that focuses on the interest of the participants in favor of that of the researcher" (p. 45). Nathaniel and Andrews (2007) stated that explanation of dynamic concepts or categories in grounded theory are known as "gerund verbs" and conclude in "-ing", such as "becoming," "cultivating," "making credible" (p. 351).

A main advantage of classic grounded theory for this research study was the flexibility related to data collection and analysis as discussed by Glaser & Strauss (1967). Qualitative classic grounded theory also provided the ability to ascertain how participants, as nurse educators worked to overcome main concerns of teaching students in the use of electronic health record technology. This allowed for theory development to explain and predict participant behavior as discussed by Jones (2009). Challenges to a

classic grounded theory approach included use of an interview guide and a qualitative research software program for data organization and analysis procedures.

Although several quantitative and qualitative methods and designs were of interest in the area of nursing documentation, a generalized classic grounded theory approach was a personal method of choice for this research study. Selection of a classic grounded theory methodology produced a defensible dissertation. This qualitative classic grounded theory study has future use among nursing professionals, especially for nurse leaders and nurse educators.

Research Questions

Three general research questions for this qualitative classic grounded theory study were:

R1 - How do nurse educators manage main concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology?

R2 - How do the nurse educators work to overcome the concerns?

R3 – What new theory explains nurse educator teaching of nursing documentation and its negative or positive influences of student learning of the competency?

In this classic grounded theory study, nurse educators provided psychological and sociological perspectives of how to teach nursing documentation to nursing students. An examination of the awareness, skill, knowledge, and attitudes of nurse educators addressed a psychological component, especially as nurse educator's worked with the newer technology aspects of nursing documentation of patient care using an electronic

health record format. The sociological aspect included responses given by nurse educators of the social contexts in which teaching was documented.

Sample Population and Geographic Location

The population for this qualitative classic grounded theory study was nurse educators. In classic grounded theory, Scott (2009) stated that the researcher discovers the main concern of the population of a substantive area. Data collection included an original approximation of 15 to 20 in-depth interviews targeting nurse educators teaching in one baccalaureate nursing program. The number of interviews was dependent on the point when data saturation was reached. The target nursing program included three campus locations in two mid-size cities and one small-size city/rural area of the southern region of the United States. A population group for data collection was from among 42 (N= 42) nurse educators from one baccalaureate nursing program with a projected sample of 15-20 participants. Schmidt and Brown (2009) noted that exact sample size is not set in a grounded theory design.

Data collection included an approximation of 15 to 20 qualitative classic grounded theory individual interviews with observations for this study. Theoretical saturation determined the number of total interviews. The rationale for the range of 15 to 20 served as documentation of why interviews stopped when theoretical saturation occurred before 20 participant interviews. Nurse faculty from one baccalaureate nursing program with three campus locations in two mid-size cities and a small-size city/ rural area in the Southern region of the United States were invited to participate in the study through email announcement, face to face interaction, and referrals from others. Data collection continued until saturation of data was achieved. Initial data collection began

with purposive sampling and moved to subsequent sampling based upon emergence of discovery as noted by Nathaniel (2007). Demographic data for collection consisted of participant age, gender, ethnicity, highest educational level, certifications, years of experience as a registered nurse, and years of experience in a nurse educator role (Appendix E).

Although physicians, physician assistants, nurse practitioners, registered nurses, and nursing students are actively involved in working with a clinical information system and documenting in a paper-based and electronic format, nurse educators must fully understand electronic nursing documentation. The chosen baccalaureate college of nursing supplied an email list of faculty contact information for potential subjects. The chosen college of nursing consisted of faculty who taught in the undergraduate baccalaureate, masters, or doctorate levels of education. The generated email list included subjects drawn from the population of faculty through selection of only faculty who interacted with undergraduate baccalaureate nursing students.

This qualitative classic grounded theory study included rural areas of the Southern region of the United States in one baccalaureate nursing program. The selection of rural areas was among the challenges faced by nurse educators in these areas to support for advancing information technology within the academic settings. The university included a main campus and two distant sites, which was united as one college of nursing. In classic grounded theory, subsequent sampling decisions are made according to continual data analysis through data progression (Nathaniel, 2003). Theoretical saturation occurred when the need to collect additional data ceased. When the process of constant

comparison revealed no new emergence of properties or dimensions, discovery of theoretical saturation of a concept occurred as discussed by Glaser (2011).

The purposive or purposeful sampling strategy was an initial choice and remained throughout the course of this classic grounded theory approach to provide discovery, understanding, and obtain insight into the main concern of nursing documentation from a sample of nurse educators as noted by Merriam (2009). Calvin (2004) used theoretical sampling in a classic grounded theory study of 20 hemodialysis patients from three dialysis outpatient facilities. Nathaniel (2003) used nonprobability sampling and purposive sampling to achieve a sample of 21 registered nurses in a classic grounded theory study of moral reckoning in nursing. Selection criteria were an essential component of purposive sampling. Criterion-based selection is also a preferred term for this sampling strategy according to Merriam (2009).

Theoretical sampling provided the total sample selection to occur throughout the data collection and analysis process. Approximately 15 to 20 nurse educators from one baccalaureate nursing program were estimated to make up the initial sample chosen for relevancy to the research problem which surfaced as the main concern of participants. Theoretical sampling was an evolving process in which emerging theory guided the researcher. Data collection directed the investigator to reading of documents, and persons involved in the interviewing procedure. Theoretical sampling created increasing confidence in the classic grounded theory design as categories emerged from data.

There were three practical issues of data collection specific to theoretical sampling. In this study, data recording, theoretical saturation and secondary analyses were the three problems of concern as stated by Glaser (1978). Data was recorded as

soon as possible upon departure from the field within approximately one to four hours post interview. Glaser (1978) referred to recordings as "jots" to assist in better recall of interview data for later in the process of developing a theory from the data (p. 53). Theoretical saturation of a category was achieved when no new properties surfaced during coding and analyzing and properties remained while moving through all data. Secondary analysis occurred when data was theoretically sampled as consistent with the classic grounded theory method described by Glaser (1978).

Selecting the right sample was one recommendation to elicit spill from participants (Nathaniel, 2008). Individuals with direct involvement in a substantive area, such as nurse educators were sampled in this classic grounded theory study. In classic grounded theory, theoretical sampling was employed. Glaser and Strauss (1967) stated that theoretical sampling is applied during the data collection process for "generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges" (p. 45). With theoretical sampling, selection of the total sample was not known prior to data collection for this classic grounded theory study.

Three initial, criterion-based selection inclusion attributes included (a) nurse educators from a baccalaureate college of nursing program in two mid-size cities and one small-size city/rural area in a Southern region of the United States, (b) nurse educators working in the selected baccalaureate program must teach nursing students in clinical lab and classroom experiences, and (c) nurse educators must have at least two years of experience teaching in a college of nursing with current responsibilities in teaching nursing students in the classroom and clinical areas. Exclusion criteria included (a) urban

and large academic teaching acute care facilities, (b) facilities outside the acute care setting, such as long-term care and associate degree programs, and (c) nurse educators with fewer than two years of experience working with nursing students in the classroom and clinical settings. The pilot study included three expert and experienced nurse educators who currently taught nursing documentation to students or had provided instruction with nursing documentation. The pilot study included non-participants for the main study.

Informed Consent for Participant Confidentiality and Ethical Considerations

The code of ethics for nurses forms the basis for ethical decision making for nursing practice in the areas of research (American Nurses Association [ANA], 2001). This study incorporated *The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research* document to maintain the foundational ethical principles of justice, beneficence, and respect for persons as applied to the research process (United States Department of Health & Human Services, 1979). In addition, adherence to the position statement on the nurse's role in ethics and human rights: protecting and promoting individual worth, dignity, and human rights in practice settings was essential (American Nurses Association [ANA], 2010a).

Subjects were informed of this qualitative classic grounded theory study's purpose, procedures, intent, duration of the study, and any potential risks or discomforts through an informed consent form (Appendix C; Appendix G). Ink signatures were obtained from study participants. Subjects were informed of withdrawal procedures in the informed consent form. Contact information was provided to subjects within the informed consent form.

To withdraw from the study the subjects were instructed to send an Email to the researcher. Study participants were informed that no harm would surface if a choice was made to withdraw from the study. In addition, data would be deleted and destroyed through shredding and burning or incineration. This included informed consent. To ensure security and confidentiality the data of any subject who withdrew would be deleted. No information was used in the study from subjects who withdrew from the study. Only one study participant from the original 17 participants ($n = 17$) withdrew from the study for personal reasons. The withdrawal procedure was executed appropriately.

If a follow-up interview was needed with a study participant, identification of individual sources of data was appropriate. Identification of study participants for interviewing purposes was done by assigning letters and numbers (Participant 1 (P1), Participant 2 (P2), etc.). Interviews and field notes were used as data sources and presented in the final write up of the study. All collected data will be securely maintained under lock and key in a designated file cabinet and behind a locked door at the personal residence home office for a period of three years minimum. Data will be destroyed at the appropriate time by shredding and burning the data to permanently destroy the data. Results of the data from this study will be disseminated by publication and presentation avenues.

Information was not gathered that may identify individual subjects. Every attempt was made to ensure that all information supplied by study participants would be handled in strict confidence. All data was coded and securely stowed, as previously described and applied for professional intentions only. Under no circumstances

whatsoever was a participant identified by name during the course of the qualitative classic grounded theory research study, or in any publication thereof.

Subjects had the choice to withdraw from the study as participants after completion of data collection by emailing the researcher (Appendix C; Appendix G). An introductory letter sent by email to participants provided details of the study (Appendix D). The dean of nursing at the selection site for the study served as the gatekeeper for the study. The dean of nursing sent out emails with a flyer attachment to recruit nurse faculty at the college of nursing in a southern region of the United States (Appendix B).

Consideration of ethical matters enhanced this research study. Integrity in a classic grounded theory study relied upon the degree of control of participants in their actions and words. Study participants remained in charge of conditions of participation in this classic grounded theory. If a participant requested researcher recommendations beyond the scope of practice, a referral to an appropriate agency would be made. This did not occur. Simmons (2009) stated that "Grounded Theory focuses on patterns of behavior; not individual behavior" (para. 12).

Subject identity and data were protected through the following: (a) subject names were not used or identified, (b) pseudonyms or numbers were used instead of subject names, and (c) data was coded alphanumerically. Audio tape recording occurred through use of digital voice recording. Video tape recording of data did not occur. Results of the qualitative classic grounded theory study will be disseminated through publications and presentations. If a follow-up interview with a study participant was necessary, identification of individual sources of data was appropriate.

Identification of study participants for interviewing purposes was done by assigning letters and numbers: Participant 1 (P1), Participant 2 (P2), etc. Interviews and field notes were used as data sources to present in the final write up of the study in the form of quotes to illustrate a particular concept as discussed by Simmons (2009). All collected data was securely maintained under lock and key in a designated file cabinet at the personal residence home office. Data will be destroyed at the appropriate time after a minimum of three years by the process of shredding and burning.

The classic grounded theory researcher remains cognizant of ethical and legal issues (Birks & Mills, 2011). To remain aware of these issues, a basic course was completed as required from the Collaborative Institutional Training Initiative (CITI) dated August 23, 2011. A CITI refresher course was completed on February 23, 2013 (Collaborative Institutional Training Initiative [CITI], 2013).

There was minimal risk or stress, not greater than encountered in ordinary daily life/activities or routine tests for the human subjects, as a result of their participation in the classic grounded theory study. Subjects recruited to participate in this classic grounded theory study did not include any that were in protected groups, as defined within the federal human subjects guidelines (Collaborative Institutional Training Institute [CITI], 2013). If a woman was interested in participating in the study who was pregnant or believed to be pregnant, the individual would be asked to step away from the study to minimize any potential harm or stress. This issue did not surface.

Human subject issues included privacy and confidentiality of subjects. Permission was obtained prior to data collection to access nursing faculty at a baccalaureate college of nursing at three campus sites in a Southern region of the United

States. This classic grounded theory study received full approval with an expedited Institutional Review Board (IRB) application at the baccalaureate university in the college of nursing site (Appendix B; Appendix F; Appendix G). The study also required full IRB approval from University of Phoenix prior to data collection.

Study participants provided informed consent to participate in this classic grounded theory study (Appendix C; Appendix G). Glaser (2001) recommended wording of a consent form that allowed for flexibility in collection and analysis of data. Obtaining IRB approval to conduct research using human subjects was in accordance with University of Phoenix requirement and other research sites. In classic grounded theory, the researcher may not know in advance the exact nature of data for collection (Glaser, 1998).

Artinian et al. (2009) approached grounded theory research human subject issues with a consent form for participants, if interviews were tape-recorded. Securing approval from the research site occurs only for any conversations of casual nature or for observations with recording when using memos or field notes (Artinian et al., 2009). Glaser (1998) did not advocate use of taping and transcribing of interviews because theoretical completeness was achieved by completion of field notes post interview. Digital voice, audio recording and transcribing of interviews were used in the classic grounded theory study as data collection.

Data Collection

Data collection and data analysis occurs concurrently in classic grounded theory (Glaser, 1998). Steps of this classic grounded theory study included (a) sampling procedures, (b) coding procedures, (c) memoing procedures, (d) constant comparison,

and (e) writing as noted by Thomas (2011). Sampling procedures served as a means for data collection. Coding procedures occurred through assigning a revealing name to large amounts of data. Naming led to comparing and contrasting and further questioning of data while remaining true to classic grounded theory as discussed by Glaser (1998).

Coding procedures included open coding, selective coding, and theoretical coding. Memoing was the technique of taking notes about the advancement of coding and emerging concepts. Constant comparison was the process used to continually compare codes to one another with returning to the data. The last step of classic grounded theory occurred with categorically sorting of memos and is where writing began as noted by Thomas (2011). The identified main concern gathered from barriers and teaching strategies of nurse educators who experienced the transition of moving from paper-based to electronic documentation assisted with developing a theory in the area of nursing documentation. In classic grounded theory, an exact number for sample size was not predicted, but rather used theoretical sampling based upon a developing theory and saturation of data.

Purposive sampling, a nonprobability sampling technique was used to recruit subjects with knowledge concerning the area of study; in this case, nurse educators who taught nursing documentation to student nurses. Purposive sampling elicited expert and competent individuals based upon selection criteria. Study participants contributed to theory development in classic grounded theory. Theoretical sampling involved the inductive coding, collecting, and analyzing of data. Glaser (1998) reported that theoretical sampling was "the "where next" in collecting data, the "for what" according to the codes, and the "why" from the analysis in memos" (p. 157).

Qualitative research designs included the recording of participant comments in order to provide verbatim sources of rich study data. Electronic recording of participant interviews is controversial in grounded theory research. Glaser (1998) stated, "Theoretical completeness only requires those notes written down after an interview to be later used for constant comparisons. The researcher can trust this approach" (p. 107).

Six deficits of taping or recording interviews in classic grounded theory outweighed any benefits (Glaser, 1998). First, taping does not allow delimiting. For example, according to Glaser (1998), recording ignores constant comparison, which continually delimits the theory as it emerges in a classic grounded theory approach. Second, research timing is seen when recording interviews through the forestalling and delaying of theoretical sampling. Third, data doubts surface when too much unnecessary data emerge from recording of non-delimited amounts of repetitive data. With interviews and observations, recording of data only collects words, not observations.

Glaser (1998) stated that the fourth concern is with minimization of creativity and skill development of the researcher. According to Glaser (1998), the skill of learning to be a note taker, to immediately code and analyze data and apply theoretical sampling is reduced with recording of interviews. A need for field notes, coding, analyzing, and memoing to occur in an expedited manner is the fifth concern (Glaser, 1998). The sixth concern of taping interviews focuses on illustrations. In this classic grounded theory study, field note incidents served as illustrations to the meaning of categories and subsequent properties with interrelations. Evidence of recordings in classic grounded theory was not the purpose and goal of the method as stated by Glaser (1998).

Nathaniel (2003) opted to remain consistent with the classic grounded theory recommendation from Glaser (1998) to not include tape recording and rather completed field notes as soon as possible after finishing an interview to promote "theoretical completeness" (Nathaniel, 2003, p. 54). Nathaniel (2003) used brief notes upon completion of the first few interviews to ensure accuracy of field notes. Interviews in the theory of moral reckoning classic grounded theory study were documented by using field notes written immediately upon completion of each interview (Nathaniel, 2003). This qualitative classic grounded theory study employed the process of field notes, coding, and analyzing, and digital audio recording of participant interviews. In addition, recorded data was utilized with digital computer reproduction to support accuracy of interpretation of study data. Memoing was used to manage the large volume of ideas throughout the study period. Glaser (2014) advocated for "free style memoing" generating grounded theory analysis (p. 1). This format was used in this classic grounded theory study.

Primary data collection from human subjects was done using the interview guide that the three experts helped to refine and finalize (Appendix A). The research study results have the potential to be transferable to a larger population of nurse faculty and other health care professionals performing documentation of the patient care experience. According to Glaser (2011), a classic grounded theory occurs at the same time in what is known as the 5 S's: "subsequently, sequentially, simultaneously, serendipitously, and scheduled" (p. 106).

This classic grounded theory study included digital recorded in-depth open-ended interviews with participant observation. Appropriateness of this method was from views gathered from collective, in addition to individual perspectives. Individual in-depth

interviews allows for "rich insights into personal thoughts, values, meanings, and attributions" (Issel, 2009, p. 472). Timing of data collection began once IRB approval was obtained from the University of Phoenix.

In-depth interviews targeted nurse educator faculty at a baccalaureate college of nursing with three campus locations in a city and rural areas of the Southern United States. Data collection and analysis began at the main campus of the college of nursing and proceeded to the two distant campus sites to ensure saturation. The two distant sites are within approximately less than 100 miles of the main campus location at the university. The permission to use the premises (collect data) granted permission for all three locations, which fall under the college of nursing within the chosen university (Appendix B; Appendix F). With classic grounded theory, resolving the main concern with nursing documentation of patient care among nurse educators occurred through abstraction by a core category and related sub-categories as discussed by Glaser (2011). The length of an individual interview lasted approximately one hour.

Grand Tour Question

Classic grounded theory generally does not support the use of an interview guide to minimize forcing of interviewee responses and reduces constructivism (Simmons, 2011). A non-structured interview process began with a "grand tour" question to invite a research participant to respond to areas of relevance to the interviewee in accordance with recommendations by Simmons (2011, p. 23). Theoretical sampling initiated further open-ended "grand tour" questions with the emerging theory (Simmons, 2011, p. 23). An interview guide was beneficial in the pilot study and all interviews. Subsequent

interviews also utilized the insights of early interview participants to further elicit clearly meaningful study data.

The interview process for this qualitative classic grounded theory commenced with a main grand tour question (GTQ), as a general question and provided direction for interviews and encouraged nurse educators to speak about their concerns with nursing documentation. The following issue created the background for the grand tour question. Nursing documentation is an area of concern in nursing education while moving from paper-based to an electronic format. Many health care facilities and colleges of nursing are making the transition. The following grand tour question was utilized. Grand Tour Question (GTQ): As a nurse educator, what are your concerns about how students are learning documentation and how nurse educators are teaching this competency during the transition to an electronic format?

Calvin (2000) used a "grand tour" question and an interview guide with probing questions in the classic grounded theory study of a theory of personal preservation (p. 89). The interview guide was used for the first two patients only in Calvin's grounded theory study to generate more information from participants because of the brief answers from patients from the broad "grand tour" question (Calvin, 2000, p. 89). Revisions to the interview guide are made as the study progresses (Calvin, 2000). This classic grounded theory study applied the same techniques.

Instrumentation

Minimization of preconception is a key in this classic grounded theory study (Glaser, 1998; Glaser, 2007). A research instrument was included for this study in the form of an interview guide. Many research instruments are based upon preconception,

which is not in accordance to maintaining a consistent classic grounded theory approach according to Simmons (2009). Data collection included semi-structured, open-ended interviews with participant observation for this qualitative classic grounded theory study.

This classic grounded theory study began with the broad research questions and use of a grand tour question and semi-structured interview questions. As the research progressed, the questions were narrowed and redirected as noted by the study from Nathaniel (2007). Semi-structured interview questions assisted the participants to fully identify the main concern with teaching nursing documentation to nursing students while transitioning from a paper-based to electronic health record format and how nurse educators overcame the concern (Appendix A).

Grounded theories are suitable for health care research because of application to the patient care environment to facilitate quality and safety measures (Nathaniel & Andrews, 2010). Inclusion of self, as discussed by Glaser (1992) in this classic grounded theory study provided understanding and meaning to substantive data and theory development from a nurse educator perspective. Hunter, Murphy, Grealish, Casey, and Keady (2010) discussed an advantage of using a classic grounded theory approach as inclusion of self and engagement with study participants. Hunter et al. (2010) advocated for use of the researcher as an integral part of the classic grounded theory process. Continual awareness of theoretical sensitivity was an essential component of classic grounded theory during all stages of the study in keeping true to the method of Glaser (1998). Glaser (1992) reported that the researcher approaches substantive data with "conceptual insight" (p. 27).

Interview Guide

The interview process started with the one grand tour question of the main concern with nursing documentation and progressed to semi-structured interview questions from the interview guide (Appendix A). Eight semi-structured interview questions for this qualitative classic grounded theory study included:

1. Describe your views as a nurse and nurse educator on the characteristics of ideal nursing documentation.
2. What do you identify as facilitators and barriers to student learning and nurse educator teaching of nursing documentation in the classroom setting?
3. What do you identify as facilitators and barriers to student learning and nurse educator teaching of nursing documentation in clinical lab experience settings?
4. What concerns do you have about the challenges of nursing students learning documentation using an electronic format?
5. Describe your concerns about how you and other nurse educators are teaching documentation during the transition to an electronic format.
6. What changes do you recommend in strategies for teaching nursing documentation using an electronic format?
7. How optimistic are you on how nursing and nursing education will meet mandates for the efficient and effective transition from written to electronic documentation methods?
8. What kinds of support systems need to be implemented in order to facilitate

this transition process in ways that answer your own concerns about teaching electronic documentation?

Semi-structured interview questions from the pilot study guided the formal interview process. A pilot study was conducted before the primary data collection occurred to ensure perceptions of situations were not viewed in distortion with what was seen in the field and determined appropriateness of the broad grand tour question and semi-structured interview questions to elicit subject sharing of the main concern. The value of participant voices through in-depth interviews was part of the classic grounded theory approach. Open interview settings were dependent upon distance and location for this interaction. Interviews occurred in a private area at the university library or other secure and private location on all three campus locations for faculty convenience.

In this classic grounded theory, resolving a main concern of participants occurred through abstraction by a core category and related sub-categories through open-ended interviews. Open-ended interviews are most appropriate in this method (Glaser, 2011). Glaser (2011) further stated that open-ended interviewing provides necessary freedom to study participants to "spill" concerns from a personal viewpoint (p. 70).

Approximately one-hour, individual face-to-face interviews using digital audio recording and observation occurred at a private conference room within the university library or college of nursing on all three campus sites. Nathaniel (2007) suggested writing field notes within one hour following an interview from "brief, unobtrusive contemporaneous notes" taken during the face-to-face interview (p. 12). Demographic data was obtained at the end of the interview, including (a) age, (b) gender, (c) ethnicity,

(d) highest educational level, and (e) years of experience as a nurse educator (Appendix E) for this classic grounded theory study.

Pilot Study

The classic grounded theory study included a pilot study. The pilot study was designed as a three-informant study of nurse educators prepared at the MS, MSN, or PhD level. Non study participants included current and former nurse faculty members who work or had prior experience with teaching nursing students the process of nursing documentation of patient care in the classroom and clinical experience settings. Pilot study participants were solicited for the study through sending an email to potential individuals. The semi-structured interview questions and grand tour question were provided to the participants during individual face-to-face interviews and observations, such as non-verbal behaviors, participant voice and other characteristics and mannerisms. Interviews were audio-taped using a digital voice recorder to evaluate note-taking and determine whether any critical data were missing. These interviews were followed up with field notes and memos. An estimated time for each interview was 60 minutes.

Data was disseminated to pilot study participants upon completion of the interviews. Participant personal identifiers were discarded upon completion of the pilot study. The pilot study of the main concern of nursing documentation among nurse educators explored the appropriateness of the general interview grand tour question and semi-structured interview questions included as part of the interview guide (Appendix A). Any responses obtained during the interview process were not used in the data collection or analysis for the study. The data collected from the pilot study participants was

analyzed according to classical grounded theory procedures which provided additional areas to explore with teaching of nursing documentation for the actual research study.

The three experts in the pilot study evaluated whether the face to face questions had validity for the express purpose of the classic grounded theory study. Pilot studies in qualitative research serve as a trial run in bracing for the main grounded theory study (Polit & Beck, 2004, 2014). Pilot studies assist with defining dimensions of the main concern, the sample of participants and sites for the study, inclusion of instruments other than the researcher, as the observer, any behaviors of focus, protections against supportable optional explanations, and any potential ethical issues (Krathwohl & Smith, 2005). Identification of these areas was noted based upon this classic grounded theory study.

Nathaniel (2003) conducted a pilot study as part of dissertation in a classic grounded theory of moral reckoning. In classic grounded theory, a pilot study further assists in achieving the following three characteristics: (a) an ability to conceptualize data, (b) an ability to remain patient with tolerance for confusion, and (c) an ability to tolerate regression as noted by Glaser (2010). For this classic grounded theory study, a pilot study was conducted of three experts in the field to evaluate the general research questions, broad grand tour question, and the semi-structured interview questions. Nathaniel (2003) conducted a three-informant pilot study, as part of the research timeline where simultaneous gathering of data, memoing, coding, and analysis occurred as part of the classic grounded theory process (Nathaniel, 2003).

Methods to Assure Internal and External Validity

In qualitative research, reliability is also known as dependability (Simon, 2011). Eight semi-structured interview questions were developed to facilitate participant discussion. Reliability of the semi-structured interview questions occurred through feedback from the pilot study participants. Modifications to the interview guide based upon pilot study participant input promoted reliability. No modifications were made to the interview guide from the pilot study. Expert review of interview questions on the interview guide served as one method to ensure reliability for this qualitative classic grounded theory study.

Fit, workability, relevance, and modifiability are four criteria for judging and implementing grounded theory (Glaser, 1998). In the study producing a theory of moral reckoning, fit was seen from emerging stories of nurses in moral reckoning categories and concepts (Nathaniel, 2007). Relevance was found in concepts emerging in relation to issues experienced by nurse participants (Nathaniel, 2007). The stages of ease, resolution, and reflection accounted for much of the interpretation of nurse's behavior (Nathaniel, 2007). The theory of moral reckoning can undergo modifications to achieve fit, work, and relevance (Nathaniel, 2007). The theory was grounded in the data with rigor to instill trust (Nathaniel, 2007). All four criteria areas were addressed in this classic grounded theory study.

Glaser (1998) describes fit, as another term for validity. The research determined fit by asking if the concept sufficiently expressed the pattern in the data it aspired to conceptualize. Constant comparison sharpened the fit as described by Glaser (1998). Workability assisted with determining if the concepts and manner in which they

associated into hypotheses adequately attributed for how the participant's main concern in a substantive area emerged as discussed by Glaser (1998). Relevance provided importance to the study that centered on the main concerns of participants. Relevance elicited immediate "grab" as stated by Glaser (1998, p. 18).

Glaser (1998) noted that modifiability applies to transformation of theory by new data through use of comparison. Modification of theory took place. This was unlike verification of theory, as noted in verification studies. The classic grounded theory method served to generate theory rather than verify existing theories as stated by Glaser (1998). In classic grounded theory, the theory was modified by the process of constant comparison with additional data as noted by Glaser (1994).

In addition to the aforementioned four criteria for judging and conducting classic grounded theory, Glaser (2001) added five areas to address established criteria for reliability and validity. Glaser (2001) discussed (a) credibility, (b) transferability, (c) external validity, (d) dependability, and (e) confirmability, as criteria to judge the quality of grounded theory. The first area of credibility is met when the theory fits, works, has relevance, is generalizable, and highly modifiable from constant comparison (Glaser, 2001). In classic grounded theory, credibility relies on the method of data collection, analysis, and ultimate development of a conceptual theory (Artinian et al., 2009).

The second area of transferability occurs because of the grounded theory quality of being abstract of place, people, and time. This allows easier application to new situations with an emergent fit through conceptualization and away from description (Glaser, 2001). Constant comparison produces a theory that fits the situation for

generalization to other situations and achieves the third area of external validity (Glaser, 2001).

The fourth area of dependability is met when constant verification occurs during the process of theory generation for categories and properties. Modification of any new data or altering conditions transpires as categories weave into the theory (Glaser, 2001). Confirmability establishes because the grounded theory aims for conceptualization, not description. For this reason, issues of reproducibility, objectivity, and replication do not apply to grounded theory (Glaser, 2001). Validity is achieved in grounded theory when the grounded theorist assists the study participants in understanding how to manage the main concern (Artinian et al., 2009). All areas were included within this qualitative classic grounded theory study.

Member checking is a strategy where participant feedback ensures internal validity or credibility in qualitative research (Merriam, 2009). Member checking occurs when study participants verify qualitative data through the process of checking and commenting on the presented data to achieve validation (Birks & Mills, 2011; Simon, 2011). In this study, it was necessary to apply member checking to achieve category saturation.

Data Analysis

Generation of hypotheses occurred in an inductive manner as a goal of grounded theory research. In this classic grounded theory study, testing of hypotheses and deducing them logically was not the goal of qualitative research or grounded theory as noted by Thomas (2011). In classic grounded theory, there are three hallmarks. The core variable was searched, discovered and found to be the main concern and its recurrent

solution in the first stage of the study as described by Christiansen (2012). As stated by Birks and Mills (2011), identification of a core category occurs in a grounded theory study through a connection between a "frequently occurring variable and all of the other categories, sub-categories and their properties and dimensions" (p. 100).

The second hallmark unique to classic grounded theory was when trust was established in concepts as they emerged from the data. In this classic grounded theory study, personal preconceptions were set aside while remaining open to the main concern of study participants as discussed by Christiansen (2012). The third hallmark of classic grounded theory required thoughtful and alert attention to abstract conceptualizations using the constant comparative method to promote formation of patterns in data as stated by Christiansen (2012).

In this classic grounded theory study, interviews progressed to allow the main concern of nurse educators to emerge. This qualitative classic grounded theory study began with open coding through collecting, coding, and analyzing data. An electronic interpretive program was used for data categories along with reflective manual sorting to elucidate details of the emerging grounded theory.

According to Glaser (1998), the researcher finds what the study was based upon, identifies what category each incident establishes, and what the incident indicates as related to a property and category. This approach with interviewing is known by Glaser (1998) as what "usually instills a spill" (p. 123). In the theory of moral reckoning study, Nathaniel (2008) accepted the flow of the stories as participants began to tell their stories. Adherence to this interview process in addition to use of an interview guide with a grand

tour question and selected semi-structured interview questions with participant observation was part of the data collection process.

Core Variable

From the data, concepts emerged with the participants' main concern. The core variable was seen as the main indicator of participant behavior in the substantive area under study. Throughout the process of open coding, it was important to continue with coding, analyzing, and generating new categories to identify the real problem of participants. Selective coding began to ensure focus and a level of conceptualization through constant comparisons once a clear problem and core variable was identified. In this qualitative classic grounded theory study, a clear problem was identified and core variable surfaced when stories emerged from nurse educators of their main concern with teaching nursing documentation and how the nurse educator's overcame the concern.

Constant Comparative Analysis

The constant comparative method of qualitative analysis was used in this classic grounded theory study, which applied coding and analysis produced a theory in a systematic approach. As noted by Glaser (1994), this is achieved with inclusion of "explicit coding and analytic procedures" (p. 182). Glaser (1994) discussed four stages in the constant comparative method of qualitative analysis.

The first stage in this classic grounded theory study required coding of each incident in the data into many categories of analysis, with emergence of data and categories that fit a current category as noted by Glaser (1994). Coding occurred on margins of legal pads and on index cards. Incidents were then coded for categories with comparison with prior incidents in exact and different groups in the same category

Theoretical properties of the category then emerged as a result of constant comparison of incidents. Once the data was coded for a category approximately three to four times, coding ceased and recording of memos began. Writing of memos was done from field notes to illustrate ideas. Rearrangement of memos and field notes was part of writing theory. This process was achieved through use of written memos, OneNote®, and index cards. NVivo 10® was used initially but there was less control of data organization and interpretation through use of this qualitative software program.

Integration of categories and their properties was the second stage of constant comparative analysis. This stage began with memos and proceeded to comparing incident with incident to a focus on comparison of incident with properties generated from the categories at the onset of incident comparison as discussed by Glaser (1994). Integration of diverse properties directed development of a theory. Individual components were then further analyzed. Theoretical sampling was used for data collection and resulted in an integration of theory. The third stage of constant comparative analysis according to Glaser (1994) involved delimiting the theory at the theory and category levels. Modifications to the theory became less as the theory solidified as discussed by Glaser (1994). Reduction then occurred with terminology with generalizing as a result of constant comparisons. Further reduction in original categories was also part of delimiting the theory as noted by Glaser (1994). This study employed this stage.

Glaser (1994) stated that theoretical saturation is seen with further delimitation from the list of categories. Writing the theory was the final stage of the constant comparative method. In this stage, the coded data, memos, and a theory were within

possession. An analytic framework produced a systematic substantive theory for future presentation as published results as encouraged by Glaser (1994).

Classic grounded theory methodology involved emergence of a substantive theory, which occurred as part of the methodology, not upon completion of the research. Open coding was an initial stage of constant comparative analysis where data was collected and analyzed with an awareness to remain constantly open without preconceived codes as discussed by Glaser (1992). Open coding was applied to discover the core variable.

Using the constant comparative method, open coding moved toward data conceptualization as stated by Glaser (2012b). Constant comparative analysis included open coding and selective coding. The analysis required constant "comparing or relating data or data incidences (line by line) to emerging concepts (ideas), then relating concepts (ideas) to other concepts (ideas) or their properties" as discussed by Christiansen (2007, p. 409). The core category was discovered followed by selective coding and theoretical sampling to ascertain if the core category applied as stated by Glaser (2012b). As a result of this entire process, Nathaniel (2007) discovered through coding and comparison of interviews the core concept of moral reckoning instead of moral distress, as the original focus of the research study. In this classic grounded theory study of nurse educators, the constant comparative method allowed for the core concept of internalizing accountability to emerge.

In this qualitative classic grounded theory study, theoretical saturation of a category occurred through data coding and analysis without emergence of original properties. In addition, identical properties repeatedly surfaced while moving through an

entire expansion of data. At this point, sampling progressed to identify for incidents on dissimilar categories. Selective coding delimited coding to concepts in relationship to the core variable. When the core category was operational, memo writing began on the workings and relevance of emerging concepts.

Theoretical Sampling

The next step of theoretical completeness was found in the number of concepts about the core category as discussed by Glaser (2012b). Four to six sub concepts are sufficient for a classic grounded theory study (Glaser, 2012b). This study produced four sub-core concepts. A theory was written upon theoretical completeness from concept integration. Memo sorting led to the first data draft with the writing of the theory. This came from data and concepts from mature memos as discussed by Glaser (2012b).

The classic grounded theory study was completed with a final writing of results that concluded with a substantive grounded theory as noted by Glaser (2012b). Coding and analyzing occurred upon completion of each interview. In classic grounded theory, once concepts were repeated, theoretical sampling lead to interviewing of prior interviewees or seeking new study participants.

Prediction of specific sample size was not done at the onset of this qualitative classic grounded theory study because it was unknown as to what main concern would emerge as problematic and how these concerns would conclude as noted by Artinian et al. (2009). Theoretical sampling provided the total sample selection to occur throughout the data collection process. Approximately 15 to 20 nurse educators from one baccalaureate nursing program made up the initial sample chosen for relevancy to the research problem. If saturation occurred with 15 participants, then the sample selection

process would cease. This determination was made based upon emerging findings throughout the research study. Saturation occurred upon completion of 16 interviews.

Theoretical sampling was an evolving process in which emerging theory guided the analysis. As discussed in Merriam (2009), data collection in this classic grounded theory study directed the investigator to reading of documents, and persons involved in the interviewing procedure. Theoretical sampling created confidence as categories emerged from data as discussed by Glaser and Strauss (1967). Theoretical sampling assisted in directing in other groups in the study upon development of the theory.

In qualitative classic grounded theory, data was collected until saturation of categories developed and a core category arose that incorporated the majority of categories. In this method and design, interviews may be needed for full saturation to occur or when no new findings emerge in the study (Artinian et al., 2009). Data collection, memoing, analysis, and coding occurred in a simultaneous format in this study to determine complete saturation. The use of the constant comparative method in classic grounded theory revealed saturation.

Computer Assisted Qualitative Data Analysis Software (CAQDAS) – NVivo 10®

NVivo 10® was one Computer Assisted Qualitative Data Analysis Software (CAQDAS) program used in qualitative data analysis. Thomas (2011) discussed several advantages of qualitative research software (QRS). Quantification of textual data is simplified somewhat through QRS. According to Thomas (2011), 10 key advantages for using QRS include:

> Quantification, recall of coded data, imbuing with a sense of rigor, imbuing with scientism (objectivism), connecting memos, codes, and data, concept mapping

with links, sharing analysis with multiple researchers, auto coding, coding multiple digital media (it's not just interview transcripts anymore), and importing literature to code and link. (p. 142)

Although qualitative research software may have advantages, Glaser does not fully support its use in grounded theory research (Glaser, 1998; B. G. Glaser, personal communication, May 19, 2012). Data analysis occurred in a simultaneous process with other steps in classic grounded theory, as noted in the theory of moral reckoning by Nathaniel (2003). In the classic grounded theory study of moral distress, organization of ideas from emerging data was the focus of analysis (Nathaniel, 2003). Glaser (2005) discussed that wrong notions of emerging theoretical codes (TC) from computer sorting of data retrieved "all data or memos on a category, with the result of full conceptual description on the category with no TC and with overload in ideas or data on the category" (p. 47).

This qualitative classic grounded theory study included use of NVivo 10®, as a CAQDAS program early on in the data analysis phases (Qualitative Research Software (QRS) International, 2013a). Comparisons were made early on during data analysis using manual methods and CAQDAS with NVivo 10®. It was felt that data was forced into preconceived patterns using NVivo 10®. As a result of this finding, conversion to a full traditional approach in the format of a word document for data storage using OneNote® and data analysis with adherence to hand coding, sorting, use of field notes, memos, and the constant comparative method was performed as supported in the works by Andrews (2012) and Glaser (1998). Transcription of audio-taped, digital recordings of all interview participants was performed. Data for this study were analyzed sentence

by sentence. Data were then coded and arranged into concepts with subsequent categories. The data were then incorporated into the theory.

NVivo 10® may assist the researcher "to manage, shape and make sense of unstructured information" (Quality Research Software (QRS) International, 2013b, para. 4). In qualitative classic grounded theory, the researcher must analyze data. NVivo 10® served as a tool to manage information collected from interviews through data classifying, sorting, and arranging (Quality Research Software (QRS) International, 2013b). CAQDAS, such as NVivo 10® may adhere to the key processes of classic grounded theory from study design and preliminary sampling and progression through data analysis, theoretical generation, and sharing of research findings (Hutchison, Johnston, & Breckon, 2010). During this classic grounded theory study, it was determined that NVivo 10® was not found to be the best method for data organization and analysis.

Andrews (2012) recommended coding of data using a traditional approach to achieve creativity, such as seen in using the margins of field notes, instead of using software. Conceptualization in grounded theory is the goal; not about producing evidence (Andrews, 2012). Software is beneficial for audit trails and tracking quotes for support in data analysis, but use of a word document serves the purpose to store data (Andrews, 2012). OneNote® was used in this classic grounded theory study for this purpose.

Thulesius (2012), a classic grounded theory expert, stated that use of Qualitative Data Analysis (QDA) programs, such as Nudist and NVivo have not been of much value in prior studies, but rather "forced data into preformed dull patterns" (para 1.). Hand

coding with subsequent sorting allowed for an easier path to remain open to emerging data. In addition, memo writing was an essential component of classic grounded theory. Many stacks of memos were hand sorted and placed in piles on a large surface, such a table and poster boards and resorted and rewritten as memos toward writing the formal paper as noted by Thulesius (2012). NVivo 10® was used in the early phases of the grounded theory study during data analysis with constant awareness to emerging data coding and memoing. NVivo 10® did not support this qualitative classic grounded theory study as data was collected, organized, and analyzed from the digital recorded one-on-one, individual, face-to-face interviews with observation (Quality Research Software (QRS) International (2013a).

Theory Evaluation

Several criteria for evaluating a grounded theory study centered on the process and an understanding of the formation of a theory. Artinian et al. (2009) used five criteria to critique a Glaserian grounded theory research report. Artinian et al. (2009) stated that the first criteria addresses if any preconceived problem is evident instead of allowing for emergence of the main concern of participants. Artinian et al. (2009) discussed that the focus with the second criteria is whether theoretical sampling of data formulates the theory or the study centers on a large volume of data for complete description.

The third criteria assesses for the grab of grounded theory instead of a superficial theory (Artinian et al., 2009). The fourth criteria according to Artinian et al. (2009) examines if sample selection and points of data collection are preconceived or theoretically derived in the study. The fifth criteria questions the emergence of

participants' main concerns and method of resolving those concerns or is data forcing evident through an existing theoretical framework (Artinian et al., 2009).

Discussion in Chapter 3 showed how a grounded theory emerged, as a result of this qualitative classic grounded theory study. Adherence to a classic grounded theory or Glaserian method was the desire for this research study. Steps of a qualitative classic grounded theory study included (a) sampling procedures, (b) coding procedures, (c) memoing procedures, (d) constant comparison, and (e) writing up of the study in as discussed by Thomas (2011).

Summary

In summary, the rationale for selection of qualitative classic grounded theory for this study was to provide insight into the main concern of nurse educators while providing education to nursing students while making the transition from a paper-based to an electronic documentation format. Discussion in Chapter 3 provided support for a research study using a classic grounded theory design to explore nurse educator perceptions of issues and strategies related to teaching effective patient care documentation.

Chapter 3 included discussion of a classic grounded theory approach, as an appropriate research design for a study to seek the main concern of nurse educators' teaching nursing documentation to nursing students using electronic technology and how they worked to overcome the concern. The following areas discussed in the method section included (a) research method appropriateness, (b) research design appropriateness, (c) research questions, (d) sample population and geographic location, (e) informed consent for participant confidentiality, (f) data collection, (g) grand tour

question, (h) instrumentation, (i) methods to assure internal and external validity, and (j) data analysis.

In Chapter 4, the results of data collection and analysis will be presented from this qualitative classic grounded theory study. A grounded theory surfaced from the main concern of documentation in regard to nurse educator perceptions of issues and strategies related to teaching effective patient care documentation. Application of the qualitative classic grounded theory method and design held promise in leading to conceptual theory development in the area of nursing documentation.

CHAPTER 4: RESULTS, FINDINGS, AND ANALYSIS

This qualitative classic grounded theory study covered two main purposes: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format, and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. Chapter 3 included discussion of a qualitative classic grounded theory approach, as an appropriately chosen research method and design for a study that explored the main concern of nurse educators' teaching nursing documentation to nursing students using electronic technology and how they worked to overcome the concern.

In Chapter 4, the results of data collection and analysis of the results are presented for the qualitative classic grounded theory study. A grounded theory surfaced from the main concern of documentation in regard to16 nurse educators' perceptions of issues and strategies related to teaching effective patient care documentation in a baccalaureate program in a college of nursing with more than one campus site in a southern region of the United States. Application of the classic grounded theory method and design led to conceptual theory development in the area of nursing documentation and holds promise in leading future research in nursing education, nursing practice, nursing administration and leadership, and within other health care professions and settings. The following areas are included for discussion in Chapter 4: (a) results, (b) review of problem statement, (c) review of the research method, (d) population and sample, (e) pilot study, (f) data collection, (g) demographics, (h) instrumentation/ interview process, (i) findings

(j) data analysis, (k) constant comparative method, (l) research questions, (m) additional findings, and (n) chapter summary.

Results

Application of a qualitative classic grounded theory study approach explored nurse educator perceptions of issues and strategies related to teaching effective patient care documentation. The phenomenon of interest in the research study was the process by which nurse educators drew conclusions about their concerns with teaching documentation using an electronic documentation format and their proposals to remedy those concerns. The topic of this qualitative classic grounded theory study was to investigate the main concern that was identified by the study participants from the grounded theory method, with teaching nursing documentation among nurse educators and how nurse educators proposed to overcome their concerns. This qualitative classic grounded theory study included two main purposes: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format, and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency.

Review of Problem Statement

One area of concern in nursing education is a need for nursing students and faculty to access electronic systems in health care settings as part of a nursing student's clinical experience. The opportunity for students to receive full immersion with documentation in the electronic health record during clinical rotations is an area of focus for nurse administrators and educators in an academic setting. Mahon, Nickitas, and

Nokes (2010) noted that student nurses need to experience the transition of paper-based to electronic format of nursing documentation in clinical laboratory settings, whether in skills labs or in live patient care settings. A related argument is that nurse educators need to acquire skills of electronic nursing documentation to expose nursing students to hands-on experience of nursing documentation using electronic health records. Nurse educators must achieve individual professional accountability for teaching students the components of nursing documentation to produce positive legal, ethical, financial, and patient safety and quality outcomes. A classic grounded theory was undertaken and explored the main concern of nurse educators with teaching nursing documentation and their behaviors to resolve the concern.

Review of the Research Method

A qualitative classic grounded theory study was an appropriate choice to establish a theory by which nurse educators moved through the information technology and documentation experience while working with nursing students. This study holds significance to nursing education and nursing administration and leadership. Other health care professions may also benefit from the added nursing knowledge base that this study provided. The main concern of nurse educators in this study was value-based teaching of nursing documentation and the core category which processed from their concern was internalizing accountability. The process of internalizing accountability (core variable/core category) emerged in the data analysis as a pattern of behavior among nurse educators teaching nursing documentation through which the nurse educators strived to solve their main concern of transitioning from a paper-based to an electronic format using value-based teaching. Components (sub-core categories) of the process of internalizing

accountability included (a) progressing levels, (b) reflecting on conflicting roles as a nurse educator, (c) accepting transitioning, and (d) engaging and empowering through leadership with stakeholders in nursing documentation. Nurse educators must generate nursing graduates with essential competencies to bridge the education-health information technology chasm (Fetter, 2009). When student nurses gain necessary knowledge of information technology throughout the nursing program, the transition into the graduate nurse role may be met with less challenge in meeting the informatics competencies, which includes nursing documentation.

Population and Sample

The population (*N*=42) for this study included nurse educators. The purposive or purposeful sampling strategy was used for this study and provided discovery, understanding, and obtained insight into the process of nursing documentation from a sample of nurse educators. Criterion-based selection was used as a sampling strategy. Three initial, criterion-based selection inclusion attributes included (a) nurse educators from a baccalaureate college of nursing program in two mid-size cities and one small-size city/rural area in a Southern region of the United States, (b) nurse educators working in the selected baccalaureate program must teach nursing students in clinical lab and classroom experiences, and (c) nurse educators must have at least two years of experience teaching in a college of nursing with current responsibilities in teaching nursing students in the classroom and clinical areas. Exclusion criteria included (a) urban and large academic teaching acute care facilities, (b) facilities outside the acute care setting, such as long-term care and associate degree programs, and (c) nurse educators

with fewer than two years of experience working with nursing students in the classroom and clinical settings.

The original sample size target was approximately15 to 20 individual interviews from nurse educators. The rationale for the range of 15 to 20 served as documentation of why interviews ceased, if theoretical saturation occurred before 15 to 20 participant interviews. Data collection included an initial sample of 17 (*n*= 17) in-depth, face-to-face, digitally recorded interviews using a Sony® ICDUX523 Digital Flash Voice Recorder and participant observation. The final sample consisted of 16 (*n*= 16) participants, as one participant withdrew from the study per protocol due to personal reasons. Theoretical saturation occurred by the sixteenth interview. All study participants were from a baccalaureate nursing program with three campus locations in two mid-size cities and a small-city/rural area in the Southern region of the United Sates. Initial data collection began with purposive sampling and moved to subsequent sampling based upon emergence of discovery. Theoretical sampling was used to provide the total sample selection throughout the data collection and analysis process.

Pilot Study

This qualitative classic grounded theory study included a pilot study. The pilot study was designed as a three-informant (*n*=3) study of nurse educators prepared at the MSN and PhD levels (MSN [*n*=2]; PhD [*n*=1]). Non study participants included current and former nurse faculty members who worked or had prior experience teaching nursing students the process of nursing documentation of patient care in the classroom and clinical experience settings. The three informants were solicited for the pilot study by email.

The pilot study was conducted in a private location before the primary data collection occurred to ensure perceptions of situations were not distorted with what was seen in the field. The three pilot study informants were provided the semi-structured interview questions and one grand tour question during individual, face-to-face interviews with observation. Interviews were audio-taped using a digital voice recorder, which evaluated note-taking and determined whether any critical data were missing. Each interview lasted approximately 60 minutes. The three experts in the pilot study concluded that the face-to-face questions (semi-structured interview questions and one grand tour question) had validity for the expressed purpose of the study. Reliability of the semi-structured interview questions and one grand tour question occurred through discussion from the pilot study participants. Expert review of interview questions from the interview guide and the grand tour question served as a good method to ensure reliability for the qualitative classic grounded theory study. No modifications were made to the interview guide or grand tour question based upon pilot study input.

To address the three research questions, data collection for the pilot study occurred at the same time as data analysis in this classic grounded theory study. Application of the full process of classic grounded theory included (a) sampling procedures, (b) coding procedures, (c) memoing procedures, (d) constant comparison, and (e) an initial and brief write-up. Sampling procedures served as a means for data collection. Coding procedure occurred through assigning a revealing name to the small amount of data. Naming directed a comparison and contrast and further questioning of data.

Coding procedures were used (open coding, selective coding, and theoretical coding). Memoing was the technique of taking notes about the advancement of coding and emerging concepts. Constant comparison was the process by which continual comparison of codes to one another by returning to the data was achieved. The last step occurred with categorical sorting of memos where writing began. All interviews were transcribed and analyzed the data sentence by sentence with subsequent coding of the data using Dragon Naturally Speaking® software at the onset of transcription followed up with complete manual transcription of interviews into NVivo 10® and One Note®. Results of data from the pilot study were not included in the final study.

Data Collection

Subjects were informed of this qualitative classic grounded theory study's purpose, procedures, intent, duration of the study and any potential risks or discomforts through an informed consent form (Appendix C; Appendix G). Ink signatures were obtained from the study participants. Subjects were informed of withdrawal procedures found in the informed consent form. Contact information was provided to subjects within the informed consent form.

To withdraw from the study, the subject had to send an Email to the researcher. If subjects did withdraw there would be no harm and their data would be deleted and destroyed through shredding and burning or incineration. This included informed consent. To ensure security and confidentiality the data of the subject who had withdrawn would be deleted. No information was used in the study from subjects who withdrew from the study, which included only one participant due to due personal reasons.

If follow-up interview with a study participant was needed, identification of individual sources of data was appropriate. Identification of study participants for interviewing purposes was done by assigning letters and numbers (Example: Participant 1 (P1), Participant 2 (P2), etc.). Interviews and field notes were used as data sources for presentation in the final write up of the study. All collected data will be securely maintained under lock and key in a designated file cabinet and behind a locked door at the personal residence for a period of three years minimum. Data will be destroyed at the appropriate time by shredding and burning the data to permanently destroy the data. Results of the data from this study will be disseminated by publication and presentation avenues.

Information was not gathered that may identify individual subjects. Every attempt was made to ensure that all information supplied by study participants was handled in strict confidence. All data was coded and securely stowed, as previously described and applied for professional intentions only. Under no circumstances will a participant be identified by name during the course of the study or in any publication thereof.

An introductory letter was sent by email to participants, which provided details of the study (Appendix D). The dean of nursing at the selection site for the study served as the gatekeeper for the study. The dean of nursing sent out Emails with attachments to recruit nurse faculty (Appendix B). Study participants provided signed informed consent forms to participate in this study using ink signatures. Interviews were conducted in a private location at the university.

In-depth interviews targeted nurse educator faculty at a baccalaureate college of nursing with three campus locations in cities and rural areas of the Southern United States. Data collection and analysis began at the main campus of the college of nursing and proceeded to the two distant campus sites to ensure saturation. The two distant sites were within approximately less than 100 miles of the main campus. Permission to use the premises (collect data) included permission for all three locations, which fall under the college of nursing within the chosen university (Appendix B; Appendix F). With classic grounded theory, resolving the main concern with nursing documentation of patient care among nurse educators occurred through abstraction by a core category and related sub-categories (Glaser, 2011). An individual interview lasted approximately one hour. Interviews were scheduled with study participants to allow for flexibility for nurse educators. At the completion of each interview, participants were asked if any additional concerns needed further attention. No new data were obtained. A Sony® ICDUX523 Digital Flash Voice Recorder was used for voice recordings. Interviews included observations with study participants to capture non-verbal behavior and expressions, such as body language and facial expressions, participant's tone of voice, pausing or hesitancy of the participant to talk, laugh, smile, and silence with brief periods of reflection.

Demographics

Demographic data for collection consisted of participants' age, gender, ethnicity, highest educational level, certifications, years of experience as a registered nurse, and years of experience in a nurse educator role (Appendix E; Table 2). The population for this study was 42 nurse educators, who taught at the baccalaureate level in a college of nursing (N= 42). The final sample in this research study consisted of sixteen (n= 16)

nurse educators teaching in a baccalaureate nursing program. One participant withdrew per study protocol at the end of the study for personal reasons. The average age of nurse educator study participants was 53 years of age. The age of nurse educators ranged from 28 years to 67 years. All study participants were female (*n*=16; 100%). Ethnicity included African American (*n*=1; 6.25%) and Caucasian (*n*=15; 93.75%). All nurse educators were educated at a minimum at the Masters level (*n*=16; 100%). Four participants held PhD degrees (*n*=4; 25%). Five nurse educators were seeking a PhD (*n*=5; 31.25%). One nurse educator was seeking a Doctor of Nursing Practice (DNP) degree (*n*=1; 6.25%). Six nurse educators maintain clinical specialty certification (*n*=6; 37.5%). One nurse educator held certification as a Clinical Nurse Specialist (*n*=1; 6.25%). Three nurses were certified as Certified Nurse Educators (CNEs) (*n*=3; 18.75%).

The average number of years of experience as a registered nurse (RN) was 27.56 years. The range in the number of years experience as a RN was from five to 42 years. The number of years in a nurse educator (NE) role was 11.75 years. The range in the number of years in a NE role was from 2 years to 34 years. Table 2 provides a summary of the collected demographic data of study participants.

Table 2

Demographics

Nurse Educator Demographics	**Results** **Sample (*n*=16)**
Average Age	$\bar{x}$ = 53 years
Range of Ages	28 – 67 years
Gender	100% Female (*n*=16)
Ethnicity	African American 6.25% (*n*=1) Caucasian 93.75% (*n*=15)
Highest Educational Level	Masters Degree- 100% (*n*=16) Doctorate (PhD)- 25% (*n*=4) PhD seeking- 31.25% (*n*=5) DNP seeking- 6.25% (*n*=1)
Certifications	Clinical Specialty Certification- 37.5% (*n*=6) Clinical Nurse Specialist- 6.25% (*n*=1) Certified Nurse Educator (CNE)- 18.75% (*n*=3)
Average Number of Years as a Registered Nurse (RN)	$\bar{x}$ = 27.56 years
Range of Years as RN	5 – 42 years
Average Number of Years in a Nurse Educator (NE) Role	$\bar{x}$ = 11.75 years
Range of Years in a NE Role	2 – 34 years
Number of NEs in Program Teaching at the Baccalaureate Level (Population)	*N*= 42

Instrumentation/Interview Process

Data collection for this study included semi-structured, open-ended interview questions used during individual, face-to-face, audio taped, digitally recorded interviews

with observation. A Sony® ICDUX523 Digital Flash Voice Recorder was used for voice recordings. Interviews included observations with study participants. No modifications were made to the interview guide or grand tour question based upon pilot study participant input from three experts in the area of teaching nursing documentation. The interview process commenced with one grand tour question of the main concern with nursing documentation and progressed to semi-structured interview questions from the interview guide (Appendix A). The grand tour question Grand Tour Question (GTQ) included: As a nurse educator, what are your concerns about how students are learning documentation and how nurse educators are teaching this competency during the transition to an electronic format?

Eight semi-structured interview questions were used in this study to facilitate more discussion in an exploration of perceived information technology competencies, application of presence among nurse educators, and the process of nursing documentation teaching strategies of nurse educators:

1. "Describe your views as a nurse and nurse educator on the characteristics of ideal nursing documentation." This question was asked to facilitate discussion of nursing documentation from the perspectives from a clinical nurse and nurse educator to generate the research problem as defined by the participants. Ideal nursing documentation was noted from the paper-based and electronic formats.

2. "What do you identify as facilitators and barriers to student learning and nurse educator teaching of nursing documentation in the classroom setting?" In an effort to connect the classroom with clinical experiences, participants were asked this question. Facilitators and barriers in the classroom were explored through the voice of the

participants as they shared personal priorities for the classroom versus clinical setting for teaching nursing documentation.

3. "What do you identify as facilitators and barriers to student learning and nurse educator teaching of nursing documentation in clinical lab experience settings?" This question was asked to stimulate discussion about the facilitators and barriers of teaching nursing documentation in the clinical settings to enhance student outcomes of learning the competency. The purpose of this question was for participants to share any connection between what was taught in the classroom and how the clinical lab experience (simulation or live-patient contact) promoted application of performing the skill or competency of nursing documentation.

4. "What concerns do you have about the challenges of nursing students learning documentation using an electronic format?" Participants were asked this question to encourage opening up about challenges that students face in learning documentation while moving from a paper-based to an electronic format. Participants worked with students in the classroom and clinical settings, which provided opportunities to assess and evaluate student learning of the skill and competency of nursing documentation from the nurse educator view.

5. "Describe your concerns about how you and other nurse educators are teaching documentation during the transition to an electronic format." The goal for asking this question was to carefully encourage and facilitate conversation about the transition period that occurs while moving from a paper-based to an EHR format. This classic grounded theory study was conducted to find out how nurse educators dealt with the complexities

of teaching nursing documentation in an electronic format in classroom and clinical settings.

6. "What changes do you recommend in strategies for teaching nursing documentation using an electronic format?" A desire to know more about current and further recommendations for sound teaching strategies using an EHR format was of interest throughout the study. In addition, a classic grounded theory study was an appropriate approach to learn more about the links of nursing documentation when moving from a paper-based to an electronic format from the participant view while integrating all components of documentation standards.

7. "How optimistic are you on how nursing and nursing education will meet mandates for the efficient and effective transition from written to electronic documentation methods?" With the mandates for full implementation of EHR in 2014, an intriguing consideration was to how nurse educators would efficiently and effectively transition to an EHR format of documentation in a relatively short time frame. Producing graduate nurses with skill and competency in using an EHR can assist with the transition in many health care clinical settings.

8. "What kinds of support systems need to be implemented in order to facilitate this transition process in ways that answer your own concerns about teaching electronic documentation?" The last question was asked to generate discussion of what nurse educators believed was necessary within the college of nursing classroom and clinical sites, such as equipment, initial and continuing informatics education, infrastructure of a skills lab, personnel, and administrative and leadership support to assist nurse educators

to meet the workload demands of transitioning with nursing documentation in an EHR format.

This interview guide was valuable in generating additional information from study participants when brief answers were given from the grand tour question. Theoretical sampling initiated integration of additional questions to the interview guide to stimulate further discussion among study participants. Use of the instrument (Grand Tour Question and Interview Guide) did bring about the participants passion and excitement to externally share their relevant experiences of teaching effective patient care documentation, as noted through participant observation of facial expressions, verbal and non-verbal responses. Study participants paused on many occasions and reflected upon their individual experiences with nursing documentation of patient care as a nurse and nurse educator. At the conclusion of the interviews, the participants believed that teaching of nursing documentation was a fundamental component in the role of the professional nurse to produce patient safety and quality outcomes.

Findings

Details on findings are presented as they relate to the research questions in this qualitative classic grounded theory study. Three general research questions for this qualitative classic grounded theory study were addressed. After each research question was addressed, the data analysis was identified and described for the qualitative classic grounded theory method and design, which arrived at the findings. Tables and figures are included to summarize findings. Content of each table and figure are described in sufficient detail to reveal exact findings in this qualitative classic grounded theory study.

Data Analysis

In this qualitative classic grounded theory study, discovery of the core variable as the main concern and its recurrent solution revealed internalizing accountability. The core variable was seen as the main indicator of participant behavior in the substantive area under study, which was nursing education. Concepts were trusted as they emerged from the data; individual preconceptions were minimized, and an awareness to remain open to the study participants was achieved. The constant comparative method was used to abstract conceptualizations, which allowed formulation of patterns in the data. In this study, interviews progressed to allow the main concern of nurse educators to emerge. This classic grounded theory study began with open coding through collecting, coding, and analyzing of data. An electronic interpretive program was used for data categories along with reflective manual sorting to elucidate details of the emerging grounded theory.

As study participants told their stories, the nurse educators' direction of the stories was accepted. The interview process was adhered to in addition to use of an interview guide with a grand tour question and selected semi-structured interview questions with observations (non-verbal behavior and expressions, such as body language and facial expressions), participant's tone of voice, pausing or hesitancy of the participant to talk, laugh, smile, and silence with brief periods of reflection. The participants were most passionate about engaging in the study and freely opened up during the interview regarding their experiences of teaching nursing documentation to nursing students. All participants at one point or another stated, "That is a difficult question" when answering questions or freely offering perspectives during the interviews. Words of appreciation

were given from study participants for their inclusion in the study. All participants expressed excitement at what the final results of the study would reveal.

Constant Comparative Analysis

The constant comparative method of qualitative analysis was used, which applied coding and analysis and produced a theory in a systematic approach. The theory of internalizing accountability emerged from the data in this inductive method of classic grounded theory. Each incident was coded in the data into many categories of analysis, with emergence of data and categories that fit a current category as noted by Glaser (1994). Coding proceeded on margins of several legal pads and on index cards and then in NVivo10® and OneNote® to code incidents for categories with comparison to prior incidents in exact and different groups in the same category as discussed by Glaser (1994). Theoretical properties of the category then emerged as a result of constant comparison of incidents. Once a category was coded approximately four times, coding ceased and recording of memos began. Writing of memos was done from field notes to illustrate ideas. A large volume of memos and field notes was part of writing the theory. This process was fully achieved through use of memos on legal pads and index cards and OneNote®. In addition, NVivo10® was used for data organization but interpretation not performed with this qualitative software program. It was essential to remain in control as an instrument of the research data collection and analysis while remaining true to the methods of grounded theory.

Integration of categories and their properties began with memos and proceeded to comparing incident with incident to a focus on comparison of incident with properties generated from the categories at the onset of incident comparison as described by Glaser

(1994). Integration of diverse properties in the constant comparative method guided the development of a theory. The next step was to find how to make sense in a theoretical perspective of individual components. Theoretical sampling was used for data collection and resulted in an integration of theory as noted by Glaser (1994). Literature from the review of the literature was weaved into the theory after constant comparison. Findings from the preliminary literature review were integrated with an expanded review of the literature.

The next stage of constant comparative analysis was delimiting the theory at the theory and category levels. Modifications to the theory were seen less as the theory solidified as noted by Glaser (1994). Reduction occurred with terminology with generalizing as a result of constant comparisons. Further reduction in original categories was also part of delimiting the theory as discussed in the works of Glaser (1994).

Theoretical saturation was seen with further delimitation from the list of categories in the study. Writing the theory was the final stage of the constant comparative method. In this stage, the coded data, memos, and a theory were within possession. An analytic framework produced a systematic substantive theory of internalizing accountability. The classic grounded theory methodology involved emergence of a substantive theory, which occurred as part of the methodology, not upon completion of the research. In this study, the constant comparative method allowed for the core concept of internalizing accountability to emerge.

The next step of theoretical completeness was found in the number of concepts about the core category as noted by Glaser (2012b). This study produced four sub-core concepts. A theory was written upon theoretical completeness from concept integration.

Memo sorting produced the first data draft with the writing of the theory. This came from data and concepts from mature memos as an important part of classic grounded theory as recommended by Glaser (2012b).

The classic grounded theory method was completed with a final writing of results that concluded with a substantive grounded theory. Coding and analyzing occurred upon completion of each interview. In classic grounded theory, once concepts were repeated, theoretical sampling lead to interviewing of prior interviewees or seeking new study participants.

Comparisons were made early on during data collection and analysis using manual methods and CAQDAS with NVivo10®. Data was forced into preconceived patterns using NVivo10®. Due to this finding, conversion was made to a full traditional approach in the format of a word document for data storage using OneNote® and data analysis with adherence to hand coding, sorting, use of field notes, memos, and the constant comparative method as noted by Andrews (2012) and Glaser (1998). The audio taped, digital recordings of all interview participants were transcribed using a manual method and use of Dragon Naturally Speaking® software. The manual method was found to be more effective and efficient. Data for this study were analyzed sentence by sentence. All interviews were transcribed and data was analyzed sentence by sentence with subsequent coding of the data using Dragon Naturally Speaking® software at the onset of transcription followed up with complete manual transcription of interviews into NVivo 10® and One Note®.

Data were then coded and arranged into concepts with subsequent categories. The data were then incorporated into the theory. Data collection and analysis occurred in

a concurrent fashion with incorporation of theoretical sampling. Analysis of data was performed as quickly as possible upon completion of each interview to generate categories and sets of categories with accompanying properties for integration into a theory to achieve fit, work, and relevancy. Initial data analysis generated a combined total of 55 categories and sub-categories. Additional theoretical sampling from extensive writing of theoretical memos generated 12 more combined categories and properties. The constant comparative method of analysis was applied to integrate these categories and properties to the core category of internalizing accountability and four sub-core categories: (a) progressing levels, (b) reflecting on conflicting roles, (c) accepting transitioning, and (d) engaging and empowering through leadership (see Figure 6).

Research Questions

This classic grounded theory study provided responses to psychological and sociological questions of the nurse educator when teaching nursing documentation to nursing students. An examination of the awareness, skill, knowledge, and attitudes of nurse educators addressed a psychological component, especially as nurse educator's worked with the newer technology aspects of nursing documentation of patient care using an electronic health record format. The sociological aspect included responses given by nurse educators of the social contexts in which teaching was documented. Three general research questions were included in this study.

R1 - How do nurse educators manage concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology?

R2 - How do the nurse educators work to overcome the concerns?

R3 – What new theory explains nurse educator teaching of nursing documentation and it negative or positive influences of student learning of the competency?

To answer the three research questions, data collection occurred at the same time as data analysis in this study. Steps applied for this classic grounded theory study included (a) sampling procedures, (b) coding procedures, (c) memoing procedures, (d) constant comparison, and (e) draft and final write-up. Sampling procedures served as a means for data collection. Coding procedures occurred through assigning a revealing name to large amounts of data. Naming directed a comparison and contrast of data with further questioning of data.

Coding procedures were used (open coding, selective coding, and theoretical coding). Extensive memos were the technique of taking notes about the advancement of coding and emerging concepts. Constant comparison was the process applied to continually compare codes to one another with returning to the data. The last step of classic grounded theory occurred with categorical sorting of memos where writing began. The identified main concern gathered from barriers and teaching strategies of nurse educators who experienced the transition of moving from paper-based to electronic documentation assisted with developing a theory in the area of nursing documentation. Field notes were completed as soon as possible after conducting an interview to gain theoretical completeness for subsequent constant comparison. Brief notes were taken during the interview process to ensure accuracy of field notes. Field notes and digital audio recording of participant interviews supported accuracy with interpretation of study data.

Research Question One

R1 - How do nurse educators manage concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology? The grand tour question and interview guide questions were used to facilitate discussion among study participants to answer R1 (Appendix A). Constant comparative analysis was used and included substantive coding (open coding and selective coding) and theoretical coding. Memos were then written about the codes and relationships of codes. Conceptual sorting of memos showed relationships between concepts with the emerging theory.

As seen in Figure 2, nurse educators managed concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology while students progressed through four levels at the college of nursing (progressing levels). The nurse educator at the college of nursing worked with baccalaureate nursing students in the classroom setting in traditional live lecture/interactive format, online format, or in a hybrid method of teaching. Students participated in the clinical lab settings in a simulation and/or live-patient contact format. Nurse educators worked closely with simulation lab coordinators in the simulation lab. Patient care documentation was taught in the simulation lab and at the clinical site with varying integration to meet necessary standards for documentation as set forth by the clinical agency, information technology initiatives, informatics experts, and professional organizations.

At the clinical site, students moved through the clinical rotation with a non-preceptored (nurse educator led) or a preceptored (nurse educator facilitated experience

with rounding on students) approach or a combination of both methods. A registered nurse served as the clinical preceptor in the clinical setting, except for the community health course, which had limited availability of registered nurses to precept students. Boards of nursing define the requirements for the preceptored experience. The nurse educator and clinical nurse preceptor worked together with a goal to facilitate a positive learning experience for the students in a clinical setting and produce positive outcomes for patients and students.

Student learning of documentation occurred in the classroom (limited according to nine participants [*n*= 9]), simulation lab (EHR student version began in fall 2013 with 5 out of 8 clinical courses integrating an assignment with documentation) with six participants using the EHR student version in the simulation lab (*n*= 6), and exposure in varying levels depending upon the agency policies and preceptor preference to allow students to document at the clinical agency sites with live-patient contact. Only three participants were encouraged at the level of EHR exposure at the clinical sites through either observation of documentation by the preceptor or actual documentation by the student with preceptor co-signing the EHR (*n*=3 [P1, P7, P17]). Paper-based documentation was required in the clinical setting by 12 participants (*n*= 12).

All clinical courses at the three study sites were represented by nurse educator participants in this qualitative classic grounded theory study: (a) Level One- Nursing Competencies and Health Assessment (*n*= 5), (b) Level Two- Medical Surgical Nursing I and Psychiatric/Mental Health (*n*= 4), (c) Level Three- Medical Surgical Nursing II and Family Health Nursing (*n*= 4), and (d) Level Four-Nursing Leadership/Management and Community Health Nursing (*n*= 3). Emergence of the core variable/core category and

one component or sub-core category of the final grounded theory were part of answering R1. The core variable/core category to emerge was internalizing accountability and the sub-core category 1 surfaced as progressing levels. Theoretical saturation was achieved of this core category as no new properties emerged during coding and analyzing and properties remained while working through all data (see Figure 2; see Figure 6).

Participants were asked to describe their views as a nurse and nurse educator on the characteristics of ideal documentation. All participants (n=16) discussed the components of ideal nursing documentation to include (a) all assessments (admission, shift, reassessments), (b) nursing diagnoses, (c) health histories, (d) plan of care, (e) medication administration records, (f) shift report, (g) Situation, Background, Assessment, Recommendation (SBAR), (h) flow sheets, (i) charting by exception (CBE), (j) subjective/objective/assessment/plan/implementation/evaluation (SOAPIE), (k) data/action/response (DAR), and (l) narrative notes format. All participants spoke about the importance of the electronic health record to communicate to other health care professionals. According to all participants, nursing documentation must include all components of the nursing process (assess, plan, implement, evaluate, re-assess).

The legal aspects nursing documentation were an expressed requirement for teaching documentation among all participants. Participants included terms for using the EHR such as: "complete, accurate, timely, accessible, private and secure, and legible, if using the paper-based method" (n=16). Patient safety and quality outcomes were expressed by all participants as an important component of an ideal EHR documentation system.

Nurse educator participants shared stories of concerns with accountability with nursing documentation (P1, P2, P3, P4, P5, P7, P8, P9, P10, P11, P12, P13, P14, P15, P16, and P17 [*n*=16]) and the need for nurse educators to role model accountability within nursing education to assist students and nurse preceptors at the clinical sites to practice with integrity, honesty, values, responsibility, and patient advocacy. Nurse educator participants (P1, P2, P3, P4, P7, P8, P9, P10, P11, P12, and P17 [*n*=11]) had witnessed violations within their prior and current clinical experiences as a nurse and nurse educator working with students where shortcuts were taken with nursing documentation resulting in breaches of accountability to the profession of nursing and to the patient. The concept of accountability was frequently expressed by all participants (*n*=16) as a major process in nursing documentation for nurse educators, nurse preceptors, agencies, and students.

All participants (*n*=16) used some form of paper-based documentation in addition to the EHR format for course and clinical assignments. The psychiatric/mental health and community health nursing courses did not require the amount of nursing documentation as the other level courses but rather used journaling and process recordings for some integration of documentation. Students had the opportunity to observe nursing documentation as preceptors performed the important task and skill in the clinical settings. An area of concern to P9 and P11 (*n*=2) was lack of entry-level registered nurses at the community clinical settings. P5, P14, and P15 (*n*=3) stated that the psychiatric/mental health settings are limited for exposure to the EHR for student nursing documentation related to facility policy and privacy concerns.

Due to the lack of student ability to document in all health care settings, nurse educators required some format of paper-based documentation or integration of SimChart®, which was the student version of the EHR. Some consistency for integration of the SimChart® EHR program was seen in Level One courses, based upon faculty and campus location (P2, P4, P12, and P16 [*n*=4]). Other levels varied at all three campus locations with integration of SimChart® EHR for clinical courses. Lack of SimChart® with clinical requirements was due to the program not being user-friendly and time-consuming for participants with grading of assignments and a newer method of documentation, which began in the fall of 2013 as stated by all participants. P1 was satisfied with the level of documentation performed by students in the clinical live-patient contact setting with oversight of the student preceptors. P3 and P16 (*n*=2) used the student version of EHR for their courses.

Participants were also asked to provide insight on the issue of connecting clinical and classroom with teaching of nursing documentation and the facilitators and barriers to teaching the skill. Classroom discussion and application of nursing documentation was included by P2, P3, P4, P7, P8, P12, P16, and P17 (*n*= 8). Integration of nursing documentation within the clinical settings was reported by all participants (16) but the level and type of documentation format varied. EHR with paper-based documentation was common practice required by all nurse educator participants for the students to master the skill and competency of nursing documentation.

Core variable/core category: Internalizing accountability. Data collection and analysis occurred with application of the constant comparative method and theoretical sensitivity. A grand tour question was used as a non-structured interview process to

encourage participants to respond to concerns as nurse educators with teaching nursing documentation. Each interview began by stating that nursing documentation is an area of concern in nursing education while moving from paper-based to an electronic format. The grand tour question was: As a nurse educator, what are your concerns about how students are learning documentation and how nurse educators are teaching this competency during the transition to an electronic format?

Since the concept of accountability was frequently expressed by all participants (*n*=16) as a major process in nursing documentation, the constant comparative method brought forth internalizing accountability as the emerged core variable/core category. The main concern in internalizing accountability was for the nurse educator to assume increased accountability to produce nursing students who were competent with nursing documentation in paper-based and electronic health record format at the end of the last semester (Level Four) of the baccalaureate nursing program. Nurse educators perceptions of students ability or competency level to progress through the program and graduate from the nursing program was of main concern as students use paper-based and electronic health record formats. Four sub-core categories were components of internalizing accountability and included (a) progressing levels, (b) reflecting on conflicting roles of nurse educators, (c) accepting transitioning, and (d) engaging and empowering through leadership (see Figure 6).

Sub-core category 1: Progressing levels. Progressing levels was sub-core category one. This sub-core category component addressed the main concern of nurse educators about how student nurses are learning documentation and how nurse educators teach this competency during the transition from paper-based to and EHR format.

According to Figure 2, progressing levels can have negative or positive influences of student learning of the competency. This sub-core category was clearly expressed by the 16 study participants as a major area of concern as a nurse educator teaching at the college of nursing. The progressing levels included eight properties:

1) Communicating with nurse educators and sharing of documentation competencies throughout the curriculum- All study participants were in agreement that communication and sharing of documentation competencies or outcomes of documentation must occur across all four levels in the nursing program as students move from Level One to Level Four. All participants were concerned about a lack of documentation standards throughout the curriculum. All participants were concerned about inconsistencies with teaching of documentation among preceptors at the clinical sites. All clinical sites used by the college of nursing provided EHR training for nurse educators and students except for one facility where only nurse educators had access to document in the EHR. An area of concern with all participants (n=16) was the confusion of having different EHR systems at all clinical sites.

2) Beyond clicking with documentation- All study participants stated that nursing documentation was more than clicking on the computer or checking boxes. Narrative charting was noted by all participants to be of benefit to teaching the competency of nursing documentation. All study participants were on board with the movement to EHR but did not require the EHR documentation in all clinical courses. P1 stated that students and nurses in clinical practice are "click happy" without consideration for the higher levels of critical thinking and reasoning to move through all components of the nursing process. Students are exposed to "checking boxes" and "clicking" by using the computer

mouse to move quickly through the process of nursing documentation due to "time" factors. Time management, critical thinking, critical reasoning, and the ideal versus reality were concepts revealed through constant comparison among all participants (*n*=16) in this area of beyond clicking with documentation. Fifteen (*n*=15) participants strongly stated the familiar phrase, "If you did not document the care provided to the patient, documentation was not done." One participant (*n*=1; P15) stated, "I am offended by that to prove quality" when referencing the amount of documentation required by nurses as compared to physicians and other health professions.

3) Defragmenting documentation through teaching strategies- Participants sensed that documentation in the health care setting and in the college of nursing was very fragmented and needed to become a whole. Participants had positive and negative comments about use of the current Elsevier's SimChart® program in use at the site. The student EHR version had the potential for exposing students and faculty to the EHR but a major drawback was the inability of the system to simulate what is actually seen at the multiple clinical sites. No clinical facility site within the three campus region used the same EHR for documentation of patient care. Participants also expressed concerns with lack of an informatics course in the curriculum to prepare students early in the curriculum about the necessary components of nursing documentation to achieve individual professional accountability for positive legal, ethical, financial, and patient safety and quality outcomes.

4) Real-timing events (simulation and live-patient contact)- All participants (*n*=16) saw an increased use of simulation experiences to replace the live-patient contact in the clinical experience. Participants were concerned about the lack of student ability to

chart in real-time in the clinical settings. This was in part due to resistance of preceptors to allow students to document, especially in Levels Two and Three. Students at Level Four had increased opportunities to document in the live-patient contact setting but not 100% of the time.

5) Achieving consistency- Study participants desired to know what each level in the nursing program was teaching about nursing documentation. As students progressed through the curriculum, increased competency level was not viewed by nurse educators. Level One faculty provided the foundation for the nursing documentation experience. Two courses in Level One provided opportunities for students to learn how to document. Students used the EHR to document patient care experiences and other course assignments. According to all participants, students were having less time in the clinical settings throughout the levels. More consideration was given to the simulation experiences versus live-patient contact. All participants (n=16) believed that the current preceptor model used for clinical hours required an extensive review with revisions and continual evaluation. Only Level One used the non-preceptored approach to the clinical experience where the nurse educator was with the student during the entire clinical time at simulation and clinical live-patient contact.

By the last semester (Level Four), the students only had exposure to a full nursing documentation experience in the nursing leadership and management course. The community health course relied more on clinical journaling and documentation of vital signs, chief complaints, and health history. Participants were concerned about the accountability placed on nurse educators to ensure students can document upon graduation from the nursing program. All 16 participants were concerned about the

method in which evaluation of documentation was performed. Students at Level Four must be able to incorporate documentation into the flow of the shift to achieve effective time management skills (P1).

6) Providing repetition- All participants stressed the importance of student and nurse educator exposure to paper and EHR documentation to advance the knowledge, skill, and attitude with informatics competencies. With the current limited facility sites and increased number of students in the nursing program, participants supported combined simulation and live-patient contact experiences. All participants concluded that "nothing replaces the live-patient contact" to increase student self-confidence and knowledge, skill, and attitude with EHR documentation of the patient care experience. Limited time frames for clinical rotations (four week rotations versus traditional six weeks) created an issue for several participants (P1, P4, P5, P9, P10, P15, and P16 [*n*=7]).

7) Empowering success- All participants (*n*=16) expressed a strong desire to empower the students while progressing through the levels in the curriculum. Participants viewed empowerment as a nurse educator-student partnership with increasing confidence in achieving full compliance with nursing documentation standards. This was achieved through nurse educators role modeling and instilling accountability with nursing documentation by making the skill and competency a priority with patient care (*n*=16).

8) Moving beyond task- All participants (*n*=16) labeled nursing documentation as a "skill" and "competency" requiring better evaluation of application by students while progressing levels. In addition, all participants (*n*=16) desired an increased focus to

connect classroom and clinical by providing discussion and application of nursing documentation in the classroom and clinical settings (simulation and live-patient contact). Promotion of critical thinking and clinical reasoning to go "beyond clicking" and to document in real-time does occur with experiences in classroom and clinical settings (preceptored and non-preceptored clinical) when students learn how to document in the narrative format or using the section of the EHR for nurses notes. The narrative or nurse notes sections can expand upon abnormal assessment data, planning that is not within the pre-set menus with EHR, interventions that go beyond the pre-established menu selection, and evaluating patient responses to interventions and follow up with physicians and other health care professionals. All participants (n=16) expressed favorability with inclusion of the narrative/nurse notes section of the EHR at the clinical sites and while using the student version of the EHR (SimChart® by Elsevier). The role of clinical preceptors was an area of further exploration as discussed by all participants. All participants (n=16) believed that an evaluation of the current preceptored model must be given consideration in nursing education due to the increased demand from colleges and schools of nursing for clinical sites, and a reduced number of nurse educators to take more students in a clinical setting.

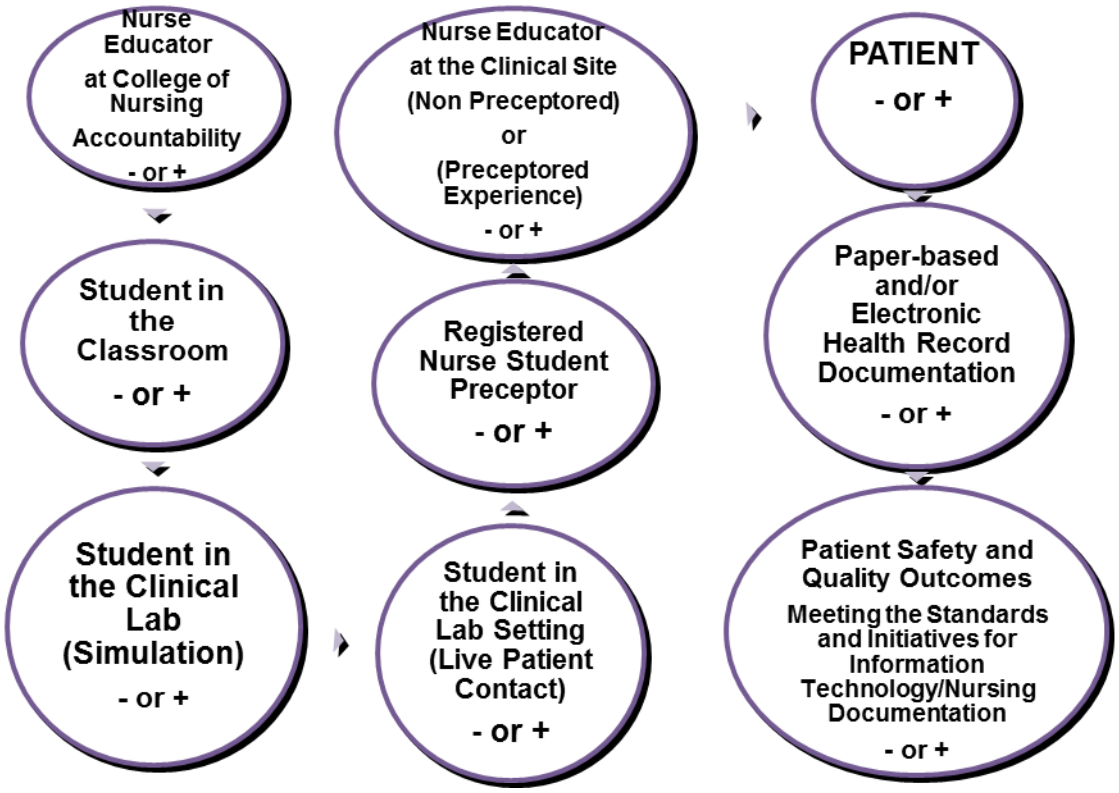

Figure 2. Progressing Levels

Level One → Level Two → Level Three → Level Four → Graduate Nurse

Research Question Two

R2 - How do the nurse educators work to overcome the concerns? The answer to R2 was obtained through the same process as used during the R1 phase with data collection and analysis using the constant comparative method and classic grounded theory. Constant comparative analysis included substantive coding (open coding and selective coding) and theoretical coding. Memos were then written about the codes and relationships of codes. Conceptual sorting of memos showed relationships between concepts with the emerging theory. The grand tour question and interview guide questions were used to facilitate discussion among study to answer R2 (Appendix A). As

discussed in detail within R1, the core variable/core category of internalizing accountability emerged as the process by how nurse educators resolved the concern of value-based teaching documentation to nursing students (see Figure 6).

In this study, four sub-core categories emerged as how nurse educators worked to overcome the concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and EHR technology. Four sub-core categories included (a) progressing levels, (b) reflecting on conflicting roles, (c) accepting transitioning, and (d) engaging and empowering through leadership. Sub-core categories 2, 3, and 4 are included to answer R2.

Sub-core category 2: Reflecting on conflicting roles. Reflecting on conflicting roles was a second component of the process of internalizing accountability and was visualized through the model in Figure 3. All study participants were evaluated on their roles as nurse educator and within an area of clinical practice. All participants had experienced or were currently experiencing transition with the EHR in nursing education. All participants (n=16) were trained in their respective nursing programs on documentation using the paper-based format. The following participants had worked extensively as a nurse in a clinical setting using the EHR format (P2, P3, P7, P10, P12, P13, and P17 [n=7]). All participants (n= 16) planned on integrating the EHR at the college of nursing site for fall 2014. The interview question, "What nursing informatics technology skills currently exist among nurse educators" was an appropriate question to allow participants to talk more about their comfort level with integration of EHR in classroom and clinical courses.

All participants (*n*=16) voiced concerns over the learning curve that took place when transitioning to an EHR format of documentation. In the sub-category 2: reflecting on conflicting roles, study participants conveyed the many roles of being a nurse educator. From the data, the following critical roles of the educator emerged: (a) nurse educator (working in academic nursing education), (b) nurse leader (role of leader is important to achieve positive outcomes for nursing education), (c) nurse clinician (keeping or giving up a clinical practice), and (d) life-long learner (student role as nurse educators are continually challenged to learn alongside of students, especially with technology and informatics). As noted in Figure 3, the four roles overlap.

1. Nurse educator (working in academic nursing education) - The nurse educator experienced challenges to working in academic nursing education by remaining current with best clinical practices. The participants valued individual clinical experiences as they moved into the nurse educator role. All participants (*n*= 16) desired more educational opportunities and time to reflect on the changes with technology to enhance individual abilities as a nurse educator.

2. Nurse leader (role of leader is important to achieve positive outcomes for nursing education) - Participants viewed the leader role as integral to internalizing accountability by taking ownership of nursing practice. Participants believed that a leader role was essential to the educator role. Nurse educators were viewed as leading initiatives to advance nursing education and connect the clinical experiences to reduce the current gap as stated by all participants (*n*=16).

3. Nurse clinician (keeping or giving up a clinical practice) - Six nurse educators maintained clinical specialty certification (*n*=6; 37.5%). One nurse educator held

certification as a Clinical Nurse Specialist (*n*=1; 6.25%). Ten (*n*=10; 56.25%) participants maintained a clinical practice in a specialty area (P1, P2, P4, P5, P7, P10, P12, P14, P16, and P17). P2 expressed concerns of keeping or giving up a clinical practice by stating, "How do you make documentation real? Do I stay at the bedside or go completely academic? How do I learn where all the changes are in clinical practice without remaining in clinical practice?"

4. Life-long learner (student role as nurse educators are continually challenged to learn alongside of students, especially with technology and informatics) - As viewed from the demographics section and in Table 2, six of the 16 participants held specialty certification (*n*=6). Three of the participants (*n*=3) were certified nurse educators (CNE). One nurse was a clinical nurse specialist (*n*=1). To achieve theoretical saturation of categories, the following interview question was asked to the participants that dealt with the learning curve with EHR format and staying current with information technology changes: "How are the recommendations from the Technology Informatics Guiding Education Reform (TIGER) nursing competences and the Quality and Safety in Education for Nurses (QSEN) competencies fully implemented by nurse educators in the classroom and clinical settings to facilitate teaching strategies for nursing documentation"? The responses given by all sixteen participants revealed that these initiatives were not specifically integrated as a comprehensive plan to meet the information technology/informatics agenda. Not all nurse educator participants were familiar with the QSEN competencies and TIGER initiatives.

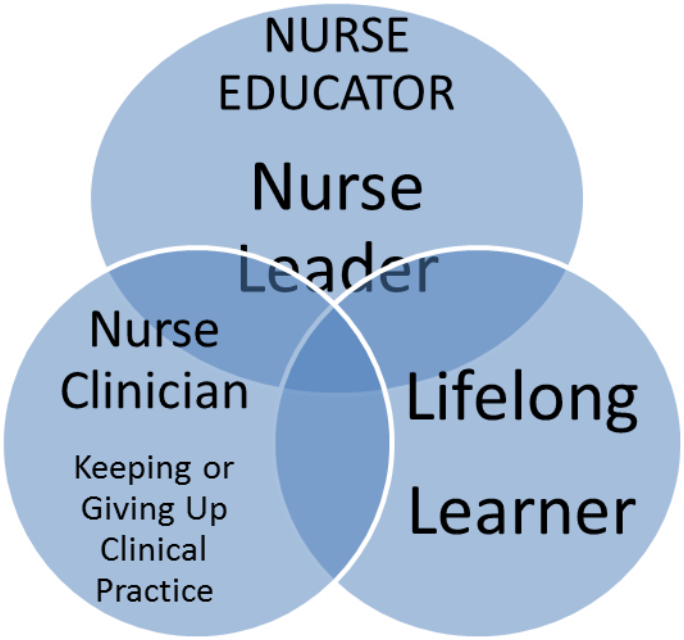

Figure 3: Reflecting on Conflicting Roles of Nurse Educator, Nurse Leader, Nurse Clinician, and Lifelong Learner

Sub-core category 3: Accepting transitioning. The answer to R2 was obtained through the same process as used during the R1 phase with data collection and analysis using the constant comparative method. The grand tour question and interview guide questions were used to facilitate discussion among study to answer R2 (Appendix A). As discussed in detail within R1 and R2, the core variable/core category of internalizing accountability emerged as the process by how nurse educators resolved the concern of value-based teaching documentation to nursing students. In this qualitative classic grounded theory study, four sub-core categories emerged as how nurse educators worked to overcome the concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and EHR technology. The four sub-core categories (components) included (a) progressing levels, (b) reflecting on

conflicting roles, (c) accepting transitioning, and (d) engaging and empowering through leadership. Sub-core categories 2, 3, and 4 are included to answer R2.

As shown in Figure 4, the participants in this study realized that accepting transitioning was an important component of the process of internalizing accountability. This was especially true with value-based teaching of nursing documentation. All of the participants stated that transitioning will continue in nursing education as new technologies and teaching methods surface (*n*= 16).

The sub-core category of accepting transitioning while teaching nursing documentation was a continuous cycle that integrated five properties to achieve student success with the competency. The properties included (a) nursing process (caring and patient-centered), (b) critical thinking and critical reasoning, (c) documenting with paper-based format (a requirement for use, especially in down-time situations when the EHR system is unavailable and to provide an introduction to students about nursing documentation), (d) documenting with electronic health record format (classroom and clinical settings and in real-time and retrospective time), and (e) evaluating student performance (real-time and retrospective assignments). Four sub-properties were at the core of the cycle to accept the ever transitioning in nursing education. The sub-properties included (a) time constraints within the faculty workload requirements and increased need for nurse educator presence in clinical settings due to high patient acuities and preceptor workloads and decreased availability of preceptors, (b) keeping up with multimodal teaching strategies, (c) infusing information technology competencies, and (d) promoting quality and patient safety experiences to progress student nurses to

graduate nurses with the mindset of prioritizing documentation to achieve patient safety and quality outcomes.

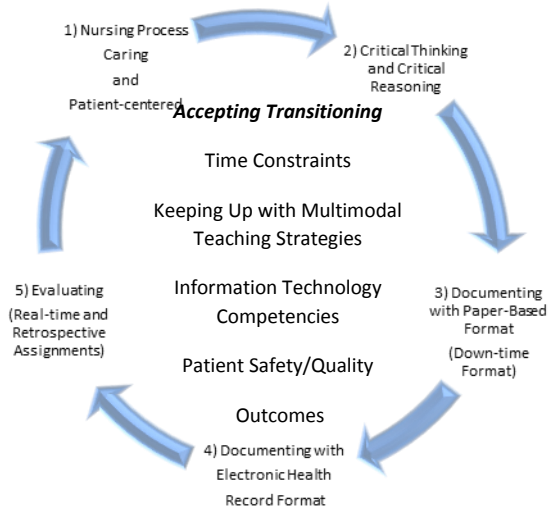

Figure 4. Accepting Transitioning- A Cyclical Process

Sub-core category 4: Engaging and empowering through leadership. The answer to R2 was obtained through the same process as used during the R1 phase with data collection and analysis using the constant comparative method. The grand tour question and interview guide questions were used by the researcher to facilitate discussion among study to answer R2 (Appendix A). As discussed in detail within R1and R2, the core variable/core category of internalizing accountability emerged as the process by how nurse educators resolved the concern of value-based teaching documentation to nursing students. In this qualitative classic grounded theory study, four sub-core categories (components) emerged as how nurse educators worked to overcome the concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and EHR technology. The four sub-core categories included (a) progressing levels, (b) reflecting on conflicting roles, (c)

accepting transitioning, and (d) engaging and empowering through leadership. Sub-core categories 2, 3, and 4 are included to answer R2.

The sub-category of engaging and empowering through leadership was the final component of the core category of internalizing accountability. As noted in model in Figure 5, engaging and empowering through leadership provided an overlapping relationship where the nurse educator was ever-present in the collaboration with key stakeholders in nursing documentation. Key stakeholders included (a) university and health care organization leadership and support; (b) collaboration with the nurse educator, nurse preceptor, nurse informaticist, EHR vendors, and interprofessionals; (c) relationships among nurse educator/student, nurse educator/preceptor, and nurse preceptor/student; and (d) various federal, state, and local agencies including boards of nursing, National Council of State Boards of Nursing, The Joint Commission, Centers for Medicare and Medicaid, and professional organizations seeking to provide patient safety and quality outcomes through compliance with position statements, standards, and initiatives. The patient was at the base of the overlapping relationships.

All participants (*n*=16) echoed throughout the individual interviews the importance of having support systems in place to support the transition process in ways that answer their individual concerns about teaching nursing documentation. All participants wanted the support of administration in maintaining ancillary support, such as simulation lab coordinators and additional positions to facilitate moving forward with the challenges of teaching students in both classroom and clinical lab settings. P2 stated a need for increased nurse educator support in creating scenarios for use with student learning of nursing documentation. P3 noted a need for "time to develop the best

methods or strategies for documentation and to develop courses" as a positive support system. All participants (*n*=16) were optimistic and felt compelled to serve as the link to bringing all stakeholders together to meet the ultimate need of patient advocacy through internalizing accountability to make nursing documentation a priority within nursing education and at the clinical sites to produce positive patient safety and quality outcomes.

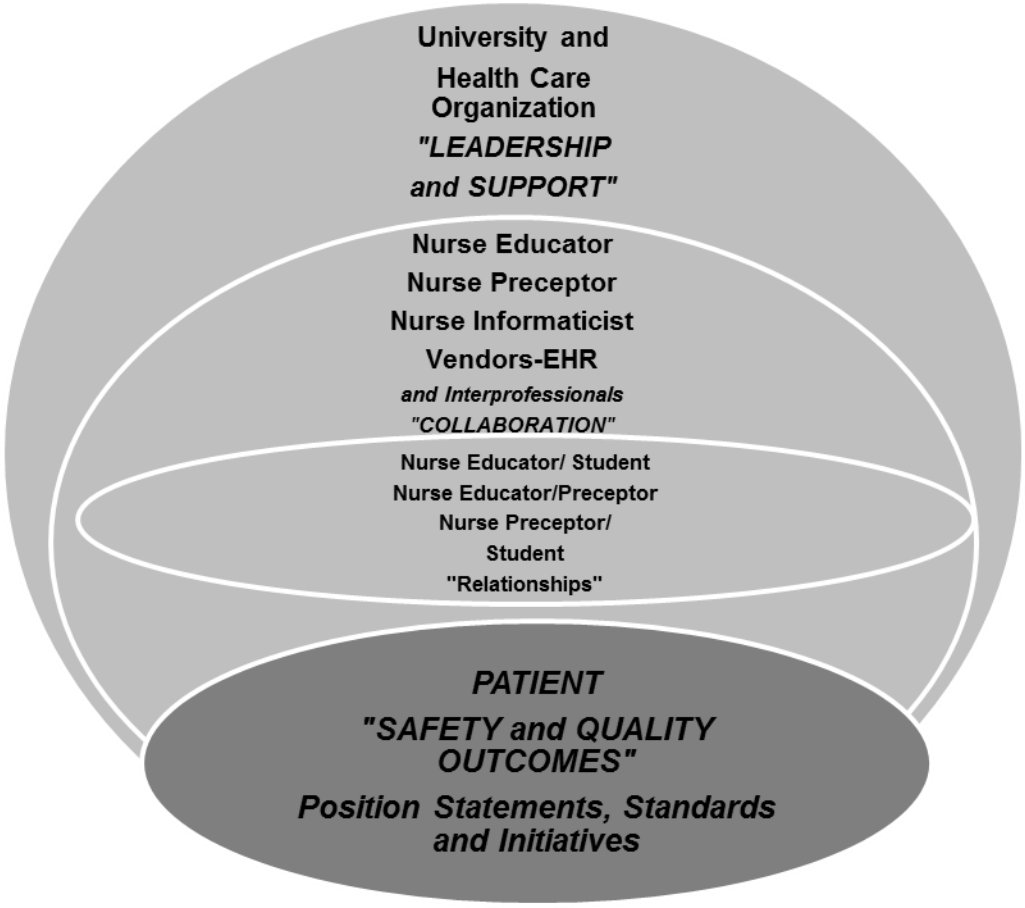

Figure 5. Engaging and Empowering through Leadership: Stakeholders in Nursing Documentation

Research Question Three

R3 – What new theory explains nurse educator teaching of nursing documentation and its negative or positive influences of student learning of the competency? The answer to R3 was obtained through the same process as used during the R1 and R2 phases with data collection and analysis using the constant comparative method. Constant comparative analysis included substantive coding (open coding and selective coding) and theoretical coding. Memos were then written about the codes and relationships of codes. Conceptual sorting of memos showed relationships between concepts with the emerging theory. The grand tour question and interview guide questions were used to facilitate discussion among study to answer R3 (Appendix A). As discussed in detail within R1 and R2, the core variable/core category of internalizing accountability emerged as the process by how nurse educators resolved the concern of value-based teaching documentation to nursing students. In this qualitative classic grounded theory study, four sub-core categories emerged as how nurse educators worked to overcome the concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and EHR technology. The four sub-core categories included (a) progressing levels, (b) reflecting on conflicting roles, (c) accepting transitioning, and (d) engaging and empowering through leadership. Sub-core categories 2, 3, and 4 were included to answer R2.

Process and properties of internalizing accountability. As noted in Figure 2 and Figure 6, the process and components of internalizing accountability can have negative or positive influences of student learning of the competency of nursing documentation in a paper-based or electronic health record format. The nurse educator

assumed full accountability for teaching nursing documentation to nursing students and instilled accountability to students through value-based teaching of this skill and competency. The conceptual model as noted in Figure 1 aligned well with the new grounded theory, which included contributions of the patient's voice, nurse competency with nursing documentation, and nurse educator competency with nursing documentation while considering multimodal documentation with application to the main concern of nurse educators with teaching nursing documentation to nursing students. Three additional questions were used to achieve theoretical saturation of data:

1. What are essential informatics technology skills for success as a nurse educator?

2. How are the recommendations from the Technology Informatics Guiding Education Reform (TIGER) nursing competencies and the Quality and Safety in Education for Nurses (QSEN) competencies fully implemented by nurse educators in the classroom and clinical settings to facilitate teaching strategies for nursing documentation?

3. In your clinical course, is the preceptored or non-preceptored or a combination of both models used and how?

The grounded theory of internalizing accountability conceptualized how nurse educators met complexities of nursing documentation through value-based teaching. This theory emerged as nurse educator study participants spoke of their own experiences with teaching patient care documentation while transitioning from paper-based to an electronic health record format. This qualitative classic grounded theory method included individual, face-to-face participant interviews with observation and weaving of literature as sources of data to generate the new theory. Nurse educators' teaching of

documentation to nursing students can be explained through the process of internalizing accountability and the four components of (a) progressing levels, (b) reflecting on conflicting roles, (c) accepting transitioning, and (d) engaging and empowering through leadership. Each component has several properties as previously stated and discussed.

The grounded theory of internalizing accountability with the four components with separate properties answered R3: What new theory explains nurse educator teaching of nursing documentation and its negative or positive influences of student learning of the competency? As a result of this study, the nurse educator values accountability with nursing documentation in providing continuity with patient advocacy. Documentation is a form of patient advocacy where the nurse educator internalizes professional accountability as the core of values.

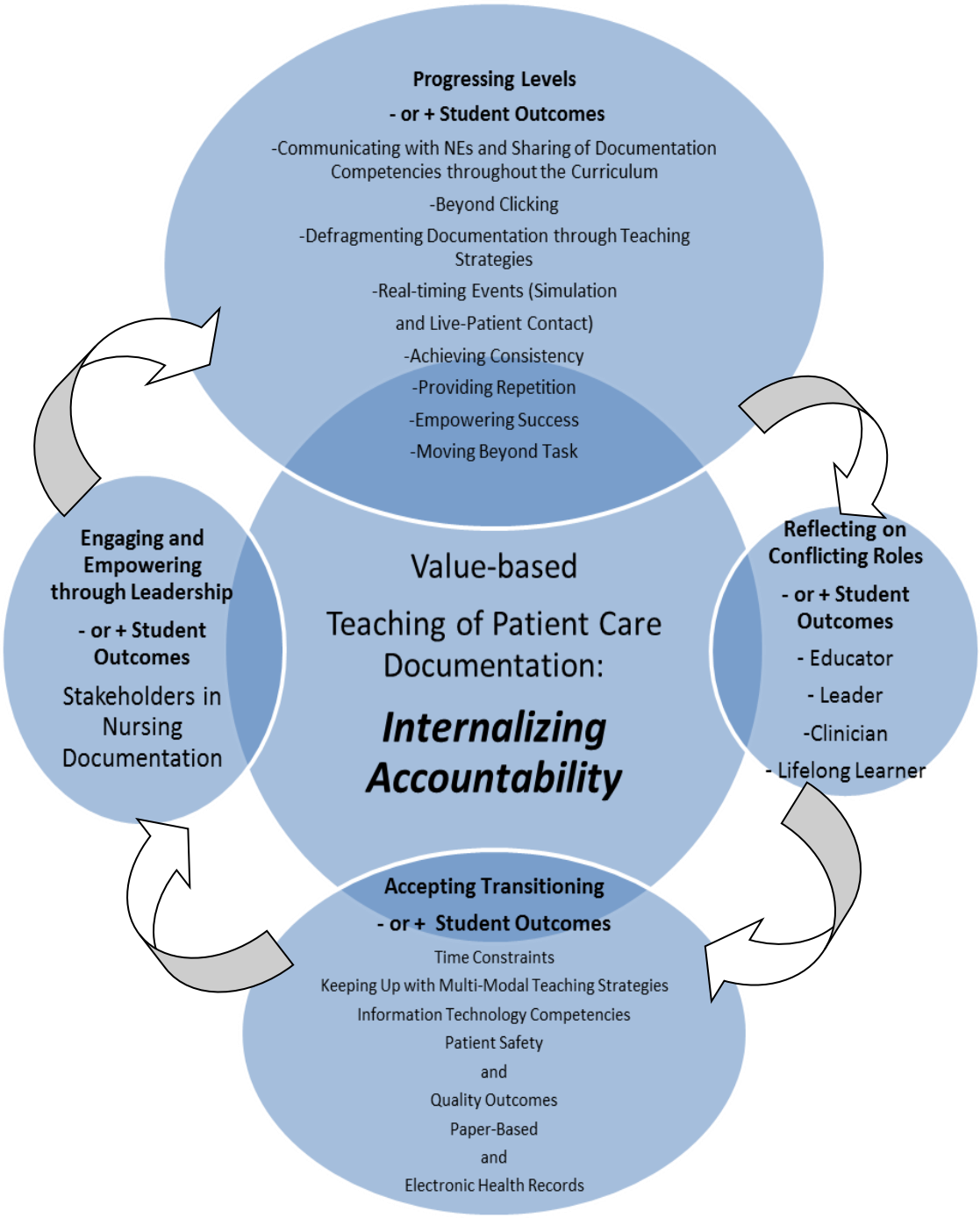

Figure 6. Components and Properties of the Process of Internalizing Accountability with (Negative (-) or Positive (+) Influences of Student Learning the Competency of Nursing Documentation

Model of Value-based Teaching: A Grounded Theory of Internalizing Accountability among Nurse Educators

Additional Findings

This qualitative classic grounded theory study generated one finding beyond what was addressed in the three research questions. Constant comparative analysis included substantive coding (open coding and selective coding) and theoretical coding. Memos were then written about the codes and relationships of codes. Conceptual sorting of memos showed relationships between concepts with the emerging theory. The ability of nurse educators to teach nursing documentation to students was seen by using value-based teaching of patient care documentation by internalizing accountability among nurse educators. All study participants (n=16) identified value- based teaching in the role of the nurse educator as a contributor for success in teaching effective and efficient documentation to students. Of additional concern was the critical role of the nurse preceptor in baccalaureate nursing education programs to assist nurse educators with teaching of nursing documentation throughout the nursing curriculum. At the onset of this qualitative classic grounded theory study, data collected from the interviews and immediate analysis guided the study to move forward through theoretical sampling by asking participants about the preceptored and non-preceptored clinical method of teaching in the clinical settings. All 16 participants recognized reliance on the role that clinical preceptors played in clinical settings as a nursing student transitioned throughout the baccalaureate nursing program. In the new grounded theory of internalizing accountability, the nurse educator has increased responsibility and challenges to work with nurse preceptors, as an extension of the clinical teaching role (expressed by all 16 study participants). If using a preceptored clinical experience, nursing education must conduct research on how the role facilitates teaching of nursing students. Nursing

documentation is an important component of the nurse preceptor role. More research is needed to evaluate the effectiveness of teaching nursing documentation.

Summary

The following areas were discussed in Chapter 4: (a) results, (b) review of problem statement, (c) review of the research method, (d) population and sample, (e) pilot study, (f) data collection, (g) demographics, (h) instrumentation/interview process, (i) findings (j) data analysis, (k) constant comparative analysis, (l) research questions, (m) additional findings, and (n) chapter summary. This qualitative classic grounded theory study included two main purposes: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format, and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. This qualitative classic grounded theory answered the three research questions. A substantive theory of internalizing accountability generated through adherence to the steps of classic grounded theory.

The population for this qualitative classic grounded theory study was 42 nurse educators, who taught at the baccalaureate level in a college of nursing (N= 42). Participants were invited to participate in the study through Email announcement, face to face interaction, and referrals from others using the dean at the college of nursing serving in a gatekeeper capacity. The purposive sampling strategy with criterion-based selection was used in this study. The final sample in this research study consisted of sixteen (n= 16) nurse educators teaching in a baccalaureate nursing program in a southern region of the United States who met criterion-based inclusion attributes.

An interview guide consisted of one original grand tour question and eight semi-structured interview questions which was pilot tested by three expert nurses to ensure that the questions had validity for the express purpose of this classic grounded theory study. The experts in the pilot study assisted in conceptualizing data and adhering to the method of grounded theory. Data collection and analysis occurred in a simultaneous fashion using the constant comparative method. Participants were interviewed during approximately one-hour sessions in a private location within the university using audio taped digital voice recordings and observation of non-verbal expressions during the interview process. Adherence to the classic grounded theory steps was achieved through manual methods of coding, memoing, and sorting of memos to produce a theory. Interviews were transcribed sentence by sentence from the audio taped digital voice recordings using Dragon Naturally Speaking® transcription software and manual method at the researcher's private location to ensure privacy and confidentiality of study participants. NVivo 10®, OneNote® and manual data analysis occurred concurrently with extensive writing of memos and theoretical coding. The researcher remained the analyzer of data.

Answers to the three research questions were obtained through data analysis during this qualitative classic grounded theory. Constant comparative analysis included substantive coding (open coding and selective coding) and theoretical coding. Memos were then written about the codes and relationships of codes. Conceptual sorting of memos showed relationships between concepts with the emerging theory. Three general research questions for this qualitative classic grounded theory study included:

R1 - How do nurse educators manage main concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology?

R2 - How do the nurse educators work to overcome the concerns?

R3 – What new theory explains nurse educator teaching of nursing documentation and it negative or positive influences of student learning of the competency?

A core category of internalizing accountability and four sub-core categories (components), each with individual properties emerged in this study from the main concern of 16 nurse educators with teaching nursing documentation to nursing students while transitioning from a paper-based to and electronic health record format. The four sub-core concepts of (a) progressing levels, (b) reflecting on conflicting roles, (c) accepting transitioning, and (d) engaging and empowering through leadership emerged as part of the theory from the interview data and weaving of the literature (see Figure 6). The nurse educators were engaged with the transition of moving to an electronic health record format while noting that nursing documentation was a complex process requiring full attention to the standards and principles of documentation to achieve positive outcomes for students and patients. All participants stated a positive outlook for nursing education with integration of the EHR, which provided increased integration of nursing documentation focus, especially with the electronic format for future nursing students. Additional findings included that if using a preceptored clinical experience, nursing education must conduct research on how the role facilitates teaching of nursing students.

In Chapter 5, discussion will include an overview of the qualitative classic grounded theory study's findings, conclusions, adding knowledge that was not reported

in other literature, recommendations for further study, scope and limitations, researcher bias and reflection, summary, and conclusion concerning value-based teaching in a grounded theory of internalizing accountability among nurse educators in teaching nursing documentation.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

This qualitative classic grounded theory study included two main purposes: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format; and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. This study involved 16 nurse educators from a baccalaureate college of nursing program in a southern region of the United States who were interviewed using individual, face-to-face methods and observation. All of the 16 participants met the inclusion criteria for the study. Interviews began with a grand tour question and proceeded to semi-structured questions to elicit participant responses using audio taped, digital recorded voice recordings. Data from recordings were transcribed sentence by sentence, analyzed, and coded into concepts and subsequent categories and sub-categories for integration into the substantive theory and results of the data were discussed. Use of NVivo®, OneNote® and manual methods were used to organize and analyze the data. The preferred method was the manual coding and sorting of conceptual memos. Participant findings from the interviews were provided in Chapter 4 with some direct quotes from some of the participants.

The following areas were discussed in Chapter 4: (a) results, (b) review of problem statement, (c) review of the research method, (d) population and sample, (e) pilot study, (f) data collection, (g) demographics, (h) instrumentation/interview process, (i) findings (j) data analysis, (k) constant comparative analysis, (l) research questions, (m) core variable/core category, (n) sub-categories, (o) additional findings, and (p) chapter summary.

The purpose of Chapter 5 is to present research findings from the classic grounded theory research study. An overview of the qualitative classic grounded theory study's findings, conclusions, adding knowledge that was not reported in other literature, the new substantive theory, implications of study findings, significance of study to nursing leadership and nursing education, recommendations for further studies, trustworthiness of the data, scope and limitations, delimitations, researcher and reflection, summary, and conclusion are included. Research findings will relate to each of the three research questions in the study and the core category and sub-categories that emerged from data analysis to generate the new theory concerning value-based teaching in a grounded theory of internalizing accountability among nurse educators in teaching nursing documentation.

Overview of Findings

A main advantage of classic grounded theory is the flexibility related to data collection and analysis (Glaser & Strauss, 1967). Qualitative classic grounded theory ascertained how participants, as nurse educators, worked to overcome main concerns of teaching students in the use of electronic health record technology. This allowed for theory development to explain and predict participant behavior as noted by Jones (2009). The three research questions in this study were:

R1 - How do nurse educators manage concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology?

R2 - How do the nurse educators work to overcome the concerns?

R3 – What new theory explains nurse educator teaching of nursing documentation and it negative or positive influences of student learning of the competency?

The grounded theory of internalizing accountability in value--based teaching was identified from a problem defined by nurse educators while teaching patient care documentation to nursing students. Areas addressed were basic psychological and social processes, which focused on the interacting components and properties of progressing levels, reflecting on conflicting roles, accepting transitioning, and engaging and empowering through leadership with stakeholders. Answers to the three research questions were provided by study participants during the grounded theory process of simultaneous data collection and analysis. The nurse educators in this classic grounded theory study were internalizing accountability using value-based teaching of nursing documentation to nursing students.

Conclusions

This qualitative classic grounded theory research study provided an opportunity for nurse educators' voices to be heard with integration of their perceptions about knowledge, awareness, skills, and attitudes regarding documentation as an important and immediate concern in teaching patient care documentation in an electronic health record format. Results from this study did offer important data on the links between achieving safe and quality patient outcomes through value-based teaching of documentation. The process of documentation as a teaching strategy was examined through perspectives of nurse educators. This research study used a qualitative classic grounded theory approach to explore nurse educator faculty perceptions of issues and strategies related to teaching

effective patient care documentation with negative or positive influences of student learning of the competency.

Qualitative classic grounded theory is a research method where a theory is produced to explain the main concern of the population in a substantive area and how this concern resolved or processed from the focus on participant behavior. The eight key stages of classic grounded theory methodology included (a) identification of a researcher's substantive area, (b) data collection, (c) open coding, (d) writing of memos throughout the research process (e) conducting selective coding and theoretical sampling, (f) memo sorting and discovery of the theoretical code(s), (g) reading of the literature and integrating pertinent literature with the researcher's theory through selective coding, and (h) writing and presenting the theory as discussed by Scott (2009).

Overview of Core Variable/Core Category- Internalizing Accountability

The American Nurses Association (2010b) encouraged nurse educators to teach nursing students accountability for documentation and the consequences and liability for poor documentation. Internalizing accountability was the core variable/core category that emerged from the constant comparative method of analysis (see Figure 6). The 16 participants in this classic grounded theory study internalized accountability as a way to take full charge of teaching nursing documentation to student nurses in a paper-based and electronic format. P1 stated, "I feel pressured to make up for the deficiencies for students who have not had the opportunity to document much in the clinical settings or prior levels." P2 stated that documentation "should not be called a skill because it is not a stand-alone skill. It is attached to everything nurses do. Everyone is accountable. Accurate charting requires accountability."

All nurse educators shared experiences of how inaccuracies with documentation, inconsistencies with documentation, and untimely entries can produce negative consequences for nurses and patients, which supported the need for integration of standards with nursing documentation (American Nurses Association, 2010b). P10 talked at length about the importance of time-stamping with the electronic health record. P10 stated that "faculty should be at the clinical sites more" to assist nurse preceptors with evaluation of student learning in the clinical settings.

Accountability is at the core of nursing and foundational as part of the code of ethics and integral to the standards for nursing documentation (American Nurses Association, 2001; American Nurses Association, 2010b). Nurse educator accountability instilled value-based teaching of nursing documentation to meet mandatory standards and requirements for patient safety and outcomes (Hamilton, Harper, & Moore, 2012; Jha et al., 2009; Ozbolt & Saba, 2008). Accountability from nurse educators to move the informatics agenda forward was essential for nursing education and clinical practice, especially with electronic health record format to improve patient outcomes (Kelly, Brandon, & Docherty, 2011; McBride, Delaney, & Tietze, 2012; National League for Nursing, 2008).

Overview of Sub-core Category 1: Progressing Levels

As noted in Figure 2, the sub-core category component of progressing levels addressed the main concern of nurse educators about how student nurses learn documentation and how nurse educators teach this competency during the transition from paper-based to and EHR format in the classroom and clinical settings (American

Association of Colleges of Nursing, 2008; American Nurses Association, 2009; Finkelmann & Kenner, 2012; Ornes & Gassert, 2007; Walker, 2010). According to Figure 2 in Chapter 4, progressing levels can have negative or positive influences on student learning of the competency. This sub-core category was clearly expressed by the 16 study participants as a major area of concern as a nurse educator teaching at the college of nursing. P7 stated that it was important to be actively involved with students at the clinical sites. P7 noted inconsistencies from the classroom to clinical settings. According to P7, "I've noticed that because students don't document much after Level One, they have forgot how to document. They are learning all over again." The Progressing Levels included eight properties:

1. Communicating with nurse educators and sharing of documentation competencies throughout the curriculum (Ainsley & Brown, 2009). This includes better coordination and use of the role of clinical nurse preceptors to enhance the student nurse experience from a simulated to a live-patient environment while internalizing accountability through value-based teaching of patient care documentation. All study participants valued the role of the nurse preceptor and wanted to enhance the current preceptorship program to meet nurse educator, clinical nurse preceptor, and student needs with the increased demands on patient safety and quality outcomes and advancing technology (Duteau, 2012).

2. Beyond clicking with documentation enhanced critical thinking and critical reasoning (Alfaro-LeFevre, 2010; Alfaro-LeFevre 2012; Laitinen, Kaunonen, & Astedt-Kurki, 2010).

3. Defragmenting documentation through teaching strategies to produce a holistic approach through introduction of principles of documentation (American Nurses Association, 2010b).

4. Real-timing events (simulation and live-patient contact) to improve time management (Fetter, 2009).

5. Achieving consistency across the curriculum to produce positive outcomes (Benner, Sutphen, Leonard, & Day2010).

6. Providing repetition to master the skill (Benner, 2001).

7. Empowering success for students to become better advocates for patients and produce positive outcomes for patients (Institute for Medicine, 2011).

8. Moving beyond task to use documentation as a full record of the patient experience [legal, ethical, and values concerns] (Dixon & Newlon, 2010; Duffy, Kharasch, & Du, 2010; Jeffries, Johnson, & Griffiths, 2010).

Integration of a student version of an EHR format can assist student in mastering the skill and competency of documentation and meet the essential knowledge, skills, and attitudes (KSAs) of the Quality and Safety Education for Nurses (QSEN) competencies (American Nurses Association, 2010b; Hamilton et al., 2012; Quality and Safety Education for Nurses, 2012; Quality and Safety Education for Nurses, 2013; Sullivan, 2010; TIGER, 2007, 2009, 2011, 2012, TIGER 2013). P10 discussed the importance of teaching about quality and patient outcomes and that "students need to recognize what to chart." P10 further noted that "CORE measures and other quality indicators are components to be taught to students" as part of documentation. Nurse educators need to work with clinical nurse preceptors to provide patient care documentation experiences for

students using the electronic health record and instill accountability for prioritizing documentation. This value-based teaching approach facilitates student progression through the levels in a college of nursing program where the classroom and clinical experiences connect and can prepare students who transition into the workplace prepared to meet the increased demands in health care (Benner et al., 2010; Omansky, 2010). Student "readiness" with documentation is one area to explore further to address the gaps in level of preparation of students for clinical practice upon graduation from nursing school (Cummings, 2013, p. 54). All 16 participants in the study valued documentation as a key component of nursing education and one requiring future evaluation studies of how well students perform with the competency.

Overview of Sub-core Category 2: Reflecting on Conflicting Roles

Reflecting on conflicting roles was a second component of the process of Internalizing Accountability and was visualized through the model in Figure 3. All study participants (*n*=16) were evaluated on their roles as nurse educator and within an area of clinical practice. All participants have experienced or are experiencing transition with the EHR in nursing education and the challenges of making a full transition to the EHR format in the simulation laboratory setting or at clinical sites. The American Nurses Association (2010b) encouraged nursing education to teach nursing students accountability for documentation and the consequences and liability for poor documentation. Four conflicting nurse educator roles emerged and included:

1. Nurse educator (working in academic nursing education)- Demographics, as noted in Table 2 in Chapter 4, revealed that the average number of years in a nurse educator role for study participants was 11.75 years with a range of years in a nurse

educator role between 2 and 34 years. Education was noted as an important characteristic of the study participants. Out of the 16 participants, 100% had a Masters degree, 25% were PhD prepared, 31.25% were seeking the PhD degree and 6.25% (*n*=1) was attaining a DNP degree. The average age in years of study participants was 53 years with an age range from 28 – 67 years. Years of being a registered professional nurse was 27.56 years with the range in years from 5 – 42 years. More nurse educators are needed to move the informatics agenda forward. All participants voiced concerns that time to prepare for new methods of teaching nursing documentation and to keep up with constant changes in health care and nursing education required more consideration of workload hours (AACN, 2008; ANA, 2001; ANA, 2010; ANA 2010b; AONE, 2005; Benner et al., 2010; Dixon & Newlon, 2010; Fetter, 2007; Finkelman & Kenner, 2012; Halstead, 2007; Hickey, Forbes, & Greenfield, 2010; Institute of Medicine, 2011; Kelly et al., 2011; Macdonald, 2008; Mahon, Nickitas, & Nokes, 2010; McNeil et al., 2003; Meyer, Sternberger, & Toscos, 2011; National League for Nursing, 2008; National League for Nursing, 2012; Pesta, 2011; TIGER, 2011). Recruiting and retaining nurse educators in academic institutions was important to acknowledge, especially with the increased need to advance nursing education in areas of technology, informatics, and teaching/learning modes (Falk, 2014). Falk built a substantive theory in a grounded theory study of "retaining the wisdom" where "valuing aging nurse faculty" emerged as one of four categories (p. 34).

2. Nurse leader (role of leader is important to achieve positive outcomes for nursing education)- P1 taught in the Nursing Leadership and Management course at Level Four in the nursing program and was positive of the influence of Level Four

students entering the health care settings to lead with informatics. All study participants wanted to be or were already champions of moving forward with the EHR format of documentation (American Organization of Nurse Executives, 2005; Benner et al, 2010; Dixon & Newlon, 2010). All study participants (*n*=16) agreed that administrative support to have the proper equipment to teach nursing documentation and other skills in a simulated setting required an appropriate skills lab setting with adequate and qualified personnel, including a faculty member or Masters prepared nurse who can assist with simulation scenarios.

3. Nurse clinician (keeping or giving up a clinical practice)- Study participants paused when talking about an individual struggle to maintain an active clinical practice outside of full-time faculty role or to transition to the full-time nurse educator role. All participants still desired a clinical connection. As noted from the demographics in Table 2 from Chapter 4, 10 of the 16 study participants had active certifications with seven clinical specialty certifications. Nurse educators wanted to connect with the students and be comfortable with current clinical practice and evidence-based practice because all participants had clinical lab responsibilities. Connecting classroom and clinical was an area of concern with participants because nursing documentation is not taught in all classroom settings or in real-time in clinical practice settings [simulation or live-patient contact] (American Nurses Association, 2010b; Benner et al., 2010).

4. Life-long learner (student role as nurse educators are continually challenged to learn alongside of students, especially with technology and informatics) - Academic nurse educators strived for life-long learning as a hallmark of excellence in the specialty of nursing education, which included the ability to teach students how to use information

technology and integrate information technology to enhance the teaching-learning process (National League for Nursing, 2012). The 16 participants in the study considered opportunities at the college of nursing or provided by the university as essential support systems to assist the nurse educators in transitioning with teaching of electronic documentation and other mandates for integration of information technologies (Cronenwett et al., 2007; Falk, 2014; National League for Nursing, 2012; Quality and Safety Education for Nurses, 2012; Quality and Safety Education for Nurses, 2013; Sullivan, 2010; TIGER, 2011).

Overview of Sub-core Category 3: Accepting Transitioning

As shown in Figure 4, the participants in this qualitative classic grounded theory study concluded that accepting transitioning was an important component of the process of internalizing accountability that connects with the core of value-based teaching of nursing documentation. All of the participants reinforced at the conclusion of interviews that transitioning will continue in nursing education as new technologies and teaching methods surface (*n*= 16). Accepting transitioning allowed the nurse educator to move to the "new beginning" phase and focus on the new sense of direction with teaching nursing documentation and fully transition from a paper-based to an electronic format (Bridges 2004; Bridges, 2009, p. 5).

The sub-core category of accepting transitioning was a continuous cycle that integrated five properties to achieve student success with learning the skill of nursing documentation. The properties included (a) nursing process (caring and patient-centered), (b) critical thinking and critical reasoning, (c) documenting with paper-based format (a requirement for use, especially in down-time situations when the EHR system

was unavailable and to provide an introduction to students about nursing documentation), (d) documenting with electronic health record format (classroom and clinical settings and in real-time and retrospective time), and (e) evaluating student performance (real-time and retrospective assignments). Implementation of the Quality and Safety Education for Nurses (QSEN) competencies will assist with student learning of quality, safety, patient-centered care, and informatics (Barnsteiner et al., 2013).

Four sub-properties were at the core of the cycle to accept the ever transitioning in nursing education and included (a) time constraints within the faculty workload requirements and increased need for nurse educator presence in clinical settings due to high patient acuities and preceptor workloads and decreased availability of preceptors, (b) keeping up with multimodal teaching strategies, (c) infusing information technology competencies, and (d) promoting quality and patient safety experiences to progress student nurses to graduate nurses with the mindset of prioritizing documentation to achieve patient safety and quality outcomes. Quality improvement, safety, and informatics were urgent competencies for nurse educators to integrate into the baccalaureate nursing curriculum (Barnsteiner et al., 2013).

Overview of Sub-Category 4: Engaging and Empowering through Leadership

Nurse educators can engage and empower through leadership and make the necessary changes to advance the electronic health record and informatics agenda in nursing education and health care facilities (See Figure5). Several stakeholders were key and included (a) university and health care organization leadership and support, (b) collaboration with the nurse educator, nurse preceptor, nurse informaticist, EHR vendors, and interprofessionals, (c) relationships among nurse educator/student, nurse

educator/preceptor, and nurse preceptor/student, and (d) various federal, state, and local agencies (for example: boards of nursing, National Council of State Boards of Nursing, The Joint Commission, Centers for Medicare and Medicaid), and professional organizations seeking to provide patient safety and quality outcomes through compliance with position statements, standards, and initiatives. The patient was at the base of the overlapping relationships. Nurse educators can link stakeholders to promote better success for student outcomes and patient safety and quality outcomes through full partnerships between academic settings and health care organizations (American Association of Colleges of Nursing, 2012). Nurse educators at the academic organization can connect with nurse educators at the clinical facility sites to improve a preceptor model for teaching students, especially with nursing documentation of the patient experience (Nehls, Rather, & Guyette, 1997). Engaging and empowering through leadership, especially with the nurse educator/clinical preceptor can connect the bridge between the classroom and clinical settings (Raines, 2012).

A Grounded Theory of Internalizing Accountability

Corbin and Straus (2008) noted that the researcher must be cautious not to mask the findings in the literature to fit the theory. Relevancy of the literature is primarily unknown until after discovery of the main concern of participants (Glaser, 1998). For this reason, theoretical frameworks are inconsistent with grounded theory and are usually not employed to guide the research in grounded theory research (Birks & Mills, 2011). As Glaser (2005) noted, the generalized methodology of grounded theory research provides for emergence of the theoretical codes that weave a grounded theory. The grounded theory researcher focused on getting out of the data and from the descriptive

level to allow for emergence at the conceptual level. This established conceptual hypotheses to frame a multivariate conceptual substantive theory (Glaser, 2011).

Glaser (2011) encouraged use of the method of constant comparative analysis to bring necessary trust in emergence of patterns through conceptualization; not description. Theoretical sensitivity is seen when approaching the research setting without any pre-existing hypotheses or biases. Theoretical sensitivity is an ability to remain open to what occurs in the field while remaining aware of the need to minimize predetermined ideas as stated by Glaser (1978). Theoretical sensitivity was the capacity of the researcher to discern and extract from the research data those elements that had usefulness in the emerging theory (Birks & Mills, 2011).

Literature and other potential theoretical frameworks were used to compare the new theory. This new grounded theory moved beyond nursing documentation and the electronic health record process of documentation experiences of nurse educators and synthesized existing literature on documentation, electronic documentation, paper documentation, nursing documentation, nursing documentation and patient outcomes and quality, nurse educator and documentation, and teaching strategies and nursing documentation. After applying the steps of grounded theory, the theory of internalizing accountability explained the components and properties of a newly formed basic social process, with much relevancy to other substantive areas on local, regional, state, national, and international levels (see Figure 6*).*

The true main concern of study participants was not known until the research began with classic grounded theory. The four previously identified theoretical frameworks had potential for inclusion in this qualitative classic grounded theory study of

nursing documentation, based upon the main concern identified by study participants. The theories included (a) Bridges' managing transitions process (Bridges, 1986; Bridges, 2004; Bridges, 2009), (b) Locsin's theory of technological competency (Locsin, 2005), (c) Resnick's middle range theory of self-efficacy based on Bandura's work (Resnick, 2008), and (d) Watson's model of caring (Walker & Avant, 2005; Watson, 2009).

Bridges' Managing Transitions Process

Inclusion of Bridges' managing transitions process was supported by the results in this classic grounded theory study. All 16 study participants identified with the extensive transition that occurred while moving from a paper-based to an electronic health record format. Bridges' process included recognition for change (situational), and three phases of transition (psychological), which was identified by all 16 study participants (Bridges, 2009). The three phases of transition reported by Bridges (2009) included (a) "Ending, Losing, Letting Go; (b) The Neutral Zone; and (c) The New Beginning" (p. 5).

Bridges (2004) detailed the experience of "ending, losing, and letting go" (p. 109) as requiring an individual to embrace the phases of "disengagement, dismantling, disidentification, disenchantment, and disorientation" (p.109). Bridges (2004) stated that during the shift of transition during the neutral zone phase, an individual becomes reoriented and realigned to what lies ahead in the new beginning phase. Persons transition to the new beginning phase and finish with a new sense of direction and refined identity (Bridges, 2004).

Bridges' transition process was applied as part of the newly discovered theory of internalizing accountability with teaching nursing documentation for this classic grounded theory study as nurse study participants identified with transitioning process.

Accepting transitioning was a component of the new grounded theory of internalizing accountability. Nurse educators in this study continued to accept the ever-changing requirements of information technology requiring new multimodal methods of teaching nursing documentation from paper-based format to an electronic method. The process of transition was evident from the data that emerged from individual interviews that nurse educators psychologically experienced the transition process of the loss of paper-based documentation [ending, losing, letting go phase] (Bridges, 1986; Bridges, 2009).

Nurse educator participants were still experiencing the necessary "realignments and repatternings" (the neutral zone phase) to learn and apply the electronic format of documentation (Bridges, 1986; Bridges, 2009, p.5). The last phase of the transition process encouraged and supported the nurse educator to incorporate the new method of electronic documentation (the new beginning phase) as part of teaching student nurses the new informatics skills for success in the electronic requirements for the future of health care (Bridges, 1986; Bridges, 2009). Participants in the study experienced all stages at varying levels of the transition process. The sub-core category of accepting transitioning was noted from all study participants as a cyclical process (see Figure 4).

The sub-core category of reflecting on conflicting roles was also seen as a part of transitions process (see Figure 3). Role change for nurse educators to successfully learn and teach new forms of documentation was noted by all participants to be a challenging experience. Bridges' process of three phases of managing transition had value for inclusion as part of a theoretical framework for this study.

Locsin's Theory of Technological Competency

Locsin's theory of technological competency as caring in nursing (Locsin, 2005) served as a model for practice concerning the topic of nursing documentation and was supported for inclusion in the new grounded theory by the study results. Exploration of different ways nurse educators and administrators moved through information technology and the caring/presence experience included Locsin's model (Locsin, 2005). The technological competency as caring model linked the caring of nursing with technology (Locsin, 2005). In this classic grounded theory study, results from participants showed that as nurse educators taught students to move through the nursing process, caring was seen as part of the patient-centered approach to address the Quality and Safety Education for Nurses patient-centered and informatics competencies (Quality and Safety Education for Nurses, 2012, Quality and Safety Education for Nurses, 2013).

Resnick's Middle Range Theory of Self- efficacy

Resnick (2008) provided a definition for self-efficacy as "an individual's judgment of his or her capabilities to organize and execute courses of action" (p. 183). As noted by the nurse educator participants, reflecting on conflicting roles conceptualized the individual ability of nurse educators to incorporate increased information technology skills into the classroom and clinical experiences. Self-efficacy was applied by nurse educators to determine a plan to navigate successfully through the transition period of paper-based to an electronic format of nursing documentation. Resnick's middle-range theory of self-efficacy based upon Bandura's work was supported for use in the new grounded theory from the study results (Resnick, 2008). Resnick stated that the theory of self-efficacy can apply in focus areas of education, nursing competencies, and clinical

aspects of patient care. The self-efficacy theory was a good choice for the selected topic of nursing documentation, as motivation to assist nurse educators and nurse administrators in acquiring competencies with health information technology and nursing informatics. The center of self-efficacy is an assumption that persons can exert influence over actions (Resnick, 2008). From the study results, the core category and four sub-category concepts and properties included some aspect of Resnick's middle-range theory of self-efficacy. Self-efficacy can assist the nurse educator to engage and empower stakeholders to develop and maintain competency with the electronic format of documentation and other components of information technology.

Watson's Model of Caring

A theoretical framework based upon Jean Watson's model of caring linked authentic presencing to the metaparadigm of nursing's concepts of health, environment, person, and nursing (Walker & Avant, 2005; Watson, 2009). As the nurse educator taught nursing documentation to students, a link between classroom and clinical setting promoted inclusion of authentic presencing through application of the patient's voice to the experience in simulated and live patient clinical lab settings. All study participants stressed inclusion of patient-centered care as part of the nursing documentation process. Authentic presence was one of the caritas (Walker & Avant, 2005; Walker, 2009). Watson's theory of human caring was appropriate for inclusion of an electronic nursing documentation system to provide the patient's voice in the electronic health record. All study participants, and especially P15 spoke at length about the concept of caring in the patient-documentation experience.

When developing the new theory, recommendations of Glaser and Strauss (1967) were followed. Glaser and Strauss (1967) stated that application of classic grounded theory incorporates four interrelated properties. These properties include (a) a theory that fit the substantive area, (b) laymen easily comprehended the theory, (c) the theory had general applicability to several daily encounters within the substantive focus, and (d) the theory permitted partial control concerning the structure and process of changing day to day situations (Glaser & Strauss, 1967). These four properties were targeted for inclusion in this classic grounded theory study for application in the area of nursing practice.

The theory of internalizing accountability (core variable/core category) in teaching documentation through value-based teaching included the components (sub-core categories) of (a) progressing levels, (b) reflecting on conflicting roles as a nurse educator, (c) accepting transitioning, and (d) engaging and empowering through leadership with stakeholders in nursing documentation. The literature review for this classic grounded theory study comprised a tentative review at the onset of the study with integration of related literature upon emergence of a grounded theory from the data. The literature supported the transition from paper-based to an electronic format of documentation and concerns about the legal aspects to achieve positive outcomes for patients with regard to safety and quality. The literature review did not produce grounded theory studies to address the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format and to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. One

exploratory qualitative study by Mahon et al. (2010) examined perceptions of nursing faculty when teaching nursing documentation to nursing students using either paper-based or electronic health record format. Mahon et al. (2010) stated a need for additional studies to determine the knowledge and understanding of nurse educators with the process of nursing documentation to ensure student success with the competency and skill. The grounded theory of internalizing accountability in teaching documentation through value-based teaching provided the perspectives from nurse educators in teaching nursing documentation to nursing students.

Implications of Study Findings

This qualitative classic grounded theory study included two main purposes: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format; and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. This qualitative classic grounded theory study answered the three research questions by using the steps of simultaneous data collection and analysis to generate a new explanatory theory of teaching nursing documentation and its negative or positive influences of the competency. The general research questions for this qualitative classic grounded theory study included:

R1 - How do nurse educators manage concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology?

R2 - How do the nurse educators work to overcome the concerns?

R3- What new theory explains nurse educator teaching of nursing documentation and its negative or positive influences of student learning of the competency?

Internalizing accountability, which surfaced as a core variable/core category in this classic grounded theory study, has implications for nursing education, nursing leadership, nursing clinical practice, and other health care professions to advocate for patients. The revised code of ethics for nurse educators supported the grounded theory of internalizing accountability in teaching nursing documentation to nursing students through value-based teaching by nurse educators to sustain accountability for competence in nursing education practices, including the use of technology in nursing practice (Rosenkoetter & Milstead, 2010). Burkhardt and Nathaniel (2014) defined accountability as, "the state of being answerable to someone for something one has done" (p. 525). Patients are at the center and existence of nursing. Results from this study as identified from all the study participants revealed a critical need for inclusion of Quality and Safety Education for Nurses (QSEN) competencies and the Technology Informatics Guiding Education Reform (TIGER) Initiative throughout the baccalaureate nursing curriculum, especially in reference to patient-centered care, quality improvement, and informatics (Quality and Safety Education for Nurses, 2012; Quality and Safety Education for Nurses, 2013, Sullivan, 2010; Technology Informatics Guiding Education Reform, 2012).

Nurse educators dealt with the problem of teaching nursing documentation to students while transitioning from a paper-based to an electronic format of documentation by internalizing accountability for providing a solid educational experience for students. Sub-categories (components properties) of internalizing accountability were (a) progressing levels, (b) reflecting on conflicting roles, (c) accepting transitioning, and (d)

engaging and empowering through leadership with stakeholders. Nurse educators were accountable to provide updated teaching models to move students through the curriculum while maintaining many standards and regulations to achieve integration of electronic health records with emphasis on integration of health professions education (American Association of Colleges of Nursing, 2008; American Association of Colleges of Nursing , 2011; American Nurses Association, 2001, American Nurses Association, 2009, American Nurses Association, 2010b; Benner et al., 2010; Committee on Quality of Health Care in America, Institute of Medicine, 2001; Cronenwett et al., 2007; Cummings, 2013, Dixon & Newlon, 2010; Elfrink et al., 2000; Fetter, 2007, 2009; Finkelman & Kenner, 2012; Greiner & Knebel, 2003; Halstead, 2007; Hickey et al., 2010; Institute of Medicine, 2011; Jha et al., 2009; Kelly et al., 2011, Kohn, Corrigan, & Donaldson, 2000; Mahler et al, 2007; Mahon et al., 2010; National League for Nursing, 2008; National League for Nursing, 2012; Ornes & Gassert, 2007; Ozbolt & Saba, 2008; Robert Wood Johnson Foundation, 2006; Sullivan, 2010).

Nurse educators internalized accountability as they reflected on the conflicting roles of educator, leader, clinician, and lifelong learner while evaluating students as they progressed through the curriculum. Continued change in nursing education required the nurse educator to accept transitioning as part of working as a nurse educator by internalizing accountability for dealing with the changes and transitions. Nurse educators engaged and empowered through leadership with key stakeholders to advance the profession of nursing with a focus on patient-centered care, quality, safety, and informatics advances. Value-based teaching of patient care documentation was achieved through internalizing accountability among nurse educators in teaching nursing

documentation to promote positive influences of student learning of the competency and skill (American Nurses Association, 2010b).

Significance of the Study to Leadership and Nursing Education

Study results supported the gaps in the literature to address the main concern of nurse educators' teaching nursing documentation to nursing students using an electronic health record and how nurse educators worked to overcome the concern to produce positive outcomes for students. The results reaffirmed the need for a qualitative classic grounded theory study. The contribution of electronic health record nursing documentation requires full attention from leadership at the academic institutions and at the various health care clinical agencies to provide necessary support systems to achieve student competency with the Quality and Safety Education for Nurses (QSEN) as set forth from the Institute of Medicine. Gaining further support from academic institutions at colleges of nursing and at the health care clinical sites to fully evaluate the preceptored model is needed because of the role of preceptors to assist with teaching nursing students the skill of documentation. Results of the evaluation and subsequent action plan can help to bridge the gap in connecting classroom and clinical experiences, according to the participant responses in this study (Benner et al., 2010; Cummings, 2013; Duteau, 2012; Falk, 2014).

Nurse educators can work with nursing students in student professional organizations, such as the National Student Nurses Association (NSNA) to formulate resolutions for submission at state nursing student organization house of delegates, NSNA house of delegates and on to the state nurses associations concerning the use of clinical preceptor programs for nursing education. This encourages nurse educators and

nursing students to be active to increase an awareness of the need to explore the concerns with clinical nurse preceptor programs and implications for clinical facility sites, nurse educators and nursing students at academic sites. Role-modeling involvement in professional organizations promotes accountability in students and their role in health policy.

Integration of "patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics" throughout the nursing curriculum required an increased awareness of nursing leadership to examine the process of documentation while converting from paper-based to an electronic format (Institute of Medicine, 2011; Mahler et al., 2007; Sullivan, 2010, p. 40). This qualitative classic grounded theory study that explored the role of nursing documentation from the perspectives of nurse educator teaching strategies of converting from a paper-based to an electronic format provided an in-depth understanding of the process of documentation but accountability of all persons who advocate for patients is required. Through internalizing accountability, nurse educators in this study were able to resolve the problem of teaching nursing documentation while transitioning to an electronic format by reflecting on roles, accepting transitioning, engaging and empowering through leadership and progressing levels. Health care leadership must be committed to working in partnerships with academic nurse leaders to provide clinical opportunities for increased live-patient contact for student nurses. Traditional live patient contact and simulation experiences were cited by all nurse educator participants as key in bridging the gap from classroom to clinical.

The findings of this study also have importance for nursing leaders in nursing education for graduate programs in nursing education and nursing administration to work

with health care clinical agencies to achieve transitioning of nurses to roles as nurse educators or nurse administrators. The same six Quality and Safety Education for Nurses (QSEN) competency Knowledge, Skills, and Attitudes (KSAs) ("patient centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics") recommended at the undergraduate level of nursing education are also available for inclusion for graduate level nursing students (Quality and Safety Education for Nurses, 2012; Sullivan, 2010, p. 40). The American Association of Colleges of Nursing (2008) undergraduate requirements in the essentials of baccalaureate education for professional nursing practice for information technology are expanded in scope in the master's essentials (American Association of Colleges of Nursing, 2011). With increased financial reimbursements for positive patient safety and quality outcomes, accountability for accurate nursing documentation is critical in achieving success for patients, facilities, and other key stakeholders in health care. All participants in the study had concerns with the role of nursing documentation as a link in improving patient care quality outcomes, especially with the government mandates for conversion to an electronic health record format in 2014 (Kelly et al., 2011; United States Department of Health & Human Services, 2013). Nurse leaders, nurse clinicians, and nurse leaders in teaching in undergraduate and graduate nursing programs are challenged and encouraged to advance knowledge with nursing documentation for improvements with patient safety and quality structure, process, and outcomes.

Recommendations for Further Studies

The research findings from this classic grounded theory study have potential to inform future grounded theory studies in other substantive areas outside of nursing

education at the baccalaureate level and nursing education in general. This study adds to the body of knowledge in nursing education, nursing administration, and collaboration with other health care disciplines to meet essential information and nursing informatics competencies. The theory of internalizing accountability focused on value-based teaching of documentation with accountability in nursing documentation rather than only the technical skill of transitioning to electronic health record format of documentation. This theory progressed from the nurse educators' perceptions of accountability in their role. Since accountability is a broad concept, the theory could be expanded to many areas where accountability is internalized to achieve outcomes for success in self and others. This theory can be generalized to other areas of health care education disciplines or in clinical practice settings with other nursing and health care professionals where internalizing accountability is essential, such as registered nurses, nurse administrators, information technology, physicians, therapy services, and pharmacy. These disciplines could contribute additional grounded theory data to the role of accountability in electronic health record documentation. Health care communication has potential to be enhanced through linkage of documentation to other aspects of advancing technology.

Consideration to the critical role that clinical preceptors play in working with nursing students in clinical settings, this theory has the potential for use in understanding increased accountability for nurse educators as they partner with clinical nurse preceptors, as extenders in the teaching role. If using a preceptored clinical experience, nursing education must conduct research on how the role facilitates teaching of nursing students. Nursing documentation is an important component of the nurse preceptor role. More research is needed to evaluate the effectiveness of teaching nursing documentation

in traditional non-preceptored versus preceptored models and how value-based teaching and internalizing accountability is experienced in the clinical nurse preceptor role. A classic grounded theory study could be done with clinical preceptors as the population for the study since clinical preceptors are an extension of the nurse educator in teaching nursing documentation.

An exploratory qualitative research study to explore nurse educator views of their skill with documenting the patient care experience using an electronic health format in a simulation setting and live-patient contact setting would be valuable as a future research study in nursing education. Inclusion of quantitative studies is also of interest to the topic of nursing documentation. Future quantitative studies could be seen based upon the results of this study such as a quasi-experimental, time series design to determine differences in thoroughness of documentation of student nurses assessments pre and post retraining with a student version of the electronic health record as they progress from level one to level four in a baccalaureate nursing program.

Other areas of recommendation for future studies include teaching of nursing documentation in schools of nursing from countries outside of the U.S. In addition, studies with a focus on how staff development nurse educators and academic nurse educator's work together to achieve student nurse and future graduate nurse outcomes for success with documentation could examine or explore the process of documentation. Studies dealing with nurse educator workload issues while teaching documentation in classroom and clinical settings could be explored. A study to determine how nurse educators remain clinically competent with continual changes within the clinical environment could be of value as nurse educators remain accountable to linking

classroom and clinical experiences. A mixed-method approach could be beneficial to study the educational approach of nursing students using a preceptored model of instruction versus a traditional approach of faculty led instruction in the clinical setting.

The linkage of nursing documentation and health communication as students integrate real time documentation into clinical experiences is one other focus for future studies. Studies that address the financial considerations to place up-to-date and effective simulation equipment and resources in the schools of nursing and health care clinical sites may bring insight into the need for increased focus on the contributions of documentation to patient safety and quality outcomes. One final future study for consideration relates to performance of nursing documentation during times when the electronic medical record system is not available and paper-format method is needed.

Classic grounded theory was the appropriate method for this study as nursing documentation must be valued as a priority area within health care and nursing education and leadership. This classic grounded theory produced benefits to participants, the organization, and to society in a time where access to clinical agency sites for students is limited. Minimization of preconception allowed the ability to determine how nurse educator participants worked to overcome teaching of patient care documentation while transitioning from a paper-based to an electronic health record format.

Trustworthiness of the Data

Glaser (1998) noted that fit, workability, relevance, and modifiability were four criteria for use in judging and implementing grounded theory. In this study producing a theory of internalizing accountability, fit was seen from emerging stories of nurse educators in internalizing accountability categories and concepts. Relevance was found

in concepts that emerged in relation to actual issues experienced by nurse educator participants. The components of progressing levels, reflecting on conflicting roles, accepting transitioning, and engaging and empowering through leadership accounted for a majority of the behavior in the nurse educators for workability. The theory of internalizing accountability can endure modifications to achieve fit, work, and relevance. The theory of internalizing accountability was grounded in the data with rigor to instill trust. The theory of internalizing accountability is broad in scope providing for future research endeavors for leadership, education, practice, and beyond.

Glaser (2001) also added five areas to address established criteria for reliability and validity, which included (a) credibility, (b) transferability, (c) external validity, (d) dependability, and (e) confirmability, as criteria to judge the quality of grounded theory. The first area of credibility was met when the theory fit, worked, had relevance, was generalizable, and highly modifiable from constant comparison (Glaser, 2001). In classic grounded theory, credibility relied on the method of data collection, analysis, and ultimate development of a conceptual theory (Artinian, Giske, & Cone, 2009). This grounded theory study met credibility.

Glaser (2001) noted that the second area of transferability occurred because of the grounded theory quality of being abstract of place, people, and time allowing for application to new situations with an emergent fit through conceptualization and away from description. When a theory was produced that fit the situation for generalization to other situations, the third area of external validity was complete (Glaser, 2001). This grounded theory study met transferability and external validity.

As noted by Glaser (2001), the fourth area of dependability was met when constant verification occurred during the process of theory generation for categories and properties. Modification of any new data or altering conditions transpired as categories weaved into the theory (Glaser, 2001). Confirmability, as a fifth criterion, established because of the grounded theory aimed for conceptualization, not description. This grounded theory study met these two criteria. For this reason, issues of reproducibility, objectivity, and replication do not apply to grounded theory (Glaser, 2001).

Member checking was a strategy where participant feedback can ensure internal validity or credibility in qualitative research (Merriam, 2009). Member checking occurred when study participants verified qualitative data through the process of checking and commenting on the presented data to achieve validation (Birks & Mills, 2011; Simon, 2011). In this study, it was not necessary to apply full member checking to achieve category saturation (Birks & Mills, 2011).

Scope and Limitations

Three main assumptions were acknowledged in this study. The assumptions to support this qualitative classic grounded theory study depended on nurse educator perceptions of issues and strategies related to teaching effective patient care documentation.

1. The first assumption was to be theoretically sensitive to concepts derived from data collection and analysis while remaining mindful of personal preconceptions on theory development (Birks & Mills, 2011). Personal experience as a nurse educator in a faculty role and teaching nursing documentation to nursing students required a focus on the main concern of the study participants and not a preconceived problem. Researcher

bias was minimized through constant awareness of what was going on with participants. Use of emergent questioning with participants was helpful in moving to "emergent coded patterns" (Glaser, 2013, p. 9). Glaser (2013) noted that when addressing preconception, "Remember one does not throw out everything they have learned. The researcher just suspends it when using GT methodology, especially when coding and theoretical coding" (p. 12).

2. The second assumption was that this qualitative classic grounded theory study approach generated the main concern of teaching nursing documentation among nurse educators and how nurse educators overcame those concerns through the voice of study participants. This occurred in individual, approximately 60 minute, digital recordings of one-on-one, face-to-face, and in-depth interviews and observation based upon purposive or purposeful sampling, theoretical sampling, and criterion-based selection of participants. The main concern of nurse educators with teaching documentation did surface.

3. The third assumption was through use of one grand tour question and three additional questions added during the interview process and proceeding to the eight semi-structured questions from an interview guide. The questions assisted the participants in answering the research study questions in this qualitative classic grounded theory study. Using the qualitative classic grounded theory approach, the researcher adhered to the input of study participants and appreciated open-ended interviewing. The pilot study participants assisted in evaluation of the grand tour question and semi-structured interview questions included with the interview guide (Appendix A).

The people and sites studied in this classic grounded theory study were nurse educators in a baccalaureate college of nursing program with three campus locations in two mid-size cities and one small-size city/rural setting in the Southern region of the United States (N=42, n=16). A list of essential attributes of criterion-based selection included (a) nurse educators from a baccalaureate nursing program with three campus sites in a region of the Southern United States, (b) nurse educators providing both clinical and classroom experiences for nursing students, and (c) nurse educators having at least two years, experience at the college or school of nursing with responsibilities in the classroom and clinical experiences. One limitation of this study was that no male nurse educators were part of the study.

Delimitations

Delimitations of this classic grounded theory study included geographic boundaries because of the inclusion of only one baccalaureate nursing program with three campus sites in two mid-size cities and one small-size city/rural region and a mix of nurses prepared at either the masters or doctorate levels. The one nursing program had three campus sites, which contributed to the study. A larger sample, greater than the anticipated 15 to 20 nurse educators may enhance the generalizability and transferability of the study results; however, the sample initially anticipated was sufficient in representing the common nurse educator population. Exclusion of associate-degree programs was one area of consideration. Licensed vocational nurses were not included in this study. Baccalaureate nursing programs were the interest of this study. Exclusion criteria were (a) rural critical access hospital clinical sites, (b) associate degree nursing

programs, and (c) nurse educators with fewer than two years of experience in working with nursing students in the classroom and clinical settings.

Researcher Reflections

While currently working as a nurse educator with baccalaureate nursing students and graduate nursing administration students in a large college of nursing, I was frequently cognizant of the need to remain theoretically sensitive to preconceptions with the topic interest of teaching of nursing documentation. As an instrument in this qualitative classic grounded theory study, I quickly made the minimization of preconceptions a priority throughout the time frame for the study even though personal experiences and a deep passion and interest in the areas of nursing documentation, health information technology and nursing informatics were present. In current and prior experiences over the past 30 plus years as a nurse clinician, nurse administrator, nursing professional development nurse, critical care nurse, and nurse educator, I had to minimize bias and listen to the nurse educators participants in this study and remain patient to let them define the problem of what was going on in their role in teaching nursing students and how they resolved the concern. I was most surprised through the results of this study of the role of clinical nurse preceptors in the clinical settings and how much more research is needed to address the nurse educator-preceptor model of teaching nursing students, especially with the drastic changes with the electronic health record documentation of the patient experience.

The skill of listening was maximized during the interviews and minimization of feeling the need to interject and project personal thoughts and ideas. The pilot study afforded time to have expert reviews of the data collection and analysis stages of classic

grounded theory, which included approval of the grand tour question and interview guide. I am forever changed as a researcher by adhering to the classic grounded theory method. Even though I audio taped participants using a digital recorder and personally transcribed the interviews, I was most comfortable in taking field notes that were written within one to two hours upon completion of the interviews. This classic grounded theory study provides inspiration to continue with future research using the method.

This classic grounded theory study has significance to leadership and nursing education. Nurse educators must lead research efforts to generate new knowledge to how nursing students progress through a nursing program with essential information competencies, especially the ability to document in an electronic format. Nurse educators must reflect upon their roles as a nurse, nurse educator, nurse leader, and life-long learner. Accepting transitioning is a difficult as nurse educators struggle with the need to let go of paper-based documentation and transition to the electronic health record format while dealing with pressures to produce quality students for entry into the profession of nursing. Engaging and empowering through leadership provides opportunities for nurse educators to communicate, collaborate, and develop and sustain relationships with key stakeholders in documentation of the patient experience. Value-based teaching of patient care documentation includes professional values as nurse educators internalize accountability throughout the process of teaching nursing documentation.

Summary

The introductory and expanded literature review revealed gaps in the literature for inclusion of this classic grounded theory study, which served the purpose to (a) explicate the issues and strategies of nurse educators teaching of nursing documentation

while transitioning from paper-based to an electronic health record format, and (b) generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. A lack of qualitative studies, especially classic grounded theory studies was discovered in the literature review. A classic grounded theory study design was the choice for this research study because of limited relevant literature and lack of understanding from the perspectives of nurse educators concerning conceptual awareness, knowledge, skills, and attitudes with teaching documentation. Study results revealed that patient care documentation is a component of patient safety and quality outcomes based upon the nursing process. A grounded theory of internalizing accountability among nurse educators through value-based teaching of patient care documentation fills the gap in the literature.

Answers to the three research questions were provided through the results of this classic grounded theory study. The three research questions included:

R1 - How do nurse educators manage main concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology?

R2 - How do the nurse educators work to overcome the concerns?

R3 – What new theory explains nurse educator teaching of nursing documentation and its negative or positive influences of student learning of the competency? The grounded theory of internalizing accountability in value-based teaching identified a problem with nurse educators teaching patient care documentation to nursing students in a basic psychological and social process, which includes the interacting components and

properties of progressing levels, reflecting on conflicting roles, accepting transitioning, and engaging and empowering through leadership with stakeholders.

Results from this study have significance for leadership and nursing education to conduct future studies and add to the body of nursing knowledge in nursing education and leadership. In addition, nursing education and leadership can prioritize the informatics agenda to produce patient safety and quality outcomes through multimodal teaching strategies at the undergraduate and graduate nursing education levels with evaluation of informatics in the academic and clinical facility sites. Further research into the nurse educator-clinical nurse preceptor model is needed to facilitate student success in transitioning through the nursing program and as graduate nurses.

Conclusion

Health information technology is essential for success in future health care delivery and will require collaboration between academia and clinical practice sites. This qualitative classic grounded theory study included two main purposes: (a) to explicate the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format, and (b) to generate an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. This study involved 16 nurse educators from a baccalaureate college of nursing program in a southern region of the United States, who were interviewed using individual, face-to-face method and observation. Results from this classic grounded theory method were based upon nurse educator participants defining the problem with teaching nursing documentation to nursing students while transitioning from a paper-based to an electronic format of documentation

and the process of how nurse educators resolved the main concern. With gaps in the literature regarding nurse educator teaching of patient care documentation while transitioning to an electronic format, more study data was needed on (a) how nurse educators manage main concerns of issues and strategies related to teaching effective patient care documentation to nursing students using paper-based and electronic health record technology, (b) how nurse educators work to overcome the concerns, and (c) what new theory could explain nurse educator teaching of nursing documentation and its negative or positive influences of student learning of the competency.

Chapter 1 provided an introduction for the (a) purpose of the study, (b) phenomenon of interest, (c) background of the problem, (d) statement of the problem, (e) research questions, (f) significance of the study to nursing education, (g) significance of the study to leadership, (h) nature of the study, (i) theoretical framework, (j) definition of terms, (k) assumptions, (l) scope and limitations, and (m) delimitations. Chapter 2 covered literature in basic substantive issues. In addition, literature support for the research selection of a classic grounded theory design for this study was on various methods used in studies of nursing documentation. In Chapter 2, an extensive review of the literature in the substantive area at the beginning of this classic grounded theory study was not consistent with a classic grounded theory approach. Instead, an additional search of the literature was done toward completion of the grounded during sorting and the write up.

Chapter 3 included discussion of a classic grounded theory approach, as an appropriate research design for a study to seek the main concern of nurse educators' teaching nursing documentation to nursing students using electronic technology and how

they work to overcome the concern. The following areas discussed in the method section included: (a) research method appropriateness, (b) research design appropriateness, (c) research questions, (d) sample population and geographic location, (e) informed consent for participant confidentiality, (f) data collection, (g) grand tour question, (h) instrumentation, (i) methods to assure internal and external validity, and (j) data analysis. Chapter 4 presented an overview of (a) results, (b) review of problem statement, (c) review of the research method, (d) population and sample, (e) pilot study, (f) data collection, (g) demographics, (h) instrumentation/interview process, (i) findings (j) data analysis, (k) constant comparative analysis, (l) research questions, (m) core variable/core category, (n) sub-categories, (o) additional findings, and (p) chapter summary. Chapter 5 presented an overview of findings, conclusions, the grounded theory of internalizing accountability, implications of study findings, significance of the study to leadership and nursing education, recommendations for further study, trustworthiness of the data, scope and limitations, delimitations, researcher reflections, summary, and conclusions.

A general method using a classic grounded theory design was appropriately chosen and filled the existing gap in the literature through development of a new theory of internalizing accountability. This study explicated the issues and strategies of nurse educators teaching of nursing documentation while transitioning from paper-based to an electronic health record format and generated an explanatory theory of teaching nursing documentation and its negative or positive influences of student learning of the competency. A vast amount of the literature centered on the role of nursing informatics nurses, information and computer technology personnel, and practicing nurses and documentation in paper-based and electronic health record formats with minimal

inclusion of the nurse educators' ability to teach nursing documentation while transitioning to an electronic format. This classic grounded theory study served as a foundation for support in additional research studies for standardization and evaluation in the area of electronic documentation, as the profession of nursing increasingly works with other health care professionals to achieve full accountability for documenting the patient experience.

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APPENDIX A: INTERVIEW GUIDE

NURSE EDUCATOR PERCEPTIONS OF TEACHING EFFECTIVE PATIENT CARE DOCUMENTATION

Grand Tour Question (GTQ)

Nursing documentation is an area of concern in nursing education while moving from paper-based to an electronic format. Many health care facilities in the area are making the transition.

Grand Tour Question (GTQ): As a nurse educator, what are your concerns about how students are learning documentation and how nurse educators are teaching this competency during the transition to an electronic format?

Semi-structured Interview Questions

Eight semi-structured interview questions for use in a qualitative classic grounded theory study to facilitate more discussion in an exploration of perceived information technology competencies, application of presence among nurse educators, and the process of nursing documentation teaching strategies of nurse educators included:

1. Describe your views as a nurse and nurse educator on the characteristics of ideal nursing documentation.
2. What do you identify as facilitators and barriers to student learning and nurse educator teaching of nursing documentation in the classroom setting?
3. What do you identify as facilitators and barriers to student learning and nurse educator teaching of nursing documentation in clinical lab experience settings?
4. What concerns do you have about the challenges of nursing students learning documentation using an electronic format?

5. Describe your concerns about how you and other nurse educators are teaching documentation during the transition to an electronic format.

6. What changes do you recommend in strategies for teaching nursing documentation using an electronic format?

7. How optimistic are you on how nursing and nursing education will meet mandates for the efficient and effective transition from written to electronic documentation methods?

8. What kinds of support systems need to be implemented in order to facilitate this transition process in ways that answer your own concerns about teaching electronic documentation?

APPENDIX B: PERMISSION TO USE PREMISES, NAME, AND/OR SUBJECTS

APPENDIX C: INFORMED CONSENT: PARTICIPANTS 18 YEARS AND OLDER

APPENDIX C: INFORMED CONSENT: PARTICIPANTS 18 YEARS AND OLDER

INFORMED CONSENT: PARTICIPANTS 18 YEARS OF AGE AND OLDER

Dear _____,

My name is Monte' Karen Koerber-Timmons and I am a student at the University of Phoenix working on a Doctor of Philosophy in nursing degree. I am doing a research study entitled *Nurse Educator Perceptions of Teaching Effective Patient Care Documentation*. The purpose of the proposed qualitative classic grounded theory study is to understand the nurse educators' perceptions of nursing documentation through exploration of how strategies for teaching effective patient care documentation can negatively or positively influence student learning of the competency and eventually be a key factor in the quality of nursing care. The proposed qualitative classic grounded theory study will explore identifications and implications of the main concern of approximately 15 to 20 nurse educators who teach nursing documentation using electronic health record technology to undergraduate baccalaureate nursing students for better student success later in the workforce in the Southern region of the United States. The researcher for the present study will utilize the steps and contribution of the process involved in a qualitative classic grounded theory study to explore the topic of nurse educator teaching of nursing technologies based documentation. The proposed study will utilize individual one hour, audio digital recordings of face-to-face and in-depth interviews to also explore how nurse educators hope to achieve success in using teaching strategies to overcome the concern.

This study will occur at a baccalaureate nursing program with three campus locations in two mid-size cities and a small-size city/ rural area in the Southern region of the United States, using one hour face-to-face in-depth, audio digital-taped interviews.

Your inclusion in the study will involve participation in a face-to-face interview, for about one hour, at a quiet and private location within the university at each campus location. Audio taped, digital voice recording of interviews will occur. Study participants may terminate participation in the study. You can decide to be a part of this study or not. Once you start, you can withdraw from the study at any time without any penalty or loss of benefits. The results of the research study may be published but your identity will remain confidential and your name will not be made known to any outside party. Approximately 15 to 20 participants will comprise the sample size. You may be asked to meet again if more information is needed.

In this research, there are no foreseeable risks to you. You may become slightly fatigued during the interview process. If this occurs, the researcher will stop the interview and take a 15-minute break. The interview will resume once you feel refreshed and are ready. If you feel that you need to reschedule the interview or not complete it at any other time, you are free to do so without any problems.

Although there may be no direct benefit to you, a possible benefit from your being part of this study is to discover a theory of how nurse educators effectively teach nursing documentation, especially with skills in electronic nursing documentation in the simulation and live patient care settings through discovery of nurse educators' main concerns.

If you have any questions about the research study, please call me at 903-452-3004 and/or email me at mkktimmons@yahoo.com. For questions about your rights as a study participant, or any concerns or

complaints, please contact the University of Phoenix Institutional Review Board via email at IRB@phoenix.edu.

As a participant in this study, you should understand the following:

- You may decide not to be part of this study or you may want to withdraw from the study at any time. If you want to withdraw, you can do so without any problems. You may withdraw from the study by sending a request for withdraw via email to mkktimmons@yahoo.com
- Your identity will be kept confidential.
- Karen Koerber-Timmons, the researcher, has fully explained the nature of the research study and has answered all of your questions and concerns.
- Interviews will be recorded using digital audio voice recording format. You understand that the information from the interviews may be transcribed. The researcher will develop a way to code the data to assure that your name is protected.
- Data will be kept in a secure and locked area. The data will be kept for three years, and then destroyed.
- The results of this study may be published.
- This study requires giving personal information about yourself, such as your age, gender, ethnicity, highest educational level, certifications, number of years of experience as a Registered Nurse, and number of years in a Nurse Educator role. Your identity will remain confidential.

"By signing this form, you agree that you understand the nature of the study, the possible risks to you as a participant, and how your identity will be kept confidential. When you sign this form, this means that you are 18 years old or older and that you give your permission to volunteer as a participant in the study that is described here."

() I accept the above terms. () I do not accept the above terms. (CHECK ONE)

Signature of the interviewee _____ Date _____

Signature of the researcher Monte' Karen Koerber-Timmons Date _____

APPENDIX D: INTRODUCTORY LETTER

Date:

To: Potential Research Study Participants

From: Monte' Karen Koerber-Timmons, PhD Candidate at University of Phoenix

RE: Invitation to Participate in a Qualitative Classic Grounded Theory Study

Hello.

My name is Karen Koerber-Timmons and I am a PhD candidate at University of Phoenix completing a degree in nursing. I would like to invite you to participate in a qualitative Classic Grounded Theory research study to potentially discover a theory of nursing documentation through exploration of how strategies for teaching effective patient care documentation can negatively or positively influence student learning of the competency and eventually be a key factor in the quality of nursing care.

The purpose of the proposed qualitative classic grounded theory study is to understand the nurse educators' perceptions of nursing documentation through exploration of how strategies for teaching effective patient care documentation can negatively or positively influence student learning of the competency and eventually be a key factor in the quality of nursing care. The proposed qualitative classic grounded theory study will explore identifications and implications of the main concern of approximately 15 to 20 nurse educators who teach nursing documentation using electronic health record technology to undergraduate baccalaureate nursing students for better student success later in the workforce in the Southern region of the United States. The researcher for the present study will utilize the steps and contribution of the process involved in a qualitative classic grounded theory study to explore the topic of nurse educator teaching of nursing technologies based documentation. The proposed study will utilize individual one hour, audio taped, digital voice recordings of face-to-face and in-depth interviews to also explore how nurse educators hope to achieve success in using teaching strategies to overcome the concern.

The following criteria will be used to determine the inclusion or exclusion of subjects for this study.

Inclusion Criteria: One) nurse educators from a baccalaureate nursing program in a mid-size city, small-size city or rural area of the Southern region of the United States; Two) nurse educators must provide both clinical and classroom experiences for baccalaureate program nursing students; and Three) nurse educators have at least two years experience at the college with responsibilities in the classroom and clinical experiences.

Exclusion criteria: One) Urban and large academic teaching acute care facilities; and Two) facilities outside the acute care setting, such as long-term care, associate degree

nursing programs, and Three) nurse educators with fewer than two years of experience working with nursing students in the classroom and clinical settings.

If a woman is interested in participating in the study who is pregnant or believes to be pregnant, the individual will be asked to step away from the study to minimize any potential harm or stress.

Information on the qualitative classic grounded theory study and your rights as a study participant with participation, withdrawal, and confidentiality are included in the Informed Consent attachment. The results of this study will make contributions to the researcher, subjects, and future nursing students and nurse educators by understanding teaching strategies of nurse educators for nursing documentation of patient care through identified main concerns of research participants.

You may contact me with any questions at mkktimmons@yahoo.com or by phone at 903-452-3004.

Thank you.

Sincerely,
Monte' Karen Koerber-Timmons

APPENDIX E: DEMOGRAPHIC DATA SHEET

1. Age_____

2. Gender: Male_____ Female_____

3. Ethnicity: _____African American _____Asian American

   _____American Indian _____Caucasian

   _____Hispanic _____Other_____

4. Highest Educational Level_____

5. Certifications_____

6. Number of Years of Experience as a Registered Nurse_____

7. Number of Years in a Nurse Educator Role_____

APPENDIX F: [redacted]

INSTITUTIONAL REVIEW BOARD (IRB)

APPROVAL

[redacted]
Institutional Review Board

February 10, 2013

Dear Ms. Koerber-Timmons,

Your request to conduct the study: *Nurse Educator Perceptions of Teaching Effective Patient Care Documentation: A Qualitative Classic Grounded Theory (CGT) Study,* IRB #Sp2013-50 has been approved by [redacted] Institutional Review Board under expedited review. This approval includes the written informed consent that is attached to this letter, and your assurance of participant knowledge of the following prior to study participation: this is a research study; participation is completely voluntary with no obligations to continue participating, with no adverse consequences for non-participation; and assurance of confidentiality of their data. In addition, please ensure that any research assistants are knowledgeable about research ethics and confidentiality, and any co-investigators have completed human protection training within the past three years, and have forwarded their certificates to the IRB office [redacted]

Approval of this protocol provides permission to access your participants on the [redacted]

Please review the [redacted] IRB Principal Investigator Responsibilities, and acknowledge your understanding of these responsibilities and the following through return of this email to the IRB Chair within one week after receipt of this approval letter:

- This approval is for one year, as of the date of the approval letter
- Request for Continuing Review must be completed for projects extending past one year
- Prompt reporting to the [redacted] IRB of any proposed changes to this research activity
- **Prompt reporting to the [redacted] IRB and academic department administration will be done of any unanticipated problems involving risks to subjects or others**
- Suspension or termination of approval may be done if there is evidence of any serious or continuing noncompliance with Federal Regulations or any aberrations in original proposal.

- Any change in proposal procedures must be promptly reported to the IRB prior to implementing any changes except when necessary to eliminate apparent immediate hazards to the subject.

Best of luck in your research, and do not hesitate to contact me if you need any further assistance.

Sincerely,

[redacted]
Chair, [redacted] IRB

APPENDIX G: [redacted]

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

[redacted]

Informed Consent to Participate in Research

Institutional Review Board # Sp2013-50
Approval Date: February 10, 2013

- **Project Title**: Nurse Educator Perceptions of Teaching Effective Patient Care Documentation

- **Principal Investigator:** Monte' Karen Koerber-Timmons

- **Participant's Name:**

To the Participant:

You are being asked to take part in this study at [redacted] This permission form explains:

- Why this research study is being done.
- What you will be doing if you take part in the study.
- Any risks and benefits you can expect if you take part in this study.

After talking with the person who asks you to take part in the study, you should be able to:

- Understand what the study is about.
- Choose to take part in this study because you understand what will happen.

4. Description of Project

The purpose of the proposed qualitative classic grounded theory study is to understand the nurse educators' perceptions of nursing documentation through exploration of how strategies for teaching effective patient care documentation can negatively or positively influence student learning of the competency and eventually be a key factor in the quality of nursing care. The study will also explore how nurse educators achieve success to overcome those concerns using approximately one hour, face-to-face, in-depth interviews.

5. Research Procedures

If you agree to be in this study, we will ask you to do the following things:

- You will be asked to set up a meeting with the researcher to talk about your main concerns as a nurse educator with teaching nursing documentation to nursing students and how you overcome those concerns. The interview will take approximately one hour and is a face-to-face in depth interview. Digital audio voice recording will be used in the interviews. No other means of recording will be used.
- You will be asked to provide some basic demographic data such as age, gender, ethnicity, highest educational level, certifications, number of years of experience as a Registered Nurse, and number of years in a Nurse Educator role. Your identity will remain confidential.
- You may be asked to meet again if more information is needed.

6. Side Effects/Risks

You may become slightly fatigued during the interview process. If this occurs, the researcher will stop the interview and take a 15-minute break. The interview will resume once you feel refreshed and are ready. If you feel that you need to re-schedule the interview or not complete it at any other time, you are free to do so without any problems.

7. Potential Benefits

There are several benefits of the classic grounded theory study to the subjects, to the organization and society. With limited clinical agency sites for undergraduate baccalaureate nursing students, using only traditional live patient contact for educating nurses is not feasible. Collaboration among nursing programs and clinical facilities is needed to meet the information technology goals in nursing education. This research seeks to make contributions to the researcher, subjects, and future nursing students and nurse educators in the area of teaching nursing documentation by answering what is the main concern of nurse educators' teaching nursing students in the use of EHR technology and how does the educator work to overcome those concerns. Although there may be no direct benefit to you, a possible benefit from your being part of this study is to assist the researcher in discovering a grounded theory of how nurse educators effectively teach nursing documentation, especially with skills in electronic nursing documentation in the simulation and live patient care settings through identification of nurse educators' main concerns.

<u>Understanding of Participants</u>

8. I have been given a chance to ask any questions about this research study. The researcher has answered my questions.

9. If I sign this consent form I know it means that:

- I am taking part in this study because I want to. I chose to take part in this study after having been told about the study and how it will affect me.

- I know that I am free to not be in this study. If I choose to not take part in the study, then nothing will happen to me as a result of my choice.

- I know that I have been told that if I choose to be in the study, then I can stop at any time. I know that if I do stop being a part of the study, then nothing will happen to me.

- I will be told about any new information that may affect my wanting to continue to be part of this study.

- The study may be changed or stopped at any time by the researcher or by [redacted].

- The researcher will get my written permission for any changes that may affect me.

10. I have been promised that that my name will not be in any reports about this study unless I give my permission.

11. I also understand that any information collected during this study may be shared <u>as long as no identifying information such as my name, address, or other contact information is provided</u>. This information can include health information. Information may be shared with:

- Organization giving money to be able to conduct this study
- Other researchers interested in putting together your information with information from other studies
- Information shared through presentations or publications

12. I understand [redacted] Institutional Review Board (the group that makes sure that research is done correctly and that procedures are in place to protect the safety of research participants) may look at the research documents. These documents may have information that identifies me on them. This is a part of their monitoring procedure. I also understand that my personal information will not be shared with anyone.

13. I have been told about any possible risks that can happen with my taking part in this research project.

14. I also understand that I will not be given money for any patents or discoveries that may result from my taking part in this research.

15. If I have any questions concerning my participation in this project, I will contact the principal researcher: Monte' Karen Koerber-Timmons at 903-452-3004 or email mkktimmons@yahoo.com.

16. If I have any questions concerning my rights as a research subject, I will contact [redacted] Chair of the IRB, at [redacted] or [redacted]

[redacted]

I understand that I may contact [redacted] with questions about research-related injuries.

17. CONSENT/PERMISSION FOR PARTICIPATION IN THIS RESEARCH STUDY

I have read and understood what has been explained to me. I give my permission to take part in this study as it is explained to me. I give the study researcher permission to register me in this study. I have received a signed copy of this consent form.

_____ _____

Signature of Participant Date

Signature of Person Responsible (e.g., legal guardian)
Relationship to Participant

_____

Witness to Signature

18. I have discussed this project with the participant, using language that is understandable and appropriate. I believe that I have fully informed this participant of the nature of this study and its possible benefits and risks. I believe the participant understood this explanation.

Monte' Karen Koerber-Timmons — February 9, 2013
Researcher/Principal Investigator — Date