A NARRATIVE INQUIRY AND SELF–STUDY OF PRACTICE INVESTIGATION INTO
EXPERIENCES WITH OLDER ADULTS AND AGING VIA AN
ONLINE COLLEGE–LEVEL GERONTOLOGY COURSE

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by
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A NARRATIVE INQUIRY AND SELF–STUDY OF PRACTICE INTO EXPERIENCES WITH OLDER ADULTS AND AGING VIA AN ONLINE COLLEGE–LEVEL GERONTOLOGY COURSE

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ABSTRACT

The population of older adults in the United States is increasing to new heights. Society members trained in gerontological education, health care of elders, and service providers for older adults will be needed in the next few decades. However, myths and misconceptions about older adults and aging might inhibit college–level students from choosing careers where they would interact primarily with older adults. Gerontological education may be an important tool for increasing and enhancing the experiences that students have with older adults and aging. This study comprised a narrative inquiry into the experiences of college students with older adults and aging within an online gerontology course that included directed interactions with an elder. I collected data from college students and from college–level educators in gerontology. I also made use of the self–study of practice methods to inquire into my identity and the identified practice problem of the discussion board. The findings of this investigation shed light on possible tensions in students’ perceptions about aging and older adults in relation to their willingness or capacity to engage in future work with older adults. I also highlighted the perspectives of faculty
participants on ways to improve instruction in this area and possible institutional stories of resistance to gerontological education. In addition, I raised factors shaping my own teaching approaches, including my use of the discussion board for online teaching. I paired narrative inquiry with self–study of practice methods which may have implications for other educators and teacher educators who are interested in knowing how their own teaching practices are experienced while gaining insight into broader experiences and interactions in a classroom setting. In addition, gerontological educators, especially nurse educators, and online educators may find this narrative inquiry study beneficial. This multi–faceted investigation brought together perspectives and practices from the professions of nursing, education, and gerontology into a study that focused on narrative inquiry and self–study of practice methodologies. Readers from diverse backgrounds may find this study useful as a model for development of creative interdisciplinary work.
The faculty listed below, appointed by the Dean of the School of Graduate Studies, have examined a dissertation titled “A Narrative Inquiry and Self-Study of Practice Investigation into Experiences with Older Adults and Aging via an Online College-Level Gerontology Course,” presented by Christine Brunmeier Thurlow, candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

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DEDICATION

This dissertation is dedicated to my children and my parents. Without the understanding of my daughters, Sarah and Holly, I would not have been so free to contemplate all the new thoughts and ideas that were introduced to me in my doctoral study. My girls took care of the house and helped each other while I was always reading and writing. Even Baxter, our little rescue dog, got into the routine of writing by quietly chewing on his bone and taking naps at my feet.

This whole process would not have started without the excellent role models my parents provided for me. My father, the late Dr. Richard Brunmeier, taught me the value of education and perseverance. The only child out of 14 siblings to go to college, he utilized the GI Bill and worked 3 jobs to put himself through dental school. I remember the moment I finally decided to pursue the doctoral degree: my father and I were playing cards on his hospital bed. I told him I was thinking of going back to school in my 50s. I remember he said: “Go for it!” and so I did!

My mother, June Ayers Brunmeier and her twin sister Janet Ayers Lindley both received Bachelor of Science in nursing degrees in the 1950s when many nurses only had a Diploma. Their mother, my grandmother June Winter Ayers, also a nurse, encouraged many in our family to become nurses. Her legacy has inspired approximately 12 nurses or nurses–to–be in our family. Upon reflection, the role of education and the stories it has fostered have been the cornerstone of my identity and are some of my best stories and memories.
CHAPTER 1
INTRODUCTION: THE ROUGH EDGES OF AGING

The population of older adults in the United States is increasing to new heights. Currently, people aged 65 years or older represent 14% or 47 million people (U.S. Census Bureau, 2013). This number is projected to increase to 20% or 72 million people by the year 2030 as more baby boomers reach age 65 years of age (Administration on Aging, 2009; Bugental & Hehman, 2007; Lee, Coakley, Dahlia, & Carleton, 2009). The needs of older adults will strain society’s systems. Creative innovation of new systems and services will be needed. Members of society trained in gerontology will be required for collaborative efforts to produce policies and services to address the needs of this population (Wesley, 2005).

However, myths and misconceptions about aging may contribute to college–level students’ lack of interest in aging and preference for choosing careers in fields other than those related to aging (Hayslip, Caballero, Ward–Pinson, & Riddle, 2013; Maschi, MacMillan, Pardasani, Lee, & Moreno, 2013). The literature on the perceptions of college–level students regarding aging is complex and multidimensional (Kite, Stockdale, Whitley, & Johnson, 2005). The research reveals that studies on college students’ attitudes and knowledge of aging indicate mostly negative attitudes and poor knowledge and that more exposure of college students to elders is beneficial. Majeski, Damond, and Stover (2007) suggest gerontological education is a national imperative given the growing proportions of older adults in the United States.
Narratively Thinking: The Research Puzzle

With the need for a more gerontologically prepared workforce, the purpose of this narrative study was to gain further insight into how college–level students experience interactions with older adults and how they story those experiences and interactions. The research shows contact with elders is beneficial as situated within a gerontology course (Yamashita, Kinney, & Lokon, 2011). To achieve the purpose of this study, I utilized an online aging course to assist me. Specifically, I used the discussion board and journal postings of participants who took this particular online aging course. The discussion board and journal entries were, in part, a reflection of approximately 12 weekly interviews the participants conducted with an older adult mentor of their choice. Through course participation, students had the opportunity to reflect on their relationship with the elder interviewee and might have gained further insight into how they saw or storied older adults and aging. Further insight might lead students to shift their stories to live by. Stories to live by refers to a person’s identity, personal practical knowledge, context and professional knowledge, that when written narratively, could show how knowledge, identity and context are linked (Clandinin et al., 2006). By reflecting on their stories to live by, students might have changed their meanings on aging and older adults as a result of interactions with the elder they chose to interview. This study employed narrative inquiry to examine and gain insight from the stories of experience. Clandinin and Connelly (2000) explained that experience could be recognized as what participants say or do during an ongoing experience. Experience is both social and personal and can grow out of other experiences, which can lead to more experiences. The relation of an experience would then be termed as a story of
experience. In this study, participants experienced The Aging Course as well as experienced interviewing one elder extensively. Participants told and re–told their student experiences through discussion board and journal postings as they proceeded through the course. College–level students’ in–depth descriptions of older adults and aging might have added new understandings related to interest in careers in aging and insights relevant to societal preparation for aging.

Another purpose of this study was for me to understand what factors influenced my own teaching and learning in the context of The Aging Course and in this society. I aimed to reflect on how my experiences in teaching college–level students about aging shaped my approaches and perspectives. I uncovered my own perceptions and values about aging and educational strategies I have learned in my coursework that influenced decisions on course development. This process was important because I might become more aware of or avoid possible negative attitudes or suboptimal teaching strategies that I hold within myself which previously might have influenced course development and interactions with students. I became more aware of how society has shaped my views by exploring my own self as a person in society and as a teacher. This served to enhance my practice as I work with new groups of college students, assisting them in developing their own understandings of aging and older adults. Such work might further inform other college educators or others who work with older populations, thereby leading to the potential betterment of gerontological education and benefit to older people in this society.
Research Questions

The aim of my study was thus two-fold. I intended to gain further insight into the experiences of college students during their involvement with a course on aging and older adults, including directed interactions with an elder. I further aimed to reflect on my own experiences and practices with respect to aging and older adults as a means of developing myself professionally and personally. This study was guided by the following two central questions: 1) what are college–level students’ stories of experiences with aging and older adults? There is one sub-question under this central question. The sub-question is: how does the experience of participation in an online course on aging and health care shape college students’ stories of experiences with aging and older adults? 2) How might interactions with college–level students in courses on aging adults shape my stories of experience of aging and older adults as a nurse educator with a focus on gerontology?

Personal Rationale for the Study

My professional and personal journeys have intertwined to place me in a unique position to conduct this study. I have been a nurse for 33 years with almost all of the women in my family for the last three generations also being nurses. Most of my experiences and learning in nursing were skewed towards quantitative thinking and action. As I attended nursing school, beginning in the mid– to late–1970s, women’s liberation continued and the desire for the nursing community, mostly women, to be recognized as valuable to the quantitative medical world was high. Hence, the nursing curriculum reflected scientific quantitative methods, positivistic thinking, and interventions.
Upon reflection and writing, I have identified my epistemological view as inherently qualitative. I now recognize that my qualitative self has never fit comfortably into this more quantitative world of nursing. I understand myself better now. I see that my choice to have a nursing home as my first nursing job instead of an intensive care unit and my search for a master’s degree program involving older people was my qualitative self trying to find a voice. My wakefulness allowed me to be open to these new ideas about myself. Wakefulness refers to reflections that are ongoing where I would challenge assumptions and be thoughtful about my inquiry (Clandinin & Connelly, 2000). I realize now that I was meant to embrace the qualitative part of nursing and education because it fits with my interests and personality.

I reflected back to when I started nursing and my favorite parts of nursing. I was never comfortable in the Intensive Care Unit (ICU) in nursing school and only slightly more comfortable on a medical–surgical (med–surg) unit. My first job as a new nurse in the nursing home allowed me to get to know and love the people who lived there and their stories. My favorite memories of my med–surg staff nurse experience in a university teaching hospital had to do with the lasting relationships I still have with some of my co–workers and some very memorable patients who I came to respect and admire. When I decided to go to graduate school, my first choice would have been a program in gerontological nursing. Since the city I was living in did not have one, I ended up choosing community health nursing because it fit with my interest in the social and psychological aspects of people and their relationships in society.

As I moved into the advanced practice role of a gerontological clinical nurse specialist (CNS) in a hospital, the tension and discomfort between being a more qualitative,
community health prepared clinical specialist in a quantitative–driven environment continued. It was not until my CNS job was eliminated that I eventually moved to a college of nursing. There, I felt relief when applying some of my skills in relationship development with students, teaching strategies and working as a team member with the goal of quality nursing instruction.

My favorite part of being an educator is getting to know my students and helping them become the best versions of themselves. This involves use of qualitative methods and thinking. Knowing about the students’ experiences helps the educator tailor clinical experiences, discussions, and learning activities to maximize the development of the students. John Dewey (1986) said that “education in order to accomplish its ends both for the individual learner and for society must be based upon experience” (p. 251). Dewey explained that education must begin with psychological understanding of a learner’s interests, capacities, and habits. This understanding must be constantly reinterpreted for changes in meaning and retranslated into how learners can participate in society (Dewey, 1988). As an adjunct instructor for aging courses both on ground and online at a local university, I try to get to know the students and the various backgrounds, experiences, and degree programs they bring to the courses I teach. I encourage students to reflect on experiences with elders and how this has influenced their views and behaviors.

Alongside my professional journey to this study, my personal journey has also positioned me to conduct this inquiry. One of the influences has been my personal view of aging. I have a generally positive attitude toward and affinity for older adults. My views are shaped by my social and cultural experiences with elders in my family, in my professional
work, and my interest in older adults and knowledge about aging. Another influence on my view of aging has been my family relationships. My grandparents, parents, siblings, aunts, uncles, and cousins like to be together, value each other, are kind and respect what the different generations bring to the family. This realization helped me see that I might not have a lot of discriminatory views that would turn me off to older people and aging so that I could facilitate others in their increased awareness of aging.

In summary, I am uniquely positioned to conduct an inquiry on college–level students’ experiences with aging and older adults. My personal background is positive toward elders and aging. My professional background in gerontological education and community health nursing has helped me understand that it takes many views and players to achieve health outcomes for a population. My experience as an educator of nurses and non–nurses has helped me value the different voices and experiences of students and myself and how these voices can come together to contribute to new understanding on experiences with older adults and aging. Finally, my doctoral education has exposed me to narrative inquiry, which aligned with my epistemological view and helped illuminate themes on aging and recommendations for gerontological education going forward.

**Theoretical Framework**

In this section, I discussed theoretical work from several different disciplines that provided a solid support for this study. My study of college students’ experiences with older adults has been informed by theories of symbolic interactionism and social identity theory. In this study, I considered how the interaction between college students and older adults might also be better understood through intergenerational theory and a model of caring.
Furthermore, I considered how students learn and interact with other students through the lenses of curriculum, experience, and constructivism. Each of these theories or models are discussed below.

**Social Identity Theory**

Stets and Burke (2000) stated that in social identity theory a person has knowledge that she/he belongs to a group that holds common identification and has common beliefs, values, behaviors, and speech. Those that are not in this group are considered to be in an out–group. There are two processes in social identity theory. The first one is self–categorization, where a member of the in–group accentuates the similarities of those in their group. The second process is social comparison, where the in–group members view themselves more positively and view those in out–groups more negatively. Each individual is born into a structured society with contrasting categories or groups. These processes and the structured society could lead to negative attitudes about older adults in the out–group by the younger in–group members (Kite & Wagner, 2002). Exposure to gerontological education in which college students could have more experience with older adults might encourage more positive perceptions of elders and may spike an interest in gerontology as a career choice (Cummings, Galambos, & DeCoster, 2003). In this study, students interviewed an older adult for approximately 12 weeks. During this part of the course, social identity theory underpins the students thinking that might bring about more awareness of their own group’s values, behaviors, and attitudes toward older adults.
Symbolic Interactionism

Symbolic interaction was outlined by social behaviorist George Herbert Mead in the early 20th century. In his view, an individual interacts with others in the environment to develop the self, to acquire attitudes, meanings, and behaviors of the social group of which the individual is a part. Symbols and definitions are acquired through past experiences and utilized during interactions with others (Mead, 1934). Cummings et al. (2003) suggested that a student’s definition of a situation, which is developed through past interactions and information, can be reconstructed with additional interactions and knowledge. Gerontological education could offer knowledge about, and interactions with, older adults to reshape student perceptions about older adults. This study, which focused on experiences, might have the additional benefit of shaping participants’ further insights regarding their attitudes and behaviors, which might, in turn, become modified following further reflection.

Intergenerational Theory

Students who come to The Aging Course online with previous experiences with elders or those who are experiencing older adults in an in-depth way for the first time are described in intergenerational theory. Vanderven (2011) depicted intergenerational theory as one that encourages the interaction of groups that are more than one generation apart for mutual assistance and understanding. It is the interaction of people from two different phases of life who interact with each other in varying contexts with an expectation that there is a relationship between the two people. Vanderven (2011) stated that intergenerational theory is still in formation despite the fact that intergenerational practices, programs, and activities at universities have greatly increased. Characteristics of intergenerational theory include: a
focus on lives lived; constitutes experiences of a person’s early years as well as the later years; considers trajectories and transitions; and involves dynamic systems. Kuehne (2003) pointed out that using social identity theory is appropriate for the consideration of intergenerational theory. Comparisons between the two different generational groups will occur. She encouraged less focus on age differences and more on participants’ individual qualities regardless of age. In this study, intergenerational theory was present as student participants engaged in conversations with one elder for most of a semester. This might have been a new experience for some students to converse with someone other than an older relative. The students might have established a relationship with this elder, and learned some of the stories, contexts, and experiences from the elder’s life. Students may have gained new understandings about the elder and discovered ways to be of assistance.

**Curriculum and Experience**

There are many definitions of curriculum. Jackson (1992) suggested that every definition is constructed using someone’s reasoning. My particular definition of curriculum encompassed the “wider domain of curriculum” (Schubert, 2008, p. 410). I organized my definition of curriculum using some of Schubert’s components. Within this study I acknowledged that one component of curriculum is the intended curriculum which is composed of defined goals, learning activities, and evaluation. Another component is the taught curriculum which is what the teacher adds to the intended curriculum, sometimes in the way of stories. A third component is experiences in simulation of the real world or actual experiences in society which included reflection. A fourth component is embodied curriculum such as awareness of self, connectedness, intimacy, and privacy. The hidden
curriculum incorporates attitudes, experiences of power differentials in school and outside forces is another component in my definition of curriculum. Finally, my use of the term curriculum further includes the notion of the outside curriculum such as contexts of history, culture, language, mass media, peer groups, families, and jobs. My definition of curriculum also emphasizes the interactions of people (Clandinin & Connelly, 1992). Curriculum is complex and intertwines the impact of many contributors: students, parents, teachers, subject matter, policymakers, and multiple milieus. For me, curriculum also focuses on the practical and personal life of the teacher as well as meanings that come from multiple contexts (Schubert, 2008).

According to Dewey (1986) there is an “organic connection between education and personal experience” (p. 247). However, there needs to be a quality to the experience where the experience has an immediate reaction, and an influence upon later experiences. Dewey (1986) states that the teacher arranges for types of experiences that engage the student and promote “having desirable future experiences” (p. 248). When the teacher has an understanding that curriculum includes many contributors and that students come with a previous set of experiences on which to draw, this shapes the methods the teacher chooses for his/her students’ experiences.

In order to provide quality curricular experiences, the teacher needs to know the stories of his/her students’ experiences. Lindsay (2011) suggested the teacher and students are “co–learners” (p. 238) as they share their stories of experience. In this way knowledge is shifting contextually and temporally as the teacher and students reflect on what has been said and experienced in the past and what may be said and experienced in the present and future.
This reflection shapes how we see things and it also shapes the curriculum. “People are embedded in social situations that are mutually shaping. Thus, the individual and the social are always interconnected” (p. 238). Inquiring into students’ views and experiences is important for knowledge, identity, and construction of curriculum.

In this study, my aim was to understand the experiences of college students with aging and older adults in the online course entitled The Aging Course. Using narrative inquiry and through students’ discussion board postings utilizing directed questions and private journal writings as well as my own field notes of the research study, I captured the experiences of the students. These experiences might have included past views, stories of elders, attitudes, and what they have learned, thought, discovered, applied, transferred and plan to do in the future. From these narrative postings and journals, I plan to re–tell or re–conceptualize student experiences with older adults and aging through The Aging Course.

Clandinin and Connelly (1992) state that “the way we make sense of the actions of others is inextricably linked to the ways in which we see ourselves” (p. 286) and our world. The re–telling of student stories of aging and older adults helped me understand how student experiences impacted my practice as a nurse–educator–researcher, how it became part of my personal knowledge, and how it might help me to “imagining the possibility of” (Clandinin & Connelly, 1992, p. 286) future gerontological education enhancement. My self–study investigation of the quality of the educational experience in The Aging Course helped me further understand how experience and curriculum shape our stories as we live them and tell them (Clandinin & Connelly, 1992).
Constructivism in an Online Course

Students taking an online aging course that utilizes experiential learning and reflection of experiences and knowledge gained has constructivism as a supporting theory. Jonassen (2001) described constructivism as a way of processing or building knowledge. Constructivism begins with what the learner already knows and believes. These thoughts are then used to interpret new information and formulate a new reality. Constructivism involves sharing experiences, working on problems, and the application of new knowledge from those experiences. Students are more engaged in the process of learning that results in more meaning and the ability to transfer that knowledge to new problems/issues. Huang, Rauch, and Liaw (2010) also suggested that “knowledge is based on active experience” (p. 1173), that learners absorb information, connect with previous knowledge and, as a result of this process, construct new knowledge. Nikitina (2010) looked at educational constructivism where a learner–centered approach that situates learners in meaningful contexts, promotes problem–solving activities and facilitates knowledge construction through interaction is promoted. The learner’s autonomy and stimulation of reactivated, previously acquired knowledge is key as is the interaction with peers about the experience. In addition, the positioning of the teacher as a facilitator or promoter of experiences instead of the authority or keeper of the knowledge is another aspect of constructivism.

In this study, constructivism might have been seen when participants responded to discussion board questions where other students’ elders may have experienced similar or different issues. Means (2008) discussed how the use of technology for learning could allow for free thinking, chances to solve problems, and create new ideas. Computers may provide
the opportunity for a motivating, responsive context where learners could be actively engaged emotionally and intellectually. By analyzing other students’ online posts and sharing ideas on the discussion board, students might work together to solve issues older adult interviewees may be having as well as share thoughts and reflection on new learning from their experience in the course. Constructivism might also be seen as a supporting lens when I reflect on my teaching practice, contemplate the uses of the discussion board, how I develop my questions, and quality engagement of students in The Aging Course utilized in this study.

**Theoretical/Conceptual Model of Transcultural Care Diversity and Universality**

This model was developed by Madeleine Leininger in the 1980s. Leininger, a nurse, noted that “care and beliefs about health and illness are embedded in the values, world views and life patterns of people” (Cohen, 1991, p. 900). Caring is a central concept in the model and is defined as behaviors that are assistive acts that help support or anticipate the needs of another person or group to improve the human condition. According to the model, human caring is universal but how caring is expressed varies among cultures. The dimensions of caring are holistic and include biophysical, cultural, psychological, environmental, and social aspects. The model states that humans are inseparable from their social structures and cultural backgrounds. In my study, this model supported the caring feelings and behaviors that might have occurred between the student participant and the older adult interviewee. The participant progressed through the course concepts and linked interview questions that were designed to cover physiological, psychological, developmental, social, spiritual, and environmental aspects of the older adult’s life. During this process, the older adult and the student may have developed a relationship that involved aspects of caring.
In summary, the theoretical underpinnings for this study focused on curriculum and interaction. Understanding of student experiences within The Aging Course were enhanced by selected strategies that promoted reflection of experience, intergenerational exchange, and constructivist learning. Understanding participants’ interactions with others is supported by social identity theory, symbolic interactionism, and a model of caring.

**Literature Review**

In this section, I discussed the important areas of literature that informed this study. College students taking a course on aging came with varying experiences with older adults and aging. Discussion on contact with elders and the influences of that contact were included. The status of how college students viewed jobs with older adults was also reviewed. A brief review of gerontological education in relation to contact with elders was conducted. These areas of literature were important in light of the increasing older adult population and barriers that exist in our society for the interaction of young people and elders. In addition, I discussed the use of narrative inquiry in nursing education as this had importance as I worked toward a self–study of my practice.

**College Students Contact with Older Adults**

This study focused on college–level students’ experiences with older adults and aging. The literature showed that contact or experiences with older adults by college–level students is varied in nature and duration but is often reported as minimal. However, the type and quality of college student contact with older adults is important for influencing views on aging. Schwartz and Simmons (2001) explored whether “self–reported quality of contact with older individuals would be related to their attitudes toward the elderly as measured by
an implicit attitude scale” (p. 127). Results confirmed that quality but not frequency of contact significantly related to more positive attitudes by students towards older adults. These results aligned with previous work by Wittig and Grant–Thompson (1998), Pettigrew and Tropp (2006) and Tredoux and Finchilescu (2007) that included influencing variables of voluntary contact, equal status, and interdependence between the student and an out–group member such as an older adult as well as the possibility of forming a relationship to predict stereotype breakdown as a result of contact.

**College Students Willingness to Pursue Careers in Aging**

Quality and amount of contact with older persons may also influence college students’ decisions to pursue careers in aging. This is important because the increasing population of older adults will likely need more services and professionals trained in gerontology. College–level students’ interest in jobs related to aging is very low. Several factors may increase college students’ interest in gerontology. Cummings et al. (2003) reported that across disciplines such as social work and nursing, several factors may increase student interest in aging. These factors are aging–related education which can increase interest and attitudes, positive relationships with older adults, and being an older female student. These authors cautioned that results from studies looking at interest and actual employment are mixed.

Curl, Larkin, and Simons (2005) examined factors that would influence social work students’ willingness to pursue age–related jobs. A convenience sample of 126 social work students attending a policy forum in Washington, D.C. returned a survey asking about their interest in gerontology, how they perceived attention paid to age–related knowledge and
skills in social work courses compared to other content areas, and if they would accept a job in aging. Results indicated that only personal and professional experiences with elders and age of student, such as those with higher age, predicted students taking jobs in aging.

Students not willing to accept jobs in aging gave reasons such as: unsure of career direction at this time; already interested in another age group; plans to pursue graduate education; not interested in elders; tried working with older adults and did not like it; did not want to work with people near death; and felt their skills were more effective elsewhere. Educational level, gender, and race were not predictors of taking aging–related social work jobs. However, Carmel, Cwikel, and Galinsky (1992) found that gerontological education increased knowledge among social work students but not interest in jobs related to aging. Robert and Mosher–Ashley (2000) found that the quality and extent of contact with older adults in students’ personal or professional lives have been an influencing factor in changing perceptions about aging but not necessarily work preferences.

Alternately, Gross and Eshbaugh (2011) asked 237 university undergraduates to complete a questionnaire given during social sciences courses in a liberal arts core. Students represented a variety of majors, except gerontology majors, and levels of education from freshman through senior year. Students were asked if they were aware of the gerontology major, the definition of gerontology, and asked to circle reasons they were not pursuing the gerontology major. Results suggested that lack of awareness, not a lack of interest, in gerontology may be a factor in recruiting college–level students into the field. Recommendations included a strategic plan to increase awareness of the gerontology field and the opportunities that are available. Specific suggestions included: educating academic
advisors; employing faculty who can provide quality, not quantity, of content with a focus on the interesting diversity of the older adult population to help change the perceptions of students about working with elders; encouraging faculty to request books from publishers that included more aging content; utilizing upbeat speakers with experience in the field of gerontology; and using Facebook and Twitter or other social media sites to keep in contact with a network of people interested in gerontology and jobs in aging. Cummings et al. (2003) suggested that understanding triggers and barriers to interest in aging–related work must be identified and strategies developed to increase the workforce in aging.

**Gerontological Education and Contact Experiences with Elders**

Research has shown that increased contact with an older adult can influence a college student’s perceptions about older adults and possibly open up consideration of aging–related jobs. Therefore, increasing contact with older adults has implications for gerontological education. Research indicates that intergenerational service learning activities between college students and elders can increase contact with older adults. Kalish, Coughlin, Ballard, and Lamson (2013) analyzed undergraduate students’ perceptions of older adults through journals after engaging in 12 hours of service–learning with elders in several community partner settings, such as assisted living, nursing home, and aging associations. Common themes emerged from the journals analyzed: participants exhibited a shift to more positive attitudes; increased comfort with aging; how the experience influenced their professional and personal lives; increased understanding of course content; and a wish to continue volunteering with elders. Similarly, Butler and Baghi (2008) measured changes in health science, nursing, and gerontology college students’ attitudes toward older adults as a result of
pairing well elders with students. The intergenerational pairings worked on internet activities together regularly for three months. Students kept a journal of reflections that were shared in class. Analysis of journals revealed six themes: application to real life; a strong connection to the elder; increased knowledge of older adults; more positive views of aging; more sensitivity to the feelings, values, and beliefs of the senior; and working with older adults as a possible career path.

The literature highlights that there are other ways to increase awareness of older adults by college students. Cummings, Cassie, Galambo, and Wilson (2006) compared graduate social work students who experienced an infusion of gerontology materials throughout the curriculum with those who were not exposed to the infusion. Results revealed that students exposed to the gerontology infusion experience had improved views of aging–related career choices, an increased belief in the importance of gerontological social work, and heightened self–rated knowledge on aging. The infusion included group–developed gerontology modules for specific courses which were then given to teachers facilitating those courses to use. Additionally, more resources were made available to faculty to assist them in expanding their own knowledge of aging. Even on a smaller scale, exposure to aging content can have an influence on college students. Katz (1990) assessed how an introductory interdisciplinary gerontology course affected student attitudes toward elders by using the Aging Opinion Survey by Kafer, Rakowski, Lachman, and Hickey (1980) which measured attitudes toward familiar elders, toward one’s own aging, and toward older people as a group. Results indicated that participants underwent significant, positive change toward familiar
older people and toward elders in general. Only personal anxiety about aging was not significantly affected by participation in the course.

**Narratives, Narrative Inquiry, and Nursing Education**

According to Kear (2012), “nursing has a long-standing history with the use of narratives in education and practice” (p. 32). Since narratives “connect the individual to the social context” (p. 32), nurse educators can utilize narratives or stories to help students understand relationships between the nurse and the client or patient. Narratives also assist student nurses to enhance critical thinking skills and problem-solving abilities (Rooda & Nardi, 1999). Studying experiences through stories, student nurses gain skills in reflection. Reflection is a process of thinking purposefully about one’s practice with the aim of developing understanding of clinical judgment and insights (Rooda & Nardi, 1999).

In a curriculum self-study, Rooda and Nardi (1999) surveyed faculty in an associate degree nursing program about the number and purpose of writing assignments that were required in their courses. Written assignments included care plans, journals, term papers, case studies, bibliographies, and teaching plans. Many writing assignments did not use higher-level thinking. Most used memorization, application, and summarization. Results of the study did allow faculty to see quantity and types of assignments given and when they were assigned within the program. This also allowed faculty to make alterations to writing assignments that would better link to course concepts and themes to provide increasing levels of critical thinking.

Lindsay (2006) stated that the narrative inquiry research method “is emerging from higher education curriculum studies into nursing” (p. 30). Lindsay (2008) explored narratives
of several nurses’ experiences as they constructed their daily nursing practice. Specifically, she uncovered the nature of “the relationship between nurses, their professional roles and a primary accountability to people who happen to be patients or students” (p. 348). Results showed that nurse participants’ narratives helped them reflect, reconstruct, reveal tensions and “discern new plotlines for relationships and possibilities for action within their social environments” (p. 348). Lindsay used narrative inquiry to explore how knowledge and identity are constructed in times of change and reform for nurses. Results of the inquiry showed that nurses who navigate environments under reform is autobiographical as well as social and that “it is the inside–out work that is embedded in relationships” (p. 32) that make up daily life.

Kear (2012) stated that narrative inquiry was the best qualitative research method that could investigate transformative learning that student nurses might experience during their associate degree nursing program. Ten nursing students participated by sharing their stories of nursing education experiences through interviews. Results revealed five threads: a holistic learning approach; intertwined personal lives with nursing lives; critical thinking; increased self–confidence; and assumptions underlying values, beliefs, and ways of knowing.

Methodology

As discussed throughout the literature review above, college students have a range of beliefs and information about aging and older adults. Faculty also vary in their beliefs and abilities to stimulate learning on aging. To add to the knowledge base, I utilized narrative inquiry to uncover meanings from participants’ stories through journals and discussion board postings from The Aging Course as well as from my own field notes and memos. I employed
interviews and documents to uncover effective use of teaching strategies such as discussion
boards and experiential learning in my teaching practice during my self–study of practice
focus. Hence, this section of my dissertation included a discussion about narrative inquiry,
self–study of practice, the data collection site, and a description of study participants. I also
described the narrative inquiry and self–study of practice tools for data collection and
analysis, and my rationale for choosing narrative inquiry and self–study of practice for this
dissertation study. I ended with a short discussion of the role of the Institutional Review
Board within this study.

**Introduction of Narrative Inquiry**

A narrative can be understood as text, or conversation, or text that focuses on
individual stories (Creswell, 2007). Pinnegar and Daynes (2007) stated that use of narrative
inquiry heralds a change in the way a researcher and the researched are viewed. Narrative
inquiry reflects a movement from numbers to words as data, a focus toward the specific, and
especially a recognition that there are different ways of knowing. Stories are representative of
experience and they underscore how curriculum is shaped and how we interact with
curriculum (Connelly & Clandinin, 1990). Researchers attend carefully to the stories of
participants. They also analyze their own stories of experience in relation to their positioning
within the study. It is within this new environment where “narrative inquiry can flourish”
(p. 3) that I begin my journey of uncovering college students’ stories of aging and older
adults using narrative inquiry.

Narrative inquiry is at the same time the method and the phenomenon under study.
Narrative inquiry is a method that describes ways to analyze and understand stories. It is also
a theory since narratives express experiences lived and told. These experiences are intertwined with theoretical literature that underpins the understanding of the experiences or the methodology (Pinnegar & Daynes, 2007).

I utilized the narrative inquiry approach of exploring narratives to locate the “impact of particular narratives on experience” (Pinnegar & Daynes, p. 5). In particular, I employed the narrative inquiry research tradition of Clandinin and Connelly (2000). This methodology enabled me to provide an in-depth focus on experience through the collection of stories of experience as data. Student journals and discussion board postings as well as my own field notes, memos, and discussion board entries will be the data collected for analysis within this study. Narrative inquiry and self-study of practice are ideal for this study because my student participants and my own stories are based on lived experiences that encompass cultural and social contexts. Conversation evolves into knowledge and is co-constructed by the participants when sharing understandings that arise through social interaction. Clandinin and Connelly (2000) called this process continuity. Continuity suggests that experiences lead to new experiences along a continuum.

**Introduction of self-study of practice.** Another purpose of this study was for me to understand what factors influence my own learning and teaching. Therefore, I employed a self-study of practice focus for this research in addition to narrative inquiry. Self-study of practice will be situated within narrative inquiry due to the fact that self-study causes me to analyze my practice through directed reflection and writing. From these narratives, interviews, field notes, and memos, as well as other documents, I uncovered themes and
patterns related to my practice. Self–study of practice is defined by Pinnegar and Hamilton (2010) as:

the study of one’s self, one’s actions, one’s ideas…It is autobiographical, historical, cultural and political…it draws on one’s life but it is more than that. Self–study also involves a thoughtful look at texts read, experiences had, people known and ideas considered. (p. 11)

The theory in Self–Study of Teaching and Teacher Education Practices (S–STTEP) includes allowing the researcher to discover and write about what the researcher has learned about teaching, personal practical knowledge, and tacit knowledge. These discoveries help expand the understanding of teaching and knowledge. Pinnegar and Hamilton’s (2010) self–study of practice theory recognizes that the educator’s context, process, and content are interconnected with the experiences of the educator as the teacher as well as the experiences of the students in the course. This theory and method take into account the researcher’s position as the researcher as well as the one being researched and includes a focus on the interrelationship of “theory–experience–practice” (Pinnegar & Hamilton, 2010, p. vi).

Pinnegar and Hamilton (2010) suggested that the inquirer can see her/his position in their work in several ways. It is through the inquiry into the self and how it relates to practice, and the contexts of the self and practice that a third space is developed, where practice and theory are more closely aligned. In addition, the writings of Connelly and Clandinin (1990), Phillion (2002), and Clandinin et al. (2006) regarding their experiences have implications for me as the inquirer in this study. Through self–study, I became more aware of how my own background influences how I set up The Aging Course, the strategies I
choose to include in the course, and the topics I prioritize for inclusion in the course. I conducted an in–depth look at me as the teacher, my actions, ideas, and the historical, cultural, and political meanings I hold.

In addition, S–STTEP included a focus on me as the researcher in elements such as living contradictions; course improvements; and analysis of my experience as a teacher, student, and researcher. There was also a focus on evidence such as plans, journaling, interview transcripts, and student/teacher narratives. I also considered beliefs that may be embedded in questions I pose in The Aging Course’s discussion board, values exemplified in practice and research, personal accountability, and my contribution to the knowledge base.

Site of Data Collection

The site of this study was The Aging Course, which is an online gerontology course, as well as field notes, memos, documents, books, and articles. In addition, there were interviews and narratives appropriate for the self–study portion of this research study. The Aging Course is offered by an urban Midwestern university and is a three credit course designed for students interested in understanding the role of health in the aging population. In this online course, weekly reflections were required in the forms of journals and discussion boards. For the discussion board, each student was to make an initial post answering the weekly questions and to respond to two other student postings in a substantive way. For the journals, each student was to make a post discussing a reaction to course materials, reflection on the interviews with his/her elder and any new insights gained.
Participants

Participants for this study were comprised of students from The Aging Course who consent to participate in the study, and faculty willing to be interviewed regarding gerontological educational strategies. Students who are enrolled in online courses at this university are diverse in geographic location and demographic characteristics. For example, previous students in The Aging Course were based in Kansas City, New York City, and Alaska. In previous iterations of this course, students were pursuing degrees in liberal arts, social work, nursing, counseling, and pharmacy. In previous versions of the course, explicit reasons given for enrolling in the course included: was a flexible online course; would enhance understanding of the chosen degree/role; interest in aging; no interest in aging but course fit schedule; previous student recommendation; and advisor or faculty recommendation.

The sampling strategy for this study included convenience, criterion–based, and maximum variation purposeful sampling. Criterion sampling (Creswell, 2007) involves choosing all cases based on some criterion. The criterion for participation in this study was that participants must be 18 years of age or older. Maximum variation purposeful sampling (Maxwell, 2005) allowed me to deliberately select data that would provide information that cannot be obtained from any other source. The purposeful selection represented a range of variations in participant meanings and experiences. This was important for new understandings regarding aging and older adults and will have implications for further educational recommendations.
I recruited seven participants from the general pool of students. From that pool, I made use of five student participants’ more in-depth analysis that represented a range of variations in participant meanings and experiences. During the self-study component, I also interviewed two faculty members who provided perspectives on online education and teaching strategies.

**Data Collection Procedures**

Demographic characteristics were gathered from The Aging Course participants and included information on: age; gender; race; college degree in progress; and amount of experience with older adults. Prior experience with elders was divided into the following categories: minimal or no experience with aged persons; moderate experience with aged persons such as caring for elder relatives or neighbors; or maximum experience with aged persons including caring for elder relatives/neighbors and work experience at a facility for older adults. Also included with questions of prior experience with elders is whether those experiences were voluntary or involuntary and whether those experiences were with relatives or non-relatives.

Each week of the semester-long course, I copied the journal entries and discussion board (DB) posts of the study participants. Each participant had an assigned pseudonym instead of their name and the journals and DB entries were coded with the pseudonym in the upper left hand corner with the real name blacked out with permanent marker. The participants’ names and their assigned pseudonyms were recorded for subsequent weeks of marking papers correctly and matching participants with their previous weeks work. I developed a folder for each participant where I kept all copied posts and journals in
chronological order. I also kept a folder of my own DB postings and a separate folder of field notes and memos kept in chronological order. Collection of student participants’ journals, discussion board postings, my field notes and memos, as well as self–study of practice interviews, S–STTEP framework questions, and documents were downloaded to an encrypted flash drive that was used exclusively for data collection. Field notes and memos were to be dictated into a recorder and transcribed onto a word document by the DragonSpeak software but the software was too sensitive and cumbersome. The field notes and memos were typed by me right after data collection periods. Documents were kept in a separate folder as well as scanned and placed onto the flash drive. The flash drive and all paper copies of data were kept in a large locked box in a locked office.

Field notes and memos. Another source of data for this study was my field notes and memos. Field notes include what I, the researcher, think and experience while collecting data and reflecting on what is happening in the study (Bogdan & Biklen, 2007). I constructed field notes using sections entitled context, objective, and subjective. The context described my current environment and situation. The objective portion chronicled events and tasks related to the progress of the study. The subjective portion recorded my own thoughts, questions, feelings, possible themes/threads and linkages that I want to further explore. I considered my participants’ experiences as well as my own as a participant in the DB through my field notes. I also considered the study in progress, slipping into subjectivity while participating in the DB and then into objectivity as the instructor and study investigator through these field notes. By using field notes as a tool in my study, I rendered myself accountable to the subjective and objective aspects of my study while incorporating a more scientific, objective,
and honest account of events and experiences (Clandinin & Connelly, 2000). I wrote field notes weekly during the study. The weekly grading of DB and journal entries was done on Sundays. I wrote field notes during that time on Sundays as well. I conducted this writing of field notes weekly for 16 weeks or one full semester.

Within my research memos I viewed the study overall and discussed my thoughts, issues, insights, tensions, and suggestions for change in the study as well as noting any discovered linkages to other study components such as interviews and documents. The monthly memos allowed me to consider objectively the study progress as a whole, which included looking at all the study components.

In addition, my investigation included a self-study component. Data collection procedures for S–STTEP included an examination of individual, collaborative and/or programmatic settings in my teaching practice. The five characteristics of the S–STTEP methodology included: self-initiated in focus; improvement aimed; interactive; engaged the use of multiple forms of qualitative methods; and incorporation of exemplar-based validation. The Framework for Inquiry in S–STTEP asked the questions: what am I interested in exploring?; how could I explore this issue?; what methods would I use?; what educational research will provide guidance?; and how will I be accountable?

The researcher is positioned differently in S–STTEP than in narrative inquiry. In narrative inquiry, I was positioned to inquiry into a puzzle piece that might contribute new knowledge in society. In S–STTEP, I focused more on improved practice as an individual educator through contemplation of my identity, personal practical knowledge and ways of knowing. In order to enhance my practice and gain new knowledge about a curriculum, I
attended to the creation of strong interactive curriculum with students. I considered literature and interviews with other educators who teach online courses. Literature that was used included the areas of: educational technology, nursing, social work, gerontology, education, curriculum and others. I penned field notes as I went through the interviews and the process of the S–STTEP framework steps. I reflected on my beliefs about teaching, technology, curriculum, and learning. I held myself accountable by being open to new ideas, increasing my self-awareness, and searching for the truth.

**Data Analysis**

Good narrative inquiry needs to have the element of *wakefulness*. Clandinin and Connelly (2000) described wakefulness as being aware of challenges to narrative inquiry regarding assumptions and language used in other types of qualitative research and realizing that narrative inquiry requires ongoing reflection. According to Clandinin and Connelly (2000), wakefulness “needs to characterize the living out of our narrative inquiries, whether we are in the field [or] writing field texts” (p. 185). Good narrative inquiry involves the re-telling of stories in a way that rings true. When others read a narrative inquiry study, the re-constructed stories will have the tone of authenticity. Readers might make connections with what they know and might also transfer what has been revealed in a narrative inquiry study to their own practices or situations.

**The three-dimensional inquiry space.** Clandinin and Connelly’s (2000) three-dimensional space includes these dimensions: temporality, personal and social, and place. The temporal dimension inquires into the continuity of experiences from the past, present and future. The personal and social dimension involves interaction. Interaction can include
inquiry into inward internal conditions such as a participant’s feelings, outward conditions such as the environment and thinking about experiences from the past (backward), present and toward the future (forward). The place dimension encompasses a person’s place or situation or a sequence of places or situations. For example, an inquiry would focus on a participant’s experiences with elders while traveling back to a place in memory. The dimensions also intersect. For example, inquiry could be at the intersection of looking inward and place. In this example, a participant would describe how she or he found the culture regarding aging as she moved from one place to another or from her memory to today. Altogether, these dimensions produce a frame “for reducing the stories to a set of understandings” (Clandinin & Connelly, 2000, p. 54).

**Procedure for analysis.** I utilized the process for analyzing narrative inquiry data recommended by Kear (2012). I verified the data for validity by reviewing the data with participants. I conducted three readings of the data. The first reading was simply the initial reading of the data and field texts while tentatively thinking about possible themes. The second reading included reading the data and field texts while underlining words or phrases in the margins that reoccurred or that were key phrases. In addition to working with paper copies of the data, I also went back and forth with the computer where I had developed theme files on the encrypted flash drive that corresponded to the tentative themes on paper. I entered participant data from the already established computer files to the themes files on the computer. The third reading of the data and field texts included the fine–tuning and rearranging of data in themes, focusing on the primary intent of the participants’ meanings. During the readings, I searched for threads, patterns, or themes. I noted storylines, events,
places where events occurred, and actions that occurred. I also returned again and again to
the data and field texts for analysis. From this, I was be able to identify and categorize
threads. The final result continues to be open to further interpretation by others who read the
study. Hence, I utilized the three–dimensional space to analyze the journals, DB responses,
field notes, and memos for past stories that help frame current understandings. I also moved
back and forth from the social to the personal while noting where each story was situated and
placed (Clandinin & Connelly, 2000).

In narrative inquiry, the researcher is positioned as a participant and as a researcher,
in terms of personal and professional vantages. The focus is on the experiences of the
participants as a means of gaining further insight into such experiences while inquiry
interpretations might contribute to new understandings among members of society. In self–
study research, the researcher is once again the participant and the researcher. The focus is on
the researcher’s practice which is also both personal and professional. For this component of
the study, I was guided by interviews conducted, narratives such as field notes, creative
writings, and literature interpretations developed while attending to the steps of the inquiry
suggested by Pinnegar and Hamilton (2010). Similar to narrative inquiry analysis, analysis of
my practice involved organizing, classifying, and categorizing data with a search for patterns.
Analysis involved the sampling of texts, finding the themes, and building “contextual
models” (Pinnegar & Hamilton, 2010, p. 148). This involved the documentation of
interrelationships between themes which may have been implicit or explicit in the data and a
look at texts for insights into phenomena. In narrative inquiry, the participants as well as the
researcher tell their stories (Connelly & Clandinin, 1990). The opportunity for me to tell my
story of practice and reflection of myself and that experience is also part of the S–STTEP framework. Other narrative plotlines for reflection included knowledge construction, continuing identity formation, and curriculum building (Schwind & Lindsay, 2008). By conducting narrative inquiry with students and the self–study examination of my practice, both types of participants give authority and validity to the research study.

For my study I chose narrative inquiry because it fit with my epistemological view, highlighted participants’ personal experiences, and exposed multiple realities. I also liked narrative inquiry because I was the instrument for the study. I used my own autobiographical background to interpret and retell the stories of myself and the participants. Additionally, through S–STTEP, I also analyzed my own background contexts for illumination of teacher insights as well as insights of the self. The result might lead me to be a more effective educator.

**Ethical Considerations**

The primary responsibility of the Social Sciences Institutional Review Board (SSIRB) is to protect the rights and welfare of human subjects who will participate in research studies at the University of Missouri–Kansas City (UMKC). The SSIRB does this by ensuring the subjects are informed and volunteer to participate and the benefits outweigh any risks (University of Missouri–Kansas City, 2016). Prior to participation in this research study, potential participants were sent an explanation page through university email that outlined the scope, purpose, and procedures of the study as well as the student’s right to withdraw without penalty at any time. Additionally, potential participants were sent an informed consent document that described the nature of the study and were asked to electronically sign
it, indicating that they voluntarily agreed to be in the study. I protected the identities, names, and demographic information of participants by assigning a pseudonym to participants which was written on every discussion board entry and journal posting collected. Collected data was kept in a large locked box in an office during and after the study. I did not attempt to deceive any participant; rather, I was as clear as possible regarding the study and the relationship between myself as the researcher/course instructor and the research participant.

There are certain ethical considerations to be considered when the researcher is also the online course instructor and participates in the discussion board. I posted my own responses and also copied them weekly for three-dimensional analysis. As the instructor/researcher, this means “going onto the field” (Patton, 2002, p. 48). I had direct contact with students and participants over the semester and I expected to develop “a closeness in the social sense of shared experience” (Patton, 2002, p. 48). In narrative inquiry, being in the field has advantages. According to Schwind and Lindsay (2008), professional and personal stories of experience can help students find meaning in their own situations as they tell their own lived stories. The narrative inquiry process allowed for personal meaning making from our individual experiences but it also allowed for me, the researcher, to discover significant narrative threads that ran through each narrative account. Clandinin and Connelly (2000) stated that this tension between objectivity and subjectivity would be inevitable because narrative inquiry is by nature relational and is “co-constructed by inquirer and participants” (p. 82). The loss of objectivity is not serious due to the use of field texts which I, the researcher, diligently constructed. The field texts enabled me to slip into objectivity. As the researcher, I was also a participant who moved into subjectivity when
participating in the discussion board or posting a story of my own about an elder parent. Also as the researcher, I moved into objectivity when looking at the participants’ journals and DB postings for patterns or threads. Additionally, by participating in the field I developed an understanding not otherwise available.

For this study, there were several potential limitations due to the nature of the situation surrounding data collection. I collected stories from college students about aging as they went through a semester–long online course on aging. A limitation might have been that students who selected this course were already predisposed to learning about aging. To combat this, an initial introductory discussion board post asked students to tell about themselves and why they chose this particular course. In the past there have been as many reasons for taking the course as there is diversity in student degree programs and backgrounds.

Another possible limitation might have been if the students were not to answer truthfully to the course questions. Students may have felt they would get a better grade if they shaped their stories to what they think that I, as the instructor, might want in terms of content. A further item for consideration within this study might have been that participants could potentially alter the content, length, depth, and wording of student stories on aging that were produced during this online course. Additionally, I have an extensive background in gerontology and gerontological education which may have biased me as I read and interpreted student stories. I may not have considered each word, trying to understand the context and meaning of the participant’s stories without jumping to conclusions or assuming that I understood the meaning of the student story. Another limitation that might have
occurred was with my selection of particular stories that contained thick description of the phenomena of aging.

The first step in reducing potential researcher bias is to recognize the possibility and to take steps to minimize the possible occurrence. One step I took was to share anonymous data with a critical friend who is also well-versed in gerontology to compare my understanding of the meaning of student aging stories with her understanding of the stories. I will also have a self-study of practice component which helped me analyze my actions, ideas, and critically look at myself as a teacher. This method enhanced my awareness of any biases during the study.

**Significance of the Study**

This narrative inquiry study might have added to the literature by contributing in-depth qualitative perspectives into the views on aging and older adults by students taking an online gerontology course. Specifically, this study may have uncovered cultural influences and behaviors that could add to the knowledge on how college students think about aging. This study might also have contributed to the enhancement of educational practice. By conducting a self-study of practice with a focus on strategies such as the uses and functions of online DBs, other educators may have a new understanding about ways to use DBs that may enhance student experiences in other courses. Additionally, from the findings of this study, educators might employ new or enhanced interactive teaching strategies. For example, a useful tool could be the employment of intergenerational programming where younger people and older people join together regularly toward a common goal or objective.
Within the S–STTEP methodology there was a responsibility placed on me as the researcher for my practice and for developing an understanding of my practice through inquiry into my identity. I wanted to explore the distance between who I was as an educator and the teacher I wanted to become. This involved seeking out resources that allowed me to take action to decrease the distance (Pinnegar & Hamilton, 2010). Generating untrustworthy findings would have had negative consequences for me. Therefore, I held myself accountable for my study because I had a personal stake in the development, results, and subsequent improvements of this self–study of my own practice. In addition, since I was studying my own practice, and the relationships being discussed were personal as well as public, “the ethical and moral obligations have public as well as personal strength” (Pinnegar & Hamilton, 2010, p. 13). I held high expectations that I approached this self–study with thoroughness and integrity.

**Dissertation Overview**

In chapter 2 of this study, “Theoretical Framework,” I discuss the theoretical underpinnings for this study. This conceptual framework includes theories and/or models of symbolic interactionism, social identity theory, intergenerational theory, constructivism, caring, curriculum and experience. Narrative inquiry and self–study of teaching and teacher education practices will also be reviewed.

In chapter 3, “Literature Review,” I discuss literature related to college students’ experiences with older adults and aging. These experiences include contact with elders and willingness to pursue a career in aging. Gerontological education literature will also be reviewed for understanding of contact with elders as a teaching strategy. Finally, I will
explore the literature on narrative inquiry, narratives in nursing education, and narratives as a teaching and research strategy.

In chapter 4, “Methodology,” I examine the theory and method of narrative inquiry and discuss how I collect and analyze data. I also discuss how self–study of practice methodology serves a catalyst for increasing awareness and improvement in my teaching practice. I further present the Framework for Analysis tool used in self–study of practice.

In chapter 5, “Stories of Personal Practical Knowledge and STTEP,” I share my own experiential stories with the self–study of practice framework from this study. I examine ways the self–study of practice framework assisted me in developing new insights into my identity and teaching practices. Finally, I link my experiences with self–study of practice to the context of my online course on aging.

In chapter 6, “Data Analysis and Discussion,” I identify themes from my narrative inquiry study. I also introduce some of the participants’ stories that illuminate the themes. I then include my own stories of what I have learned from the narrative inquiry process.

In chapter 7, “Findings from Colleague Participant Data,” I discuss my analysis using the narrative inquiry three–dimensional framework. I consider the “so what” of what I have learned from the vantage point of my participants. I then consider what I have learned from my own vantage point. I include students’ stories that illustrate the three dimensions of temporal, contextual, and interactional aspects of narratives of experience alongside my own experiential stories of this study.

In chapter 8, “Insights into Experiences of Gerontological Education,” I discuss connections of the themes and three–dimensional analysis to the context of gerontological
education. Additionally, I include students’ stories to illustrate linkages that I have uncovered. I will also include a discussion on the broader educational significance of the study.

In chapter 9, “Conclusion,” I outline what I have learned during this study. I also include a societal view of how college–level students are situated within the larger context of aging in our society. Finally, I discuss ethical considerations, study limitations, areas for further research, and ongoing research puzzles.

**Chapter Summary**

In this chapter, I introduced the importance of the topic of college–level students’ perceptions on aging and older adults. I discussed the ways in which narrative inquiry might help me to illuminate my college student participants’ experiences with older adults. I further related the personal significance of this study as well as my position as the inquirer within the investigation.

In addition, I provided an overview of the theoretical framework and a review of the literature centered on college students’ contact with elders, their willingness to pursue careers in aging, and relevant research about gerontological education. I also discussed in this chapter the methods used for participant selection, data collection, and analysis. I presented an introduction to the self–study of practice method followed by the role of the Institutional Review Board. Furthermore, I discussed above some of the ethical considerations and limitations related to myself as the inquirer within this proposed study. Finally, I highlighted the significance of the study for gerontological education and for my own practice and I concluded with an outline of proposed dissertation chapters.
CHAPTER 2
THEORETICAL FRAMEWORK

The first chapter of this dissertation explained the importance of understanding the experiences of college students related to older adults. Understanding these experiences has implications for gerontological education strategies that enhance the student experience and promote future careers in the aging field. In addition, perceptions of students taking an online gerontology course have relevance for continuation or reconsideration of teaching strategies by the teacher.

In this chapter, I discuss the theoretical framework of my investigation. Several different theoretical strands come together to provide support for my study. When considering the student participants for this study, the theories of social identity and symbolic interactionism provide me with an understanding of the processes that might guide student thinking and behavior. Intergenerational theory gives insights into how participants might interact with older adults that they encounter. Discussion on curriculum and experience, which includes goals; objectives; learning strategies; evaluation; stories; actual experiences; and reflection, guide my curriculum development for the gerontology course surrounding my study. In addition, constructivist teaching strategies, which foster active knowledge acquisition through collaboration and negotiation of meaning, can assist students in connecting new information to prior knowledge and experience. The illumination of curriculum, experience, and teaching strategy concepts will assist me in gaining a base for my understanding of how students learn about and interact with elders.
The organization of this chapter includes several sections. First, there is discussion about theories that describe how my student participants may have been socialized within our society. Social identity theory can shed light on how college students taking an online course on aging may view older adults. The two social–cognitive processes within social identity theory are categorization and self–enhancement. A group’s perceptions and actions define who they are as a group. The self–enhancement component favorably compares their group to another, such as older adults, which may include ageism. Next, is a dialogue about theories that describe how participants may interact with older adults. Intergenerational theory and the transcultural care diversity model may illuminate how participants, through interaction with elders, may alter their views about older adults and aging. Finally, there is discussion about curriculum and experience with a special focus on online curriculum and discussion boards (DBs). The use of intergenerational and constructivist online strategies within the curriculum may illuminate experiences of participants through narrative reflection in the form of journal postings and DB entries.

Social Identity Theory

Early work on social identity theory focused on perception and social and cognitive beliefs of prejudice, discrimination, and racism (Hogg, Terry, & White, 1995). The theory was more formally established in the 1970s where the premise of social identity theory is the notion that whatever social category a person falls into and feels comfortable being a member of, provides a defined set of characteristics for that category (Hogg et al., 1995). These categories also provide the person with ways to behave, think, and feel in particular situations. This, in turn, gives the person a self–definition that was part of the person’s self–
A person could have a variety of memberships that make up the person’s social identity. If all persons in a category believe the same; have the same behaviors, thoughts, and feelings; and the category has become the main basis for how they behave, then the category attributes became normative and stereotyped or labelled within the group. Those outside the category, who do not hold the same beliefs; behaviors; and feelings, become the out–group and are stereotyped and labelled as such by the in–group. The different groups could then become competitive and discriminatory against each other, depending upon the nature of the relationship between the groups. Hence, groups have the function of: describing group attributes; prescribing the behaviors, feelings, and thoughts that members of the group should have; and evaluation of other social categories. Since there is a comparison or evaluation process of the category a person is in and that of other categories, members of a group are motivated to maintain the group’s prescribed behaviors and to maintain comparisons with other groups that were in favor of the in–group (Hogg et al., 1995).

Two socio–cognitive processes are also at work in social identity theory. According to Hogg et al. (1995), the first one is categorization. Categorization helps to define intergroup boundaries by making clear a group’s stereotypes; perception; and actions, and it helps to assign people to a particular group. Categorization uses social and non–social examples to define those aspects of experience which are meaningful in a particular group. The second process is that of self–enhancement, which supports the categorization process by highlighting in–group norms and stereotypes that favor the in–group. It is assumed that people want to see themselves in a positive way and have a positive self–concept. Self–enhancement could help group members meet that by making comparisons between groups.
that favor the in–group. Hence, categorization of one’s self and others into in–groups and out–groups help to define one’s social identity and to sharpen one’s perceived similarity to the cognitive representation the person holds about the features that define the group. These features occur as prototypes, or a subjective representation of defined attitudes; behaviors; and beliefs, that are attributed to a social category. This subjective representation is actively constructed from social information and interactions between group members.

Additionally, group members are exposed to similar information since they are in the same social group and often carry the same perspectives (Hogg et al., 1995). Group members are always seeking to make meaning in specific contexts and trying to define and explain similarities or differences among people. This helps a person to organize the categories, compare themselves to the prototypes, and establish perceptions of their group and other groups in terms of differences and similarities. Brown (2000) reported that people strived to develop and keep positive identities, thus boosting their self–esteem, which came from favorable comparisons between the in–group and relevant out–groups. Group members felt better about themselves after engaging in the in–group bias of discrimination. Stets and Burke (2000) noted that through this process of self–categorization, a person establishes an identity. These authors also noted that individuals are born into an already structured society of categories. Hence, a person derives his/her identity from social categories in which the person is a member.

In my study, social identity theory may be useful in understanding how my participants may view their own social groups as well as older adults. According to Hogg et al. (1995), social identity theory is useful when trying to understand intergroup relationships
and the social self. Intergroup relationships among my participants might also be influenced by social and cognitive beliefs.

**Symbolic Interactionism**

Cognitive and social beliefs may be gleaned through symbols, language, and experiences of interactions. Symbolic interactionism is a theory that aims to describe the acquisition of meaning through language, symbols, and interaction in society. Mead (1934) developed symbolic interactionism in the early 20th century. His main premise was that individuals interact with others in the environment. By so doing, they acquire attitudes, meanings, and behaviors through symbols and definitions of the social group of which they are a part (Mead, 1934). When industrialization and urbanization occurred in the early 20th century, social problems resulted. It was during this time that the theoretical perspective of symbolic interactionism was developed as a distinct theoretical view for systematically studying human social behavior. Symbolic interactionism is also a well-known theoretical perspective used in qualitative research (Benzies & Allen, 2001).

According to Benzies and Allen (2001), symbolic interactionism has three assumptions. First, individuals and the collective of individuals act on meanings that things have for them. People do not directly respond to things, but they do attach meanings to things and then act on them based on their meaning. Additionally, the world is interpreted through symbols and language during the process of interaction with others. Thus, people act on meaning that is developed through symbolic interaction. Second, meaning is derived from the process of interaction among people. A person’s meanings of things arise from interaction with others. A person sees how others define things or act toward things. This influences the
person’s behaviors. A group of individuals or a collective or people could act because they have agreed on the meaning of things in their environment. The third assumption is that meanings are modified and assigned through interpretation that is ever changing, ever being redefined or realigned. People have the cognitive ability to have abstract thought and reflective thinking that help them develop symbolic use of gestures and language. These abilities are used for creating and communicating meanings that are commonly known in interactions with other people. Thus, people select and interpret stimuli, then develop new meanings and ways of responding. This way, people are active in shaping their futures through the process of interpreting meanings.

In symbolic interactionism, individuals construct their world on their individual perceptions of the world. They also structure their external world by what they perceive and interpret that world to be. Specifically, the world exists separately from the person’s perception of the world. However, the person’s perception of the world in which the individual exists influences the person’s behavior (Blumer, 1969). In essence, human beings should be considered within the context of their environment. As Benzies and Allen (2001) explained, behaviors and ideas are constantly being altered by how a person interprets the world. Habits develop from the instincts from past experiences and their influences. Oliver (2012) stated that although behavior choices are constrained by history; context, and social structures, they are not determined by them. Rather, how a person and her/his society interpret circumstances and then choose one action over another is influenced by a constant state of flux as definitions of the moment “shift through the continuous dialectical process of interpretation and action” (p. 411).
There are two schools of thought regarding symbolic interactionism. Mead began the notion of symbolic interactionism at the University of Chicago in the early 20th century (Benzies & Allen, 2001). Specifically, Mead developed the concept of the mind, which is a result of language and the exchange of other social acts. He also developed the concept of the self, which includes the notions of the spontaneous I and the me, and which is determined socially. Essentially, the self is the interaction between the I and the me. (Benzies & Allen, 2001). Mead’s student, Blumer (1969), further developed symbolic interactionism with his work on the interpretive process that individuals undergo to construct meaning and the rich variations that social experiences provide. Oliver (2012) stated that meaning making is a social process where an individual puts herself/himself in a position of the other actors in a situation. The person also calls up the inner voice of the me, which is internalized influences of important people and social institutions in the person’s life. This leads the person to temporarily adopt a perspective that fits with how the person understands reality and ways to behave.

Besides the Chicago school of thought related to symbolic interactionism, there was another way of thinking developed at the University of Iowa. Cleveland (2009) suggested that the Iowa school espoused a more quantitative methodological approach that used symbolic interaction and that the Chicago school gravitated toward more qualitative approaches. The emphasis on the individual’s introspection in symbolic interactionism lent itself to qualitative methodologies, such as life histories; case studies; autobiographies; interviews; focus groups; and participant observations that are grounded in empirical data. “Because individuals and society are dynamic, research questions ask how meaning is
attributed. Interaction is the critical link between an individual and society and becomes the focus of concern for [research]” (Benzies & Allen, 2001, p. 545).

Benzies and Allen (2001) also advised that when concerned with the person’s point of view, this necessitates a focus on both the macro and micro social contexts where the individual constructs her/his actions. According to Dennis and Martin (2005) “symbolic interactionism is often represented as a perspective which is limited by its restriction to ‘micro’ aspects of social organization” (p. 191). These authors argued that symbolic interactionism can be helpful in understanding the use of power when analyzing culture and the body as viewed through the influence of Foucault (1980). Specifically, studying the influences of power in the everyday lives of individuals and groups of people, and how they construct meanings, can shed light on how groups are coordinated to produce and perpetuate limits on what people can do and think in a society. For example, they suggested that a symbolic interactionist approach that focus on power relations in the management and construction of the meanings of health and illness could draw attention to the inequalities of access, resources, and levels of practitioners that members of society experience. This approach locates “the places where power inheres” (p. 197) and studies people to ensure that meanings of power are empirically grounded. Additionally, Dennis and Martin (2005) indicated that another approach could be a focus on how individuals and the collective respond to those who are labeled as subordinate or sanctioned through legal or institutionally developed policies and procedures.

Symbolic interactionism has the ability to explain human interaction on a larger scale. Researchers can study the meaning of human interactions at the macro level and uncover
governing forces that exert influences on individuals and groups. However, a focus on the particulars of individuals and existing behaviors could also illuminate the larger social structures that are in place and the power these societal structures exert (Dennis & Martin, 2005). Symbolic interactionism could provide a theoretical base for describing how people share understandings, draw on common discourses in society, and their own experiences and history to define a situation and decide how to act. An individual uses the conversations between the me and the I that draws on shared understandings and relates them to the present moment (Oliver, 2012).

The use of symbolic interactionism to illuminate individual and group understandings, and the power differentials that exist in those understandings, is highlighted by Cleveland (2009). This author discussed vulnerable populations which are groups of people who are at risk. These groups include those with poor psychological, physical, or social health, such as the chronically ill, and the disabled or high-risk infants. Cleveland (2009) also discussed how the meaning of symbols and how they are shared in a social context are also in a dynamic process within the rule system of an institution, such as a hospital. For example, Cleveland (2009) found that mothers of infants in the Neonatal Intensive Care Unit (NICU) viewed some nurses as gatekeepers of information between themselves and their infants. It was revealed that the use of language was an important mechanism for engaging with the mothers of critically-ill babies. This author also highlighted the issues of power as it relates to role development. By taking on a particular role and the rules that go with the role, this lets others know how a person should behave and how others should respond to the person with a particular role. In her discussion, Cleveland
(2009) discovered that a power struggle existed between the nurse and the mother, which could interfere with role development of the mother. The nurse let the mother know that the nurse was the expert and kept that position of power. This understanding hindered the role development that the mother needed to achieve in order to care for her infant in the future. This is also an example of how the hospital system might be focused on the personnel rather than the patient and family. Yun–Hee (2004) suggested that:

> [f]or symbolic interactionists, ‘meaning’ is one of the major elements in understanding human behaviour, interactions and social processes…[T]o reach a full understanding of a social process, the inquirer needs to ‘grasp’ the meanings that are experienced by the participants. (p. 250)

For example, in my study, the emphasis is on the participants’ lived experiences, the “inner world” (Yun–Hee, 2004, p. 250) of a participant’s behavior and the meaning that is perceived by the college student participant and what he/she understands about a situation. The individual’s point of view is seen as the self in symbolic interactionism. Benzies and Allen (2001) reminded us that the self is made up of the interaction that occurs between the me and the I. Additionally, the self is also situated within the larger social world through interaction. According to Yun–Hee (2004), the world and the person are not separate as the person is continually developing and interacting with others. Hence, the self is a social product due to social interaction and the refinement that occurs during participation in society.

Symbolic interactionism has been useful in this study. This theory, where meanings are developed through interaction, aided me in providing an understanding of how college participants view, behave, and approach older adults and aging within The Aging Course. It
also served as a foundation for assessing the possible alterations in views that participants exhibited within journal and DB narratives.

**Ageism**

Social identity theory suggests that social categories prescribe how members in those groups should think and behave. These behaviors and thoughts become the norm. Different groups can discriminate against each other and can label other groups in negative ways, while seeing their own group in more positive ways. For example, young people may discriminate against older people. Symbolic interactionism describes how individuals interact in society and subsequently acquire meanings, attitudes, and behaviors through definitions and symbols that they can embrace for their own group or ascribe to another group. An example of how categorization and comparison of one group, such as young people, toward another more elder group, where socialized roles, behaviors, and emotions are involved, can be exemplified in our society through ageism.

Ageism is the term used to describe the discrimination and stereotyping of older adults simply because they are old. Ageism is part of the socially constructed historical and cultural beliefs of United States society (Butler, 1995). Bytheway (2005) stated that a broad definition of ageism is that it impacts all ages and relates to fear and prejudice through the life course. A more narrow definition includes discrimination against older people on the grounds of age, which allows younger people to see older people as different from themselves. This definition also includes the notion that older people cease to be people or they become inferior. McConatha, Schnell, Volkwein, Riley, and Leach (2003) reported that negative views of aging are internalized and influence one’s self–image toward fear and
anxiety about aging. Palmore, Branch, and Harris (2005) stated that language is a source of ageism because “language influences our perceptions and prejudices” (p. 93). Phelan (2010) specified that older people are de-valued in society through attitudes, beliefs, and practices. Hence, through social identity and the acquisition of meanings; beliefs; behaviors; and language within our society, comparisons between groups are established. These processes may be detrimental to older adults. Potential ways to mitigate negative views and labels is through further interaction with older adults by members of discriminatory groups, such as young people. Intergenerational theory might be a lens through which changes in attitudes, beliefs, and behaviors toward older adults may emerge.

**Intergenerational Theory**

We have seen through the lenses of social identity theory and symbolic interactionism, how members of society may establish views about groups other than their own. Intergenerational theory may help me to understand how pairing groups from different generations may influence established beliefs, attitudes, and behaviors of the groups. Intergenerational theory might encourage the interactions of groups that are more than one generation apart for mutual assistance and understanding. It is the interaction of people from two different phases of life in varying contexts with an expectation that there is a relationship between the two people (Vanderven, 2011). As such, this theory may also be useful for understanding the interactions of my participants with their elder mentors.

Intergenerational programs are flourishing. Programming that pairs young people with older people in various contexts and activities in care centers, schools, homes, and group settings may bring about positive developmental advantages. Demographic trends that
support the need for intergenerational programming are the fact that people are living longer and the presence of social problems that affect all ages. Therefore, it is important that these programs are designed from a base of research, theory, and practice (Vanderven, 1999).

In the early years of intergenerational programming, Bernard (2006) described these programs as young people doing things for or on older people. Programs are guided by local government, voluntary organizations, or colleges who place students in day care centers and homes for elders. Often the young people would work alongside the care workers or home maintenance personnel with little actual, meaningful contact with the elders. In the past 20 years, intergenerational programming has evolved and has been used for addressing a myriad of societal issues. These uses include: community initiatives, such as enhancing wellness, decreasing isolation, powerlessness, and poverty, as well as oral history work. Other uses are: potential decrease in poor attendance in school; enhanced development of literacy skills; support and care interactions, such as encouraging grandparents raising grandchildren; skip-generation projects to address ongoing generational issues; and centers for intergenerational interaction.

Yet, the field of intergenerational theory is still developing (Bernard, 2006; Kuehne, 2003; Vanderven, 2011). Part of the reason for the ongoing construction of intergenerational theory is that intergenerational programs are often community–based with small numbers of participating individuals that provide only anecdotal information. Hence, there is little research with solid support of the findings, conclusions, or recommendations (Kuehne, 2003). Vanderven (2011) identified that “the intergenerational field lacks the conceptual framework that will enable it to develop as both a discipline and a practice within the broad
spectrum of human and social services” (p. 22). The author suggested several steps towards a conceptual framework that would advance intergenerational theory. These included: a systematic approach; acknowledgement that stories, narratives, reflections, and observations are sources of rich data along with experimental evidence; and the collecting of case studies used by researchers and practitioners in intergenerational programming. The consideration of theory, practice, and research as an “interactive trilogy” (p. 25) is important for further development of intergenerational theory.

Intergenerational service learning is defined by Karasik, Maddox, and Wallingford, (2004) as involving experiential learning, where students participate in activities that address community and human needs by way of structured actions promoting student development and learning. Key concepts include reciprocity and reflection, as well as a relationship between the student and the elder where both benefit equally. There is a balance between the service and the learning. To ensure this balance, service learning programs involved: students providing meaningful service that meet a need or goal that is defined by members of a community; the service provided by students is connected to course objectives and assignments; there is required reflection of some kind on the service; and it is based on course objectives.

Bernard (2006) specified that intergenerational programming has gone from doing activities for the elder and now includes re–engagement of younger people with older people. It is now focused on reciprocity, exchange, and encouragement of intergenerational activities to promote understanding of cultural, economic, and social issues. However, Uhlenberg and Gierveld (2004) conveyed that there is “a large deficit of young adults in networks of older
people, and the few older people have regular contact with younger non–kin” (p. 5). The author stated that older people may have skills and wisdom that could help the wellbeing of the young and vice versa. Ultimately, the lack of interaction between young and old, or age segregation, could promote insensitivity to issues that challenge another group and could further promote ageism.

Intergenerational programming and further integration of generations may change intergroup attitudes. Brown (2000) proposed that an approach for altering attitudes between groups was to “redraw the category boundaries so that any out–group becomes subsumed into a new and larger superordinate category” (p. 752). Contact between groups would involve interaction of equal–status members that are cooperative in nature. This would allow for in–group and former out–group members to share a common in–group identity, grow closer, and decrease intergroup discrimination.

In my study, intergenerational programming occurred in The Aging Course. Students identified one older adult interviewee of their choosing for approximately 12 weekly visits. Intergenerational theory was exemplified when the elder assisted the college student in the interview project. The college student entered into a reciprocal relationship with the elder by hearing the elder’s stories and assisting them with pertinent health education topics. Additionally, students came to understand more about the elder’s characteristics and habits, and upon reflection, considered making some changes in their own lifestyles in order to age successfully in the future. The participant might also view herself or himself differently as a result of these interactions. The college student participant may develop a revised point of view on a situation related to older adults based on the intergenerational interaction.
Intergenerational programming may influence participants’ views about the older generation. Through interaction with elders during the interviewing process, participants may have developed a reciprocal relationship with their elder interviewee. They might have begun to care for their older adult as the relationship progressed.

**Narrative, Experience, and Curriculum**

The influences that may occur in study participants through caring intergenerational interactions may be reflected in narratives of experience and reflection and perhaps indicate effective curriculum strategies. My previous background in understanding elders and attempting teaching strategies to enhance young peoples’ perceptions of elders may have influenced my choice of intergenerational programming for The Aging Course. This strategy choice involves student knowledge construction through interaction, experience, and reflection. Hence, my experience, knowledge, and view of what constitutes curriculum shapes my teaching practices, which subsequently shapes my participants’ experiences with and knowledge of older adults.

**Narratives and Experience**

Dewey (1938) stated that the means and the goal of education is experience. He explained that in order to accomplish results for both the learner and society, education, and the curriculum, has to be rooted in actual experiences of the learner. Quality experiences are ones that engage the student immediately and that also have a long–term effect. Dewey (1938) also contributed that each experience had by a student lives on in the student’s future experiences. The challenge for the teacher is to choose or enable experiences that are of good quality that will be creatively interwoven into new future experiences.
In an essay on curriculum as life experience, Lindsay (2011) discussed the relationship between teachers and students as partners in learning or as co–learners. Since the nature of knowledge is one of constant shifting and changes in context, it is important to engage in reflection of stories of experience, as reflection may influence one’s philosophy and how a teacher may co–construct future curriculum. This author also stated that society and the individual were always interconnected. Experience is a way of constructing knowledge and identity. People are immersed in social situations that shape them. In addition, by taking time for reflection, possibilities for change might be revealed or could inform future choices.

Greene (1995) further related that narratives could be an attempt to recognize the events that make up our transactions with our environment and that place us in time and space. Narratives could be a way to capture a lost spontaneous event or for the identification of presuppositions, habits, or conventions not previously recognized. By reflecting on our life stories, we might gain perspective on the meanings we make and the questions we have about ourselves. In so doing, we might recognize that reality has multiple perspectives and constructing reality will never be complete. Phillion (2002) agrees, stating that:

- narrative is about understanding the complexities of experience, honoring the subtleties of experience, and understanding the dynamics between individual experience and contexts that shape experience. Narrative reaches out to the past, is rooted in the present, and turns an eye to the future; narrative evolves with changes and shifts in time, place and interactions. Narratives as both
phenomenon and form of inquiry, is a perspective that provides illuminating ways of viewing the world. (p. 20)

Narrative, experience, and curriculum play large roles in my study. From experience teaching, being a student in online courses, and the experience with reflection, especially in my doctoral program, I grew to understand how valuable these narrative reflections were for me. In narratives, I wrote about recollections of my past, recognition of past and present contexts, how these might influence my present situation, and speculation on how my new knowledge of myself might shape my future. In turn, from my experiences as a teacher, I have chosen teaching strategies that I know from personal practical experience will expand students’ experiences with writing narratives.

Moreover, Connelly and Clandinin (1987) discussed narratives from the vantage of the notion of narrative unity in reflective practice and in curriculum research, stating that narrative unity is a “continuum within a person’s experience which renders life experiences meaningful through the unity they achieve for the person” (p. 130). This narrative unity will be helpful for understanding my participants’ reflections on their experiential knowledge through the reconstruction of the participants’ experiences with their elder interviewee. In the journal entries and DB postings, participants may incorporate new knowledge and experiences that resonate with their values, thus living out a new way of viewing and understanding aging. The experienced teacher uses her/his personal knowledge and inquiry into students’ experiences and beliefs to attempt to produce narrative unity for her/his
students yet encourage the reconstruction of new student narratives based upon new experiences and interactions.

Curriculum

Clandinin and Connelly (1992) reported that the definitions of curriculum and teacher in the early years of education revolved around formal courses and programs of study, which linked only the course with the subject matter needed for a particular discipline. The term teacher did not appear as a key term in the early literature. By the 20th century, the idea of the teacher, teaching courses with a link to the student was apparent. Generally, the concepts of curriculum and teacher were mostly independent in the literature.

Today, curriculum can be defined in many ways. Based on the work of Dewey (1938), Jackson (1992), Schubert (2008), and Clandinin and Connelly (2000), my definition of curriculum includes goals and objectives, learning strategies to help meet goals, and evaluation. It also includes stories to illustrate an idea or concept, actual experiences in the real world, and reflection of those experiences with connection to course concepts and to the individual’s personal experience. For me, curriculum is reciprocal, where teacher and student bring different attitudes; beliefs; experiences; culture; and history to the interaction (Dewey, 1938). Learning happens through interacting with others and is shaped by the experiences of each other (Connelly & Clandinin, 1987). The teacher is influential in how she/he structures the work to meet curriculum outcomes but also in how the teacher’s stories shape the lessons enacted and received (Phillion, 2002).

According to Clandinin and Connelly (1992), the definition of curriculum includes the experience and situation of the teacher as the maker of the curriculum who is one part of
the discussion, bringing her/his context; culture; past experience; and future hopes to the learning situation. In essence, what the teacher knows about her/his students from interaction with them, as well as what the teacher has understood through teaching experience, allows her/him to facilitate student learning. This learning can be seen through course goals, objectives, and learning activities that are shaped to the situation of students. From the research on teachers’ stories and stories of teachers, Clandinin and Connelly (1992) suggested that teachers shape the curriculum based on what they have learned through previous teaching practice, which is termed their personal practical knowledge. Experience in teaching and being a student in online courses has allowed me to understand how interaction with others online and the sharing of reflections of my practices through narratives could influence my beliefs and shape future thoughts and actions as a teacher.

In an online format, students share reflective narratives with other students as well as ask for clarification of a student’s narrative and/or offer suggestions in response to a students’ concern about an elder. A result of this interaction there can be a new understanding not previously understood or a negotiation of a meaning within a narrative. In this curriculum strategy, students are involved in constructivist learning. Means (2008) stated that learning constructively includes problem solving and rich learning experiences through interaction among students that may enhance critical thinking. Means (2008) identified that the interplay between curriculum and online technology included multiple views of curriculum such as: defined content and structure; opportunities for thinking, analysis, and communication; and the value of experience. The use of technological strategies within the curriculum, such as journals and DB, could provide motivation; a responsive context; and
active engagement both emotionally and intellectually. Additionally, Means (2008) stated that constructivism involved knowledge that was actively constructed by the learner. It also involved collaboration and assumed that learning was a social act, where students interacted among themselves and learned from each other. Similar to narrative reflection, learners also connected their new information to prior knowledge, thereby constructing new knowledge (Abawajy, 2012; Huang et al., 2010). Jonassen (2002) stated that “in real world settings, we often learn by socially negotiating meaning, not by being taught” (p. 10).

The constructs of getting to know the students, facilitating engagement and interaction, and encouraging reflection are included in my view of curriculum. Student experiences of interaction with each other and with their older adult interviewees are the basis for the reflections within the asynchronous journal entries and DB postings in The Aging Course. These narrative opportunities offer an avenue for reflection of experience and consideration of new ways of thinking. In addition to opportunities for reflection, a well-structured online course can facilitate positive relationships between students and instructors.

**Seven principles for good practice.** Chickering and Ehrmann (1996) proposed a set of standards using technology as a lever. According to the authors, there are seven principles for good practice in undergraduate education. The first principle is encouraging contact between faculty and students. Communication technologies, such as emails, known as asynchronous communication, can increase the discussions between faculty and students. Use of the World Wide Web has also increased contact between students and faculty in the form of downloading assignments. The second of the seven principles is the fostering of cooperation and reciprocity among students. This principle states that “learning is enhanced
when it is more like a team effort than a solo race. Good learning…is collaborative and social” (Chickering & Ehrmann, 1996, p. 4). When students share ideas or respond to another’s idea with an idea of their own, thinking is improved and understanding deepens. By using communication tools, such as DBs; wikis; or student lounges (where students can communicate exclusively with other classmates) student collaborative learning and group problem solving is enhanced. The third principle involves using active learning techniques. This principle supports the belief that the more student involvement in the material, the increase in learning. Students are encouraged to discuss what they are learning. This could be in the form of group discussions in class, writing reflectively about what they are learning by relating it to past experiences in their lives, and possibly projecting into the future how this information could be beneficial. “They must make what they learn part of themselves” (Chickering & Ehrmann, 1996, p. 4). Technologies useful in fostering active learning can include learning by doing, such as using the Internet to research a topic and computer simulations; real–time discussions, such as a collaborative meeting with parties in other states via conferencing capabilities; and time–delayed exchanges, such as asynchronous email communication. The fourth principle involves the faculty giving prompt feedback. The thought behind this principle focuses on the notion of providing students assistance in understanding their current knowledge and competence. By faculty giving feedback on their performance, students can discover what they have learned. “Students need chances to reflect on what they have learned, what they still need to know, and how they might assess themselves” (Chickering & Ehrmann, 1996, p. 5). Use of technology to enhance this principle can come in the form of email communication, online testing with immediate
feedback, using a YouTube video to illustrate a procedure, or faculty using the comment feature on Microsoft Word when grading a paper online. Additionally, students can save papers in development, such as on a flash/thumb drive or in a folder in Word, to compare how far their knowledge and competence has expanded. Finally, recording of performances for later review and critique can be done by cell phones, hand–held video recorders, or computers.

The fifth of the seven principles is the notion of time on task. According to Chickering and Ehrmann (1996), “time plus energy equals learning. Learning to use one’s time well is critical… [a]llocating realistic amounts of time means effective learning for students and effective teaching for faculty” (p. 5). An important tool in this principle is the computer, which has made studying more efficient. Finally, making podcasts of lectures has been helpful in allowing students who missed a class keep up with the rest of the class and frees the faculty for other tasks. The sixth principle is the notion that good practice communicates high expectations. The thought behind this principle is that “expecting students to perform well becomes a self−fulfilling prophecy” (Chickering & Ehrmann, 1996, p. 6). Additionally, faculty use of rubrics to more clearly articulate what is expected at the excellent, average, or unsatisfactory levels can motivate students to higher achievement. The final principle is to respect diverse talents and different ways of learning. Each student brings different styles of learning, talents, and different history, values, and beliefs to the classroom or the course. Students need ways to showcase their talents and also discover new ways that they can learn. By having materials that challenge them to analyze, synthesize, evaluate, and apply what they learn to real life situations, students can discover things about themselves.
Students may find that they can be leaders and become better team players in group problem solving situations.

After considering the seven principles of good practice, it can be seen that the principles contain elements of learner–centeredness, constructivism, and sociocultural ideas. Bonk and Cunningham (1998) state that:

The traditional teacher–centered model in which knowledge is ‘transmitted’ from teacher to learner is rapidly being replaced by alternative models of instruction…in which the emphasis is on guiding and supporting students as they learn to construct their understanding of the culture and communities in which they are a part, (p. 27)

The philosophical learning orientation of many teachers is often objectivist, and can often be in conflict with the more constructivist learning orientation that students prefer and within which they learn best. Jonassen (1991) explained that the objectivist view involves believing the real world is external and independent to the individual, is amenable to classification, is reliable, and has essential components or properties. It lends itself to preplanned, explicit goals and objectives for everyone to achieve. The constructivist view involves believing that there are multiple realities, determined by the knower, and is dependent on human mental activity, relying on experiences (physical and social), concepts, and interpretations to develop a cognitive model. It lends itself to instructional goals and objectives that are negotiated and will vary from individual to individual. Jonassen noted that when training is involved, it may be necessary to achieve particular performance goals, in
which case the objectivist way is beneficial. Experience with the seven principles within traditional undergraduate courses can be seen below.

There is much research on the use of the principles in traditional courses. Yehle and Royal (2010) discussed the tension between the Millennial generation students of today and the teachers who are from a different generation, many of whom did not grow up with computers. Students today are continually multi–tasking, connected, and want information without delay. In their study, Yehle and Royal (2010) incorporated the seven principles of good practice by Chickering and Ehrmann (1996) into the re–structuring of the adult health nursing post–clinical conference. Trying to enhance all the principles for their students, they changed the conference to another day for more active engagement as well as changing the time, number of activities, and number of students present. The authors added more active learning techniques, such as small group work with prompt feedback; case studies based on didactic content; games for memorization of drugs; empathy–building exercises; and student–facilitated presentations. Results indicated an increase in students feeling challenged and a decrease in students reporting boredom or being overwhelmed.

The principles of good practice for undergraduate students (Chickering & Ehrmann, 1996) was used by Nicol and Macfarlane–Dick (2006) to develop a model of seven principles of good feedback practice. These authors stated that their model supported self–regulation, where students take control of their own learning by having a proactive rather than a reactive role. Each principle of the model for good feedback was supported by research. According to Nicol and Macfarlane–Dick, good feedback practice:
helps clarify what good performance is (goals, criteria, expected standards); facilitates the development of self-assessment (reflection) in learning; delivers high quality information to students about their learning; encourages teacher and peer dialogue around learning; encourages positive motivational beliefs and self-esteem; provides opportunities to close the gap between current and desired performance; and provides information to teachers that can be used to help shape teaching. (p. 205)

These authors hoped that their principles of good feedback would be a starting point for teachers to audit and take steps to improve their formative assessment and feedback strategies.

Henninger and Hurlbert (2006) utilized the seven principles when developing a framework for teaching cultural diversity in a business management course. Henninger and Hurlbert believed that “[b]usiness schools and programs that integrate cultural experiences and activities into business classes helps prepare students to function in a multicultural business world and society” (p. 5). While implementing the principles, several lessons were learned: the internet sources must be evaluated carefully for the best contributions; oral and written diversity-themed assignments must be connected to classroom experience to avoid the label of being supplemental; the use of journal entries by students is invaluable in monitoring student progress in learning as well as increasing student-faculty contact and promotion of rapid feedback; and sharing past experiences, values, attitudes, and relation to outside activities and events, such as readings and research, can help students understand difficult ideas or key concepts. In summary, using the principles to design assignments that:
Encourage students to define what diversity means to them, then having them proceed to organize, synthesize, and evaluate that information in light of personal and societal perceptions of diversity and its role in business is beneficial for students and faculty. (Henninger & Hurlbert, 2006, p. 14)

There are a variety of applications of the seven principles in traditional courses. Next, applications in blended and online courses will be explored.

In blended online courses, there is also research on the use of the principles. Graham and Dziuban (2008) reported that blended learning is a convergence between the traditional face–to–face learning environment where instructors and students are in the same place and technology–mediated learning environments that do not require instructors and students to be in the same place. This blended learning concept has been popular for several reasons: greater cost effectiveness; increased convenience and access; and improved learning.

Blended learning uses the best of both worlds. However, these authors felt most assessments of blended learning were still objective, inauthentic and non–contextual, but as time goes on, assessment will improve.

Ritter and Lemke (2000) reported that the Internet provided teachers with new ways to address good practice in undergraduate education. Results from a survey of 236 geography students show that they believed use of email encouraged more student–faculty communication and prompt feedback. Students reported that they felt more actively engaged in learning but that it was not overwhelming, and they used their time more efficiently in and out of the classroom, which they felt enhanced their learning as well.
Peer (2003) discussed how the seven principles were applied to athletic training education. She stated that the principles can be seen in: the use of technology (video) to monitor competency and mastery of skills; communication technologies such as video conferencing; and in emails. The Internet can increase student–faculty contact when scheduling competencies and can be used to expose students to skills that are not readily accessible in the clinical setting, such as breath sounds; medical; and surgical conditions. From the student perspective, technology enables students to actively learn modules needed for mastery, write reflectively about their progress, relate it to past experiences, and apply their reflections in their daily lives. Students can also use technology to collaborate with others on projects that use computer–based tools for learning, such as case scenarios and simulations.

Suen (2005) described an epidemiology course for nurses who were going to school part time to achieve the Baccalaureate of Science in Nursing (BSN) degree. This course was primarily online, but it had a face–to–face component at the beginning of the course and a supplementary tutoring option. The author explained how the course exemplified the seven principles of good practice by Chickering and Ehrmann (1996). To encourage student–faculty contact, she spoke of the initial face–to–face organizational meeting to orient students to the course; a discussion forum students could use to clarify questions and share information; and the supplementary tutoring option. To enhance collaborative learning, Suen (2005) spoke of an online discussion forum, where students in small groups read an article and critically critiqued it in responses to their group. They were also encouraged to read responses from other groups. Students also participated in the development of a group
PowerPoint presentation on a particular topic. To encourage active learning, faculty encouraged meaningful and thoughtful responses to student and faculty postings. To inspire prompt feedback, the instructor responded within 24 hours during the work week to any posted questions from students. A short online quiz included pop-up answers for all questions that provided for prompt self-assessment. A course calendar that was provided with the online syllabus was a way to encourage efficient time on task. Communicating high expectations began the first day of class and was seen in the critiques of article postings. Student responses were graded on quality instead of quantity. Accommodation of diverse ways of learning was exemplified by the user-friendly and flexible course format, the provision of extra guidance and motivation for some students, as well as additional phone conversations or emails. Students could also choose to send a message anonymously to prevent any labeling among students. Evaluations indicated that the course was accessed by 50 students for a total of 600 times. Open-ended evaluation indicated that students liked proceeding at their own pace, downloading materials, and being able to repeat screens and modules as needed. Students also reported becoming more adept at the technology. Finally, students felt that the online approach was more stimulating and creative, and it felt more personal, compared to the traditional classroom format.

How do online only courses compare with blended courses in effective use of the seven principles? Research has shown the effectiveness of the principles in courses that are online only. Bonk and Cunningham (1998) stated that students and teachers can be unclear about the outcomes of learning on the Internet. Educational leaders also want guidance and reassurance that electronic collaboration and communication mediated by computers will
enhance student–teacher and student–student interaction. They cited a lack of pedagogical
guidance about how to integrate tools for communication and collaboration as one of the
reasons for the unease. However, it is the underlying views of learning that are held by
teachers and students that can also be part of the tension.

Three of the main theoretical perspectives that are essential to grasp for collaborative
technology to be successful are: learner–centered instruction, sociocultural theory, and
constructivism. Learner–centered instruction involves the notion of cognition, motivational,
and affective factors; social and developmental factors; and individual differences that affect
learning. Constructivism involves the notion that “reality is more in the mind of the knower,
that the knower constructs a reality, or at least interprets it, based upon his or her own
apperceptions” (Jonassen, 1991, p. 10). Sociocultural theory states that a person’s mental
functioning is “situated in social interactional, cultural, institutional, and historical contexts.
Therefore, to understand human thinking and learning, one must examine the context and
setting in which that thinking and learning occurs” (Bonk & Cunningham, 1998, p. 35).

Billings (2000) reported on the complexity of teaching and learning in Web–based
courses that involve the dynamic interplay of interactions with the technology, support for
faculty and students, educational practices, and assurance of a variety of outcomes.
Accrediting bodies, higher education commissions as well as academic institutions,
individual institutions, and employers are seeking a framework for guiding assessment or
evaluation methods for online courses. Billings (2000) has developed a model that
incorporates the seven principles of Chickering and Ehrmann (1996) for nursing education.
Her framework includes a focus on outcomes, which involves learning; recruitment and
retention; access; convenience; preparation for real world practice; satisfaction; connectedness; proficiency in computer tool use; and socialization to professional practice. It also involves student support, which includes the areas of: adequate information; technology orientation; ongoing tech support; and learning resources. Faculty support is seen in the form of: faculty development; technology orientation; ongoing tech support; reward; and workload recognition. Educational practices, such as active learning; feedback; respect for diversity; time on task; high expectations; interaction of students–faculty; and collaboration with peers are included. Finally, the last piece of the model is use of technology, which includes: reliable and accessible infrastructure as well as the use of hardware and software that promotes time efficiency. Even though this framework is multivariate, it can guide evaluation activities and explain relationships between outcomes and teaching and learning practices.

Online adjunct faculty were the focus of Puzziferro and Shelton’s (2009) application of the seven principles. In 2005, these authors wrote of how they applied the seven principles to what they termed as “virtual adjunct faculty” (p. 1). However, Puzziferro and Shelton noted that there has been a shift in the landscape of higher education including increased use of constructivist pedagogies; change in student values and expectations about their role in their education; more learner–centered paradigms; and the student as customer. This shift has implications for revising the use of the seven principles as it relates to adjunct faculty. Adjunct faculty can now be seen to be “stepping in and filling the instructional role, and identifying with and emulating the values of nontraditional students… [becoming] the bridge between nontraditional students and institutions that are more traditional in central mission” (p. 2). Additionally, adjunct faculty may help institutions integrate online education.
Therefore, Puzziferro and Shelton (2009) proposed that it is more important than ever to provide faculty support to adjunct faculty. Using the seven principles as a guide, these authors suggested new ways to foster faculty development that included: frequent contact and communication; social collaborative, non–competitive interaction; faculty discussions and reflective writing about what they are learning as well as relating it to past experiences in their daily lives; focus learning by identifying what they know and what they do not know; how the institution defines expectations of high performance; and bringing different talents and styles to the college. In summary, if these principles are kept in mind, online faculty satisfaction and effectiveness will be enhanced.

Koeckeritz, Malkiewicz, and Henderson (2002) outlined their application of the seven principles by Chickering and Ehrmann (1996). Many strategies are similar to other articles on the application of the principles to online nursing courses. However, some differences were noted. These authors suggested using online bulletin boards or message centers where announcements could be sent to the entire class to enhance student and faculty contact. To foster active learning, these authors recommended: rubrics outlining levels of participation; synchronous or asynchronous chats to assist groups with collaboration on assigned projects; and the use of linking sites and videos for group online presentations. To encourage prompt feedback, it was suggested that faculty have a plan for addressing technological problems. To help with time on task, faculty could make announcements reminding students of upcoming project due dates. In keeping with the principle of diversity in ways of learning, these authors suggested that not all learners are meant to take online classes for a variety of reasons.
Therefore, they suggested counseling students to consider more classroom–based or traditional nursing courses.

These guidelines, along with the seven principles discussed here, suggest ways to promote optimal interaction, engagement, and reflection. Significantly, I have shaped my teaching strategies and course structure for this investigation with the assistance of these principles, together with my personal practical knowledge related to online teaching. Moreover, as part of my self–study of practice focus in this inquiry, these principles assisted me in uncovering how well I designed The Aging Course and if additional considerations were needed.

From the literature, it is evident that best practice strategies, and the seven principles in particular, can be a helpful guideline for effective learning strategy development. When I compared The Aging Course to Chickering and Ehrmann’s (1996) principles, The Aging Course included all the principles. Contact between students and myself was met through mostly 24–hour email turnaround time and the DB participation of students and myself, the instructor. The fostering of cooperation and reciprocity of students was met by sharing ideas in the DB and in the student lounge provision. The active learning techniques principle exceeded expectations in that students interviewed one elder mentor for 12 weeks, participated in weekly DBs, and weekly journal reflections that encouraged students to recollect past experiences and project future aging for themselves. The principle of prompt feedback from myself as the instructor, was met by weekly grading, 24–hour email turnaround time, and a final paper that required students to write Part 1 at the beginning of semester, which would be incorporated into Part 2 of the paper at the end of the semester to
show growth. The time on task principle was met and surpassed with the use of elder mentor interviewing for approximately 12 weeks by the student, weekly DBs, and weekly journal postings. Expecting the students to do well was met by way of weekly summaries posted by me, the instructor, which highlighted responses to DB questions, anticipatory guidance on course requirements coming up, and occasional stories to highlight or address concerns seen in the previous week’s work that needed further discussion. Also, I am excited to talk about aging and my positive attitude comes through my summaries and emails. Finally, the principle of respecting diverse talents and ways of learning exceeded expectations through DB questions asking for student experiences, opinions, and team player environment; the introduction of students in the beginning of the course; the use of skills in interviewing; and the discussion of real life situations with student suggestions and experiences.

**Motte’s best practice strategies.** According to Motte (2013), there is a great responsibility to provide students with quality online instruction. Motte developed some best practice strategies for today’s online instructors to consider. The first best practice suggestion is training. Teaching online is challenging and requires training on how to facilitate discussions, provide feedback, and working with the tools available within the institution’s chosen educational platform. In addition, stress could be placed on instructors who are less tech-savvy than the students. It is the institution who provides the training, often through the instructional design or internet technology departments. During the training, the instructor could be in the role of the student, which may better assist him or her in understanding what students go through beginning and working through the online course.
The organization of the course is the important second practice strategy from Motte (2013). If the course is not organized, it can be frustrating for faculty and overwhelming for students, which may influence how the student participates in the course. It is crucial that the student be able to navigate his or her way through the course logically and quickly. Contents of the course can include easy access to: announcements, assignments, learning modules, and the grade book. Typically, students wear multiple hats, such as student, parent, and worker, so efficient use of time within the course is crucial. Motte (2013) stated that organization of the course was directly correlated to student attitude, success, and learning outcomes. In addition, transparency of the course was also important. All course features need to be available at the beginning of the course to allow students to understand completely what is expected. The third best practice suggestion is being proactive about the course. Despite all attempts at transparency and organization, students will inevitably have questions. Anticipation of these questions, often at the very beginning and the end of the course, and provision of extra time to handle these questions, is one way to be proactive. If a beginning online instructor would compile the questions from his or her course and when the questions occurred in the course, the instructor could utilize this analysis when making announcements to reiterate a message or plan to encourage students at a particular stage of the course. A more experienced instructor could explicitly outline steps students should take to start the course so the students experience a smooth beginning transition to the online course. Motte (2013) suggested using a start here button for posting frequently asked questions, or starting announcements with directions to particular course components, such as the syllabus and course schedule. Additionally, making weekly emails with answers to questions often asked
at particular times in the course or alerting students to upcoming assignments due could help students stay on track and decrease procrastination.

Similar to one of Chickering and Ehrmann’s (1996) principles is the best practice of good communication. Motte (2013) suggested that the instructor outline the communication policy for the course. This might include: when the instructor plans to check emails, other avenues for contacting the instructor, if any, and when the instructor will not be available. Motte (2013) reported that the literature discusses being available by email five days per week and having a turnaround time of 24 hours for responses. Instructors might want to consider having regular office hours synchronously or have hours where the instructor is available by phone or office. Contact other than email can help the students get all their questions answered at one time. In addition, the instructor should communicate with students regularly. Frequent instructor–student communication leads to an effective online course experience. Encouragement and personal contact with a student by an instructor can help the student’s performance during the course and can prevent participation problems to where the student is unable to catch up in the course.

The fourth best practice strategy suggested by Motte (2013) was that of instructor presence. The teacher needs to establish a presence in the course. This can be done through communication in the forms of emails, getting–to–know–you DB posts, virtual online office hours, weekly messages by video, or by gradebook feedback. These strategies can help students feel less isolated and more supported by the instructor. Additionally, instructors could be present in the weekly discussions online as well. A lack of teacher presence and guidance can result in students providing shallow or minimal interaction within the course.
An instructor who is present in the course can role model the amount and quality of participation that is expected.

The next best practice teaching strategy by Motte (2013) is the DB. Many courses include a DB where the instructor provides a prompt or question to which students would respond. Responses can include personal experiences, research support, or opinion. Discussion boards are used for the establishment of teacher presence, as well as the development of the student community within the course. However, the instructor needs to have a balance of participation within the DB. Students should not feel that the instructor has posted all views on a topic and there is nothing left for the student to post in response. The student voice could be drowned out or the student could be overwhelmed at trying to develop a response post. Discussion boards allow students to see other students’ perspectives, consider new ideas, and be encouraged to respond back. If students respond to instructors posts instead of student posts, this can impair the development of student–student interaction. Discussion boards can be synchronous or asynchronous. Asynchronous discussions can give students more time to reflect, think about the discussion, utilize research support, and compose an in-depth quality response. Another benefit of the DB that instructors can get to know their students through their responses. Typically, course strategies are not very personal, but the DB is a way to get to know the students’ motivations; experiences; and writing styles.

Motte’s (2013) next best practice factor is that of scaffolding. Instructors could play a crucial role in student knowledge construction by providing more attention and support early as students are acclimating to the course structure and policies. Additionally, teachers could
build the learning process by putting large assignments later in the course. By having students prepare sections of the final project at selected increments in the course, students can build up to the big project in smaller steps to avoid feelings of being overwhelmed. Instructors could also build in progress checks along the way with feedback for a more confident final product.

The final best practice suggestion offered by Motte (2013) is that of professional development and teacher/course evaluation. Even seasoned online instructors can experience bumps in the course as new technologies and techniques are tried. Professional development has been a mainstay for traditional teachers and includes observation and regular evaluations, but Motte (2013) believed online instructors should receive this as well. Retention of students is related to quality instruction. Professional development could assist online instructors to be equipped to lead courses that are of high quality. Additionally, students often complete course evaluations once a course is over. This feedback can assist the instructor in development, growth, and change. Collaboration with other online instructors is also a good way to improve a course and evaluate strategies.

Motte’s (2013) best practice suggestions were instrumental in the development of my online course and strategy selections in The Aging Course. The strategy of training faculty to facilitate discussion feedback and the use of Blackboard tools was met when I attended a Quality Matters workshop for online instructors provided by the university, where The Aging Course was certified as meeting the Quality Matters standards. I also follow this best practice suggestion when I utilize informal Blackboard assistance from instructional designers when
an issue arises. There is also a help button on the course’s main tab that gives step by step instructions for common Blackboard issues.

The best practice strategy of having an organized course and the strategy of transparency I felt were more than met in The Aging Course. I generally entertain very few course-related questions at the beginning of the course. I use a Week by Week organization that includes a summary of what is to be done each week and has a link for completing each activity right there in that week’s folder. This includes links to the introductory video, DB for that week, and journal entry portal, suggested interview questionnaires, as well as note pages that I have developed, and text chapters for that week. At the end of each week, I provide a summary of the week’s discussion topics, anticipatory guidance about upcoming assignments, and housekeeping issues about keeping up with DB and journal postings.

All parts of the course are available the first week and stay on display until the course is over. I purposely do not start the discussion and journal postings until week three of the course to accommodate students who add the course late. This way, students do not miss out on points and have time to acclimate to the course and locate an elder mentor to interview. The DB is the only feature that is time-sensitive. The board closes on Sundays at noon for grading. The next week’s DB questions begin the next Monday morning and then close the following Sunday at noon. After a DB has been graded, I open the board up again in case anyone wants to go back and see what was written. There is an issue with how well this feature works. The strategy of instructor presence also exceeded expectations. I was in the DB weekly, responding as a daughter and occasionally as the instructor, telling a few stories pertinent to the conversation. I also was present in my emails and in the weekly summaries.
sent to all course participants. I also graded the week’s work on Sundays and posted to the gradebook weekly. The next best practice strategy is that of the DB. The quality of the questions met the expectation in that they consisted of prompts that included personal experience, research, opinion, and had a community feel for participants. I balanced my postings by addressing different students each week. DB questions included the opportunity for students to see others’ perspectives, the viewpoints of the elder mentors, and empowered the students to have something to say. The DB is asynchronous, so students can read responses from other students, have time to develop a considered initial post, and have time to think about how to respond to other students’ in their response posts. In addition, I could gain a general portrait of each student through their DB posts.

The next best practice strategy of Motte’s (2013) is that of scaffolding. This strategy was met in The Aging Course by looking at the objectives for each of the three course modules. Each module progressed in the Bloom’s Taxonomy (Vanderbilt University, 2015) levels of action verbs. I also recognized and set aside more time to answer questions at the beginning of the course and at the end, when possibly more questions would arise. I also had the final paper due at the end of the course. The first part of the paper was presented at the beginning of the course in the form of a story or recollection of an experience with an elder. This recollection was built upon during the course and was compared with new learning at the end of the course in the form of the final paper.

The final best practice strategy that was met is that of professional development for faculty and the course evaluations. As stated earlier with the training strategy, I attended a workshop on updates for online instructors. I also use the final DB questions to gather
feedback from students related to course strategies, scaffolding, and my presence in the course.

**Quality matters higher education rubric.** Quality Matters Higher Education Rubric is used to evaluate the designs of blended and online courses for quality (“Quality Matters,” 2014). There are eight standards in the rubric. These standards include a focus on: introduction and course overview; competencies or learning objectives; measurement and assessment; materials used in instruction; learner interaction and course activities; technology used in the course; learner support; and usability or accessibility of the course by students. For each standard, there are specific review standards with an accompanying scoring system. A blended or online course can be reviewed by a team of Quality Matters peer reviewers using the rubric of standards. This rubric pays particular attention to the alignment of the course components of: learning objectives; measurement; materials used in instruction; course activities/learner interaction; and technology. If these components are aligned, they support the learning objectives.

The university where The Aging Course is taught hosted a Quality Matters workshop that was led by instructional designers in the fall of 2010. Activities during the two day workshop included syllabus reconstruction, inclusion of netiquette guidelines for online courses, objectives for each course module, and supporting materials. In particular, there was a focus on interaction. Interaction included the assurance that there were activities and course structure that provided for student/instructor, student/student, student/content, and student/self–interaction. I took the workshop to re–design The Aging Course to meet the
Quality Matters Higher Education Rubric standards. The Aging Course was certified to meet the Quality Matters standards on July 28, 2010.

Within the self-study of practice component of my investigation, I specifically attended further to the ways in which the Chickering and Ehrmann’s (1996) seven principles, Motte’s (2013) best practice teaching strategies, and the Quality Matters rubric have shaped my practices in alignment with my own experiences and my personal practical knowledge. In addition, I especially delved into the topic of online DBs to discover ways I might consider aligning this strategy more with my professional identity as an online instructor.

Chickering and Ehrmann (1996) and subsequent authors’ interpretations on the uses of the principles has provided a firm foundation for forward thinking about online teaching strategies. Motte’s (2013) best practice strategies have suggested other relevant considerations toward teaching excellence. In addition, the Quality Matters higher education rubric has also been shown to encourage affirmative student and teacher interactions. Besides gaining knowledge and comparing The Aging Course to best practices for online courses, I have chosen to focus further investigation upon the specific topic of DBs. Within the study of myself as a teacher, I felt a tension with the DB teaching strategy I use in The Aging Course. As a component of this investigation, I followed Pinnegar and Hamilton’s (2010) Framework for Inquiry. One of the questions within this inquiry included a review of relevant literature on the topic of tension: the DB.

**Literature on and experience with discussion boards.** Hall (2011) stated that DBs play a crucial role in the construction of knowledge in an online course, which is why the quality of the interaction in the DB is so important. Despite this, research has demonstrated
that threaded discussions need to be improved in the constructivist learning environment. Hall’s study examined three variables that were related to asynchronous threaded discussions. These variables included: the highest category or level of cognitive process from Bloom’s Taxonomy (Vanderbilt University, 2015) needed to respond to a discussion prompt; the time a student spent in the course before posting a response; and intersubjectivity, or the knowledge construction through individual and interdependent contributions in the DB by 167 participants in a community college online course. Results found that cognitive process level and the time in the course without posting were significantly and positively correlated with intersubjectivity as a way to measure classroom discourse. The higher the level of cognitive prompt response required and the longer the amount of time spent in the course without posting increased the intersubjectivity of the participants. Hence, the level of the prompt that required a high level of response is one of the first pieces of scaffolding needed for knowledge construction.

Conrad and Donaldson (2012) also suggested that scaffolding could be done with the use of Bloom’s Taxonomy. They suggested having students in small groups develop questions that increased in Taxonomy level for other student groups when discussing particular content. Students would review content and the Taxonomy and while they were developing questions for discussion, they would also be making meaning and extending their own understanding.

Xie (2013) reported on the behind-the-scenes processes that occur before students make a DB post. This study examined the relationship between motivation, peer feedback, and students’ non-posting and posting behaviors in an online DB with 57 participants.
Student motivation becomes essential to successful learning online. Students with higher intrinsic motivation have been shown to have higher participation rates. Additionally, the value of the DB and peer feedback were also noted to be important factors in student participation. In Xie’s study (2013), posting and non–posting behavior was tracked. Non–posting behaviors were described as checking the course for updates or lurking in the DB without posting. This type of behavior could indicate that the student was participating in the course.

Results of the study indicated that students spent time reading and evaluating other posts. The more time spent in non–posting behavior, the more posting behavior was seen. Learning can occur in posting and non–posting behavior. Also, knowledge of the topic increased posting behavior. Conclusions of the study included: assisting students in establishing participation by giving positive feedback and considering peer ratings of student participation.

Cobb (2011) argued that teaching strategies, such as DBs, can influence student satisfaction in a Web–based nursing course. Student interaction with peers may influence the degree of satisfaction students feel when taking an online course or program. In a survey of 128 RN–to–BSN students in an online program, social presence, or the degree to which a person is perceived as real to other students, affects learning. Lack of participation by students could be a barrier to presence. Teaching strategies to boost social presence could include: team–building scenarios, posting biographies of students and instructors in DBs, critical thinking exercises, and group project presentations. Survey results indicated that
perceptions of social presence correlated positively with perceived satisfaction with the instruction and to perceived learning.

Wickstrom (2003) also reported that strategies that increase engagement also encourage learning. This study was focused on the effects of DBs and journals in the promotion of reflection, engagement, and collegiality among pre-service teachers. The study also included a narrative of how the instructor used strategies and ways to use them differently in future courses. Different discourse strategies could result in students reaching different understandings. Learning could be shaped by the different discourse methods used. For instance, the DB conversations include other students and the instructor whereas journal postings are between the student and the instructor exclusively. Wickstrom’s definition of a journal is that it is a log or record of thoughts kept by the writer but is then developed into a final format that is then seen by other writers, mostly the instructor, for feedback at the end. Along with the dominant/subordinate relationship between the teacher and student, journals used in this particular way can have limitations. This study assessed 45 undergraduate students taking a reading assessment course online. Students posted reflective journal responses in three parts: statement of opinion on a topic; connecting individual experiences with what they had learned, and statements of how they would use this information. In addition, students responded to instructor-driven, one to two word prompts on a topic in the DB. Benefits of the DB in this study were: students could get help from others; quiet students were given a place to speak; students were provided with a place to talk openly; and it allowed students to gain experience with technology. Results of the study and narrative reflection of the instructor indicated that: the instructor should start the threads with more
substantial prompts for more substantive student responses; positive encouragement was
given among students; some students were unable to reflect if others were reading their
responses; the DB merely created another avenue for reflection but did not increase the
ability to reflect; and that discourse strategies needed to be authentic or reality–based for
students to respond effectively. The author also discussed grading of the DB. He especially
considered whether instructors should grade the number of posts or the content of the posts.
He stated that the instructor might consider grading responses overall at the end of the
semester, or try grading just the initial posts, or consider using a grading rubric.

Adelman and Nogueras (2013) also focused on the problem of low levels of
meaningful interaction in DB posts in an online Master’s degree in nursing course. Student
responses were too basic and did not always contribute in a meaningful way. These authors
tried more creative strategies in their DBs. For example, students responded via posts to a
presented scenario, where each student took the role of a different person within the scenario
presented. Another method was blogging, where students could add text containing their own
experiences or opinions to other students’ posts. This strategy supports self–directed, active
knowledge construction. Similarly, these authors suggested using the Collaboration tool on
the school’s platform, where a student devises questions and develops a case study that is tied
into course topics. Then the student posts it and other students amend it. Finally, these
authors also addressed grading of DBs. They suggested the use of a grading rubric for DBs
and blogs, but they noted that there is still much subjectivity despite rubrics. They stated that
a rubric should contain these elements: a level of preparation, a substantive nature of
presented ideas, insights, persuasiveness, usefulness, and literature support for the ideas.
Jarosewich and associates (2010) were also concerned with high quality interactions within a DB. Their study involved an attempt to understand the extent to which the DB supported and extended student learning and deep engagement with course materials. Analysis of DBs showed that the majority of the prompts did not insist that students reflect, comment on course content, and support their current practices or changes to practice. Prompts and responses did not reach high levels of reflection or analysis. In addition, few participants referenced another’s posts and did not carry forward the discussion. Instead, most posts were encouragement posts or were descriptive without use of theory or references to course materials. The study also showed that faculty comments were mostly related to institutional practices with little discussion of theory or references to course materials.

Blackmon (2012) asserted a different view about the development of DBs and participation of the instructor in the DB. This author conducted a research synthesis to collect current data on outcomes of students in online DBs. Discussion boards are ways of achieving active learning and assisting students to apply knowledge that they were gaining. The level of participation by the instructor could influence the participation of the students in the DB. For example, when the instructor requires students to respond to each other and has minimal presence in the DB, students respond to each other more frequently. If the instructor is present in the DB more than minimally, students will respond to the instructor instead of other students. Additionally, there is increased student interaction with other students as the semester goes on, an increased comfort level, as well as increased encouragement of each other in the DB. Constraints of DBs that influence student participation are recognized in the literature. A major constraint is that DBs are time consuming with the reading of others’
posts before responding with their own posts. In summary, interaction tools such as the DB can increase student achievement in learning, reflection, and provide better cognitive outcomes instead of surface posting that meets course requirements, but they are time consuming.

Conrad and Donaldson (2011) suggested resources and activities for creative instruction and engagement of the online learner. When referring to the DB and the notion that the instructor will read every post to assess the quality of the response and depth of critical thinking, these authors recommended a discussion analysis tool, known as ForumManager. This tool produces a report that includes average number of posts per student, the level of richness of the discussion, the level of interactivity, and the depth of the discussion posts. This report can assist the instructor in grading or choosing to stimulate additional interactions and deciding on areas for feedback.

This discussion of the curriculum within my study’s theoretical framework has included theoretical and literature considerations. The theories reviewed come from the areas of narratives, experience, and curriculum. In this chapter section, I have also revealed my own definition of curriculum. Additionally, through the study of myself as a teacher, following some of the steps in Pinnegar and Hamilton’s (2010) Framework for Inquiry, I have also entertained a discussion of best practices for online curriculum guidelines and strategies, where I compared The Aging Course to these guidelines. Finally, I have reviewed literature on the various views of how DBs are viewed and used in online curriculum.
Theoretical Framework Overview

This theoretical framework provided me with assistance in understanding my participants, our society, relationships participants could have with older adults, and curricular strategies that might enhance participants’ views and knowledge about older adults. Literature on social identity theory and symbolic interaction was helpful in establishing the context of our society in which participants, elder interviewees, and I reside. Social identity theory provided a way to understand how participants might view themselves and other groups, such as elders within our society. Symbolic interactionism helped illuminate ways that participants might have created perceptions about themselves and older adults. The intergenerational theory and the culture care model were lenses that helped magnify my understanding of how college–level participants might have relationships with elders. Curriculum theory related to narratives and experience. Literature on experience and narratives of experience assisted me in appreciating the value of participants’ experiences with older adults and the interactive reflection of those experiences. Finally, literature pertaining to online curriculum with guidelines pointed the way for consideration of how The Aging Course might enhance participant interactions, reflections, and knowledge.

In Chapter 3, “Literature Review,” I will discuss a review of relevant literature that is related to the experiences of college–level students with older adults. I further consider research regarding the influence that those experiences may have in career selection in the field of aging. I will also highlight a review of gerontological education literature to uncover issues related to and benefits of selected teaching strategies.
CHAPTER 3
LITERATURE REVIEW

In the previous chapter on the theoretical framework for this study, I reviewed the central theories that framed this study. In this literature review chapter, I examine pertinent research conducted in areas related to this current study. In particular, I discuss studies regarding college-level participants’ experiences in society and their perceptions about aging and careers in aging.

My inquiry focus includes inquiring into the participants’ experiences with older adults and how a gerontology course influences their views on older adults and aging, hence, it is important to draw specific connections to related research. Thus, a review of the literature regarding gerontological education and strategies for strengthening college students’ views of older adults and aging was conducted. The scope of this chapter also includes an examination of the theoretical/conceptual model of transcultural care diversity and universality as well as narrative work in nursing and nurse education. Overall, the body of literature that I review below is important for my study, as it provides a background for understanding the views of college students, the society in which they are situated, and how their perceptions of their experiences with older adults can be shaped. My discussion below is framed according to the thematic sections of “Contact with Older Adults,” “College Students’ Willingness to Pursue Careers in Aging,” “Gerontological Education and its Impact on Students’ Perceptions,” “Gerontological Education That Includes Contact with Elders,” and “Narratives and Nursing Education.”
Contact with Older Adults

Today’s college students will become tomorrow’s leaders. According to Hurtado, Engberg, Ponjuan, and Landreman (2002), “for students to become leaders in an increasingly heterogeneous and complex society, they need to learn how to accept diversity, negotiate conflicts, and form coalitions with diverse individuals and groups” (p. 164). Lun (2011) stated that societies are facing a crisis due to the lack of “adequately trained and emotionally oriented personnel to work with aging persons in all fields, especially health and human services” (p. 1). Lun reported that even though there are no clear factors that affect students’ perceptions toward elders, some studies have indicated that older students tend to have more positive perspectives on aging. In contrast, males tend to have more negative perceptions toward elders. Additionally, Lun related that “students’ attitude[s] might also be affected or formed by their previous experiences with aged persons” (p. 7). Tucker, Sojka, Barone, and McCarthy (2000) further noted that students tend to apply problem-solving skills and cognitive abilities to interpersonal experiences at the college level. Hence, interpersonal and intrapersonal competencies may be more important for a successful life than previously thought.

Research shows that intentional, quality exposure to older adults enhances college–level students’ knowledge of and perceptions toward older adults. Flood and Clark (2009) measured knowledge and perceptions toward aging of nursing students who were freshmen or sophomores compared to senior nursing students. Through Palmore’s Facts on Aging Quiz (Harris, Changas, & Palmore, 1996) and a Perspectives on Caring for Older Patients Scale (Burbank, Burkholder, & McCool, 2002), results indicated that the senior students, who had
more experience with older adults, scored significantly higher on both knowledge of aging and perceptions toward older adults. Additionally, through an open-ended qualitative question that asked students to describe what successful aging means to them, several themes were revealed: successful aging has to do with health, independence/functionality, quality of life, mental outlook, and relationships.

The type and quality of college student contact with older adults is important for influencing views on aging. Schwartz and Simmons (2001) tested Allport’s contact hypothesis that states that contact with individual persons from an out–group can result in a general, more positive attitude toward the whole out–group. Testing this theory with students and older adults revealed that self–reported results showed that positive attitude was significantly attributed to quality of contact, but not frequency of contact. These results align with previous work of Wittig and Grant–Thompson (1998), who discussed how an intergroup prejudice reduction program promoted a decrease in negative stereotypes and increased positive ones. Results were also in line with Pettigrew and Tropp (2006), who noted that intergroup contact decreased intergroup prejudice. Similar results were found in Tredoux and Finchilescu (2007), who reported that contact between groups does not always mean decreased prejudice. The authors stated that it does have potential to transform the relationships between groups. The studies that were discussed above included the variables of voluntary contact, equal status and interdependence between student and out–group members, as well as the possibility of forming a relationship. Other variables assessed in Schwartz and Simmons’s (2001) study included gender and years of education, which showed no significance.
McGarry, Aubeeluck, Simpson, and Williams (2009) explored undergraduate nursing students’ experiences with caring for older adults and the factors that affected the students’ perceptions of working with elders. Through focus groups, it was revealed that participants entered the clinical environment with clear values of caring. However, they found those values to become challenged based on actual caring for older adults, the quality of the care, the work environment, time available for care, and peer support. It was recommended that focus on positive learning environment placements will allow students to keep their caring values while reconciling the environment’s demands. In contrast, Celik, Kapucu, Tuna, and Akkus (2010) studied the views and attitudes of nursing students towards aging and older patients in Turkey. Conflicting findings were uncovered from among focus group discussion data. More than half of the second–year student nurse participants had negative views of aging but reported behaving positively. Most indicated they experienced communication problems with elders and viewed them as being dependent, sick, and dying, but possessing more life experience.

Anxiety about aging may affect college students’ contact with older adults. Allan and Johnson (2009) investigated the relationship between attitudes about aging and aging anxiety. They especially focused on the role of anxiety as the mediator between experiences, such as factual knowledge, contact with elders, and ageism. Psychology students completed the well–known Palmore Facts on Aging Quiz, Anxiety about Aging Scale, Fraboni Scale on Ageism, and a demographic questionnaire that included information on contact with older adults. Results revealed no significant differences in knowledge or anxiety based on age and gender. Females were significantly less ageist than males, but this was not maintained when
controlled with other variables. Knowledge and contact do affect ageism, but indirectly through their effect on anxiety. Contact with elders did not influence level of anxiety. Results also indicated that knowledge of aging is poor. Based on these results, the researchers developed three possible explanatory models. The first model suggested that anxiety about aging mediates between experience with elders and perceptions toward aging. Anxiety would be a cause of ageism but knowledge would only affect ageism indirectly through its effect on anxiety. The second model suggested that students’ knowledge directly affects attitude toward aging, independently of the indirect effect on anxiety. Hence, both knowledge and anxiety would be a cause of ageism. The third model is a feedback loop where aging anxiety, triggered by lack of knowledge and other factors, cause people to have more ageist attitudes. Having more ageist attitudes may cause more anxiety about one’s own future aging. Summarily, anxiety about aging mediates between experience, such as knowledge of aging and contact and negative perceptions toward elders.

One of the aims of my study was to understand participants’ experiences with older adults. This group of studies provided a background for my understanding of how my participants might view experiences with elders. In The Aging Course, participants had intentional, quality exposure to one non-relative older adult for approximately 12 weeks. As students went through The Aging Course and interviewed their elder mentors, their completed DB and journal entries reflected more positive perspectives on aging. In addition, interpersonal relationship experiences with elder interviewees were important to the participants. As quality contact and the formation of relationships with the elders developed, participants’ narratives showed caring concerns and actions. These changes in views of
elders by participants may influence their desire to have careers in aging or work with older adults in some capacity.

**College Students’ Willingness to Pursue Careers in Aging**

As the population of our society ages, there will be more older people in need of services and healthcare. This need will require service providers who are versed in the needs of the aging population (Sandel, Cohen, Thomas, & Barton, 2006). Quality experiences with elders and gerontological education may help prepare young people for jobs where workers interact with older adults (Paton, Sar, & Barber, 2001). However, the literature that I highlight here indicated that it is unlikely that young people will choose jobs related to aging.

A review of literature on factors that affect students’ choices of a career in aging revealed several areas of interest for this investigation. Lun (2011) reported that undergraduate college students generally are unlikely to choose careers that include working with older adults. This could be due to gaps in students’ knowledge of the health issues and nutrition of older adults. Additionally, volunteering with elders did not significantly affect students’ perceptions of older adults. However, exposure to focus groups of either elders or health/service professionals assisted students to “deconstruct” (p. 7) their previous perceptions about elders and replace them with more accurate and positive information. This process of decreasing misconceptions might lead to more interest in career options related to aging. Other factors that encourage consideration of careers in aging included: aging skills and knowledge; quality and frequency of contact with older adults; undergraduate gerontology courses; gerontological internships; and positive interactions with elders.
Gorelik, Damron–Rodriguez, Funderburk, and Solomon (2000) were interested in identifying if personal contact with elders was associated with academic or professional interest in aging. This cross-sectional, quasi-experimental research study used a stratified random sample comparison of students who have taken at least one course in aging and non-gerontology course students who were matched by age, year in college, and ethnicity. Results indicated that “the path of interest in aging goes from preceding factors (gender and frequency of contact with older family members) to initial interest and then to substantial interest in aging” (p. 634). The results highlighted how contact with an elder can be important in attracting students to work with older adults. Gender and frequency of contact with elder relatives played a role only in initial interest in aging, not in substantial interest. However, having personal contact with elder non-relatives contributed to a substantial interest in aging that was significantly more than frequent contact with elder relatives alone. The researchers explained that contact with elder non-relatives may contain the factors of more student control over frequency and duration of contact, which can play a role in defining the relationship with the elder. Importantly, the researchers suggested that “just one gerontological course may play an important role in substantial interest in aging, namely, attracting undergraduates to the field of aging” (p. 636).

It may be a lack of awareness that leads college students to pursue careers in areas other than gerontology. Gross and Eshbaugh (2011) conducted a survey of undergraduate students in several different liberal arts courses, excluding gerontology majors. The survey focused on reasons students were not interested in working with older adults. Questions asked on the yes-no survey included: awareness of a gerontology major at that university and
awareness of the definition of gerontology before it was described in the survey. Students were then asked to circle all the reasons that they had not chosen a career working with older adults. Results revealed that 50% of the students were aware of the major and 58% were aware of the definition of gerontology. Most students who were unaware were undergrads and men. In answer to why students were not interested in working with older adults, the most frequent responses included: “no one mentioned working with elders to me”; “don’t know why I have never considered working with older adults”; “am uncertain about job prospects with elders”; and “it is hard when older adults die.” The author suggested the following strategies to increase awareness of gerontology at undergraduate institutions: regularly talk to academic advisors, provide current resources, explain demographic trends and growth in this field; develop a mechanism for informing students about gerontology majors and minors early in college experience; encourage faculty and advisors to visit freshman and sophomore courses to briefly discuss the field; create short presentations that can be used in a variety of ways; add liberal arts core courses that include gerontology; support by faculty encouraging books committed to coverage of older adults; and promote aging careers using tools such as Twitter and Facebook.

Student preferences for working with elders may change over time. King, Roberts, and Bowers (2013) conducted a longitudinal, mixed methods study over the span of two years. First semester junior nursing students, who were predominately female and White, completed the Kogan Attitudes Toward Older Adults Scale and a literature–based survey that measured age group preferences and clinical work sites. Students ranked their preferences for work settings that included: intensive care, emergency room, community health, step down,
nursing home/long-term care, psychiatric, obstetrics, and pediatrics. Students also ranked age group preferences, such as infants/children, young adults, adults, adults over age 65 years, and those over age 85 years old. The surveys were given four times during the students’ education, with the final time being the second semester of the senior year. Additionally, a stand-alone gerontological nursing course was part of the students’ senior year. After the surveys were analyzed, two focus groups were conducted. Results indicated that students had significantly different attitudes from each other when they began the nursing program. Students primarily preferred to work with young adults and adults. This preference continued throughout, but there was a decrease in preference to work with infants/children and an increase preference toward older adults over time. Students continued to prefer acute care and intensive care work settings, with a decrease in pediatrics. The nursing home setting was the least preferred. Within the focus group data, students reported that their education altered their attitude/preference changes by dispelling misconceptions/myths and challenging their expectations. They found clinical experiences with elders surprisingly interesting and complex. However, they still felt unprepared to work in nursing homes. Students viewed nursing homes as having a poor quality of care, a slower paced environment, a lack of resources, and as overwhelming for new graduate nurses. They also viewed nursing homes as being places where the nurses were licensed practical nurses (LPNs) instead of Registered Nurses (RNs). These authors listed strategies that may provide a positive image of nursing homes for future students. These strategies included: select a nursing home with RNs that use evidence-based procedures to guide care; faculty should provide a solid orientation to the staff roles, the environment, and current trends; development of a partnership with a nursing
home where use of innovative teaching strategies, such as delegating, managing a group of residents, and supervision can be implemented; development of a gerontology nurse externship; and the establishment of a long–term care temporary employment clinical scholars program.

Similar results were obtained by Happell (1999) in her mixed methods study. Student nurse participants indicated that they came with preconceived notions of the areas they wanted to work in once they graduated. These areas were mostly in obstetrics/midwifery, pediatrics, the operating room, and critical care. Working with elders and working in community health settings were significantly less popular responses. Students reported reasons for not wanting to work with older adults, which included: a negative view of elders and the work environment; previous experience working with elders; that work with older adults is boring or not challenging; and an inability to relate to elders. The author pointed out that the areas of nursing that were viewed highly involved areas where patients were cured, had the most technology, and where nurses could use their technical skills. Additionally, the author noted that preferences for nursing careers in undergraduate nursing students may be influenced by the views and ideology of the wider society as they relate to older adults and those with psychiatric illnesses.

Wray and McCall (2007) also reported on the importance of placements for clinical experiences and that working with elders may be a career choice later on in a healthcare professional’s career path. Using a mixed methods study, undergraduate and graduate students completed surveys and individual or group interviews about the impact that their undergraduate clinical placement experiences had on their perceptions of careers in the field
of aging. Results revealed that placement experiences during school prompted students to view working with elders in an aged care setting as non-attractive. Students responded that clinical experiences led them to view the care of elders as dirty work and rewarding all at the same time. However, participants would consider working with elders in a care setting at a midway point in their careers or blending care of elders with another career area.

An Australian study by McKenna, McCall, and Wray (2010) discussed the nursing findings from a large qualitative study exploring the influence of clinical placements on health professional students’ career plans. Through either focus group or face-to-face interviews, these authors analyzed data which revealed three themes. The first theme was that of re-affirmation of their career choice. Placements were important in making a career decision and some participants reported that placements re-affirmed preconceived notions they had about nursing. Another theme centered on work in a particular area. Participants said being exposed to different practice areas helped them explore areas that they had not previously considered. Other participants said that they had experienced a glimpse of a specialty that made them enthusiastic about pursuing that area after graduation. Positive experiences in a practice area also influenced decisions on careers. Some students reported that placements had the ability to change their initial career plans when exposed to aspects of nursing that they had not previously considered. However, the majority of students wished to gain confidence and experience by first working in an acute care setting. The third theme was work location. This theme included geographic locations, professional isolation, and the possibility of working overseas. In summary, clinical placements can play a role in validating or influencing career choices along with other contributing considerations.
The students’ experiences, both personal and professional, may influence students to undertake a career in gerontology. Robert and Mosher–Ashley (2000) conducted a study using a convenience sample of 282 students from three colleges. Questionnaire data were obtained, including choice of major, employment factors, plans to work with elders, past relationships with elders, care–taking experiences, closeness with older adults, the influence of particular persons, and professional status, among others. Results indicated that 31% of participants planned to have a career working with elders. Emotional closeness to an elder during childhood related to considering a career in the health professions. However, it was the experience of care–taking for an elder during childhood that significantly affected the desire to work with elders as a career. Similarly, Paton, Sar, and Barber (2001) found a “strong positive relationship between the number of a students’ personal and professional experiences with older persons and his or her level of interest in working with older persons” (p. 169). Curl, Larkin, and Simons (2005) also found that age and professional/personal experiences with older adults significantly predicted a student’s willingness to take jobs in the aging field.

**Gerontological Education and Its Impact on Students’ Perceptions**

Education in gerontology may have an influence on college students’ choice of career paths. Particular elements in a gerontology course may provide strong experiences for students that may shift students’ views on elders and encourage consideration of jobs in the field of aging. A review of research on teaching strategies used in gerontological education is provided below.
According to Lun (2011), several factors within gerontological education could enhance college students’ views of aging. These included: raising awareness of aging biases; self-reflection about their own biases and perceptions of others after participation in aging learning activities; and participation in projects, such as service learning, that encourage positive attitudes toward elders. These types of strategies can teach students about aging in an interactive way and stimulate greater interest in working with elders.

Butler and Baghi (2008) stated that the “dimensions and style of gerontological education are significant factors in selecting work with the elderly” (p. 177). The research literature on college courses that can influence students’ perceptions and knowledge is varied in participants, variables, methodologies, and results. For example, Anguillo, Whitbourne, and Powers (1996) attempted to change the knowledge and perceptions of undergraduates in a fall semester psychology of aging course taught by one of the authors. In the course, students chose one of three projects: volunteering in a nursing home with reflective journaling, weekly small group discussions, or conducting a life history interview with an older adult and constructing a subsequent paper. The authors used a Personality Class that was offered in the spring semester as a control group. Students were assessed for knowledge and attitudes using Palmore’s Facts on Aging and Rosencranz and McNevin’s Semantic Differential Scale (Gekowski, Knox, & Kelly, 1991) at the beginning and end of the psychology course and during the personality class. Students who had taken the fall course and were enrolled in the spring course were assessed separately. In addition, the student journals were analyzed to see change over time.
Results indicated that there was significant change in attitudes and knowledge by the end of the aging course, and these were not diminished over time as seen by students who took both courses. Students did indeed have negative perceptions from the semantic differential measure. “Contrary to previous literature and our own hypothesis, direct contact with the elderly did not foster more positive attitude change than did didactic learning experiences” (p. 491). These results were consistent with those of Carmel, Cwikel, and Galinsky (1992), who found that lectures were more effective than contact, or group discussion, but contradictory with another study that found that volunteering did foster positive attitudes (Caspi, 1984). The authors suggested that volunteering in a nursing home could increase or reinforce negative stereotypes and that consideration of functionality of the older adults should be a placement factor.

Wesley (2005) surveyed students from the disciplines of nursing, consumer and family sciences, social work, psychology, business, and recreation about the factors that would attract undergraduate students to work in a career with older adults. Focus groups with faculty and students discussed: influences on choosing a major, the inclusion of aging content, perceptions of aging, and personal experience with older adults. Analysis of the focus groups revealed themes of: limited content on older adulthood in courses, current content focused primarily on frailty, pervasive lack of awareness about aging and population aging, and the importance of positive intergenerational contact that starts with childhood and continues through the college years. Similar results were obtained by Waites and Lee (2006), who engaged undergraduate social work students in focus group discussions on the best ways to promote the infusion of gerontological social work curriculum. Results revealed students’
lack of exposure to elders and aging issues as well as a fear of their own aging and decline. The authors suggested these are the primary reasons that students are averse to working with elders. Suggestions for improved curricula included: more competency experiences in the areas of assessment, medical terminology, and pharmacology; use of multi–disciplinary teams and health promotion teaching; more simulation experiences; more field trips for connecting with people across the generations; and exposure to elders in a variety of settings.

Curch (2010) suggested that the use of prime time animation could incorporate culture and everyday experience into gerontological education. Prime time animation programs are animated television programs (e.g., Family Guy or The Simpsons) that reflect social commentary and reflect issues. These programs often have age–related themes. Course activities related to short animation clips include essays, identification of stereotypes, and interpretation/analysis of content. The end of the semester survey revealed students thought prime time animation strategies kept the class fun and interesting. They also thought that the animation clips made it easier to remember and increased the ability to identify stereotypes when seen in the media.

Another innovative study by Davis, Beel–Bates, and Jensen (2008) developed the Longitudinal Elder Initiative (LEI) in a baccalaureate nursing program to improve students’ knowledge of elders. It involved pairing junior nursing students in their first nursing course with elders in the community for 1.5 years. Students would visit with the older adults 3–4 times per semester, do assessments with geriatric tools, formulate care plans, conduct reminiscence and health education, as well as discover resources for the older adult. Students kept journals and communicated with faculty through regular meetings and post conferences.
To test the effectiveness of the LEI, a survey based on the LEI objectives was given to students who completed the LEI and students who had completed school prior to implementation of the LEI. Results revealed that those completing the LEI felt more competent in assessment, more independent, more confident in relationships with elders, more confident in seeing change over time, and better able to communicate with older adults. Participants brought up issues that included confusion about which faculty to go to with questions and lack of a set structure for visiting the LEI elder.

Evers, Ploeg, and Kaasalainen (2011) conducted a qualitative study to discover the values and attitudes of 4th year baccalaureate nursing students towards caring for older adults and how these are influenced by previous work, personal, and nursing school experiences with elders. In the nursing program where the students were enrolled, the curriculum had gerontological content integrated throughout the program through the use of clinical case scenarios. There were no required gerontological courses within the program. Results indicated four main values: respect, caring, independence, and wisdom/experience. It also produced five attitudes: enjoying older adults, seeing older adults as normal, feeling sorry for older adults, being frustrated by older adults, and dislike of gerontological nursing. Students reported feeling that their nursing program faculty and peers influenced their view by giving the message that caring for older adults was not challenging and that as RNs they would not be applying their knowledge or skills. There was incongruity between student attitudes and values toward older adults and toward working with them in a gerontological setting. It appears that previous work and clinical experiences were perceived to influence students’ attitudes, such as feeling sorry for elders and disliking gerontological nursing.
Recommendations from this study included: encouraging contact with healthy older adults and integrating such contact into the curriculum; developing strategies to attract students to gerontological nursing; increasing positive clinical experiences; and adding faculty development on attitudes and values toward older adults.

O’Hanlon and Brookover (2002) assessed changes in attitudes using personal reflections and a standardized measure in a sophomore level and a senior level gerontology course that the authors also taught. The Aging Semantic Differential was used as the pretest and after the interview experience in the courses. Also, a self-report on changing beliefs on aging was conducted at the beginning of the semester and after the interview experience. The interview experience involved interaction between a student and elder during a life history interview. Results reported that there was significant change towards positive attitudes for both classes. Some students were not aware that their attitudes became more favorable. The self-report results showed multiple levels of learning, increased sophistication of knowledge, recognition of diversity, and increased awareness of successful aging strategies that students could apply to their own lives. Students recommended having in-class role play on how to interview elders, videotaping of interviews, presentation of interviews in class, less interview questions, and deletion of transcribing the interviews.

Several studies explored course comparisons to determine effects on college students’ knowledge and perceptions toward older adults. Parchment (2002) conducted a study to determine if a course on aging would affect the knowledge and biases of nursing students in a baccalaureate program. In this quasi-experimental, non-equivalent control group study, junior students were surveyed pre and post using Palmore’s Facts on Aging Quiz in a nursing
course without gerontology content and a course with gerontology content that took the form of lecture, discussion, interaction using case studies, and simulation of aging changes using a kit. The hypothesis was that a course segment on aging would affect the knowledge level of students resulting in changes in biases toward elders. There were no significant differences between the two groups on the pretest, but there were significant differences between posttest scores on knowledge of the aging process and its effect on older adults. The treatment improved the positive biases in relation to attitudes and perception, but it did not improve the negative biases. The negative bias scores of both groups did not reflect any significant changes.

Harris and Dollinger (2001) assessed and compared knowledge, anxiety, and attitudes about older adults and one’s own aging after completion of an upper level psychology course on aging or an introduction to psychology course, where participants had not taken any previous courses on aging. Using Palmore’s Facts on Aging Quiz, Aging Semantic Differential, and Anxiety about Aging Scale, students were surveyed in the last three weeks or the final week of the courses. Results showed that the students in the upper level course possessed greater knowledge and reported more positive attitudes toward the elders than the introductory course students. There were no significant differences observed between the aging course and the introductory course on anxiety about aging or attitudes toward one’s own aging. The researchers suggested that attitudes on one’s own aging are more resistant to change because of an attitudinal bias to consistently rate one’s self positively.

Cottle and Glover (2007) investigated whether student knowledge of and attitudes toward aging can be improved through exposure to a more limited amount of aging content
in a general education course focusing on lifespan development. Students in five sections of a Lifespan Human Development course had 20% of the content on late adulthood. Students were assessed using a demographics questionnaire, modified Palmore Facts on Aging Quiz and Aging Semantic Differential scales during the first week of class and the last week of class. Results revealed that student attitudes were more positive towards younger people than elders, but the students did show an increase in knowledge of aging, and their attitudes were more positive after completing the course. There were no significant correlations between knowledge and attitude toward elders at the beginning and the end of the course. There were no significant increases in the definition of old age over time. In general, attitudes became more positive from the beginning to the end of the course.

Ferrario, Freeman, Nellett, and Scheel (2008) explored the effect on students’ perceptions toward older adults when making curriculum changes. Using previous data collected in 2003 before a curriculum change was implemented that indicated students had very low knowledge scores and very negative attitudes toward older adults, authors surveyed college seniors who went through the revised curriculum right before graduation. The researchers used an investigator–developed, open–ended questionnaire about students’ aging views and their own definitions of successful aging. Using constant comparative analysis, results of their definitions of successful aging produced six categories: physical and mental health; life satisfaction; adaptation and coping, autonomy, self–regulation and independence; active engagement with life and social relationships; and spirituality. Similarly, Williams, Anderson, and Day (2007) investigated nursing students’ knowledge of and attitudes toward older adults in the first and fourth years of a baccalaureate program following the
introduction of a context–based learning (CBL) curriculum. In addition, the researchers compared the 4th year CBL student findings to 4th year traditional lecture–based program. Researchers used Palmore’s Facts on Aging Quiz, Aging Semantic Differential, Reactions to Aging Questionnaire and Personal Details Questionnaire. Results indicated that there were no significant differences in knowledge and attitudes between 4th year CBL and traditional 4th year students. This supports the notion that integrated curriculum may not significantly improve knowledge of age–related changes nor positively influence attitudes that are already positive. Significant positive increase in CBL students’ attitudes toward personal aging from 1st to 4th year suggests CBL learning fosters inner maturity toward personal aging in CBL courses.

Finally, Snyder (2005) studied the influence of three college courses on attitude change toward older adults. The three courses where students were surveyed were an Aging and the Family course, a Child Development course, and a Human Development course. The measurement tools were the Kogan Attitude Toward Old People Scale, which was conducted as a pretest and posttest, and a demographic questionnaire. Results showed no significant differences between the three courses on the pretest or between the pretest and posttest for the Child Development course, where students held significantly more negative attitudes than in the other two courses. Students’ negative perceptions toward older adults significantly decreased and positive attitudes increased after taking the Aging and Family course. The study thus showed that a combination of factors and teaching techniques can decrease negative attitudes.
There are also some studies that assessed the perceptions and knowledge of students over extended periods of time. Carmel, Cwikel, and Galinsky (1992) investigated the short and long term effects of courses in gerontology on changes in knowledge, attitudes, and work preferences among medical, nursing, and social work students in Israel. Medical students participated in 25 hours of coursework that included lectures, discussions, and conducting interviews with older people in community settings. Third year nursing and third year social work students both received 24 hours of lecture. This was the first gerontology course for all students.

Data were collected through a self–administered questionnaire before the courses started (Time 1), immediately after the courses (Time 2), and 6 months after the end of the courses (Time 3). The questionnaire packet included the Palmore Facts on Aging Quiz, positive and negative attitudes toward elders in comparison to young people, and preferences for choice of subspecialty work with age groups and categories of disease. The qualitative open–ended question was: “What is pleasant and unpleasant for you about young people and about old people?” Results indicated that medical students started the course with the highest score, but their scores were not significantly changed after the course. The course had a significantly positive effect on nursing students in the short run and among social work students in the long run. In all groups, preferences for working with the elderly were ranked as lowest compared to other age groups. Among medical students right after the course, there was a slight increase in negative ranks with a decrease in Time 3 that remained more negative than the first stage. Among nursing students, both rankings remained unaffected by
the gerontology course (lecture only). Among the groups, the nursing students expressed the most willingness to work with elders.

Damron–Rodriguez, Funderburk, Lee, and Solomon (2004) assessed undergraduate knowledge on aging, distinguishing between types of deficits, such as ignorance versus misinformation, and content areas from an aging elective with a bio–psycho–social framework. In this quasi–experimental, cross–sectional study, there were two groups of participants. The investigation included students who had taken an aging elective and a stratified random sample of students who had not taken an aging elective. They were compared using Palmore’s Facts on Aging Quiz. The survey was mailed to participants 3–9 months after completing the aging course. Results indicated that undergraduate student knowledge of aging was low. Students exhibited deficits in social–demographic content, which was receptive to change. Results showed taking a course in aging significantly related to better overall knowledge. Course rating and shortest time until being tested also significantly related to better knowledge. Summarily, the findings stated that knowledge erodes with time and students become less certain about knowledge of aging over time.

In a similar study, Funderburk, Damron–Rodriguez, Storms, and Solomon (2006) assessed the relationship between taking one gerontology elective and students’ attitudes toward older adults tested 3–18 months after the course. This study consisted of two groups. One group of students had taken at least one gerontology elective and one group of students were comparison students who were randomly sampled without a gerontology elective. The participants were asked to complete the Aging Semantic Differential and Palmore’s Facts on Aging Quiz and to provide background information via mail with a $5 incentive. Results
indicated that aging elective students had more positive perceptions. Attitudes did not vary across the groups staggered by time elapsed from completing the course until testing 3–18 months later. Four variables accounted for variance in attitudes at a statistically significant level: majoring in biology; having frequent or occasional contact with unrelated elders; taking an aging course; and post course knowledge of aging.

**Gerontological Education that Includes Contact with Elders**

Several studies suggested that service learning opportunities were strategies for enhancing college students’ perceptions and knowledge of older adults. Butler and Baghi (2008) stated that negative attitudes and lack of knowledge were factors in why gerontology was not a primary employment choice. This study measured changes in attitudes as a result of intergenerational service leaning by nursing, health science, and gerontology students in two aging course electives (one undergraduate and one graduate course). Service learning was defined as combining community service with academic learning. The service learning for these courses involved students and older adults from the Learning in Retirement Institute at a university. Students provided health information to older adults through technology. Through journaling and class reflection on attitude change, the authors assessed the effectiveness of using the internet to facilitate positive attitudes of students toward aging and when working with elders. The Geriatric Attitude Scale by Reuben et al. (1998) was used to determine students’ basic knowledge of older adults pre and post service learning. Results showed there were significant changes from pretest to posttest in aging knowledge with the undergraduate students. Analysis of journals revealed six themes: application to real life; strong connection to elders; more positive view of aging; increased knowledge of older
adults; more sensitivity to feelings/values/beliefs of seniors; and working with older adults as a possible career path.

Shapiro (2003) suggested that service learning could: enhance understanding of how age is socially and culturally constructed; deconstruct stereotypes of aging; understand the needs of older adults; and gain understanding of the aging process through experiential learning. In this study, freshmen students were enrolled in a 6–credit hour course entitled Aging in Social and Cultural Contexts. This course consisted of seminar, service placement, weekly reflective journals, formal analysis of journals, and peer review. Students were distributed among different services sites where students developed a final project in the form of a scrapbook page. Analysis of reflective journals revealed themes of: developed relationship with the elder; came away with new beliefs; wanted to be similar to these community dwelling elders; and resolved to take steps to reduce negatives of own aging process. Eighty–one percent of students stated service learning was effective for connecting classroom content to the outside world. Some reported reinforced stereotypes when placed with frail or lonely elders.

Additionally, students need to be shown how service learning connects to course objectives. Whitbourne, Collins, and Skultety (2001) also used service learning but in a Psychology of Aging class. Data were gathered over a two–year period from students who chose to complete a one–credit service learning experience associated with the Psychology of Aging course. If they chose the extra course, students were to complete 30 hours of service learning during the semester, maintain a journal, write a summary paper, and join a weekly reflection group facilitated by undergrad teaching assistants and participate in a final
presentation. Evaluations of the service learning component of the psychology of aging course revealed that the majority of students affirmed that their participation in service learning helped relate to the course content; felt they were able to overcome initial inhibitions; and that participation greatly enhanced their perspectives on older adults and the aging community. Some dissatisfaction occurred in the lack of leadership abilities of the teaching assistants and the amount of workload for the course.

Yamashita, Kinney, and Lokon (2011) conducted a study on the impact of a gerontology course and service learning on students’ attitudes towards older adults with dementia. Students were enrolled in either a gerontology course, a sociology course where aging was not discussed, or a gerontology course with a service learning arts component. During the third week of the courses, a pretest on attitudes towards persons with dementia was given to students and an introduction to the service learning component was explained. The service learning site was an intergenerational arts program. While in the service portion, students completed six journals that included specific prompts. At the end of the semester the posttest was administered. Results from the journal analysis revealed that “although the students’ journal entries were overwhelmingly positive, some students reported issues and challenges when working with their partners with dementia” (p. 17). These included: declining health; difficulty adapting to the elder’s fluctuating mood or confused state; and having trouble deciding how to balance assisting the elder or letting them be independent to the extent of their abilities.

Lun (2011) stated that after reviewing the literature, “infusing foundation courses with aging specific content” (p. 10) would definitely assist students in preparing for future
requirements in the field of gerontology. Integration of aging content would provide the groundwork for most all health care and human service providers who will be interacting with elders regardless of their field. Damron-Rodriguez et al. (2004) have summed up the state of gerontological education and suggested a path forward. These authors feel that critical attention must be paid in higher education to rectifying the lack of preparation provided to students who will be working with older adults. College is the time when undergraduate career trajectories begin. The authors argued that higher education has a social responsibility to address societal misconceptions and prepare students with skills and knowledge for future interaction with the growing population of older adults.

In summary, it appears from the literature that contact with elders and gerontological education might influence students’ career choices in the area of aging. College student contact with older adults should have these elements: be intentional and voluntary; have quality; include interdependence and the prospect of a relationship. College student choices of careers in the field of aging might be related to the following: lack of information on aging instead of misinformation; knowledge and positive interactions with elders; student gender; frequency of contact with aged non-relatives; and lack of awareness of gerontology majors/minors in college and careers within the field of aging. Additionally, student practicum placements at gerontology sites are related to preferences for aging jobs but may become more viable over time, such as mid–career.

The literature on gerontological education culminates in some recommendations for future courses. These recommendations include: adding service learning opportunities; providing continuing education for the public; improving work environments and wages in
older adult facilities; improving socialization processes in childhood related to views on aging and elders; enhancing socio-demographic content; utilizing elders who are not relatives for field placements; making gerontology courses mandatory for health professional students; having contact opportunities with healthy, active older adults; integrating gerontology into the wider curriculum; encouraging faculty development on their own knowledge and perceptions on aging; adding more facts to dispel misconceptions; and confronting fears of aging.

**Theoretical/Conceptual Model of Transcultural Care Diversity and Universality**

Intergenerational theory describes how interaction between different generations for mutual assistance could be beneficial to those generations involved. In my study, the elder assisted the participant with a school project and a relationship was established between the participant and the elder where there was mutual caring. The elder and the participant interacted once per week for approximately 12 weeks. During this time, they shared stories and concerns that were usually revisited during subsequent visits. These types of interactions served to establish knowledge about each other. It was hoped that they might also help to develop feelings that might emerge into mutual caring. The model of culture care diversity may assist me in understanding the interactional experiences of my study participants and their respective elder mentor.

The theory of culture care diversity came about through the melding of the concepts of culture and caring (Nelson, 2006). Leininger, a nurse and anthropologist, developed this model as a result of her experiences in nursing, where she cared for clients from diverse ethnic backgrounds. She noted that caring was present in some form in all cultures studied,
but caring was exemplified in very different ways. Her theory has been called the theory of
culture care diversity and universality, or, more simply, culture care theory. It is important
for those caring for others to understand cultural commonalities and differences in values,
beliefs, and caring practices, and use this understanding when caring for other people
(Nelson, 2006). When providing care or caring for another person, it must be done in a way
that is acceptable culturally and is of benefit and use within the person’s family, culture, and
beliefs (McCance, McKenna, & Boore, 1999).

Leininger (1985) described culture as “the learned, shared, and transmitted values,
beliefs, norms, and lifeway practices of a particular [group] that guides thinking, decisions,
and actions in patterned ways” (p. 209). Caring is described as being supportive or helpful to
another individual or group. Caring can be seen in the anticipation of needs, reduction of
barriers to improve a lifeway, or improvement in a condition. Cultural value refers to the
“highly desirable or preferred way of acting or knowing something that is often sustained by
a culture over a period of time and governs one’s actions or decisions” (Leininger, 1985,
p. 209). Leininger also recognized the role of social structure in culture and caring. She
described social structure as “the major interdependent structural and functional elements of
many systems, such as religious, kinship, political, economic, educational, technological, and
cultural values of a particular culture screened through linguistic and environmental
contexts” (p. 209).

Leininger (1997) defined three major care actions within this theory. The first is
culture care maintenance or preservation. This involves supporting or facilitating actions or
decisions that help the person of a particular culture keep their values so that the person can
maintain wellbeing, face upcoming issues, or recover from an illness. The second is culture care accommodation or negotiation. This involves creative actions or decisions that assist a person from a designated culture to adapt or negotiate with others for a satisfying or beneficial outcome on a health issue. The third major care action is culture care restructuring or re-patterning. This describes the use of decisions or actions that help a person to change or modify their lifeways for a beneficial health pattern while respecting the cultural values and beliefs of the person.

Leininger designed The Sunrise Model to serve as a cognitive and visual depiction of the theory to help identify factors influencing care in different cultures. The Model includes the worldview; social structure factors; ethnohistory; language usage; and environmental contexts, along with the three general and professional care actions described above. The goal of the theory is to discover, interpret, and document the multiple factors that influence care from a holistic perspective. It also has the purpose of providing “culturally congruent care that would contribute to the health or well-being of a people” (p. 36).

Leininger’s culture care theory has been exemplified primarily within the nursing profession (Adamski, Parsons, & Hooper, 2009; Cortis, 2000; Luna, 1989; Schwartz & Saunders, 2010; Soroff, Rich, Rubin, Strickland, & Plotnick, 2002). However, Ray (2011) proposed that changes are occurring in technology, science, social structure, politics, transportation, economics, religion and the environment that have affected all cultures so that understanding of transcultural caring is needed worldwide. As Leininger stated, in an interview written by Clarke, McFarland, Andrews, and Leininger (2009), she was grateful to
see that her culture care theory “is something very worthwhile to humanity, to human beings, to cultures…and to the world” (p. 238).

This culture care model is beneficial for my efforts at data collection and analysis within my study. It provides me with a structure to recognize my participants’ potential beliefs, values, and cultural influences related to their interactions within reciprocal relationships with an elder. Within the weekly journal and DB reflections, course participants may also gain an understanding of the role of culture in the interviewee’s life and find ways to care for the elder within the elder’s cultural system. Attending to this theory is useful for unpacking such influences and scenarios from among my inquiry data.

Nursing Education and Narrative Research

Narratives play a very important role in promoting understanding of the lives of human beings. In my study of college–level participants in an online gerontology course, journal and DB strategies provided participants narrative avenues for reflection on their experiences with elders and changing views within themselves. Narratives can also promote connections that were not previously apparent. The portion of the literature discussed here focuses on how narrative inquiry can be used in nursing education and nursing research.

Kear (2012) related that nursing has a long history with the use of narratives. Nurses hear narratives from patients and family members when a loved one is hospitalized. Narratives are also used within nursing education as a way to provide students with various perspectives. These varied perspectives allow students to interpret the nature of thinking and knowledge within the context of nursing practice and nursing education.
In Kear’s 2012 study, she determined that the narrative inquiry of Clandinin and Connelly (2000) was the best qualitative method to uncover how associate degree nursing students transform through learning experiences during their final semester of education. Ten student nurse participants consented to tell stories during one interview session using standardized questions. Kear also used probing questions based on participant responses, in an effort to “dig deeper into the described experiences” (p. 34). Interviews invited participants to move through time as they reconstructed past experiences and made predictions about the future. By using narrative inquiry, the researcher identified ways of learning that students experienced. The author argued that this could potentially assist other nurse educators in understanding student experiences.

Lindsay (2008) also utilized Clandinin and Connelly’s (2000) narrative inquiry theory and method when exploring hospital nurses’ experiences with entering the nursing profession, constructing their practice, and how they stayed in practice as nurses. Lindsay especially wanted to capture the tension a nurse may have about her professional, institutional role as a nurse, and her autobiographically–informed actions. Lindsay’s participants included a vice president of nursing, a critical care nurse, and a student nurse. By utilizing the narrative inquiry process of telling and retelling narratives with the participants, reflection on their own experiences can occur. With the inclusion of relevant literature and theory, these narratives are transferable to other diverse nursing roles may assist in nurses’ identities and knowledge. This process could lead to new choices for action in the effort to help patients heal or reach a more optimum level of health.
Lindsay (2006) viewed curriculum as including a person’s life experience, which could be lived, told, reconstructed and then relived again through narrative inquiry. By reconstructing one’s experiences, one could see connections that were not apparent before. This might lead to a consideration of new meanings for how those experiences could be understood. In her study, Lindsay wondered how nurses shape and are shaped by their social situations in professional nursing during times of restructuring and reform. Her emphasis was on exploring how important it is for nurses to undertake inquiry of their own lives. This included how nurses’ identities and knowledge are constructed. She hoped to show how nurses’ experiences were the base for constructing stories to live by and how the process of reconstructing experiences could reveal new possibilities for being a nurse.

Lindsay’s eight co–participants, including herself, were in conversation for two years. Data included one meeting with each and written dialogues. Transcriptions of the meetings were made. Lindsay then created composites that captured the beginning, midway point, and end of their stories. Each participant reviewed the composite for authenticity. Lindsay also wrote her own stories of experience and reactions to conversations with her participants. She looked at connections in the data between the personal and social, and temporal and spatial elements of the narratives of experience. By looking at these dimensions, the significance of the narrative analysis can be uncovered and complexities revealed. The blending in of literature with the writing can deepen reflection and help transform and change how participants are in their daily lives as nurses. The author displayed how the narrative inquiry process is educational. The process of “telling and reconstructing experience changes the
people involved. Each of my co–participants shows how it matters to them to reconstruct their experiences in terms of how they have changed” (p. 41).

Finally, Lindsay and Smith (2003) used narrative inquiry in a nursing clinical practicum. Gail, the nurse researcher, and Faith, the nursing student, reconstructed their teaching and learning experiences in a maternal–child nursing practice course. Construction of stories to live by, including becoming a nurse, constructing knowledge, and the actions of caring and healing through nursing practices can be uncovered through narrative inquiry. These types of relationships allow students to connect with people experiencing nursing care and to other students and clinicians. By writing narratives, we can analyze them for understandings in how teachers teach, how students perceive new knowledge, and how nursing practice is experienced. Thinking about how nurses share information and shape nursing situations may help highlight commonalities between nurses. By “reconstructing our conversations, writing and our presentation [to nurses at a conference, we] are changed in our way of being, knowing and doing as nurses through narrative inquiry” (p. 127).

As the above studies show, narrative inquiry processes can assist nurses in gaining new knowledge and understandings about themselves, their students, and patients. At the same time, as I have analyzed the narratives of my participants, my own field notes and monthly memos, in addition to literature and presentations where I re–tell my experiences of this dissertation study, I have changed my way of being and acting. In addition, participants in The Aging Course could connect their mentors’ meanings with course concepts and their own past personal experiences to see themselves and elders in new ways as a result of reflective course exercises.
Overview of Literature Review

This review of relevant literature began with a summary of the college student’s contact with older adults. Lack of contact with elders may have implications for students’ willingness to pursue careers in caring for or working with older adults. The literature on gerontological education might influence college students’ perceptions of aging and encourage the consideration of careers in aging fields. The use of narratives can assist college students in reflection on their own identities, understand the meanings of elders’ lives, and reconstruct themselves as a result. Nurses in education and nursing research use narrative inquiry to uncover new understandings and connections about themselves, their patients, and students where meaningful connections within narratives might perhaps be re–presented in new ways for new understandings and actions. In the next chapter, “Methodology,” I will discuss the theory and method of narrative inquiry. I outline the plan to collect and analyze narrative data. Additionally, I sketch the structure for the self–study of practice component of my dissertation.
CHAPTER 4

METHODOLOGY

In this chapter, I discuss the methods used for this narrative inquiry and self–study of practice inquiry. I begin with a review of narratives and the tradition of narrative inquiry that I employed in my study. Furthermore, I talk about the influences placed on the researcher, the use of reflection and reflexivity, as well as possible negotiations and tensions that can occur within the narrative inquiry study. Next, I introduce self–study of practice theory and methods. This includes the framework for analysis of personal practice and research as well as the characteristics of self–study. I then consider my use of the concept of personal practical knowledge within my study.

In addition, I provide a discussion of the data collection methods for my inquiry. This includes a discussion of the sites of data collection, a description of my study participants, an outline of the informed consent procedures that I utilized in my investigation, and a detailed overview of the procedures that I used for data collection. I then describe the data analysis methods that I used, with a focus on the three–dimensional narrative inquiry space for data analysis, which attends to the context; temporal periods; and the social and personal interactions that may be present in the data. I also discuss the use of a critical friend during data analysis. Furthermore, I present a review of the ethical considerations related to this study.

Narratives and Narrative Inquiry

Narratives are an important aspect of the understandings human beings have about oneself and others. By understanding the experiences of others and reflecting on how those
experiences may have meaning for yourself, one can be changed by new knowledge and meaning. Narrative inquiry methodology provides the researcher with a systematic way of analyzing narratives that assists in the recognition of new meanings and knowledge as well as potential new actions. The quality of the participant and mentor interactions are judged by the interpretations and insights participants relate within their journal and DB postings. Each participant and mentor hold previous backgrounds and knowledge and potentially gain new knowledge and understandings through their interactions and developing relationships with each other. These experiences are unique to each participant–mentor pairing and are not suitable for tools such as a rubric.

**Narratives**

Lai (2010) reported that narrative and life story have been increasingly used in social science and health literature. Narrative was often understood to mean the blending together of many threads of experiences or events that occur in a sequence or time period. Narrative can be “life–based stories, told by one person to another or to other people” (p. 8). Polkinghorne (1988) stated that narrative “can refer to the process of making a story, to the cognitive scheme of the story, or to the result of the process–also called ‘stories,’ ‘tales,’ or ‘histories.’” (p. 13). There are many uses for narratives. Narratives can help us create descriptions of ourselves, our past actions, or ways to describe the actions of others. Narratives can help people construct who they are, and where they want to be. Narratives also communicate values and beliefs within a society (Polkinghorne, 1998).

Analysis of narratives can be done in several ways. Hardy, Gregory, and Ramjeet (2009) described two approaches. One approach was naturalistic, where analysis focused on
the content of the stories. The analyst re-presented the narrators’ descriptions without considering the applicability or usefulness of the stories. The second approach was constructivist, where the analyst was interested in how the stories were told and the meaning that was constructed, rather than the content.

Hardy et al. (2009) suggested that narratives could be used in healthcare. Professionals may use narratives to understand a person’s personal journey of health so that they can better help people experiencing ailments. Besides the evidence gleaned from more quantitative–based research studies, research using patient narratives can be used as evidence for making selected health care decisions.

The use of narratives within research in health and social sciences is varied. In undergraduate and graduate gerontology courses, Shenk, Davis, and Murray (2008) used narratives of the everyday lives of older adults living in assisted living or dementia care facilities, collected and transcribed by students, to assist students in connecting course concepts with the lived experiences of elders. Having obtained consent, these authors saved the narratives for future use in illustrating the experiences of elders. Alternately, Hoffman (1997) used narratives in the form of novels where older adults were the protagonists. Students in a Psychosocial Health in Later Life course read a novel of their choice, then responded to a written assignment. This assignment involved analyzing the psychosocial theories as played out by the elder protagonist in the novel and reflection on the interactive process between the text and the reader, focusing on the narrator’s experiences in relation to contemporary society.
In my study, participants reflected on their experiences with older adults and aging through journaling and DB responses. As a result, I gained understanding about how college–level participants experience older adults and aging and how they might story those experiences. These new understandings might have implications for curriculum decisions for me and consideration of careers in aging for participants.

**Narrative Inquiry**

Clandinin and Connelly (2000) established narrative inquiry in education as a way to understand experiences as they are lived out. Their definition of narrative inquiry includes collaboration between participants and researchers, in a place or series of places, over time, and in social interaction within different contexts. “Narrative inquiry is a form of narrative experience. Therefore, educational experience should be studied narratively” (p. 19). Clandinin and Connelly’s notions were influenced by Dewey, who believed that experiences students had come out of previous experiences, and that present experiences influence future experiences. Dewey also stated that there are personal and social contexts to every experience (Clandinin & Connelly, 2000). Thus, narrative inquiry focuses on the telling and re–telling of stories of experience in order to uncover the meaning of those experiences, as they occur across time, and in relation to contexts and interactions with people.

Narrative inquiry is the primary research method in my research design due to its concentration on experience as both the phenomenon and method in a study. Narrative inquiry provides both a means for collecting experiences in the form of stories, and it supports a language of experience that is useful for unpacking the meaning of stories.
Moreover, narrative inquiry incorporates the experiences of the researcher and those of participants as they work together in relational research.

Narrative inquiry enabled me to maintain a focus on the experiences of my students within an online course on aging. It also allowed me the opportunity to gain insight into my own experiences as a teacher in interaction with my participants. In the following sub-sections, I outline several concepts that are embedded in narrative inquiry as a means of describing the ways in which this study has been shaped as a narrative inquiry. In particular, I discuss the notions of stories and storying, personal practical knowledge, reflection and reflexivity, tensions, and negotiation.

**Stories and storying.** A concept within narrative inquiry is that of stories. Stories are the means by which narrative inquirers can gain understanding of another’s experience. Patton (2002) stated that participants’ stories tell what happened, when it happened, to whom it happened and the consequences that happened. The language of the story includes the participant’s cultural and social meanings. Polkinghorne (2005) further identified that language data “are not simply single words but interrelated words combined into sentences and sentences combined into discourses” (p. 138). Stories by participants are accounts of experience.

Moreover, Clandinin and Connelly (2000) reminded us that narratives “are a way of understanding experience” (p. xxvi). In the telling of stories, the tellers reaffirm their stories, change them, and then create new ones based on experience. Schwind and Lindsay (2008) stated that the narrative inquiry process could allow for personal meaning-making from
individual experiences, but it could also allow for the researcher to discover significant narrative threads that run through each narrative account.

Clandinin and Connelly (1996) further stated that a teacher spends time in the classroom and also with other professionals, where stories are shared. The authors emphasized that there are different kinds of narratives, where each story type is associated with purpose, context, and experience. Outside of the classroom there are sacred stories. These stories involve policies, administrators, and plans for improvement. Another out of the classroom story is the cover story. A cover story involves a teacher telling a story that highlights her/his expertise. A school story can be a story told about a teacher. A story of school usually involves a description of the school related to achievement or diversity. When in the classroom, the teacher is usually free to “live stories of practice” (p. 25). These stories are often secret ones or told only to other teachers secretly.

Within this investigation, I made use of the methodological concept of secret, sacred, and cover stories from narrative inquiry in organizing and analyzing my data. I attended to the types of stories that my participants related to me so that I was able to deliberate over the potential meaning and impact of the various stories. I also uncovered some of my own sacred, secret, and cover stories to understand further my interactions with my participants, as nested within my own “stories to live by” (Clandinin & Connelly, 1996, p. 105), or my narrativized experiences of culture and identity.

**Personal practical knowledge.** People have experiences and they tell stories of their experiences. These stories of experience are connected together so that they construct a person as a whole, rather than as a sum of his/her parts (Clandinin & Connelly, 2000).
Personal practical knowledge is a narrative inquiry methodological notion that is useful for understanding the stories that people tell of their experiences.

In addition, within narrative inquiry in the field of education, there is an understanding that teachers’ experiences are guided by personal practical knowledge. There are several definitions of personal practical knowledge (PPK). One definition includes the researcher’s “images of teaching” (Clandinin & Connelly, 2000, p. 3), the sense of the researcher as a whole person, and her/his knowledge of experience. Phillion (2002) described PPK as including experience, intention, and action. PPK is within the teacher’s past experiences, in the teacher’s current thinking and body, and influences the teacher’s future actions and plans. The teacher uses PPK in her/his teaching practice.

While PPK is usually used to make narrative sense of a teacher’s stories of experience across time, context, and interaction, Clandinin and Connelly (2000) also considered PPK as a methodological tool for comprehending a researcher’s experience as well. This includes the attitude that the researcher has for her/his participants, how the researcher encourages learning, and the researcher’s role as a participant observer within the study. Additionally, there is a focus on the researchers’ own assumptions, beliefs, and values and how these might influence the interpretation that the researcher develops on the narratives of her/his participants. The researcher’s PPK as a researcher influences a study’s plans, knowledge of negotiation, tensions and actions.

Within this study, I made sure to attend to my own PPK as a way to shed light on my teaching practices and my identity. I compiled, as additional field texts, several pieces of reflective creative writing and reflective field notes that highlight aspects of my own PPK in
relation to this investigation and the experiences of my participants. I also sought to gain insight into the PPK of my participants in drawing together meaning across their varied stories.

Reflection and reflexivity. Another aspect of narrative inquiry is that of reflection. Clandinin and Connelly (2000) suggested that while the researcher is analyzing narratives, the researcher experiences remembrances of stories from earlier times and current times, which can offer ideas for our futures. “It is not only the participants’ stories that are retold by a narrative inquirer… it is also the inquirers’ stories that are open for inquiry and retelling” (p. 60). Lindsay (2006) asserted that reflection assists the researcher in attending to the consequences of relationships in social situations as well as the consequences of the narratives written.

Taylor (2008) identified that reflexivity is a process of reflection that explores the participants’ lives but also documents the researcher’s role in the project as a means of preventing researcher biases. Dowling (2006) stated that reflexivity involves awareness in the moment of what is influencing the researcher’s external and internal responses. At the same time, reflexivity is also being aware of the researcher’s relationship to the participants and the study topic.

The cultivation of an intentional awareness of my relationships with my student participants and my faculty participants is important, as it can aid me in uncovering biases that might not be previously explicitly understood. In addition, my background in gerontology and my love of older people play a part in how I structure teaching strategies. I
am also influenced by experiences with elders myself and that influences how I shape The Aging Course to provide experiences with elders for students.

**Tensions.** Understanding more about the influence of my background and my ways of teaching and learning, tensions can surface when encountering ways of thinking and learning that are different. More specifically, I was educated as a nurse and learned a more quantitative worldview despite my own nature, which is more qualitatively oriented. I experienced tensions all along the way as a nurse but did not understand why I felt as though I did not fit in. It was not until I was introduced to narrative inquiry and the notion of the recognition of tensions, that I more fully understood what I had been experiencing.

An additional component of a narrative inquiry is the recognition of potential tensions. Clandinin and Connelly (2000) discussed this concept with what they termed as *boundaries*. Boundaries are places where narrative inquiry thinking bumps up against another way of thinking. Tensions can occur when researchers, who strive to think narratively, slip into more quantitative or objectives ways of thinking that are outside the narrative frame. An example of this tension was related by Clandinin et al. (2006), when they were conducting a narrative inquiry study alongside teachers where they developed relationships and co-constructed the study. However, before they could commence the study, the researchers had to satisfy the human subjects and ethics guidelines that were not designed for relational studies such as theirs. The researchers found that the needs of the university’s ethics clearance procedures bumped up against the relational narrative inquiry study.

Phillion (2002) described how she wondered about her researcher role in a relational narrative inquiry. She felt that this was a tension that caused her to reflect on where her
beliefs and expectations came from and how they contributed to the tension that she was feeling. Ultimately, she became more focused on understand her participant and the narrative inquiry process.

Yu (2014) further reported on conflicting professional and personal concerns when retelling stories. She stated that when the participants told stories and the researcher retold stories, it was not simply an instance of stories being retold. Stories can be retold in different discourses to express particular agendas of interest. Yu pointed out that by using a particular lens while retelling stories, the results can create a different picture than what the originally constructed stories might have been. This highlights the importance of working with the participants even though there are tensions, because the aim is to ultimately provide a rich and complex understanding of the stories.

Another tension described by Clandinin and Connelly (2000) is that of slipping into subjectivity and then into objectivity. These authors suggested that the tension of how to experience the narrative inquiry experience is always present because narrative inquiry is relational. The researcher must be present, or “in the field” (p. 82), with her/his participants because moving into close relationship with participants is part of the narrative inquiry process. At the same time, the researcher steps back and sees the stories in the inquiry, as well as the larger context in which everyone lives. This possible loss of objectivity due to the closeness of the researcher to the participants is not a serious issue, because the researcher writes field notes that include objective attention to the research study as a whole. Thus, field notes serve as an important tool where researchers might examine objective descriptions of
study components and reflective and subjective accounts of the study. This means that field
notes aid researchers to move between subjectivity and objectivity in an investigation.

**Negotiation.** A final component of narrative inquiry that I made use of in my study
was that of negotiation. Clandinin and Connelly (2000) stated that the negotiation of
relationships, purposes, transitions, and ways to be useful are part of the narrative inquiry
process. Negotiation with participants can involve negotiating the research relationship.
Negotiation with fellow researchers can culminate in intertwined narrative threads or themes
that could be moved or combined with others. Negotiation could be recognition that the
participants and researcher have different purposes and account for them in different ways.
By explaining ourselves, the working relationship with the participants can lead to interesting
stories for analysis.

Negotiating throughout the narrative inquiry study may also be emotional and/or
difficult. Phillion (2002) described how she had the assistance of Connelly and Clandinin,
who had done research at a particular school before, to negotiate her entry into that school to
conduct her own study. Phillion also described how she had to negotiate her relationship with
her teacher participant, especially since the participant appeared to possess different values
and beliefs about teaching and learning. She then explained how she had to work with her
participant to slowly negotiate exit from her study. Lindsay (2006) described how she
negotiated between her interpretations of her participants’ conversations and her co–
participants’ stories. Connections between the social and the personal surfaced during these
negotiations. Yu (2014) further reminded us that taking the effort to negotiate the
connections instead of compromising can result in the creation of something new.
Methods

In this section, I discuss the sites of data collection as well as describe the participants in this study. I also relate the informed consent procedures and the measures that I undertook to ensure the protection of confidentiality and privacy of my participants. Then, I outline my data collection procedures and end with a discussion on the data analysis process of my investigation.

Context

The site for this research study was an online gerontology course, which I refer to as The Aging Course (see Appendix A for The Aging Course Syllabus). This 16–week course takes place online at a Midwestern university every semester. It is a required course for students who are enrolled in the gerontology certificate program offered at the university. It is also a course included in an online Bachelor of Liberal Arts degree program. This 3–credit hour course is open to undergraduates as well as to graduate students. The Aging Course is designed to assist students to explore the health of older adults in their communities.

There are several components to the course. First, each student locates one older adult who is over 70 years of age to interview for approximately 12 weeks. There are guidelines in the course for assisting students in selecting an elder mentor. In addition, contact with non–relatives may contribute to increased interest in aging (Gorelik et al., 2000). During this time, students follow suggested interview questions that correspond to the readings and topics that are discussed in the course. Students submit a private weekly journal entry to the instructor as a way to articulate their experiences. The journal entry has three parts: reaction to a text topic; reflection on how the interview process with their elder mentor is going; and any
insights or ideas that they discover about their mentor, themselves, or their own elder loved ones through their experiences and reflections (see Appendix B for the Journal Entry Protocol).

Another course component is the weekly discussion board (DB) postings. For 12 weeks, students submit an initial post in response to course questions for that week, as well as respond to two other students’ posts in a substantive way. Course questions are developed around such topics as: personal, cultural, and societal beliefs about aging; contact with elders; lifestyle changes for elders to consider; health issues elder mentors may be experiencing; the elder’s coping skills; barriers to health and health care; educational needs of the mentor and society; and reflection on possible changes to student’s own views and understandings about older adults (see Appendix C for Discussion Board Questions).

In addition, students in this course research a potentially helpful community service for their mentor’s possible use or the implementation of an assessment tool with their mentor, and they compose a final course paper. These components are not part of this research. The course final paper focuses on an experience the student described at the beginning of the course where the student interacted with an older person. For the final paper, students were to reflect on that initial described event and write in detail about eight concepts that they have learned about older adults and aging that might influence how they would interact with that same elder person if they were to meet them today.

**Participants**

I used convenience and maximum variation forms of purposeful sampling (Miles & Huberman, 1994). Participants for this study were comprised of college–level students who
were enrolled in the online course, entitled The Aging Course, and who provided consent to participate in the study. A criterion that participants must have met was that they must be 18 years of age or older. There were 13 students in the course that semester. For all students, I sent the Student Consent for Participation in Research Study form (see Appendix D for Student Consent for Participation in a Research Study Form) and reminders about considering participation several times through course email over the first month of the course. Finally, there were seven students who signed the Student Consent for Participation Form. Of the seven participants, five participants demonstrated rich descriptions and stories of experience that provided for more in–depth analysis. However, all participants provided stories of experiences with older adults and aging. Degree programs of the participants included: liberal arts, nursing, psychology and a non–degree seeking participant. Participants ranged in age from 23 years of age to 54 years of age. There were five female and two male participants. The diversity in age, degree, and gender was similar to participants in previous iterations of this course.

Other participants in this study included two faculty members in higher education who teach online gerontology courses and who consented to be interviewed for the self–study portion of the research. There are very few college professors who teach online or blended (online and face–to–face) gerontology courses. One interviewee is a professor at the university where The Aging Course is offered and one interviewee is a professor at a nursing school. I emailed and/or spoke directly with potential participants to request their participation in this investigation. The colleague participants and student participants were informed of study procedures prior to deciding to participate in my study.
Informed Consent Procedures

Potential participants were provided information about my research study. I informed the faculty participants of the procedures and intent of this study, as well as the potential risks to them by a Colleague Consent for Participation in a Research Study form (see Appendix E for the Colleague Consent for Participation in a Research Study Form). Faculty subjects were informed that they could withdraw at any time without penalty from the interview process. As well, student participants were informed of the procedures, the intent of the study, and potential risks to them by a Student Consent for Participation in a Research Study form. In this consent form, students were informed that their grades would not be affected by their decision to participate, to decline participation, or to stop participation in this study.

It was imperative to gain informed consent at the beginning of the semester as opposed to at the end of the course to avoid the deception of participants. Researchers “never deceive research participants about significant aspects of the research that would affect their willingness to participate” (American Sociological Association Code of Ethics, 1999, p. 14). According to Patton (2002), covert research includes people being observed and studied without their knowledge or consent. If I collected data after the semester was over, several events might occur. First, I would know that I would be looking at student data during the semester from the lens of the researcher and may be altering my teaching practices (in emails, weekly course summaries, and DB questions) to elicit responses that more correspond to the rich data that I had hoped to gather from student participants. Second, as a planned participant observer in the research, I would be denied the opportunity to develop an
insider’s view of what is happening in the course. Third, I would not be able to conduct
member–checking, where I would ask participants for clarification of views or events. This
qualitative technique is considered a critical technique for establishing sound qualitative
research design and credibility (Gall, Gall, & Borg, 2007).

Finally, I would compromise the trustworthiness of the study, which is similar to
rigor in quantitative research. Trustworthiness in qualitative research involves three elements.
The first element is credibility, which is similar to internal validity in quantitative research.
An example of credibility in this study is when the study makes sense or is credible to the
readers, showing an “authentic portrait” (Miles & Huberman, 1994) within the study.
Clandinin and Connelly (2000) stated that a good narrative inquiry involves both plausibility
and authenticity. The next element of trustworthiness in an inquiry is transferability, which is
comparable to external validity in quantitative studies. An example of transferability would
be if the conclusions found in the study might be transferable to other contexts that the reader
may be in or have relevance to the larger society. Finally, Miles and Huberman (1994) stated
that the quantitative component of confirmability is similar to objectivity in qualitative
research. An example of objectivity in a study is when the researcher explicitly details biases
and values, when procedures and methods are described in detail, and when conclusions are
shown to link with actual data. However, Clandinin and Connelly (2000) argued that
wakefulness, or ongoing reflection and thoughtfulness, should be a characteristic throughout
narrative inquiry studies. One of the areas that I needed to be wakeful about in my study is
the participant–researcher relationship.
Researcher–Participant Relationships

As the researcher and the teacher of the online course, I collected all the data from my student participants. It is noteworthy that I am also the instructor for this online course from which I sought student participants and from which I obtained data. The study procedures took place within the online course known as The Aging Course for student participants who provided consent to participate in the study. The study was conducted during the fall semester 2014, which started on August 25 and ended on December 19, 2014. This study was conducted during the entire 16–week semester. I gathered data from participants each week. Aside from the completion of a demographic survey at the onset of the course and email communication regarding potential clarification questions, the participants did not incur additional time commitments related to this study, as they were already participating as students in the course.

I also collected data from two gerontology professors at local institutions of higher education. One of the colleague participants for this study has been known to me as a colleague for several decades. The data collection among my colleague participants took place within their offices for the interview portion of the study. Aside from the interview, colleague participants incurred an additional time commitment if they chose to review the interview transcriptions and/or make changes to the transcription.

There was no deception used in this study. Participants who consented to participate knew that their instructor was the researcher. There are certain ethical considerations to be acknowledged when the researcher is also the online course instructor who participates in the discussion posting. I posted my own responses and copied them weekly for analysis. This
placed me in the field with the students, where I had direct contact with participants over the semester. I developed a shared experience with students and participants in the course.

In narrative inquiry, being in the field has advantages. According to Schwind and Lindsay (2008), professional and personal stories of experience can help students find meaning in their own situations as they tell their own lived stories. Clandinin and Connelly (2000) stated that this tension between objectivity and subjectivity is inevitable, because narrative inquiry is by nature relational and is “co–constructed by inquirer and participants” (p. 82). The loss of objectivity is not serious due to the use of field texts which I, as the researcher, constructed. The field texts enabled me to slip into objectivity. Since I was the researcher who was also a participant, I moved into subjectivity when participating in the DB by posting a story of my own about an elder parent. I was also be able to move into objectivity when looking at the participants’ journals and DB board postings for patterns or threads. Additionally, by participating in the field, I was able to develop an understanding not otherwise available.

**Data Collection Procedures**

In this section, I discuss the interviewing procedures for the two gerontology faculty member participants as well as the student participants. I also describe the procedures for the 16 weeks of the data collection period. In that discussion, I highlight details for each week of the data collection process. I begin by discussing my use of field notes and memos throughout all portions of this investigation.

**Field notes.** According to Patton (2002), field notes contain notes on what has been observed by the researcher that is deemed worthy of noting. Field notes are written while the
information is still fresh in the researcher’s mind, since this will help the researcher to understand the setting, context, and actions of what happened. The field notes are descriptive, with dates and times, locations, persons present, characteristics of the environment, and social interactions and activities that took place. Field notes can also include what people have said as close to direct quotes as can be remembered. These types of notes are from the emic or insider’s perspective. Field notes are further the observer’s feelings, reactions to the experience, reflections about personal meanings, and the significance that these may hold for the researcher. These notes should be recorded as close to experiencing the feelings as possible. Field notes also include the researcher’s interpretations; insights; inspirations; and judgments, as well as the researcher’s uncertainties and doubts.

Clandinin and Connelly (2000) stated that field notes can fill in the nuances, complexity, and richness of experiences. This can signal the researcher’s memory to connect ideas for a deeper, more complex account of the study. These authors suggested a format for developing field notes. On the left side of the field note page, the researcher could record her or his inner responses to the inquiry, while the right side of the field page would include the field notes that record the events of the study. These notes “slide back and forth between records of the experience under study and records of oneself as researcher experiencing the experience” (p. 87). As a researcher records field notes, the researcher watches herself or himself shape the events of the study.

Clandinin and Connelly (2000) also cautioned that field texts, which includes field notes as well as other sources of data, such as memos, should be rigorously kept, since they encourage growth and change in a study rather than just recording facts and ideas. Field notes
also complement other field texts, such as autobiographical journal entries of the researcher; conversations; documents; or further research on a particular question that arose in the study. All the various field texts are interwoven and interconnected and should be analyzed within the three–dimensional inquiry of continuity, personal and social interactional, and situation or place.

**Memos.** According to Miles and Huberman (1994), memoing assists the researcher in noting connections, ideas about relationships, and possible coding threads based on the data. Memos are meant to be conceptual and can differentiate and tie together different data points into clusters. Memos are always dated, have a key concept noted, and can link with particular field notes and other documents within the study. The accumulated memos can be sorted to build on categories or show commonalities in the study.

It is useful for memos to be a priority for the study and for memos to begin when the field data starts coming in and should continue until the research report is written. Yun–He (2004) used memoing in her study of community psychiatric nurses working with family caregivers of elders with depression. She stated that writing memos helped her become more reflective and analytical and they kept track of elaborate thoughts and ideas.

In this study, I utilized weekly field notes, monthly memos, as well as reflective pieces for narrative inquiry analysis. These pieces of data were analyzed alongside participants’ journal entries and DB postings as they all exhibit change and growth. I learned more about myself and watched as student participants learned more about themselves and older adults. In the following I describe my data collection procedures for my interactions with my colleague participants.
Colleague participant data collection procedures. Two semi–structured interviews of faculty members who teach online gerontology courses took place. The interviews were one hour in length, and they were scheduled at a date; time; and location that was convenient for the participants. Interview questions focused on the participants’ interest in aging, their experiences with aging course curriculum, the selection of topics and strategies for teaching gerontology, thoughts on how to improve courses on aging, personal perspectives on their relationships with students in their courses, and thoughts about the value of gerontology courses (see Appendix F for the Semi–Structured Colleague Participant Interview Question List). As the researcher, I further added my own thoughts, experiences with teaching strategies, and views during this conversational interview.

Interview data were transcribed using an administrative assistant who has completed Collaborative Institutional Training initiative (CITI) training. When the interviews were transcribed, I sent a copy of the relevant interview transcription to my colleague participants for member checking. According to Gall, Gall, and Borg (2007) member checking involves having the interview participant review the transcript for completeness and accuracy. This procedure verifies the accurate representation of the interview transcription. When asking for comments, I gave the participants one month to respond. I notified my colleague participants that if I had received no reply within the one–month period, I considered the transcript to be acceptable to the participant.

Student data collection procedures. Student participants in this study were enrolled in The Aging Course. They were asked to complete a demographic questionnaire after consenting to participate in the study (see Appendix G for the Student Demographic
The student demographic questionnaire included the following information: age; gender; degree program enrolled in; reason for enrollment in the aging course; previous courses in gerontology; experience with older adults; experience with projects/service learning with elders; and views on taking a job/career where they would work with and/or for older adults. The demographic questionnaire data was analyzed as an aggregate. The Student Consent for Participation in a Research Study included a list of items that would be found on the demographic questionnaire, and that collection of demographic information was one of the procedures in the study in which they could choose to participate.

Below, is a detailed schedule of the data collection procedures for each week of this study. Note that the two interviews of gerontology faculty, which was highlighted above, are also included in the provided schedule. This has been included in the current list in order to display the sequencing of all of my research activities within my investigation.

**Weeks 1 and 2 of 16.** Data collection for this study took place during an entire 16–week semester. During week 1 and week 2, I sent the consent form to all of the students who were enrolled in the online course, which is called The Aging Course. I did not receive many consent forms for participation, so I continued to send email reminders individually to students reminding them about the study and encouraging them to consider participation. I collected consent forms from participants and then sent demographic questionnaires to students after they provided consent to participate in the study.

I copied the journal entries, DB posts, and email documents from the Blackboard online course site each week during data collection. Discussion board postings included 12 weekly initial student responses to course questions and two responses per week to other
students’ discussions of course questions. I also kept a folder of my own typed 12 weekly DB responses and a folder of 16 weekly field notes, each in chronological order. My field notes comprised: a record of what I think and experience while collecting data; my reflections on what is happening in the study; and attention to how the participants were experiencing the study. I made one copy of each document including: journal entries, DB entries, email communication, field notes, and memos.

**Weeks 3 and 4 of 16.** During week 3 and week 4, I continued to gather participants, collect consent to participate documents, and then I sent and gathered demographic questionnaires. I also conducted weekly activities, which included: the collection of participant journal responses and DB board postings from participants and myself; emailed participants if I had clarifications questions; and recorded weekly field notes. During week 4, I wrote a monthly memo and kept a folder of monthly memos, each in chronological order.

**Week 5 of 16.** During week 5, besides weekly activities, I sent Consent Forms to two faculty requesting participation in a semi–structured interview.

**Week 6 of 16.** I conducted weekly activities. I also conducted an interview with one faculty member.

**Week 7 of 16.** During week 7 of the study, I sent a copy of the interview transcription to colleague participant #1 for verification and clarification. I also conducted weekly activities.

**Week 8 of 16.** During week 8, I conducted weekly activities and documented a monthly memo.

**Weeks 9-11 of 16.** During weeks 9–11, I continued conducting weekly activities.
Week 12. During week 12, besides weekly activities, I conducted one interview of a faculty member and documented a monthly memo.

Week 13 of 16. During week 13, I sent a copy of the interview transcription to colleague participant #2 for verification and clarification. I also conducted weekly activities.

Week 14 and 15 of 16 (semester break occurred in week 14). During weeks 14 and 15, I conducted weekly activities.

Week 16 of 16. During week 16, I wrote a monthly memo and composed weekly field notes. In addition, I emailed all participants for any final clarification needs.

Data Analysis

Narrative inquiry is a method for understanding experience in a three–dimensional way. The dimensions include: interaction, which encompasses the personal and social aspects of experiences; continuity, which includes the past, present, and future orientations of experiences; and situation, which includes the notion of culture or place as pertaining to experiences. I read the data several times to identify preliminary themes, uncover participant responses related to the narrative themes surrounding aging and older adults and/or taking part in a course on aging and older adults; and to identify the three–dimensional aspects of experiences from among the common narratives themes.

Three–dimensional narrative inquiry space. Clandinin and Connelly (2000) have developed the three–dimensional inquiry space to assist researchers in understanding the whole narrative experience of participants. The authors (2000) argued that the three–dimensional narrative inquiry framework enables researchers to focus the inquiry within the following directions: backward and forward, inward, and outward. They also related that the
narrative inquiry space explores stories in terms of temporal, interactional, and contextual dimensions, since experiences, and thereby stories of experience, are composed of such dimensions.

Thinking backward and forward encompasses a focus on temporality, such as considering the past; present; and future within a narrative account of experience. The authors are also concerned with the temporality of experience. They believe that experience occurs on a continuum. Experience can occur now, but it has also been experienced in the past, and experience can be imagined in the future. Phillion (2002) stated that experience evolves with changes in place, interactions, and time to display a perspective that provides illuminating ways of interpreting the world.

Continuity is an important term related to the dimension of temporality. This includes thinking about the past, the present, and the future. This dimension further takes into consideration the individual’s past experiences and that those experiences lead to more experiences. These experiences always include the person’s history, the historical context of the experience being related, and the notion that the person is always changing through his/her experiences.

By thinking inwardly, the researcher considers internal conditions of participants, such as their hopes, feelings, moral positions and reactions to events. By thinking outwardly, the researcher considers the environment or existential conditions seen in a participant’s narrative account of their experience. This final dimension is related to place or situation, which includes cultural considerations as well as the physical and topological spaces in the narrative.
Clandinin and Connelly (2000) developed these dimensions and directions in an effort to support narrative thinking, which aims at capturing a person’s whole life experience from among stories of experience:

Narrative thinking is a key form of experience and a key way of writing and thinking about it. In effect, narrative thinking is part of the phenomenon of narrative...narrative method is a part or aspect of narrative phenomena. Thus, we say, narrative is both the phenomenon and the method of the social sciences. (p. 18)

Narratives of experience are thus to be analyzed in accordance with all of these different dimensions when possible. Therefore, within this study, I examined all of the narratives of experience of my student participants, and my colleague participants, and myself. I aimed to gain insight into how my participants’ stories of experience move back and forth between the social and personal while at the same time they might consider past experiences, how past experiences have influenced present experiences, and how present experiences might influence future action based on those experiences within the context of participants’ situations. Utilizing narrative inquiry methods upon my student participants’ journal entries and DB posts allowed me to understand their previous experiences and how my student participants are coming to view the future in terms of aging.

I conducted the analysis of data for my investigation using Clandinin and Connelly’s (2000) narrative inquiry methodology. This included analysis of: journal entries; DB postings of my student participants and myself; weekly field notes; monthly memos; and faculty participant interview transcripts. Narrative inquiry method included reading the collected
data several times. First, a general read of all the data was conducted to identify themes, threads, or patterns. Then, another read of the data had me, the researcher, placing examples of data quotes/stories/phrases within each of the themes. I then fine-tuned themes and moved examples/quotes to themes that better represented the essence of the data’s meaning. Next, the data were analyzed with the lens of the three-dimensional inquiry space. This involved looking at the quotes/stories/phrases in terms of temporality (continuity of past, present, and future), personal/social dimension (interaction, inward internal conditions such as feelings, outward conditions such as the environment and thinking about past and future experiences), and place (situation or sequence of places).

I utilized a structure that helped me keep in mind all the elements of the 3D inquiry while I analyzed the data. Ollerenshaw and Creswell (2002) developed a grid based on Clandinin and Connelly’s (2000) 3D space that they found helpful when they conducted re-storying data analysis. This grid had three sections. The first section was entitled Interaction and reminded the analyst to look for two elements. The first element was the personal aspect that included looking inward for internal conditions in the data, such as feelings; moral, aesthetic reactions; and hopes. The second element on the grid was the social aspect that reminded the analyst to look outward to environmental conditions with people and possible intentions, assumptions, and viewpoints of people. The second section was entitled Continuity and had three elements. The first element was the past. The analyst was reminded to look backward for feelings, experiences, and stories from memories of earlier times. The next element was about the present and encouraged the researcher to look at present experiences and plot points in the data. The third element was that of the future, where the
investigator would look forward for the implied and potential experiences and plot lines in the data. The final section of the grid was entitled *Situation/Place* and involved one element. This element reminded the analyst to look at the context of time, how the story was situated in a time or place, boundaries of the environmental space, and the characters’ points of view and intentions.

In addition to the described grid, I also wanted to look more holistically at my data. The Chair of my doctoral research supervisory committee, Dr. Candace Schlein served as a graduate student researcher for Professor Michael Connelly. She related a story to me about data analysis in narrative inquiry in which Professor Connelly would help his students to unpack their work by asking them, “So what?” She wrote:

> When I considered a rich segment of the data, I would ask myself, “So what does this mean for the participant socially, personally, in relation to the culture or context, and in terms of their continuity among the past, present, and future. Then, looking at all the data, I asked myself, “So what does this mean educationally and socially?” (Schlein, personal communication, March 29, 2015)

Hence, by using my PPK, I interpreted the data utilizing the 3D space and the “so what” questions for a holistic view of the data and my participants.

I also employed narrative inquiry methodology on data that was generated in the Self–Study of Teaching and Teacher Education Practices (S–STTEP) process. During this process, I discovered more about my identity. I uncovered new knowledge about my professional identity, PPK, ways of knowing, and creativity. Analysis of this data revealed
several themes. Discussion of these results is found in Chapter 7, “Stories of Personal Practical Knowledge and S–STTEP.” Also within the S–STTEP inquiry, a small amount of DB data was generated. The S–STTEP framework of inquiry asked me, the teacher and researcher, to identify an area of tension in my teaching practice that I would like to investigate in a rigorous way. I elected to focus on issues related to the DB in The Aging Course, which I had been experiencing for some time and wanted to address. The analysis of the DB data revealed several themes. Discussion of these results is also found in Chapter 7, “Stories of Personal Practical Knowledge and S–STTEP.”

Interim research texts. Interim research texts are data, such as journals, DB postings, and emails that have had real names replaced with pseudonyms that have been analyzed by me, and have been developed into themes. Interim research texts are texts situated on a continuum between field texts (data) and final publishable research texts (Clandinin & Connelly, 2000). Within my study, I utilized a critical friend with whom I shared de-identified interim research texts in order to negotiate possible data interpretations. My critical friend is someone who is already known to me and who has a Master of Science in Nursing degree, as well as extensive experiences in gerontological nursing and some education of staff and students.

Ethical Considerations

In this section, I discuss the ethical considerations of this investigation. I highlight measures that I undertook to secure confidentiality and anonymity among my colleague participants and my student participants. I further discuss data storage. Moreover, I address
potential confidentiality and privacy protection issues and possible issues related to researcher positioning in this study.

**Potential Ethical Issues Among Colleague Participants**

Before the faculty interviews began, I had planned to refer to each colleague participant by a pseudonym during the entire interview. I was the only person who knew the identities of my colleague participants. However, some institutions, teaching strategies, names of other gerontology professors, or references to associations or committees may be referred to in the interview conversations. This could have allowed someone who is very familiar with the gerontology circle in this Midwestern city to recognize the identity of my colleague participants.

Several activities were done to diminish this possibility. First, I altered the interview transcriptions by changing the names of institutions, the names of other referenced professors, or any associations to pseudonyms. Second, I sent the transcriptions of the interview to my colleague participants for feedback and/or suggestions for items to be deleted or changed. One copy of the interview transcription was made and housed in a file box in my locked office. Transcriptions were also saved on an encrypted flash drive, within a folder specifically for interview transcriptions. Any additional documents received or used during interviews were kept in a file box in my locked office.

**Potential Ethical Issues Among Student Participants**

Possible risks to student participants included: the potential identification of participants’ characteristics and responses within the study; the desire of participants to alter course responses to please the instructor; and the disclosure of identifying information
accidentally or deliberately. Student participants wrote weekly online journal entries and DB postings about their reactions to course topics, interactions with chosen elder mentors, and reflections about their experiences, per the course syllabus. These entries had participants’ names on them when they were copied from the Blackboard course operating system. As soon as I copied the postings, I blacked out the names with permanent marker and wrote in the pseudonym I had given each participant. Additionally, email communications I may have had with participants about the meaning of responses; for clarification; verification; or removal also had the names removed and the pseudonyms put in place. Occasionally, students in the course altered; updated; or improved their journal entries. Each week of the course, I looked for the latest entry and used that entry for the study. If I had already collected a journal entry for that week in the file, I shredded that entry in a cross–shredder and replaced it with the participant’s latest updated journal entry. The list of actual names and corresponding pseudonyms was kept in a file box in my locked office.

Each participant folder that held the journals and DB postings were also marked with pseudonyms. Since I marked and collected participants’ documents up to days or weeks before analyzing them, it was rare that I was able to connect the pseudonym with the actual name and identity. To avoid accidental disclosure of participant information, I refrained from discussing the study with anyone other than the Chair of my doctoral research supervisory committee. If I ever had felt the need to disclose identifiable information because of a situation where the participant may be at harm or a victim of a crime, I would have attempted to alert the participant for permission first.
There may have been a potential limitation in that participants may have had a built-in bias when choosing an elder mentor. For example, my participant Linda chose an elder who had previously lived with her. Patty had known her mentor for 30 years. These situations may have introduced a biased attitude that may have influenced participant responses. Future research may consider the benefits and disadvantages of assigning a mentor to a student. However, knowledge of the student’s location within the United States for this online course and the availability of mentors should be a consideration. In a related vein, protection of the mentors may be absent from the IRB process and may also be a study limitation. The protection of potential mentors relies on my instructions to students for choosing a mentor for their interviewing assignment. Further exploration of this limitation is warranted.

There were no gifts, payment, services without charge, or extra course credit associated with participation in this study, and all student participants and faculty participants were made aware of this in the respective letter/consent forms. Activities already in the course that were part of the research focus included weekly journal entries and weekly DB postings. Research activities that were in addition to coursework included responses to emails that I, the researcher/teacher, might have asked student participants in order to clarify the participant’s meanings.

**Technological Security**

The computers that I used to make copies of data were password protected. I placed documents in each participant’s file, which was identified only with the pseudonym. I made identical folders with the same pseudonyms for each participant on the encrypted flash drive.
that was dedicated only to this study. I scanned participants’ documents after the pseudonyms had been added and placed the contents in the appropriate folders on the flash drive. If a student participant chose to stop participation in the study, I would have discontinued collecting journal and DB postings for that participant. All study documents were housed in file boxes in my locked office.

Any documents that were connected to the study were also scanned and saved to the encrypted flash drive to a folder. These documents included syllabi, evaluation reports, and gerontology standards. The documents, encrypted flash drive, and interview transcriptions notes will be kept in file boxes in my locked office for a period of 7 years. Following the 7–year period, all documents and the flash drive will be destroyed. I hope to develop an ongoing program of research where I might utilize the data for future publications.

**Section Summary**

I have described above the various means by which my study has been shaped by narrative inquiry as the primary method in my research design. As I have discussed in this section, narrative inquiry includes a focus on a researcher’s explicit positioning within a study through the examination of a researcher’s perceived tensions, boundaries, and his or her PPK. At the same time, in this investigation, I desired to specifically learn more about some of my own teaching practices and how they might influence my students. For this reason, I included in my research design the secondary research method of S–STTEP, which will assist me in a self–study of my practice. In this next section, I discuss a definition of the secondary research method of my study and I describe how this method influenced my inquiry.
Self–Study of Teaching and Teacher Education Practices

In the previous chapter section, I outlined how narratives of my PPK, reflections, tensions, and negotiations have heightened my understanding of myself as I looked at these stories through the narrative inquiry lens of Clandinin and Connelly (2000). Through this lens, I have come to recognize how my social, cultural, situational, and past background experiences influence my present and suggest a way forward in the future. Reflection on stories from my past can lead to re–tellings as a result of growth in new understandings I have gained about myself (Clandinin & Connelly, 2000). In addition, these recognitions about myself are present as I interpret the narratives from the study on The Aging Course in the forms of weekly field notes, monthly memos, and other documents and writings. By studying myself as the teacher, I can add to my understanding of my identity with an interrogation of myself as a teacher and thus, improve my practice (Pinnegar & Hamilton, 2010).

S–STTEP is itself a theory and a method. Pinnegar and Hamilton (2010) stated that qualitative social science scholarship has human interaction as its heart. When a person studies another person, the self and the relationship to the other becomes the focus of the inquiry. This interest in human interaction and the resulting findings from studies help move ideas forward and change the understanding of the world.

According to Pinnegar and Hamilton (2010), there are five characteristics of the S–STTEP methodology. The first characteristic is that of being a focused and self–initiated study to improve practice through cycles of reflection on practice and the interaction and relationship with others that will produce knowledge about that practice. The second
characteristic is that the study is aimed at improvement. Knowledge that is embodied within the researcher’s practice as she or he conducts the study reveals transformation and reformation of the researcher’s practice. In addition, results of the S–STTEP should produce public knowledge of practice that may improve the practices of others. In essence, through reflection, embodied knowledge can become intellectually accessible. The third characteristic of the S–STTEP methodology is that it requires collaboration with other colleagues in practice as well as with professional literature; accounts of practice; as well as literature that helps reframe interpretations, uncover biases, challenge assumptions, and triangulate findings.

The fourth characteristic is the use of multiple qualitative methods for research. In this S–STTEP, I employed narrative inquiry, which included journaling and the collection of field notes. The final characteristic is that of exemplar–based validation. This included a review of my own experience, how I have understood the level of thoroughness of literature reviewed, how I have tried to be trustworthy with the rigor of my study, and my integrity when accounting for the methods used in my study. I followed the framework put forth by Pinnegar and Hamilton (2010) to study my teaching and education practices. These authors noted that methodology within the S–STTEP framework is meant to include teachers beyond those in teacher education, which would include myself as an educator of nursing students and students enrolled in The Aging Course.

**Framework for Analysis of Personal Practice and Research**

The framework that was created by Pinnegar and Hamilton (2010) situated the S–STTEP methodology in relation to research in the social sciences. The questions within the
framework can be used to assist the researcher in discovering an understanding about her/his personal practice. It can also help the researcher appreciate the work of other researchers who have conducted an S–STTEP. The components of the framework guide a researcher to ask questions about the following investigative elements: purpose; personal definition of the S–STTEP; definition of the methodology used for the study; rigorous research practice as shown by the chosen data collection and analysis tools; explicit evidence, such as interviews; authority of your own experience; the story of yourself; how your research is situated within the larger literature; and questions raised by the study. An additional consideration when designing an S–STTEP is the inclusion of a living contradiction that the inquirer wrestles with in practice.

**Living Contradiction**

In order to connect the reflective narratives, S–STTEP methodology, and aims of self–improvement that were discussed as characteristics in the framework above, a focus on an issue of practice should be articulated. Pinnegar and Hamilton (2010) suggested that a living contradiction within a practice might be a way to locate a research study within that practice. A living contradiction is seen “as a place in our practice where we would name ourselves one way, but others observing or participating in our practice would label us differently” (p. 58). A living contradiction could be one where a tension exists between how a teacher thinks she or he practices but then come to see that she or he acts in opposite ways.

The living contradiction that I chose to explore within this inquiry had to do with DBs in The Aging Course. I felt that my actions regarding the DB did not meet up with my expectations of how I teach an online course. I wanted to uncover my historical relationship
with DBs as a student and as a teacher, and I wanted to consider what the literature revealed about participation by teachers in DBs. By focusing a portion of the S–STTEP on DB practices, I provided data for my research question that delved into how interactions with college–level students in courses on aging also shapes my stories of experience of aging and older adults as a nurse educator with a focus on gerontology. Culver (2010) stated that students’ evaluations of faculty and courses “continue to be the most often used gauge in higher education of how well courses are taught” (p. 331). From participants’ responses regarding the evaluation of the course, I gained new knowledge about how I use DBs within The Aging Course. This new knowledge that I have acquired within this inquiry has influenced how I might utilize DBs in future courses and has become part of my personal practical knowledge as an educator.

**S–STTEP and Personal Practical Knowledge**

S–STTEP assisted me in understanding that I know that I know, how I know it, and what I know. Pinnegar and Hamilton (2010) reminded me that this inquiry about myself is situated within the content, context, and process of my teaching about aging to college–level students. Using this S–STTEP methodology, I was able to document what I learned about teaching. I was also able to consider the issues that I faced in teaching, as well as to articulate my personal practical knowledge and tacit knowledge that contributed to my understanding and knowledge of teaching about aging.

Tsang (2004) asserted that PPK can be understood as “teaching maxims” (p. 163). Clandinin (1989) argued that PPK involves moral and emotional dimensions, as well as being a kind of knowledge that is rooted in experience and shaped by the teacher’s own values and
purposes. It is knowledge that is contextual and is influenced by situations. An example of PPK is when the teacher develops a “rhythmic knowledge of teaching” (Clandinin, 1989, p. 122). The teacher knows the different organized patterns of teaching that come with daily or yearly teaching activities. By knowing these rhythms due to teaching, the teacher can handle various new situations that may arise.

Another example by Schwind and Lindsay (2008), who both conducted narrative inquiry investigations into nursing and nurse education, stated that knowing how to connect the professional with the personal in social situations helps nurses to respond seamlessly to changes in patients’ conditions or changes in the system. By delving into S–STTEP, I was able to uncover layers of everyday teaching life and the social experiences, social action, and language that have influenced the everyday teaching life that I lead. One of these layers was the relationship between how I saw myself as the teacher in relationship to my students. As Clandinin (1989) indicated, this image can come from both the educational–professional sphere and the personal–private sphere as well as the knowledge I may have learned from lectures in my schooling. The image I have of myself as a teacher could also come from experience. As I began to write about these layers of experience in narrative form, I uncovered some tensions between how I liked to practice and the school cycles that were enforced. By connecting the personal and the professional layers of experiences, I could be more creative in decreasing the tensions that arose in teaching.

**Data Analysis Using S–STTEP and Narrative Inquiry**

I made use of S–STTEP methods specifically to examine data that were related to my teaching endeavors. The S–STTEP methodology of Pinnegar and Hamilton (2010) was a
systematic process that assisted me in examining and improving my individual professional practice. This framework process that I discussed more fully above included: my own study purpose; choice of methodology; rigor; evidence; authority of my own experience; how this study was situated within the broader literature; and questions that were raised by the study.

The data analysis of narrative inquiry methodology and that of S−STTEP melded seamlessly together in several ways in this study. In narrative inquiry, the researcher’s background, experiences, and knowledge are important in influencing the researcher’s attitude and role in interpreting the study data. Explicit details about my background stories and views were revealed during my reflections on relationships and my interactions with others that occurred during the S−STTEP inquiry methods. This reflective work weaved its way through the weekly field notes and monthly memos that I composed. This process enabled me, as both the researcher and teacher, to connect personal insights into my teaching practices and to forge new insights and knowledge about teaching and about myself. These field notes and memos thus assisted me in answering my research question about how interactions with students in aging courses shaped my stories of experience of aging and older adults.

Another way that narrative inquiry methodology and S−STTEP came together was within the framework for analysis in S−STTEP. There is a step in the process that asked me to bring forth a practice issue that did not meet up with my standards of teaching. The practice issue that I concentrated on was DBs in online learning. Besides interrogation of the literature on DBs participants’ stories of experience with the DB in The Aging Course were also collected. The use of narrative inquiry methodology on the participants’ views about
DBs allowed me to gain some new understanding about the influence of social/personal, temporal, and situational dimensions that participants’ described in relation to the DB. This analysis assisted me in answering the research question about how my interactions with students shaped how I viewed my stories of experience in teaching. It also helped answer the research question about how participants’ experiences in The Aging Course shaped their stories of experience with older adults and aging.

**Chapter Summary**

In this chapter, I provided a discussion of the methodology used in my study. First, I described narrative inquiry methodology. This included the definition of narrative inquiry concepts concerning stories and storying, personal practical knowledge, tensions, and research boundaries. There was further discussion about the influences placed on the researcher, an understanding of reflection and reflexivity, as well as the tensions and negotiations that may occur within a narrative inquiry study. In addition, I highlighted my employment of the three-dimensional narrative inquiry space and memo and field note documentation. I then provided a description of the S-STTEP theory and methods. This included the characteristics of S-STTEP and the framework for inquiry of personal practice and research. I also discussed the living contradiction that formed the focus of my S-STTEP work.

I then discussed the details of the data collection for my investigation, including the data collection site; the participants; and the data collection procedures that occurred weekly during this study. Following that, I described the data analysis procedures for my inquiry, including the use of a critical friend. I also presented a review of the potential ethical
considerations for this study, including the fact that the course instructor was also the researcher.

In the next chapter, Chapter 5 “Stories of Persona Practical Knowledge and S–STTEP,” I will share some of my own experiences with this study of myself and the self–study practice framework. I will relate how this focus on myself assisted me in gaining new insights into my practice. Finally, I will discuss this self–study as it relates to the context of my online gerontology course.
CHAPTER 5

STORIES OF PERSONAL PRACTICAL KNOWLEDGE AND S–STTEP

Narrative inquiry and S–STTEP methodologies assisted me in discovering more about myself as I progressed through this study. Through narrative inquiry (Clandinin & Connelly, 2000), I was able to look at my stories about this study through the 3–dimensional lens of the personal/social, past–present–future, and cultural/situational realms. In addition, I also reflected on the notions of personal practical knowledge (PPK) (Connelly & Clandinin, 1999), identity, tensions, and creativity. The S–STTEP (Pinnegar & Hamilton, 2010) framework required that I consider ways to improve my practice, such as through interaction with others to produce new knowledge, rigorous research methods into a practice issue, and reflection on the results of the framework and my personal development. In essence, this chapter is organized to showcase how narratives and narrative inquiry has helped me to identify how I am as a person and as a nurse educator as well as how S–STTEP allowed me to do so in specific ways. I also link my experiences as an educator in various courses throughout the following discussions.

My Identity as a Nurse Gerontologist

This chapter begins with a look at my identity as a gerontologist. It further unpacks some of the elements that go into making me a nurse gerontologist. This includes definitions, how PPK and ways of knowing support this identity, and how these and other elements influence curriculum. In addition, a discussion about creativity and its intersection with ways of knowing is explored with the culmination of some poetry. The chapter ends with a look at my teaching practice, specifically the use of the discussion board (DB). The story of
discovery as I follow the steps of the S–STTEP framework results in themes that enhance my understanding of myself as a gerontologist and teacher and how the influence of identity and creativity shape my curriculum strategies in the online gerontology course.

McNiff (2012) reported that “dominant literatures” (p. 130) view identity as a stable entity. However, McNiff stated that identity formation is a process of development involving a person’s own values, purposes, and intents. Since a person is always in relationship with others, present and past, that social and historical contexts, one’s identity is influenced by these elements. These relationships and cultures give us particular ways of thinking and ways of knowing, which are learned from birth. Through written stories of experiences, one’s identity formation can be observed. These stories show who we perceive ourselves to be in relation to others. McNiff (2012) also suggested that when studying one’s own identity, one should accept responsibility for one’s behaviors and thinking. This includes saying what is honest and true and considering one’s own position and one’s own self–perception. “If what we believe and come to know influences what we do, then what we do also influences who we are; so we can transform ourselves through developing knowledge” (p. 141).

Furthermore, Vozzo (2011) suggested that through self–study, the teacher’s professional identity can be further shaped. The teacher’s story and his/her experiences give the teacher the professional knowledge to establish credibility with students. This then gives the teacher confidence. By utilizing the self–study process, the understanding of the self can be transformed.

Lunenberg, Korthagen, and Zwart (2011) followed nine educators as they each embarked on a self–study of their own practice as teachers. The results indicated that
conducting a self–study “supports theoretical growth, ongoing development, the production of knowledge, and the enhancement of self–confidence” (p. 407). In my reflection on this portion of my self–study, I feel my confidence and knowledge have increased and my anxiety about my own expectations has slowly lessened. As Maggisano (2008) suggested, I am living a quest to uncover the truth and to resolve the puzzle of who I was and who I am. Through narrative inquiry and reflection, I have been able to make my experiences and knowledge more concrete so that I can examine them, and then, share them with others (Clandinin & Connelly, 2000).

“Stories to live by” is a concept that was shaped by Connelly and Clandinin (1999) as they considered the notion that identity is infused with culture and embedded in narratives. From the narrative view, identities “are narrative constructions that take shape as life unfolds…[t]hey may even be…multiple depending on the life situations in which one finds oneself” (p. 95). Therefore, identities have both an element of origins in the past and an element of change. A person’s identity has different facets that can present themselves and be reshaped under different contexts, experiences, and settings.

In the following sub–section of this chapter, I explore my PPK and experiences that ultimately allowed me to see myself as a professional. My professional identity is also connected to my personal experiences and identity, which were also traversed. I relate this exploration fully, taking responsibility and ownership of my thinking and behaviors. Through the retelling of stories and reflections, I hope to show growth with new knowledge and to add new stories for me to live by. I begin my story below with my own identity as a
gerontologist. I further unpack the layers that shaped this identity by including discussion on tensions, dimensions of identity, curriculum, power, and borders.

**The Professional Identity of the Gerontologist**

According to Gendron, Myers, Pelco, and Welleford (2013), the professional identity of the gerontologist is predicted by age, length of time in the field, satisfaction with opportunities for advancement, and satisfaction with co–workers. Experiential learning also contributes to the identity, as well as having an academic model in a graduate program that assists in professional identity development. Gerontology as a discipline is complex, since it is multidisciplinary. For example, there are several types of gerontologists: educational, such as a professor; administrative, such as a nursing home administrator; applied, such as a social worker; and as a research gerontologist. With all manner of disciplines having an interest in gerontology, interdisciplinary gerontology programs have developed a focus on core competencies across the various disciplines and the promotion of gerontology as its own area of study.

These authors suggested that clinical discipline gerontologists, such as psychologists and social workers, may not have adequate skills or knowledge to provide holistic care. There is little literature on how to promote a professional identity in gerontology. What is known is that those individuals having high professional identities are those with previous work experience who have a greater knowledge in their own profession. Developing a professional identity as a gerontologist comes from academic study and experiential learning. Experiential learning means it is learner–directed and is transferable from the academic
environment to the work situation. In addition, role models who display professional behavior, values, and beliefs are needed to contribute to identity–building in students.

The path to my development as a nurse gerontologist started early in my life. From an autobiographical work that I developed during this study entitled *How I Came to Love Older Patients* (Thurlow, 2014), I recalled and described my grandparents, especially my Grandma Junie, my mother’s mother. She was loving and kind and would bake cinnamon rolls and bread for us. My father’s mother, Christina, came to the United States from Germany by way of Russia and Ellis Island. She was in a nursing home by the time I had memories of her in the 1960s. She and I did not talk exactly, as she spoke German to me and I did not understand her most of the time. Today, I wish I could have heard her stories.

In the 1970s, I started out in nursing school and knew I liked older people, especially older male patients. As a staff nurse in the 1980s at a teaching hospital, I often took all the older male patients. I became certified as a gerontological nurse. In graduate school, I took all elder cases in my community health program. One of my favorite home health experiences was with three elder sisters. From my field note of August 16, 2014, I recalled my visits to these ladies who were in their 80s. I wrote the following:

One of the ladies needed monitoring of her new blood pressure medication.

One of the other sisters had a mental health issue and was stable on her medications. I did not have the third sister as a client but she happened to be there always when I arrived. My visits were a time to be social. There would be a lace tablecloth on the dining room table, and there was usually cake. It turns out that I ended up helping all three ladies get their medication boxes...
filled for the coming week. I remember having all three ladies sitting at the
dining room table with their pillboxes for the week in front of each of them.
Also there were three shoeboxes full of medications also within arm’s
reach…The shoeboxes held current medicines, old medications that they
didn’t use anymore, as well as some empty pill bottles. Ladies from this
generation saved everything. One day, one of the sisters ran out of a yellow
pill so she could not complete the weeks’ worth of meds in her pillbox. One of
her other sisters said wait, and rummaged around in her shoebox to pull out a
bottle of yellow pills. She proceeded to open that bottle of yellow pills, and
gave her sister the three pills that she needed to complete her weekly pillbox. I
was walking behind these three ladies at the table, and practically jumped out
of my skin. I stopped the transfer of three unknown yellow pills to the sister’s
pillbox just in time. I use this example with nursing students in older adult
health practice for them to understand how people can sometimes use and
abuse prescription medications without awareness.

When I graduated and moved to Kansas City, I took a job as a gerontological clinical
nurse specialist, where my focus shifted from caring for elders to helping staff nurses and
others better care for elders. In the 1990s, I became board certified as an advanced practice
gerontological clinical nurse specialist (CNS). While in the CNS role, I had the opportunity
to develop an older adult membership program at the hospital at which I worked. The goal
was to provide community–dwelling elders with more health information via programs,
newsletters, and consultations. My focus had shifted to include community networking in
relation to older adult health issues. I was additionally an Adjunct Instructor for a local nursing school that matched graduate students with practicing CNSs for role modeling and identity development. I also was a consultant on several research studies that were related to older adult issues and was a Committee Member for one student’s Master’s degree thesis on hardiness in elders.

In the 2000s, I began teaching a biological and ethical issues in aging course with an ethicist at a local university. Again my focus shifted to teaching students who were from many disciplines with varying levels of knowledge of aging. Gradually, I began teaching weekend one-credit courses in long-term care, successful aging, and intimacy in aging. I also began teaching an Experience of Health in Aging course that had previously been taught by another nurse. This was a core course for the Gerontology Certificate Program at the university and part of the online Bachelors in Liberal Arts degree. At my nursing school, I had moved from the director of the Learning Resource Center to teaching full-time in courses, such as Older Adult Heath Practice. I participated in re-developing that course into one focused more on functionality in and communication with elders.

In the fall of 2009, I began my Interdisciplinary Ph.D. (IPhD) work by focusing on education and aging. I took courses entitled Interdisciplinary Colloquium on Aging, Adult Development and Aging, Sociology of Death and Dying, Sociology of the Aging Woman, Ageism, and Independent Readings on college students and aging. I also participated in the mapping of gerontology content for the university. This dissertation concludes this degree, with a research focus on collecting data on college students’ experiences with aging and older adults. I have positioned The Aging Course within gerontology and service–learning
(Gendron et al., 2013) in that each student in the course will interview one elder for
approximately 12 weeks. In 2015, I presented a poster of preliminary results from my
dissertation at a national Aging and Society conference in Washington D.C. The special
focus of this conference is on intergenerational relationships.

I continue to feel tension when I describe myself as an educational gerontologist. I
meet the criteria of age, length of time in the field, and experiential learning. I do not feel that
I have had an academic model to follow to an end result. I have taken most courses in aging
at the university and teach a core course in the Gerontology Certificate Program. The
certificate program assists students in acquiring knowledge in aging, professional identity
development, and job placement. Because gerontology is a multidisciplinary phenomenon
and I entered it through the nursing door, it is difficult to grasp the variety of ways a person
can be a gerontologist.

I have just related my experiences and knowledge that situate me as an educational
gerontologist in our society. The stories that led me to this professional identity are
underpinned by how I came to know what I know, my PPK of experiences, and how new
knowledge has changed my stories. Unpacking these elements of identity will begin with a
discussion of PPK and the ways one comes to know.

**Personal Practical Knowledge**

PPK and ways of knowing give substance to my identity as an educational
gerontologist. PPK includes experiences, relationships, and the acquisition of new
knowledge. Connelly, Clandinin, and He (1997) stated that one of the ways to improve
education of students is to understand the expression and construction of the teacher’s
knowledge. Since I am a nurse and an educator, who teaches nursing students and other college students, I wanted to examine my teaching practices through reflection into my autobiography; literature; teaching stories; and creative writing artifacts. I hoped to understand more clearly my PPK as it related to my identity, tensions, principles, personal philosophy, and teaching rhythms.

PPK is a mechanism for identifying how we are knowing and knowledgeable people. It is found in an educator’s practice. It involves an educator’s past experiences; current thoughts and bodily status; and includes an educator’s future actions and plans. PPK is “a particular way of reconstructing the past and the intention of the future” (Connelly & Clandinin, 1999, p. 1) when dealing with a current teaching situation. PPK is also a way of seeing how an educator’s professional identity and experiences connects to her/his personal identity and experiences.

One way to understand tacitly held PPK is through reflective writing. In a weekly field note, I had discovered that “by reflection and re–reflection on the self, one can acquire new knowledge and new knowing of the self” (Field note, October 13, 2014). In another field note, I wrote that “I enjoyed getting to define myself a little bit more and clarify where I stand and why I think the way I do by writing reflective narratives” (Field note, October 13, 2014). More specifically, I wrote the following:

I did write down some things that I don’t ever discuss with anyone, things that are very personal but do reveal why I may be doing certain teaching techniques over others and why I have issues with certain things, or am good at certain things. (Field note, October 13, 2014)
Simply by taking time for reflection and the courage to bring up feelings and knowledge that might have been hidden, new awareness or re–awareness in the current context may be gained. This could lead to seeing one’s identity in a new way and may influence future actions.

**Ways of Knowing**

PPK helps a person identify that she/he is knowledgeable. There are several ways a person comes to know knowledge. In a classic article that analyzed the patterns of knowing in nursing, Carper (1978) stated that there are four patterns: empirical, aesthetic, personal knowledge, and ethics. The empirical area of knowing makes use of scientific knowledge. The aesthetic pattern of knowing involves the art of nursing. The personal knowledge pattern is considered the most difficult to master, yet it is the most essential area when it comes to what the nurse senses for his/herself as well as others, such as the patient’s meaning of health. The ethics pattern incorporates real time judgments of what is right and moral knowledge as it relates to nursing.

In the last few decades up to the present, nursing has had the view that empirical knowledge is the most important (Carper, 1978). My nursing school training, as well as several environments in which I worked, valued the empiric pattern of knowledge over other ways of knowing. Tacitly, we learned other patterns of knowing through experiences. The fact that the aesthetic, personal, and ethical patterns of knowing are so challenging in terms of awareness and reflection for me, may be due to the over–emphasis of the empiric pattern of knowing in nursing. In a paper that I wrote for my comprehensive examination, I also
commented on nurses’ ways of knowing in practice. I considered how the personal contributes to nursing practice. I wrote:

   It is the nurses’ own personal experiences first that allow the empiric findings to find a way into practice through the nurse…how empiric knowing is useful to a certain extent, but it is the changes in the staff themselves, especially in the realms of aesthetic and personal knowledge… that make the difference because they are grounded in personal experience. It seems that by igniting the aesthetic and personal knowing realms first, it allows nurses to be more able to understand and use empiric evidence and the changes in moral/ethical ways of knowing that follow.

   (Comprehensive examination, February 5, 2013)

The four ways of knowing described by Carper (1978) provide a way to view how nurses are nurses. The personal and aesthetic elements in the nurse are the gateways that allow the nurse to utilize all the ways of knowing to form the best path for achievement of patient outcomes.

   To further unpack how the nurse uses the ways of knowing for the patient, a deeper investigation into the elements of the ways of knowing is needed. In a monthly memo that I compiled for this study, I noted my thoughts about ways of knowing:

   In some ways, that ability to recognize how nursing views the ways of knowing and how skewed those ways are toward the quantitative, scientific views validates and strengthens my belief that the PPK ways of knowing are the overarching ways that allow one to choose to use the other, in my opinion, lesser ways of knowing to influence the outcome for a patient. (Monthly memo, December 24, 2014)
The nurse is creative in how she/he uses the aesthetic and personal ways of knowing to orchestrate the utilization of all the ways of knowing, in various amounts, to culminate in a potentially better outcome for the patient.

Nursing is not the only profession where there is tension in ways of knowing. Connelly and Clandinin (1987) stated that there is also tension in education between the modes of knowing and practice. Wraga (1999) wrote about the reconceptualization of curriculum that occurred in the 1970s, highlighting the gulf between theory and practice. The new view or reconceptualization seemed to be a tension between the modern and postmodern ways of thinking. The reconceptualized view included the curricular notions that: knowing or gaining knowledge included all experiences inside and outside of the classroom; there should be less focus on scientific predictions and more emphasis on context and discourse; and knowing should involve the inclusion of diverse peoples and views for exploration, thinking, and reflection. Schubert (2008) stated that curriculum is described by “experiential journeys that shape perspectives, dispositions, skills, and knowledge by which we live” (p. 399). Consideration of curriculum should include the questions of: what is worthwhile, why, how, when, and where is it worthwhile, and who does it benefit? Finally, Schubert (2008) reminded us that we should learn to live with ambiguity and contradiction regarding ways of knowing and curriculum.

As I was developing as a nurse, I had more explicit empiric nursing knowledge and only tacitly did I come to know personal, moral, and aesthetic knowledge. From my monthly memo, I stated that “I had not considered the ways of how I knew things” (Monthly memo, December 24, 2014). Through reflection I have uncovered the importance of these other
ways of knowing. I see now that I use the other ways of knowing in order to enact the aesthetic or art of nursing. For example, I knew that older people had less body water as they aged (scientific knowledge), which could be a risk factor for dehydration, confusion, and falls (personal experience with elders in nursing home knowledge). Since I could not force an elder to drink (moral knowledge), I had to use the art of nursing (aesthetic knowledge) to get the elder to drink more water. The art of nursing was seen in my employment of conversations recognizing the elder’s meaning on living an optimal life and creative drink ideas that the elder would accept as a new routine for health. For me, the aesthetic pattern or art of nursing is the most important pattern in that it uses the other three patterns as a background support to artfully help the patient achieve their health goals.

**Personal Practical Knowledge in Education**

As a new educator, I employed, often tacitly, the ways of knowing that I have described above, but I did not have the PPK that a teacher holds. At first, when teaching students, I used my nursing experiences and role modeled for students the thinking behind the nursing actions that I had chosen. Based on my reflection of teaching experiences and student evaluations of my teaching practices, I altered my teaching practices. Clandinin and Connelly (1988) described the PPK of the teacher as being the past experiences of the teacher. PPK inhabits the teacher’s body and mind at the present moment. However, it also combines the reconstruction of past experiences with an eye toward future intentions when handling present teaching situations. I tacitly and explicitly used PPK from nursing and my experiences teaching and interacting with other nurses and patients to reconstruct my personal practical knowledge. This included my intentions to choose reality–based teaching
strategies and to be present in the current experience of teaching nursing students. Connelly, Clandinin, and He (1997) stated that PPK influences every aspect of teaching and student learning. These aspects include: relationships with students; how the teacher interprets the subject contents and the importance of it to students; how the teacher presents the content using strategies such as inquiry and reflection; and how the teacher plans the curriculum and evaluates student progress.

Additionally, Clandinin (1989) added that PPK has experiential origins that include moral and emotional dimensions. In education, the modes of knowing are within the realms of theory. They include interpersonal, intuitive, and formal modes. Other characteristics of knowing in practice include: image, narrative unity, cycles, rhythm, and routine. Connelly and Clandinin (1987) reported that theorists take for granted the practicalities of school and at school, no one talks of theories. Additionally, there can be several modes of knowing at the same time. Instead of trying to identify particular characteristics to help decide which mode of knowing is present, these authors suggested focusing on the rhythm of teaching and learning and the shifting of knowing that occurs.

The ways of knowing that are described in nursing and in education are not fundamentally different. The formal ways of knowing in education are similar to the scientific way in nursing. The ethical and personal knowledge in nursing is akin to the intuitive and rhythmic ways of knowing in education. Finally, the art of nursing is comparable to the interpersonal ways of knowing and includes the image of the teacher. I believe that teachers and nurse educators use several ways of knowing simultaneously in their experiences and those of their students. At the beginning of being a nurse educator, I
used scientific nursing knowledge and the personal and ethical knowledge of knowing what is important from the patients’ view and for the patient from the nurse’s view. The art of teaching was not called upon as much because of my lack of experience in that area.

Now, as a seasoned educator, I can see; hear; and feel the rhythms of teaching and learning that I was unable to be aware of before. In a field note, I noticed that “I am also in a rhythm of wrapping up the summer courses I was teaching in by finalizing grades, final drafts of their papers, the culminating poster presentation event, and turning in of final course grades by the deadline” (Field note, September 21, 2014). As an experienced educator, I rely on the rhythms of teaching to keep me organized and prepared for what comes next. The art of teaching or the aesthetic ways of knowing are more prominent in my awareness and more easily drawn upon today. I am at a place where I am open to new teaching strategies and their influences.

Connelly and Clandinin (1987) stated that “knowing is an experience” (p. 178), where knowledge and action combine within the teacher along with personal narratives and intentions to perform the act of teaching and learning. The PPK of the teacher is embodied by the teacher through his/her history and through the act of teaching. Theoretical ways of knowing are seen in concepts and cognitive disciplined inquiry. Thus, all forms of knowing are seen in the teaching learning act. “[A]ny set of curriculum materials, teaching act, or learning situation embodies, consciously or otherwise, modes of knowing” (p. 181).

My professional gerontologist educator identity is supported by my PPK and how I use my PPK as a way of shaping the curriculum. Through the course of this study and my related effort to unpack experiences pertaining to my practices, I have come to see that I use
my PPK in several ways while teaching students. For example, from my experiences setting the tone of a course at the very beginning, I often tell students that I am always learning too, that I do not have all the answers, and that the kind of environment that I want to have in the course is one where people ask questions as they learn and reflect on their experiences. I use the wisdom that I have gained from past teaching experiences to help guide me when unexpected occurrences arrive with a student or in a clinical situation.

I often use stories of experience to connect theory content to practice. For example, in The Aging Course DB, when we were talking about physiologic issues that elders face, such as Diabetes Type II, I noted that:

I made an entry about my father and his struggles with type II Diabetes when he was alive. I was surprised that it was so therapeutic for me to write about these things… I have told these stories many times in clinical conferences with nursing students in older adult health practice. I mostly tell the same stories in the same way. Sometimes I tell it differently to make a point or illustrate a message to students. (Field note, October, 5, 2014)

In addition, through previous knowledge on how to keep the attention of students, I often would dress–up as an older woman and develop a story script where the older character would share parts of her life, highlighting the content areas to be covered. Furthermore, I have noticed in teaching that my students also like it when I share my passion for the content and go that extra mile to make learning fun and interesting.

Conversely, there are some ways of teaching that I experienced that I would not include in my curriculum. As a student nurse in the mid–1970s, I experienced 8–hour days of
pure lecture from overhead projectors in a classroom. During my Bachelor’s degree in the early 1980s, we had distance education that consisted of a group of students who were located in Lincoln, Nebraska, where we could see the other distance students on a television screen who were in Omaha. If we wanted to say something, we would have to press a button on a tabletop microphone and ask the question. There was not much free-flowing discussion or telling of experiences in courses that were taught in this manner. These impersonal experiences aided me in seeing the value of relating experiences and reflection as a teaching strategy.

**Intersection of Professional Identity and Curriculum**

Connelly and Clandinin (1999) stated that identity and curriculum shape each other in complex ways. As a result of my work on my identity through S–STTEP and narrative analysis on my own reflections, I have discovered that I have a higher level of knowledge and confidence regarding strategies to use in gerontological education than I had previously thought. When interviewing my colleagues who teach gerontology courses, I realized that I had implemented more varied teaching strategies and at one point even encouraged using a strategy to an interviewee. In a field note immediately after the interview of one of those faculty members, I wrote:

She also interjects her own aging and stories about her dad into courses but she feels embarrassed a bit about that since it’s for ‘student enjoyment.’ I interjected here that I often tell stories of myself or especially my relatives to get messages across in a story venue so that students might be able to connect with something I said…It sounded as if she was considering using more stories in the future. (Field note, October 6, 2014)
This recognition of my PPK has given me more confidence when shaping a course to include more narratives and reflection opportunities. In a field note, I wrote that “I thought during the interview that I knew more about teaching techniques or I at least felt more confident in using story as a strategy” (Field note, October 20, 2014). My enhanced PPK from developing this study and previous coursework has expanded my self-assurance in choosing and recommending selected teaching strategies that involve reflective narratives and stories. This self-confidence was evident in a monthly memo I wrote stating: “I felt I had something to offer her in the way of encouraging her to tell stories in her courses and gave her the OK to use her dad as a story subject” (Monthly memo, October 21, 2014). In further reflection on my newly discovered strength in choosing teaching strategies, I expressed that:

   It’s interesting to…notice how I weave personal and professional stories together all the time. I put family stories in the DB quite often to highlight a thought a student or participant had. I do this purposefully as a teaching strategy. (Field note, October 26, 2014)

As a result of this inquiry into myself, I have uncovered tacitly held PPK and knowledge about the utilization of narratives, reflections, and stories within my curriculum teaching strategies.

   My newfound sureness in gerontological teaching strategies has also bolstered my opinion of myself and the value I can contribute to the education of students at the college level. Another way my confidence has increased was explored in a field note when I stated:
I always felt my opinions were not as important as others people’s opinions. I didn’t speak my mind and was not comfortable talking in a big group, where I would be noticed. I look at what I just wrote and in some ways, I wonder who I am talking about. Yes, I today still do not like to talk in big groups but I do find myself speaking up at faculty meetings, but not right away. I have opinions and am better at stating them, thinking that if I think this way, I know from past experience that others also think like I do. I don’t feel uncomfortable in most of my work settings, rather I feel confident. Maybe that’s it: confidence. It seems that I have had a lack of confidence in past years, making my behavior mirror my lack of confidence. Also, I think it’s that I am doing something that I love to do and think that I’m good at. (Field note, October 13, 2014)

I am more empowered now than ever before to speak up and communicate more overtly the messages I feel sure are the right path to take in the educating of students. From my doctoral coursework and experiences applying this new knowledge to the practice settings I teach in, I feel more confident that I can be a leader in curriculum strategies.

In this next academic year, there is an opportunity for me to take the lead in revising the Older Adult Health and Older Adult Practice courses at my work place. My investigation of myself, my PPK, and ways of knowing have strengthened my identity as an educator so that I can contribute more substantially to curriculum enhancements. These recognitions might encourage my use of a teaching strategy on a continuum. For example, a new teaching strategy might be developed. What I have in mind is: having students engage in storytelling about themselves and an elder from past experience; have
them experience new experiences with an elder or elders; then students would write narratives about that experience; and then re–tell stories about themselves in relation to an elder or elders. Alternately, I might consider including content on ways of knowing and have students reflect on how these ways of knowing are shown in their experiences with elders through narrative reflections. This will be helpful when attempting to revise these aging courses.

Another way my identity as an educator has been enhanced through self–study was during the contemplation of writings from Connelly, Clandinin, and He (1997), when they discussed teachers’ stories to live by or how a teacher sees herself/himself. As a result, I developed a list of some beliefs about teaching that I had not previously recognized that I held. From my field notes, I wrote about some of the beliefs that might make me an effective teacher:

1. I respect the students in what I say, how I say it, and how I write to them.
2. I value discussions, clinical conferences, and reflection tons more than any test.
3. I believe in helping the student just that little bit more, stay just a few minutes longer, and try to get the message across in a different way if that is needed.
4. I care for the students…I would like to know about them, what issues they have so that I can see if I can try to make it a better learning experience for them.
5. [I believe] my reflections on myself as a person, a teacher, a researcher, and as a gerontologist [can help me better] understand how to be effective. (Field note, October 26, 2014)
Through recognition of some of these stories to live by, I have strengthened my identity as an educational gerontologist. I can take these beliefs to the table when re–shaping the older adult courses. I can also re–tell my stories as I gain more knowledge, increase my PPK, and interact with others in the future.

The study of myself included contemplation of reflective narratives, autobiographical writings, new knowledge of PPK, and ways of knowing. It also included analysis of coursework writings, field notes, and personal journal entries of my experiences. Through this focus, I have strengthened my understanding of myself and the facets of my identity. Without this self–study portion of my dissertation, I could not re–story myself as a more confident and knowledgeable nurse gerontologist. During this exploration of myself, I was able to strengthen my understanding of myself through the uncovering of an influence that affected my views and behaviors throughout my life. I relate in the following sub–section of this chapter how this influence was my mother.

**An Aesthetic and Emotional Dimension of My Identity**

An emotional and aesthetic dimension early on in my life has profoundly shaped my identity, and thereby my personal story to live by. It has also affected my professional stories to live by in several ways. The following story comes from my personal journals about the mother–daughter relationship.

My mother was born in 1932. She was in high school and college in the late 1940s and early 1950s. In her generation and context, despite her father’s foreshadowing that a college degree in nursing would be beneficial for his identical twin daughters, the prevailing goal was to get married.
It was important to have a slim physique in order to find a husband. This is the message that I also received starting in the second grade. The problem was that her daughter was chubby. My mother began sending me to Weight Watchers when I was 9 years old. I continued attending with a neighbor boy that I babysat for until I was probably in middle school. The discussion of my weight with my mother was an ongoing topic for years. This focus on weight, how no one will want me if I am not thin, had a profound effect on me.

This internalized message caused me to become quiet and try to be invisible in class. I believed that my opinions were less than everyone else’s, since there was something wrong with me. I was ashamed of my body and how I looked in clothes, and I agonized over having to talk in class with attention focused on me. I would be so embarrassed when the teacher called on me in class, I would turn beet red in the face and even if I knew the answer, I was unable to blurt it out coherently. I tried to hide behind the person sitting in front of me in class. I never had the right clothes or thought I did not look right in the clothes compared to the other girls. I never had the right shoes, since I had genetically acquired bunions at a young age which caused me to wear support shoes that fit my feet well. Despite this, and probably because I had an underlying cheerful and friendly personality, I continued to be myself with my friends, who already knew me for myself.

My experience that I described above had a lot to do with my educator stories to live by. As I narratively reflected on a personal journal entry and a creative writing piece (September 3, 2014) on how I conduct clinical conferences with small groups of nursing students in older adult health practice, I recognized how my behaviors were influenced by my past experiences of being a student. The personal journal entries about my childhood
were threaded through to how I create the learning environment of the clinical conference. For example, I rarely call on anyone in class; rather, I ask a question and let students choose to respond. My personal experiences of being called on in class were so uncomfortable. In my desire to establish a teaching and learning environment where students feel comfortable sharing their stories, I encourage them to share or respond when they are ready. I do keep an eye on those who are quiet or those who do not speak up in clinical conferences. I try to pay attention to their reflection papers or discussion board posts, and I have private conversations with them to be sure that they are getting the material and do have something to say. I understand that I and my students’ backgrounds, knowledge, and experiences shape how we participate and what we say in conference.

Another example of how my history influences my thoughts and behaviors about teaching occurs in the physical assessment course where I feel a lack of teaching confidence. From my reflections and analysis of personal journals, I see that I live with a tension when teaching topics with which I am not very comfortable. In these areas, I rely more on lectures and my notes, since I do not have as much experience in this area and related stories to tell. Part of the tension that I feel is my own lack of confidence based on my previous training. The biggest area of tension is the physical assessment course in which I am currently a Lab Instructor each fall.

My diploma program in the 1970s and my Bachelor’s degree in Nursing program in the 1980s prepared me well for the staff nurse role back then. In my Master’s degree program in Community Health in the 1980s, there was an assumption that if I was enrolled in a Master’s program, I had adequate physical assessment skills. The program did not have an
advanced assessment course in the Community Health tract. I did have adequate skills but not advanced assessment skills, which are required nowadays for Master’s degree students. Even though the physical assessment course I teach now is a Baccalaureate level course, I have come to see that my mental view of my inadequacy might get in the way.

Another notion that might get in the way of my teaching is my expectation that I know more than the students do in whatever course I am teaching. From a reflective writing story on living contradictions (September 30, 2014), I wrote:

I have a high standard that I try to achieve in any lesson or paper to be done. It is important for me to be seen as knowledgeable and smart. When I have to speak, I try to sound like I know what I am talking about. I always worry that I do not know as much as I need to in case people ask me questions. I always want to know more than everyone else in the room, just in case.

There are several ways I combat these issues. When I am in physical assessment lab with students, I like to teach alongside an instructor who has previous experience in the Intensive Care Unit (ICU) and has many years of PPK about assessment. We have two groups of students in a laboratory environment, one for each instructor, but we help whoever needs it whether they are in our group or not. I am usually the one who sets the tone of the lab. I do the introduction, describe the kind of learning environment where questions are welcome, where looking up the question is expected, and that everyone in the room is learning, including the instructors. As I go around to the different dyads who are assessing each other, I approach them in a friendly manner, asking if they are doing okay, and I always have my book with prepared page numbers and definitions for whatever body system we are
on that day. This way, I can cover up my feelings of inadequacy as I have all my notes and my book with me and am looking up information with the students at the bedside.

The work of Crites (1979) helped me to understand that I might be experiencing self–deception, which is a cognitive experience where a person has incompatible beliefs despite evidence to the contrary. In self–deception, there is a subversion of personal agency which struggles against the persons’ identity. Self–deception is conscious, an embarrassing constraint one experiences, an incapacity to recognize one’s self as being who we are. Professionally, self–deception occurs with this particular physical assessment course despite very positive evaluations from students. Crites (1979) stated that consciousness can be awakened through experience and reflection through narratives. Through this reflection of my identity, I might be able to slowly change my thinking about tension in the assessment course. My connection of self–deception to my ability to teach was a recent revelation for me as I was reflecting and writing about my identity in ways that I have not discussed before. Crites (1979) suggested that truth–telling and experience show the motivating story of who one really is, which I uncovered by revealing and telling my story.

This tension described above was also discussed by Connelly and Clandinin (1999) when noting that dilemmas connected with a teacher’s identity are shown by how a teacher lives out his or her work. Discrepancies might be experienced by teachers between their identities and formal curricular expectations of the teacher’s role. In illustration, formal curricular expectations say I am expected to have the ability to teach physical assessment to students. My identity in the area of physical assessment is weak and this leads to tension. Additionally, my physical assessment skills and ability to teach it are quite adequate, but my
identity includes my expectation that I know more than the students and that means knowing more in a high-level way. My own expectation of myself gets in the way of my identity and puts a dent in my stories to live by. I teach this physical assessment course every fall semester, but my self-deception feelings of minimal expertise never improves despite teaching it numerous times. It appears that my view of my lack of experience increases my anxiety. By narrative reflection, I can begin to come to grips with this tension.

Through these stories of personal tension and reflection, I am coming to understand this facet of my personal identity and how it influences my professional identity in certain situations, covering up my PPK with a thin film of anxiety. By a focus on self-study of my teaching practices, I can better highlight my strengths and take steps to alleviate my tensions through awareness as a result of reflection. My feelings of inadequacy have lessened as I have understood how my feelings have a history, discovered through my analysis of my personal journals. I have gained new insight into how my childhood experiences of inadequacy have influenced how I behave as an educator and from that new awareness I can take action to change. I can re-story myself as an educator when I might change my actions to reflect the confidence that comes from new awareness and knowledge of myself. Hence, I can better care for my identity and become stronger as a result.

As well, through analysis of reflections and personal journals, I have noted that these stories of personal tensions are not present when I am teaching in The Aging Course or in older adult health practice. From my field notes of an interview with my colleague participants (November 6, 2014), I noted the following:
I…thought during the interview that I had more experience in teaching gerontology students than [she] did… I also think that [Carol was] slightly intimidated by my questions and my knowledge of gerontological education strategies and my experience teaching a diverse group of learners.

The PPK that I have related to aging and teaching about aging has been developed over decades. My professional experiences with older adults, personal experiences with aging parents, and years of teaching aging to a variety of learners has left few areas of knowledge deficit. In addition, my preference for teaching about aging lifts me up to a level of teaching and storytelling that utilizes my PPK and creativity to the fullest. My PPK and knowledge about aging have given me power in the form of confidence. Alongside a focus on experiential knowledge, there are other power influences in education.

**Power and Identity**

Power influences identity in several ways. Power can shape an identity. As a child in school, traditional definitions of school during the time I attended in the 1960s, were imposed and carried out by those in power positions, such as teachers, principals, and district administrators (Berger & Luckmann, 1966). From my coursework in curriculum theory, I recall a story assignment about educators and their influences on me throughout my years of schooling (September 10, 2010). I reflected back to positive influencers, such as Mrs. Huelle, the Advanced Language Arts teacher for 4th through 6th grades. She would read to us every day as we would lay our heads on her desk and just seep into the desk and the story. She also was the teacher who used the research paper on a topic of our choice and presentation strategy to infuse a love of inquiry. Another positive influencer was a professor in the
educational technology department at the university where I was working on my Ph.D. My story assignment had me remembering her when I wrote:

She made me feel that every idea I had was important. It allowed me the freedom to think beyond what I had known before, tying concepts together, projecting what might be needed in the future and developing tools that were useful in course papers and in my work [as a nursing instructor]. She also is a role model for me in perseverance during adversity.

There seem to be more influencers who used power for control that culminate in negative outcomes. In this same story assignment (September 10, 2010), I recalled my second grade teacher calling me up in front of the class, along with two boys, for missing too many questions on a test. “I was getting verbally reprimanded with them and I was humiliated.” In high school, I loved physics but not my physics teacher. I recall that:

He zeroed in on the fact that my face would turn bright red if he called on me. He would purposely shake his head in disappointment when handing me back the test just to see if I would turn red or look like I was about to cry…. I also stayed after school every day to work on the physics problems for the next day in case he called on me to write one on the board and explain it to the class. If I had to be in front of the class, I felt that I should at least have the correct answer to keep my embarrassment to a minimum. I ended up loving the problem solving involved.

It could be that this teacher was really trying to toughen me up for the real world through having me experience such tension and discomfort in his class. He had been
in the military so maybe that worldview could have influenced his teaching strategies. However, he was probably unaware of the trauma he added to a student who already had a wobbly confidence and self–loathing condition for many years. In the end, he did not enhance my love of physics– that was already there. He just made my learning experiences more difficult.

According to Foucault (1972) power is always present. Power is woven within many kinds of relationships, such as family; school; and work relations. These interconnections are seen in the different types of simultaneous layers of domination/resistance dichotomies experienced by members of society as they live their lives. Chapman (2003) suggested that power is productive as it produces people who will become adults with professions. Chapman (2003) also stated that pastoral power, which embraces Foucault’s three kinds of power, is often present in educational settings. Physical power, written and/or speech power, and relationship power come together to become pastoral power as could be seen in subtle ways in nursing education, such as the power exerted for a person’s own health and well–being. Physicians, nurses, and other health care professionals exert pastoral power when performing procedures that may be uncomfortable but will benefit the patient at a later date.

In a reflective journal on how I came to love older people (August 16, 2014), I recalled the next story about pastoral power when I was a staff nurse:

A lovely widowed lady who I will never forget was a patient of mine on seven West. Her name was Muriel [a pseudonym]. I remember her because she was quite ill and was quite sad and just wanted to probably fade away. I don't remember why she was there in the hospital but I remember taking a
wheelchair into her room and asking her to get into the wheelchair so that she could go down stairs for another test. Muriel was very tired and she didn't really want to go. This kind lady did what I asked her to do. I helped her into the wheelchair even though she did not want to go and she was so very tired. After she came back from whatever test or x-ray, she was laying in the bed and a few hours later she coded [stopped breathing and had no pulse]. I still feel bad about that to this day. If I had known she would die a few hours later, I would probably have tried to convince the doctor or the resident not to make her have that test. I do think that this was her wish to die but we never really discussed it. It was just something that I felt I knew about her. After all these years, I still remember her name and I still feel bad that I made her have that test. I wish I had done more.

It seems that my pastoral power was misplaced. Instead of encouraging the test that might benefit the patient later, I should have focused more on her wishes and situation.

As an adolescent and young college student, the power of school relationships with teachers and classmates helped to shape an awareness of my development of personal and professional goals (Freshwater, Taylor, & Sherwood, 2008). My identity developed as I navigated through experiences, gaining knowledge about myself in different contextual situations. “Our ‘stories to live by’ are the narrative expressions of how we are in our worlds” (Nelson, 2008, p. 207). In addition, as a nursing student, clinical supervision could be seen as surveillance of myself by faculty members who have the support of formal
structures to exercise control over me and other students. However, years later and from the view of the supervising faculty member, well-conducted supervision can encourage students to draw out reflections that allow the students to identify their own ways of knowing and knowledge. As a practicing nurse and nursing instructor, reflection of my own practice can lead to more awareness of myself and my practice, which can then lead to improvements in those areas (Freshwater et al., 2008). Thus, based on my many years of experiences as a nurse and as a teacher, I have gained the authority of position as a seasoned teacher (Pinnegar & Hamilton, 2010).

Power is evident through instructional strategies used from childhood to college. For example, as an educator, I have power over students in my courses via the use of particular instructional strategies and power relationships. A particular power issue in my dissertation is that I am the instructor for the course where I am asking students to become participants in my dissertation study. I have knowledge power and the power of authority since I am the teacher of the course. However, as a doctoral student, power relationships and knowledge relations are visible in required coursework and dissertation committee examinations experiences that I have had. As a faculty member who is at the dissertation writing stage, I recognize that administrative faculty members view me in new ways that could involve me as a leader or see me as more useful in future graduate programming. These faculty members have power to assign me to a course, based on skills and the needs of the college.

The above discussion on power has centered around stories of my experiences in childhood, surveillance during clinicals as a student nurse, pastoral power used by me as a nurse toward a patient, and the power of the student, instructor, and researcher. In addition to
these more relationship–oriented or personal experiences of power is a view of power within our society, focusing especially on the community of researchers.

The identity of qualitative researchers can also include issues of power and oppression. Rice (1992) stated that Foucault viewed power as both productive and repressive. Embracing qualitative research can push back the more traditional objective and generalizable ways of quantitative research, which can lessens its “false power differential” (Pinnegar & Hamilton, 2010, p. 34). Clandinin and Rosiek (2007) stated that “the interdependent relationship between knowledge and power implies that oppression operates, in part by artificially narrowing the range of what counts as legitimate knowledge” (p. 54). McNiff (2007) further identified that qualitative research combats the hegemonic power of dominant stories, which have normalized the research community and prevented other legitimate stories from being heard.

As a qualitative researcher, the authority of experience in utilizing rigorous research methods can demonstrate trustworthiness to the research community. Nelson (2008) stated that narrative inquiry research can demonstrate that experiences have “educative power” (p. 207) and that reflective practice could alter a teacher identity by exposing it, reconsidering and questioning it, and then affirming it, thereby increasing confidence in the teacher–researcher. Chapman (2003) agreed, stating that self–writing can allow power to surface.

I come from the more quantitative–focused world of nursing and medicine that seems to have dominated the thinking for many decades. My master’s thesis was a quantitative study and the other studies I have been involved in over my 36 years as a nurse were also
quantitative in nature. Once I embarked on my doctoral studies, I became aware of a shift in this thinking as I read more and more qualitative studies in nursing, education, and other disciplines. I have read and experienced what Chapman (2003) noted above: that writing about the self in reflective narratives can be empowering. My identity has been strengthened through self–reflective writing, my doctoral experiences, and the application of new knowledge to my own teaching practices. I have become more confident in my power to influence change and in the power of qualitative research pursuits.

As a result of this process of self–inquiry, a teacher can better be prepared to participate in the discourse within the research community. Pinnegar and Hamilton (2010) stated that participating in discourse rests upon the integrity of our research, which is judged by others. The power of S–STTEP is in the stories of practice that could stimulate new understanding by educators and the research community in general, and more specifically, in gerontology educators and gerontology education.

In addition to the tensions that power can bring, I experienced tensions in finding a place for myself in nursing. I felt like I did not fit in and experienced discomfort. I consider this more fully in the next sub–section of this chapter.

**The Tension of Searching for a Place**

I experienced tension when searching within the profession of nursing for a place where I felt that I could develop myself as a nurse who had fulfilling stories to live by. Connelly and Clandinin (1999) related a story of a nurse educator who was searching for a place within nursing where she could live a satisfying story. I related to her struggle. My story to live by was initially formed by my first nursing school experience. The place of the
nurse in the mid–1970s was as an assistant. From personal journals, I remember seeing the charge nurse gather up the charts for particular doctors who were arriving for rounds. She would either carry a cart with many charts on it or carry the few charts needed. She would walk into the patient’s room behind the physician and write down whatever he told her to write. Another story from my personal journals that I will never forget was about a doctor who liked to make rounds with any medical student he had following him and any nursing student available. During these rounds, he would try to trip students up. One day he had his sights set on me. He asked me directly, in front of the other students, what the percent of oxygen was in room air. I didn’t know that and I was very embarrassed. The answer is 21% and I will certainly never forget that. Along with my reflections from curriculum theory coursework (September 10, 2010) about being reprimanded in front of the other students in second grade and my fear of talking in class that called attention to myself, this rounding experience with other health professionals just added to my feelings of embarrassment and tension. This was not a place that I found satisfying. However, these experiences shaped how my educator story to live by today has me speaking to students in private about grade issues and trying to encourage students to speak up on their own without calling on them directly.

After graduation from diploma nursing school, I took a job at a nursing home where I was the one in charge. In this place in my nursing career, I felt that I was expected to know everything and I felt responsible for all residents. I had much to learn and felt inadequate in certain situations, but I was quite comfortable with the relationships that I had with the residents. This guided me in noticing changes in their health. After graduation with my Bachelor’s degree in Nursing, I took a job in a teaching hospital on a medical–surgical floor.
Of all my hospital experiences, this place strengthened my story to live by the most. I became more comfortable than uncomfortable in this place. The staff nurses in this teaching hospital were respected for their knowledge, opinions, and ideas. The nurse was viewed as a very vital member of the team caring for the patients. I bloomed in that environment and became a charge nurse.

I still felt I was not in the right place for me, but it was quite tolerable. After about a year in that role, I began work on my Master’s degree. To have time for my nursing studies, I began working as a float nurse. I did not last long in the float nurse role. I was very unsure of the location of equipment, to which nurses I could ask questions, and the procedures specific to each unit in which I worked. This increased my anxiety related to my confidence and expectations that I held for my professional self.

When I graduated with my Master’s degree, I moved to Kansas City and took a job as a gerontological clinical nurse specialist in a hospital. I was new to that role and could not articulate exactly what I could contribute to the institution. The hospital also could not articulate what they needed from me. As a result, my job was reconfigured three times before the trend of having clinical nurse specialists was phased out. During this hospital experience, I felt that my view of the value of my professional role had changed. Instead of viewing this role as a step forward in a career that I cherished, which gave me an identity that I was proud of and in which I strove to improve, I found myself viewing my role simply as a job. I knew my role was not a good fit, but my husband was in dental school and we had two young children. My focus was on caring for my children, encouraging my husband in school, and work came in last place.
After my clinical nurse specialist job had ended, the next place I found myself was in the Nursing Education department of the hospital. This is where nurses teach nurses about the latest equipment and procedures and provide continuing education. When this department deleted the part-time employees, I was without a nursing position for three months. I eventually was hired by the College of Nursing as the Director of the Learning Resource Center. I knew that this role did not make good use of my skills, except in the organizational realm. However, I knew this place was also a chance to gradually begin teaching nursing courses.

Teaching was what kept me going. When I had taught in several practice courses outside of the hospital setting, the value that I placed on my professional identity was rejuvenated. I knew that I had found the right place! After two decades of being a nurse, I had finally found a place where I was very satisfied with my story to live by, and I can remember feeling relief and renewed vigor in this discovery.

In this study of my own practice and PPK through reflection, the story describing my encounter of the right place in teaching has proven to be pivotal. It has allowed me to fully come into my own as a professional teacher, colleague, and leader. This story of triumph leads me to strive for even greater awareness of my place, to elevate and improve my stories to live by, and share these stories as I go forward in teaching society members related to aging issues.

Within narrative inquiry, the inquirer can gain knowledge of herself or himself by attending to her/his stories to live by where new insights may be realized through reflection. Clandinin & Connelly (2000) offer inquirers a way to become aware of elements in one’s
stories that may reveal new understandings of the personal/social, the temporal, and the situational aspects of one’s life and teaching through narrative. I have been engaged in a study of my own self as a person and as a teacher. Through the work of Clandinin & Connelly’s (2000) narrative inquiry, I am able to recall and reflect on some of their notions of tensions, borders, and various facets of my identity. In the following chapter sub–sections, I highlight these concepts as I unpack various aspects of my PPK as a means of indicating ways that my practice has been shaped by experiences.

**Multiple Identities**

A person can have multiple identities, all of which have histories (Connelly & Clandinin, 1999; Greene, 1995). Our stories to live by, or our identities, show different facets of a person depending on the context or situation in which the person finds herself or himself. For example, my identity as a mother is focused on helping my daughter who has learning challenges to have good study habits so that she can pass her high school classes. In this story to live by, I encourage a structured routine, deal with pushback, model organization and attention to detail, and try to encourage my daughter to advocate for herself. According to my daughter, I am a marshal of the law, who sets the rules, takes privileges away, and does not let her do things in her own way. Alternately, my nurse educator identity has a different facet but uses some of the mother behaviors in different ways with students. The nurse educator identity sees me focus on each individual learner by being lenient in areas where previous student experiences allow it; rarely dealing with pushback — instead sending carefully worded emails; and respecting the students’ ability to complete the coursework in their own way within limits. Facets of my multiple identities or stories to live by can also intersect. For
example, my familiarity and experience with my daughter’s learning challenges and her need for accommodations in the learning environment have made me more comfortable with and understanding of students who also have learning challenges and need accommodations for tests or in learning the material.

I also have an identity as a researcher that spans back to my early childhood. When I was in elementary school, there was a Language Arts class for students who were above average in this area. Those early experiences may have been the beginning of my love of paper and pencils, reading, books, and inquiry. I loved to read and that love has just gotten stronger as the years have gone by. In my nursing career, I have presented papers and posters at many events. I continued to be involved in research projects in a more peripheral way until the way became clear for me to pursue my dream. My friends were not surprised when I told them that, at age 50, I was going back to school. Connelly and Clandinin (1999) suggested that the examples above show the “personal and professional conditions under which professional identity is formed and sustained” (p. 98). As a doctoral student and as a teacher, I have experienced some tensions in boundaries and borders that are expressed in the following two chapter sub–sections.

**Tensions in Border Spaces**

A feature of professional knowledge might be the borders of that professional knowledge (Connelly & Clandinin, 1999). There are several different types of borders within education. One border within the classroom or clinical setting is that between the teacher and the student. This could involve the level of shared familiarity the teacher has with the student, the amount of assistance a faculty member gives the student, or instead, allowing the
student to ponder to achieve the knowledge expected on her/his own. Another border outside of the classroom can exist between two faculty members or a committee of faculty members. This could include the level of participation in course development, or the agreement to take on the leadership role based on previous experience with the task or the teacher’s desire to raise the level of her/his involvement in the life of the school.

Another border that flows between the school and the teacher’s home as well as blurring the lines between the professional and personal is the work the teacher or student does after the school day has ended, such as generating or grading lab write- ups or concept maps after dinner. Connelly and Clandinin (1999) remarked that borders and the things that occur on either side of the borders often have a history. The histories can highlight how a study habit, curriculum idea, or policy can cross the borders, as well as remind faculty and students why and how things are done at their institution.

Several experiences with borders and the crossing of borders have shaped my view of the relationships between nurse educators and students professionally and personally. The first example of tension at the borders is a story that came from my reflective assignment in a curriculum theory course (September 10, 2010) during doctoral coursework. The chair of the Community Health Nursing department taught a final community study, where students assessed two census tract areas of Omaha and applied the nursing process to improve the health of that particular area. This professor chose me to lead the study and another student to write up the study. The other students in the course also contributed greatly to the study. This particular professor liked for me and the writer to come to school on Saturdays to discuss the study. We were always the only three people in the building. She made it clear that we could
not decline to attend despite the fact that the writer had to drive from Lincoln and I had to
miss my soon to be sister–in–law’s bridal shower. This professor also liked for students to
come to her home individually on the weekends to discuss the courses and the students in the
courses. As a student, I felt very uncomfortable in her home and in discussing other students
in the program. I felt that the faculty member crossed the border and compromised the
relationship between the teacher and the student.

A second example from the same reflective assignment (September 10, 2010) of
boundary tension was also when I was in graduate school. Two women professors, who lived
together and shared common hobbies, were on my Master’s degree thesis committee. These
professors needed to go out of town, and they asked me to watch the group of dogs that they
bred at their home. I had used one of those dogs for my experimental study for my Master’s
degree thesis regarding the effect of a pet dog on institutionalized elders. I felt uncomfortable
agreeing to their request, as I had thought ahead of scenarios that could jeopardize my
relationship with these professors and the completion of my thesis and graduation. I also
knew that these professors were intensely competitive in a school environment that
demanded external funding. I was concerned about how my thesis was already being used in
an argument that I knew was happening but did not understand, between the Graduate Dean
and the Director of the Research Center, who was on my committee. In general, this school
environment also included practically no interest in personal interaction between professors
and students, except for my unusual dog–sitting request experience. This environment
initially shaped how I perceived educator–student interactions going forward.
However, when I first experienced the environment of the College of Nursing where I now work, it was quite different from what I had experienced before. It included an awareness of how a relationship with students could be beneficial. We were encouraged to get to know our students in a friendly but professional way in order to maximize student and faculty learning and to enable us to anticipate difficulties that would prevent students from being successful. This new view fit with my identity much more comfortably. However, I have also seen this view go to the opposite extreme when a faculty member develops relationships with students that, for me, crossed the boundary of professional educator into the realm of the friend. My past experience and treatment as a Master’s degree student in the mid-1980s in a non-relationship building environment may make the boundaries I set seem more rigid than what is usually present in my current environment. My boundaries include: communicating with students in person or via email or text regarding course issues only; not being a “friend” with them on social media, politely declining invitations to after school bar gatherings or happy hours; declining graduation galas where drinking and dancing occur; and meeting students only at the main university campus, in my office, or at an official clinical site. Any activities or relationships outside of these boundaries are uncomfortable and cross the borders for me.

I experience tension with the boundaries that I have set for myself. These boundaries seem incongruent with the friendly, approachable identity I enjoy. I would love to get to know the students and their histories more fully, but my boundaries keep me from attempting to gain some of that information. I have a current dilemma that causes tension with my established borders and particular students. The dilemma is that my oldest daughter attends
the same university at which I am a faculty member. Some of my advisees and students in my courses are friends of hers or are in the same sorority. I must be hyper vigilant not to share information that I receive from my daughter or these students who know her. In addition, I cannot share information that I receive from students that may be related to my daughter’s relationships with these students.

To add another layer to this boundary awareness, my daughter will be enrolled next year in the accelerated option Bachelor’s degree in nursing program at the College of Nursing where I teach. We have already spoken about boundaries. We talked about how she and her classmates can talk or complain amongst themselves but I am not to be involved. My daughter is encouraged to discuss issues with the faculty member of the course and resolve issues in that way. We will not discuss her thoughts about teachers, and I will not discuss students in her class who are in my courses.

The boundaries that I set as a student with the Chair of my Doctoral Dissertation Supervisory Committee may also be too stringent. In some of our discussions, I have told her of my view of boundaries between my students and my identity as their professional educator. Now, as I am the doctoral student, by relating my boundaries about my students, I may have unknowingly communicated a way for us to relate that has stiffer boundaries than I would have liked. I would love to get to know my Chair in a more personal as well as a professional way. It could be that during the time where I am the student and she is the professional educator, we should live within this boundary relationship. But when I am no longer a student, I would really enjoy a relationship where the boundaries have changed to become more open and more collegial. In addition to spatial borders, which can often be seen
visually or visibly marked, there can also be temporal borders involving the notion of time, which are often in the mind or formally established on paper.

**Temporal Borders**

Different curriculums, varied stories to live by, as well as cycles of school can create temporal borders (Connelly & Clandinin, 1999). These authors noted that schools exhibit cycles, such as daily, monthly, and yearly cycles. Daily cycles can include hours of instruction and study. Monthly cycles can include the study of one or several courses within a progressive sequence. Yearly cycles can include beginning the accelerated option nursing program in August and a year later, graduating from that program the next August. “Cycles of a certain duration, therefore, determine a characteristic sequence of events, at a certain point in time, and at a certain rate of occurrence” (Connelly & Clandinin, 1999, p. 104).

I have come to experience my own work in relation to such temporal spans. Significantly, I noticed that the fall semester brings a rapid finish to the summer courses and a push for grades to be entered before graduation of the accelerated option nursing students in August at our College of Nursing. The very next week starts the fall semester physical assessment course with a brand new group of accelerated option nursing students. After five weeks in that course, I have to be prepared to teach junior nursing students in the older adult health practice course, which consists of two different 5–week sessions with three different groups of students. The temporal borders at my College of Nursing overlap depending on the degree program in which I am teaching. For example, in spring and summer, I teach in the accelerated option undergraduate program and the graduate program. In the fall, I teach in
accelerated option and traditional option programs. These programs are often similar but can have different start and end dates.

A teacher who is new has different rhythms than a seasoned teacher (Connelly, Clandinin, & He, 1997). Connelly, Clandinin, and He (1997) further explained that these cyclical rhythms are central to teacher knowledge. The teacher’s position in the life cycle and the corresponding rhythms can be instrumental in shaping her/his teaching and communication with students. This includes how students learn from the teacher, and how the teacher interprets social; historical; and cultural directions. I have noticed that, compared to an instructor that is new, I do course preparation and strategy selection differently. I still over–prepare, which is part of my identity, but I find that I have particular strategies that I always use that I know are effective. I now spend more time than I used to communicating with students in regards to stress management, refocusing on problem areas, encouragement, and resources for success. I was not able to do that as a new instructor, when I was often focused on trying strategies. I now also spend time seeking out and encouraging new faculty, answering their questions, and giving them sample strategies to consider.

Besides the borders of courses, I also see rhythms as students go from scared to familiar to competent during the span of the beginning physical assessment course, the middle older adult health practice course, and the final capstone course. I also feel the rhythm of the weather in relation to the clothes that we wear, making sure students get mandatory flu shots, and more rainy/snowy days of running in and out of clinical sites to check on students. I feel the rhythm of beginning to teach the course not taught since last year, being more in the zone of the creative art of teaching the content to a new group of students who have different
backgrounds and experiences from those in the previous year. I also feel the rhythm of rekindling faculty relationships as we teach with certain faculty in particular courses that we may not have taught with for a year. We get the chance to catch up with each other’s lives, start relationships with new faculty, and meet and greet each other during our monthly faculty meetings.

In addition to the College of Nursing courses, I also teach one online gerontology course each semester at another university to a diverse group of students pursuing a variety of degree programs. The Aging Course that is the focus of this study is online. As such, its temporal borders are different. This course spans the entire semester and is broken up by weeks. Each week there are different text readings, journal entries, and discussion board posts. A particular border is in the discussion board where all responses must be completed by noon each Sunday, when the discussion board will close and no new entries will be accepted. The temporal rhythm of this course includes my evaluation of all student entries on Sundays after noon. After I grade required submissions, I then write a summary of the week that is sent out to all students. This summary includes a compilation of students’ reflections on discussion board questions asked, housekeeping items to help students stay on track, and any upcoming papers or research that students need to plan for in their school lives. The way I can become aware of students’ lives is through the introduction at the beginning of the course and along the way through mentioning of their lives in discussion board and journal postings. Another way that I can be involved to a certain extent with students’ lives in an online course is through my participation in the discussion board, where I share personal experiences or answer posed discussion board questions as the students do.
Based on time and these cycles as well as others, a rhythm of teaching is established. These cycles hold “a grip on people’s professional lives” (Connelly & Clandinin, 1999, p. 105) that lead to the production of a teaching rhythm. The rhythm of teaching encompasses satisfaction, feelings of teaching appropriately, and knowing how the school day flows. These authors also stated that temporal cycles can be linked to the rhythms of school and that these established cycles and rhythms are not easily changed. Teachers spend time, energy, and thought into fitting their curriculum into the school cycles. The teacher’s view of herself/himself, the view of others about the teacher’s performance, and the desire to be a good teacher, enter into the adherence to the cycles. Connelly and Clandinin (1999) remarked that “teacher knowledge is embodied and carries with it moral, emotional, and aesthetic dimensions, [hence] the difficulty of crossing and modifying borders is not surprising” (p. 105). This obedience to cycles, which includes the teacher’s emotional; moral; and aesthetic qualities are connected to the teacher’s sense of self, stories to live by, and identity as a professional.

In addition, a teacher’s PPK is also connected to the cycles and rhythms that supports her/his identity and the teacher’s stories to live by. The stories to live by involve the conceptual knowledge of curriculum and subject matter knowledge, but also embodies knowledge of the borders, rhythms, and cycles. The authors noted that these borders “have a great deal to do with teachers’ senses of self, their identity, their stories to live by” (Connelly & Clandinin, 1999, p. 105). From the view of identity, the timetable of courses is directly related to the educator’s identity of themselves and their stories to live by as professionals (Connelly & Clandinin, 1999).
In summary of this section, my identity is composed of my PPK, which further includes my knowledge and practice related to various borders, rhythms, and cycles. It also encompasses moral, emotional, and aesthetic dimensions. These elements are present in the multiple identities I possess, such as professional nurse educational gerontologist, student, mother, and daughter. All of these experiences within my identities have given me PPK that I draw upon to provide the substance for my stories to live by.

As I adhere to the structured cycles of the school at the university where I teach The Aging Course, I observe the borders between the teacher and the students in communication and weekly student postings. I also use my PPK to guide my curriculum concepts and teaching strategies. When I participate in the course’s discussion board, I bring my personal identity as a daughter to and caregiver of my mother as well as professional identities of an educator and gerontologist to the postings I enter and how I create the course curriculum. Connelly and Clandinin (1999) stated that “[E]ach person creates a special place and orientation that is given by her story to live by and that may be said to constitute her professional identity” (p. 93). My presentation of my professional identity links to the past when I think of my Dad, who was an Adjunct Clinical Professor in the Dental College skills laboratories. He was very approachable, gave criticism in a kind way, and was encouraging with students. I think that my skill lies in how I approach students with constructive criticism, consideration of all voices, and studied conclusions. In summary, I feel like I am finally in the right place, where a match with my personality; professional identity; knowledge; and use of different types of power in particular ways can be utilized in teaching; curriculum building; and quiet leadership.
A Sense of Success

Connelly and Clandinin (1999) reported that identity is wrapped up with a sense of success in teaching. This is very true for me. In some ways, as a girl growing up, the only thing that I had was that I was smart and generally good in school. Being smart was a part of me that I could love and could let others know about. I received positive feedback in the form of good grades and comments friends would make.

Today, student stories and feedback reinforce my story to live by as an educator. Student feedback from my College of Nursing summer 2013 evaluations included comments that I was helpful, encouraging, clear on how I evaluated students, and that I facilitated class discussion by asking intriguing questions. Other comments suggested that I tried to interact with students in person as well within a group project. I feel a great sense of satisfaction and reconfirmation that I am a good teacher when I get student evaluations that say I am approachable; treat students with respect for their time and knowledge; am positive, encouraging, and passionate about the topic or course; and ask questions that make them think. I feel satisfaction when the Dean writes in her annual evaluation of me that I receive overwhelmingly positive evaluations from students.

Through the self–study of practice portion of my dissertation, I have learned how my experiences starting from childhood up to the present have influenced my PPK, my identity, how I teach, the stories that I relate to students and fellow faculty members, and how I am as a person and educator. I have become acutely aware of how creativity and the art of nursing and educating can enhance the learning experience for students. It seems my own creative self has been, for the most part, hiding in a corner for decades. Only through the dissertation
process has my passion for creativity been dusted off and recognized with relish. It has surfaced in ways that I had never thought possible for myself. This next section of the self-study of practice describes my creative journey and culminates with reflective creative writing in the form of a poem.

Uncovering My Creative Artist

During the doctoral process, I have uncovered many things about myself. Through coursework, I have considered things about teaching and about my teaching practices that I had not recognized before. Through reflective writing about myself in relation to course concepts and theories, I have made connections about myself and new knowledge. By reviewing personal journals that I have kept for many years, field notes, and monthly memos, I recollected feelings and reviewed situations that have influenced me in the past and that continue to influence me. I have discovered how PPK, ways of knowing, and power are interrelated in complex ways that I was previously unaware of in myself and others. From the coursework, reflective writings, and the uncovering of meanings about myself and others, I have gained new knowledge, added to my PPK, and feel empowered by new aesthetic ways of knowing. I acknowledge that I have been shaped by these experiences and reflections in ways that make me more confident and creative.

Most importantly for me, I have discovered the covered-up creative part of me. For years, my identity has been composed of the more quantitative descriptors of single mother, nursing school professor, and organizer extraordinaire. My ability to multi-task in order to get everything done does not leave much time for reflection, daydreaming, or creativity
(except maybe in how to get even more done at the same time as other tasks). In a field note, I wrote:

I also view myself as an excellently organized woman who multitasks. [This and the creative view] don’t necessarily go together but that is the background tension that has come to a point in the dissertation process when I want to find time to create narratives about aging, students, older people and just have time to relax so the creative part of me can peep out between the planner pages full of tasks. I am loving the opportunity to shift from my ordered life and “have to” focus on narrative writing and the creativity that comes from thinking about experiences, re–telling those experiences and the new knowledge that can come from doing that reflective process.

(Field note, November 24, 2014)

With my dialectical understanding of the narrative inquiry method, literature on narratives, identity, knowing, and personal practical knowledge, the tug of writing creatively has resurfaced among the post–it notes, lists of tasks, and my planner. The literature on nursing and creativity recognizes that the ways of knowing in nursing often emphasize the empirical with the more aesthetic or creative ways being overshadowed (Bruce & Tschanz, 2013; Chan, 2013; Olson, 2002; Schwind, Lindsay, Coffee, Morrison, & Mildon, 2014). I discussed above how according to Carper (1978), the four ways of knowing in nursing include: empirical or scientific; ethical, personal knowing; and aesthetics, which is the art of nursing. The aesthetic knowing includes how the nurse understands what is meaningful to the patient in a holistic way. Oiler (1983) further discussed the importance of the aesthetic awareness of the nurse as an untapped and potentially powerful way to help others understand the ways of
helping in nursing. She stated that “[u]nderstanding another’s experience is advanced by art. Art forms allow us to reflect on experiences with at least some of the habitual meanings held in abeyance” (p. 81).

Characteristics of artists and art include several dimensions. Clover (2006) conducted a qualitative study about the characteristics of art–based learning. The themes revealed were: diversity and versatility; familiarity and universality; and creativity and connective imagination. Leggo et al. (2011) preferred to see themselves as a/r/tographers amidst the students as all are immersed in the classroom experience. Transformational experiences are “rooted in living inquiry which is an aesthetic, embodied encounter expressed through the arts” (p. 239). These researchers suggested that artists and researchers “can linger in the liminal spaces of unknowing/knowing as each individual inquires into his or her own practices. The results may be an occasion for transformative meaning making” (p. 240). Leggo et al. (2011) further explain that an artistic interpretation, such as a piece of visual art or a poem, alongside a written narrative and discourse about the art can generate living inquiry where artists and participants ask questions, experience new understandings, and create new knowledge. By exploring experiences through writing, memory, storying, field notes, and autobiography that are personal, professional, or political, the inquirer is weaving practice, theory, and art from which deeper understandings may occur.

Zausner (2011) additionally suggested that creativity requires an openness to create within a chaotic, energetic intensity that drives the artistic experience. He explained that the creative process includes many decisions that need to be made as the artist conducts an ongoing critique of the work. Artists can experience an unconscious takeover of motor
control during the experience of making art. Additionally, creating art can relieve “stress by providing an outlet to articulate both conscious and unconscious material” (p. 210). Finally, Campbell (2003) who interviewed art professors, concluded that one insight was that a more in-depth grasp of the artist’s essence through self-realization and confidence was located through understanding of the work. Campbell (2003) also connected the spirituality of the artist to Dewey’s (1934) explanation about the connection between spiritual and aesthetic experiences in terms of clarity and intelligibility.

Studies using creative teaching strategies to appeal to the students’ aesthetic sense are few but varied in approach. Schwind et al. (2014) wanted to explore how nursing knowledge is constructed by inviting student nurses and practicing nurses to consider their experiences through the use of poems, letters, metaphors, collages, and group discussions. That narrative inquiry study revealed that patient-centered care involved partnership with the patient and role modeling/mentoring of students. Through these activities, nurses and students increased their awareness of how to develop and enact holistic care of the person. Olson (2002) used the writing of poems about experiences over a semester to help increase nursing students’ aesthetic knowing and encourage appreciation of deeper meanings, a better understanding of themselves and humanity. Chan (2013) stated that creativity was the rearranging of old ideas, using useful new ideas, and recognizing the connections between the ideas. To help nursing students learn about older adults in a creative way, Chan used semi-structured interviews and drawings to facilitate reflection of students’ experiences with elders. Bruce and Tschanz (2013) used several strategies that included: readings in the art of nursing; list poems; freewriting in response to a sentence stem; and writing haiku poems about the art of nursing.
These strategies were meant to encourage reflection, writing, and knowledge construction on “the entwined relationship of knowing and feelings, the power of poetry and language, and the evocative nature of nursing practice (p. 543).

In reflection on the creative areas of my past and how those experiences and knowledge have combined with my renewed interest in creative writing and teaching, I am re–telling the story of myself as an artist, using new ideas for teaching strategies, and recognizing the connections of the past, present, and future that have culminated in two original poems. “I wrote something on the creative aspects of my past life starting in grade school. I was amazed that I had done so many creative things in my past” (Field note November 24, 2014).

I begin my recollections in the 1960s with my Language Arts teacher in grades 4–6. Mrs. Huelle would spend time each day reading a chapter of a book to us as we sat at our desks listening. I remember she read Charlotte’s Web (White, 1952) to us and how much I loved to be read to by this fascinating teacher. She supplemented the reading with discussions and posters so we had a visualization of what Charlotte and the other characters looked like. Mrs. Huelle wore pencil skirts with matching sweater sets and high–heeled pumps. I thought she was like a Barbie. I began drawing shoes and did a research project with drawings of shoes from past centuries up to the present (1960s). From my reflective writing response in my curriculum theory coursework (September 10, 2010) I wrote the following: “I was good at drawing and especially loved to draw high heeled shoes. Mrs. Huelle encouraged me and wore special evening shoes a few times just for me to draw.” I also took violin lessons until middle school and piano lessons until high school.
Despite my very quiet demeanor within the classroom, I was considered to be funny among my friends, with whom I could be myself. In middle school, a group of us took a summer school class that culminated in a trip to the French–speaking areas of Canada, where we were to practice speaking the language. In the weeks before the trip, we learned more about where we were going and right before we left, we took a group picture. In this picture I was sitting on the bench with my arm around an invisible other person. Just for fun among my friends, I had an imaginary friend named Glory B. This development of a character began a string of characters over the years, some that I have used in teaching students and employees about older people.

In high school in the early 1970s, I was part of the thalians theater group. I always aspired to become a thespian, which represented a higher level of experience and expertise in acting, but I never achieved that goal due to my inability to commit solely to theater in high school. I was a science major who was focused on nursing. Plus I also wanted to participate in other activities with my friends, who were not in the theater. I was very active in our church youth group, and we put on musicals frequently, so I was in most of those productions. I did accompany a friend once to the community playhouse, where she was trying out for a part in the upcoming play. As I was sitting in the audience watching, she and others encouraged me to read for a part. A few days later I got a call that I had gotten the part of the girl who had won the science contest by skinning a cat in *The Effect of Gamma Rays on Man-In-The-Moon Marigolds* (Zindel, 1964). It was there that I learned that theater people were a unique breed and that I was not one of them.
In high school, my creativity took on a new focus: needlepoint. As a young girl, my mother’s best friend had taught me to knit; crochet; and do counted cross stitch. I taught myself how to do needlepoint and liked it better. Since you had to stitch every square, you could more easily talk or do other tasks while also needlepointing. My first project, completed from a kit, is framed and lives in my family room. Since that first project, I have much experience with needlepoint artifacts that have been developed into pillows, pictures, and purses. About ten years ago, after touring elegant homes in Charleston, SC with two close girlfriends from high school, I was inspired to develop designs on blank canvases that have taken the shapes of animals, and simple messages/pictures or doorknob hangers. As a result of this study of myself, my creative urge has skyrocketed. This reawakening has compelled me to continue to design canvases and do needlepoint. I find that while working on a needlepoint project, my mind wanders to connections and understandings about my study, or crystallization, that might not have occurred if I was busy checking off tasks on one of my several lists. I discuss this in further detail in the following sub–section.

**Crystallization**

When qualitative research was new, a way to show transparency and eliminate bias in research was through triangulation. Triangulation was the utilization of several different data collection methods which showed the same findings in one study. The similar findings from multiple sources enhanced the credibility of the results and of the study, thereby eliminating the researcher’s biases in the study (Pinnegar & Hamilton, 2010). Triangulation has now evolved into crystallization. According to Ellingson (2009) the triangulation, which was more rigid with three points, has transformed into crystals. The notion of crystals, which can
be of many shapes and dimensions, evokes the idea of many approaches, which can provide a deeper and more complex, yet partial understanding of study findings. The perception of crystallization is more in keeping with the current postmodern view in qualitative research and is appropriate in my study as well.

Ellingson (2009) discussed the multiple genres of data that can be included within crystallization. Genres are defined as different yet similar types of strategies used within a study. For example, within my study, I have included a report genre, which is a research study. I have also included two areas within the creative genre, which are narratives and poetry. In my view, I have also included needlepoint, which allowed me to access new understandings of components and connections within my study through the repetitious needlework involved in needlepoint.

Needlepoint is different from cross–stitch. In needlepoint you have general areas of a particular color. Each cell on the canvas needs to have yarn in it. Except for a few areas of exactness, if you go over or under a particular color area it is not usually going to show. In cross–stitch, you have to count exactly the number of stitches needed if you want the picture to turn out right. In a reflective creative writing piece entitled *The Needlepoint Metaphor* (September 30, 2014), I wrote the following:

With needlepoint, you can be free to think about other things while stitching. Some of my best ideas or realizations come during the times I’m working on a canvas… During the stitching of a canvas, the artist has time to reflect on writings and events that have happened before and during the stitching as well
as planning and supposing components of the dissertation for the future as well as showcasing [my] own unique viewpoints and story.

Ellingson (2009) explained that different genres show that there is not just one way to represent findings in a study. Subjective accounts of events, such as those that may occur during some sessions of needlepointing, can be voiced in creative narratives, which could then, be part of knowledge production.

Janesick (2011) further suggested that qualitative researchers might cultivate “the creative habit” (p. 139), where creativity is practiced regularly until it becomes a habit. I have worked on needlepoint projects since I was 18 years old. The author also suggested regular use of a reflective journal that may become a data set and a way to complement other creative avenues. I have kept reflective journals for the past 25 years. The writing of these journals have allowed me to sort out, connect, and sometimes come to new understandings about events and how they might have influenced my identity and PPK. The journals have been invaluable in the study of myself for my dissertation. In addition, Janesick (2007) reported that oral history stories can provide the researcher with “thick description, analysis, and interpretation of people’s lives through probing the past in order to understand the present” (p. 111). By telling the story below of The Twinnies (November 24, 2014) through poetry, I have engaged in interpreting the story of two very close twin sisters and how events in their lives influenced them and me, the storyteller.

In nursing school, my love of older people surfaced in the development of a female character who wore a proper hat and gloves, had a cane, and was hard of hearing. Several pictures of me as this character are in the nursing school yearbooks. Years later, as a
gerontological clinical nurse specialist, I developed several older women characters with costumes and scripts that I would play in order to get information about how older adults feel and think to employees so they might be more individualized in their care toward elders. In my first on–ground aging course, entitled *The Bioethical Aging Course*, which I taught for a local university, I developed a character based on some of the past ones that would show and tell the students about aging content in a fun way.

I even went to a job interview for a teaching position using my older lady character during the group interview to show that I was open to alternative teaching strategies. I have to laugh now at that recollection and message, because I was talking to a bunch of intelligent nursing instructors who, like myself, are trained to think in more quantitative ways and are not necessarily open to qualitative offerings or views. At the nursing school where I work, when I was the Chair of the Gerontology Committee, I developed an ongoing script about two faculty members, Gloria and Carol, who were considering personal caregiving issues and also thinking about integrating more gerontology content into all the courses in which they taught. These scenarios were played out at monthly faculty general assembly meetings.

Through reflection, I am aware that I was able to play characters because my own self could be hidden. I am also aware that how I see and interpret phenomena usually has a funny edge or a funny story created as a result of the interpretation. What I was not aware of was how creative I have been in the past. The encouragement of narratives and reflection that is depicted in creative ways has really given me myself in some ways which are more honest instead of just using characters to hide myself. I feel as if my quantitative nursing self has cracked open to allow the creative butterflies that have always been in there to fly out in new
ways. One of those new ways of viewing my creativity is through the use of poetry. As a quantitative–thinking nurse, I never would have thought myself capable of a poem. In a monthly memo, I wrote:

I have written a few things that still need editing, but the notion of writing and creating and the desire to do this all the time never leaves me now. I know there is a creative person in this nurse’s brain, and I can feel it rising closer to the surface of awareness as I go, but it’s still illusive. For example, I have actually considered writing poetry. I don’t think I will ever be able to achieve that because it’s not neat and tidy and I somehow have a negative view of poetry. Dwyer Kent’s (2004) dissertation has poetry in it… I should go back and see how she did it and learn more about it. It’s OK that I don’t create poetry. I am probably better at story telling anyway. (Monthly memo, October 21, 2014)

However, the self–study of practice method encouraged me to delve into the creative aspects of my identity and think about how that influences my practice. “I have…not given [my creative side] enough value” (Monthly memo, December 24, 2014). I am now more willing to utilize poetry or other creative writings within my clinical conferences in nursing. In addition, I have explored a new way to show culmination of learning within The Aging Course. I now have students write a beginning paper at the start of the course describing an interaction with an elder from the past. In part two of the paper at the end of the course, I have students review their part one paper and write about how their experiences with an elder interviewee, text material, and reflective journals and discussion board entries might have
influenced their views of that early scenario now. “My hope was that at the end of the semester…they will realize what they have learned and [how they] might have interacted differently with the older person having…more experience and more knowledge about aging” (Monthly memo, November 20, 2014).

A busy nursing doctoral student with children and jobs would not usually allow time for such an exploration, but for my educational goals, I took the time and was rewarded! I let myself be open to connections from the past and new ideas, taking the narrative inquiry urge to reflect and find space for thinking and writing. As part of the self-study process, as I have discussed above, I read literature that used creative forms of inquiry to expose the idea of poetry as a way to describe the essence of an important story or piece of knowledge. I developed a creative writing piece about some older adult men gathered and awaiting a men’s luncheon at the older adult practice clinical site where I take students. I then re–wrote it as the layered poem below.

**Ted Hose in the Coffin: A Layered Poem 11-9-2014**

Facilitating junior nursing students at clinicals out practicing communication skills Independent/Assisted Living facility Am alone, contemplating creative writing

Suddenly: a gathering for men’s luncheon Awaiting adjacent doors to open

Thrilled to talk to older men! My heart reminisces of wonderful father, teasing banter

Men with canes, walkers, hearing aids, ted hose up to thigh Spirits high Awaiting doors to open

What goes on at men’s only luncheon– secret handshakes? My heart bursting with happiness of banter

223
Am in the right place

Ahh! Laughs, jokes, and stories aplenty
Armed Forces and college jokes remembered
Contest to see who is oldest
Talk of TED hose: hard to get off, so just leave on in coffin,
easier that way, ha!
Awaiting doors to open

TED hose stockings help peripheral vascular disease—
keep blood moving back up to heart
Appreciation of quality lives lived amidst challenges.
Note acceptance of self and others

Wife drives wheelchair in and leaves husband
Husband fearful without wife
Awaiting doors to open

Notice beautiful sad face of husband
Hasn’t accepted challenges?
Anguish and pain everyday?
My heart breaks

Smell of fried chicken—doors open!
Golf and fishing channels on the big screen TVs
Beer tabs pulled

Wheeled sad man in to table
Empty chair space already prepared

No room for females—see you later!
Poker game at 1 p.m. today?

Lessons learned: diverse experiences and
generational experiences common
Value of camaraderie, mostly positive life perspectives despite challenges
Re–telling stories of men’s experiences in new ways
Re–constructing myself as nurse, educator, and narrative inquirer.

This layered poem was about my perspectives when a group of older men were
waiting for a men’s luncheon in an independent living/assisted living facility. On the right
side of the poem, my voice is heard. On the left side of the page is my interpretation of the
men gathered, capturing their attitudes, assistive aids, and clothing. My interpretation of this
experience is infused with my love of older people, especially older men. From my love of elders and my ability to banter back and forth with them unselfconsciously, I receive immense joy.

The poem came about because I had been writing about identity, PPK, and ways of knowing for my self-study. Having the time just to imagine and be open to whatever develops is limited for me. I am aware that reflection, which involves having time to think, be open to new discoveries through the process of thinking back to experiences and linking thoughts and ideas, is crucial for a qualitative researcher. “I enjoyed getting to define myself a little bit more and clarify where I stand and why I think the way I do by writing reflective narratives” (Field note, October 13, 2014).

Caine, Estefan, and Clandinin (2013) described narrative inquiry’s ontological position. To be a narrative inquirer, one must have the ontological position that includes curiosity of what constitutes people’s experience and awareness that experiences are continuously interactive. This results in changes in people and the contexts in which they interact. Caine et al. (2013) further stated that “[I]t is through this experience that people’s lives are composed and re–composed in relation with others who are also living stories lives” (p. 576).

From my creative writing narrative entitled Preamble to TED Hose in the Coffin (September 3, 2014) that I wrote before the poem evolved, I had noted that: when I use my past experience with older adults and the observed interpretation of the man in the wheelchair; his wife; his situation; and his words, I am seeing the living out of his story and my story. My story of being a nurse and loving elders lives alongside his story of his life and
mobility issues. His story fragments “allude to the deeper conditions of human life” (Caine et al., 2013, p. 577). When the man in the wheelchair spoke of his concern that his wife leave him at the men’s luncheon, in a joking way, I felt there were silent stories, hidden stories, and words left unsaid on purpose.

Also noted in *Preamble to TED Hose in the Coffin* (September 3, 2014) was how I described this group of men from several lenses. One lens was through that of a nurse, when I noticed the use of mobility aids, sensory aids, and cardiovascular aids by the men, and guessed at the challenges of living with these aides on a daily basis. Another was through the lens of a gerontologist when noticing the similar generational experiences, the importance of the socialization of men, and the discussed view of society in different centuries. A third lens was through that of the narrative inquirer where I, the writer/researcher, was the instrument through which the story of this group of men was told. By being the instrument, the story came through me before it was written and included interpretations influenced by my background, experiences, and knowledge. By noticing this group of men through several different lenses, this narrative inquirer was trying to understand these men’s experiences of the past, present, and future, as well as places they’ve lived within social contexts across time (Caine et al., 2013).

Within my creative writing narrative (September 3, 2014) I also attempted to look at the narrative using the three–dimensional spaces of narrative inquiry as described by Clandinin and Connelly (2000), which were easily located within the men’s conversation. The past was brought up when some of the men discussed their college and career years. The present was discussed when one man commented on the routine at this retirement
community. The future was projected when discussing death and the wearing of TED hose. The social context was touched upon with the discussion of what goes on at a men’s luncheon and the origin of jokes remembered from college or the Armed Forces. The notion of place or environment intersected with the temporal dimension. One man talked of his recent move to this particular community. The man in the wheelchair spoke jokingly of his current need for physical support from his wife. His face spoke of his anguish at his present condition compared to his past where a wheelchair was not needed. The resident with TED hose spoke of the new experience of wearing these special stockings and how they may or may not be part of his attire at his death. As each man spoke of his experience, it was understood within the larger social cultural and institutional narratives that each man had experienced.

Schwind and Lindsay (2008) stated that teachers in healthcare and education construct who they are and how they are in relationship with the context of social situations. My experiences as a gerontological clinical nurse specialist, my love of elders from an early age, and my treasure trove of stories of experiences have helped shape my clinical conferences with older adult health practice students. I have noticed “how I weave personal and professional stories together all the time” (Field note, October 26, 2014). In clinical conferences, I use students’ experiences and their discussion board posts as starting points for conference topics each week. For each clinical conference topic, I include evidence, tools, and stories on the topic and ask for students’ stories on the topic as well.

After the discovery of myself as a potential poem writer, I became consumed with attempts at layered poems. I suddenly could see uses for stories and experiences through
layered poems. I could see uses for stories of experiences in the forms of creative writing within my teaching and curriculum. “I could see that sharing a poem with [students] would be a new way of discussing experiences with elders and a new strategy in my toolbox for use in teaching” (Field note, November 11, 2014). A primary way that humans represent their experiences is through narratives. It is also a way to heal and address fear of aging. In a poem, the writer narrates experiences while at the same time, creates a reality with specifically chosen language to express it. Poetry is thus congruent with post–modern qualitative methods (Gallardo, Furman, & Kulkarni, 2009; Jaffé & Ryan, 2008; Stenhouse, 2014).

Poetry has many functions. Gallardo et al. (2009) stated that auto ethnographic poems provide self–reflection and can be useful for understanding taboo or private issues not often voiced. Gold (2012) agreed, relating that the creation of a poem can influence the professional and personal development of the creator. “Auto ethnography allows researchers to study their own experience, providing a unique perspective, complementing and expanding related research” (Gallardo et al., p. 2009). Thomas (2014) added that by engaging in creative ways to share clinical knowledge and expertise, the researcher–practitioner opens up the potential for insights into how she/he shapes the findings of the research.

Hence, the researcher becomes more of an artist by compressing words and the essence of the story while still capturing the depth of the human experience. The created poem illuminates the researcher’s reality and may become etched in the minds of the readers (Gallardo et al. 2009). Furman (2004) suggested that besides self–reflection, poems can
provide therapy of emotional healing for the writer, which may further stimulate the creative process.

One story about the intertwined lives of my mother and her identical twin sister as they live their lives had been sitting in outline form as a short story on my computer for 18 years until now. The mystery on how to do justice to this important story became clear as a result of the renewed focus on creativity within my self-study of practice. By using the form of a layered poem, I have experienced healing, relief, and joy as I tell the story of my mother, her sister, and myself.

**We Call Each Other Twinnie: A Layered Poem**

Creative writing in narrative inquiry is a stretch

A quantitative thinking gerontology nurse for decades

Qualitative PhD dissertation

The personal and the professional intertwine

Based on love of older people

My mother and her identical twin

We were born during the Depression

Only children of loving parents and grandmothers

Our mother was the best

We were rather spoiled

Held hands and skipped together

When daddy and mommy said no

Down the street to grandmothers house
She always said yes

We called each other Twinnie

No one could tell us apart

Mother dressed us in identical dresses, lacy socks,

and hair braids

We didn’t need anyone else, we had each other

The town celebrated our 4th of July birthday with flags

Until we were 7

Mother taught us to bake bread, cinnamon rolls, and pie

She wore an apron and cooked with her favorite yellow bowl and big spoon

Such fun in high school together

Very fond of a pre-med student with paternity suit against him

Mother and daddy said no

Love of my life

Shared every thought with each other always

Dated a great dancer

Daddy insisted I drive due to his narcolepsy

He drove but then we met an unhappy daddy at the intersection

Later in college, the dancer died in a car accident

Mother was a nurse

We went to nursing school

Roomed together
We called each other Twinnie

Dated twin boys for fun

Married a hometown boy I had tutored in high school

Not the love of my life

Worked as a nurse in doctor’s clinic

Married a dental student from blind date

Love of my life

Taught nursing until pregnant

Had three children, one girl, two boys

Fell in love with husband’s co–worker

No one knew

Had five children, two girls, three boys with husband

Would meet half way on the Davy Road with kids in backseat

Kids played while we talked

Didn’t want to hear about her love

Not something we would approve of for ourselves

Mom never mentioned sister’s other love

He was around for most family gatherings

Her kids would call him the boyfriend

Always wondered what my uncle thought

Knew uncle’s parents had favored his younger brother growing up

Grandpa died when I was eight or nine
They lived away

Twinnies flew hand in hand to their mother

Over the years husband was tolerated

I made the decisions

Kids did not respect their dad

Found time to spend with my love

My girls became nurses

Sometimes Twinnie ordered me around

When together, would hold hands in bathroom for private chats

Would get our balance again

My daughter became a nurse

Our mother loved the fact we were all nurses

In nursing school, grandmother became ill

In ICU where I was student

Nurses commented that patient’s daughter never slept

Kept changing clothes all the time

Told nurses that it was the twinnies taking shifts

No one could tell them apart

Our mother was dying

I need my Twinnie

We talk every day

We decided together to let her go
I need my Twinnie

We talk every day

In our 60s, we meet at the beauty parlor

Hair done the same way, same color

We talk every day

Same hairdresser so our hair is the same

Wear same outfits on purpose

Entertain the beauty parlor patrons

Are joyous when together

Infect everyone with happiness

We talk every day

My love supports me always

Husband and I just live in the house

He faces health problems without grace

Kids gone to their lives

Pretend Twinnie does not have this love

My daughter says small towns always know

Husband had complications from Diabetes

Care for him for five years alone

Kids help but are busy

Lose all interest in outside events

Isolation, nursing focus on my love

233
Move parents to independent/assisted living facility

Mother makes friends

Father cannot accept, get comfortable there

Father needs more care, mother exhausted and depressed

Wonderful father in his late 70s, in nursing home with dialysis

Still wants to be working as dental instructor

Hating his situation

Why doesn’t mother visit him often?

Caregiving burden extreme and needs silent break?

Visiting him one day on God’s plan

Father has fatal arrhythmia and dies while I am there

Thankful it was me

I can accept and understand, am calm

By Twinnie’s side, can’t understand sister’s love with husband

Hold hands and talk in bathroom to get balance back

We talk every day

Independent living friends swoop in to help recover

They have been down that road earlier

Meet wonderful man at party

Wife had died of cancer

Sons don’t understand, daughter does

Out and about with new love

234
In his 70s, husband kills himself in son’s garage

Last cell phone message was to his co-worker, my love

Feel guilt?

Now love and I can be together

Church packed, gawking, whispering

Happy for Twinnie her life will have love

Still uncomfortable about their history

Twinnies hold hands, happy to be together

My love rekindles romance with high school sweetheart at reunion

Relationship of 40 years is over

He tries to make it better after second thoughts

I am done and sad

Concerned for Twinnie’s two close losses

How to help when I didn’t approve?

Go to hairdresser, same clothes, same color

Good visit

Holding hands

Talk every day

Fun new love dies

Depression shows up as hip pain
Kids move me to assisted living

Concerned for my other half
Have memory problems myself
Can still drive and fake conversations
Kids get diagnosis of Alzheimer’s disease
Have new knee
Talk every day?

Have hip fracture
In friendly nursing home for rehab
End up staying there
Have Parkinson’s with dementia
Kids take me to see Twinnie
Talk every day??

Can’t find the phone
Worry about Twinnie

Can’t work the phone
Worry about Twinnie

I want to die first
Couldn’t bear it
Want to die first
Couldn’t bear it.

This poem tells the story of myself as the interpreter as I recalled things verbalized and behaviors enacted between my mother and her identical twin sister as well as the responses and questions evoked from me. My voice begins the poem in the middle of the page. My aunt’s voice is heard on the left side of the page and my mother’s voice on the right side of the page. There is a fair amount of repetition in the poem that indicates the deep, strong connection between the two sisters. They spoke every day for decades and declined in similar ways.

My PPK was revisited with this poem. I recalled myself as a child when my mother and her sister would always have to make time during family gatherings to go chat by themselves in the big bathroom at my aunt’s house. Their relationship gave me an understanding of how close sisters could be, since I did not have a sister, only two younger brothers. It also helped me understand an unspoken and not well understood connection that twins share in the form of language and a linking of knowledge about each other in ways that can excluded others. One of the stories I recall from my personal journals was when the sisters were talking in my parents’ house, I tried to tell my mother that the house was on fire just to see if she would come down from the wavelength they were both on together to attend to someone else. There was no fire, thank goodness, because she did not attend to my message. I understood that there was a different level of awareness and connection between the identical twin sisters that was unparalleled with other relationships that my mother had.
Today, I am still aware of their special connection and my cousins, brothers, and I try to preserve that connection between the sisters by helping my wheelchair–bound mom use the phone to call her sister and my cousins try to bring their mother to see my mom every few months. This knowledge about brothers and sisters and their experiences growing up helps me to expand my students’ understanding of the importance of these connections when we are in older adult practice clinical conferences or through discussion board stories I could post in The Aging Course.

In addition, having developed two poems, and gathered the courage to share some of my first attempts at something I felt I would never achieve, I have added new PPK in the process. I understand more about the power of narratives and analysis, exploration of new avenues for the expression of my experiences, and potential new ways I can influence students into sharing their narratives of older adults. Especially with the poem about the twins, I feel more at peace having taken care of this story in a way that could be more easily shared for glimpses of connection, understanding, and resonance by readers.

Oiler (1983) suggested that for those in the helping professions, a qualitative approach to inquiry of one’s self is consistent with the ability to understand and come to know the client, patient, or student. As a result of this exploration of myself, the literature, and reflection, I am excited to be open to considering new creative teaching strategies with nursing students and online students. I am also more ready to suggest more aesthetic ways of teaching for faculty to consider.
My New Identity as a Researcher

During the process of focusing on myself, I have reached back into my personal journals, field notes, and pieces of writing about my previous experiences as well as looking at myself in the present. I have strengthened my view of myself as a nurse gerontologist through the literature that says I am a gerontologist. However, I still have some discomfort. I wrote:

I enjoy the research process and have since I was a child… On the other hand, I feel so inadequate about the knowledge I do have. Maybe it’s because I have knowledge on a very specific area (gerontological education) and I don’t get to talk to anyone else about it and the people I do talk to don’t know what I know. (Field note, November 3, 2014)

I have begun to understand how my PPK and ways of knowing have showed in me as an educator through my actions using particular teaching strategies in courses that I teach. To my surprise, through this concentration on myself, I have seen the thread of creativity that has been somewhat suppressed over the years take on a brighter color. I plan to embrace this uncovered artist identity more fully in my personal life as well as in my teaching life.

Another piece of my identity that I did not see until I was in the process of culminating my doctoral experiences into my dissertation was that of researcher. Going forward this identity will play a larger role as I will utilize this researcher identity in my work as a nurse gerontologist, teacher, and artist.

As I look back on my previous experiences with research from my journals and a writing piece on research (August 26, 2015), I have had some involvement with research
from an early age. My identity as a researcher began in the fourth grade. At the time, I did not realize that I was on a path that would someday allow me to consider myself a researcher.

In graduate school in Omaha, I conducted a Master’s thesis that was a full-blown quantitative research study. Students worked within a faculty member’s program of research. I worked with two professors who were conducting a group of studies related to older people in nursing homes. My first job as a nurse was in a nursing home by choice, so I felt I had some experiences that I hoped would be enhanced within this project. I did this project with Carolyn (a pseudonym), who was also in the Masters of Science in Nursing program but lived in Lincoln. The faculty members with whom I worked were interested in the effects of a pet dog on mentally–impaired institutionalized elders. These researchers raised beagles on the side as a hobby. We used a dog named Belle, who knew that older people in wheelchairs had food tucked in there somewhere. Apparently, Belle was a champion beagle in her earlier years. We used a nursing home in Omaha that the researchers knew of and had worked with before. Carolyn and I collected consents from guardians of elders after we had made numerous phone calls explaining our study. We obtained 30 consents. Once we obtained consent, we conducted the Mini Mental State Exam (MMSE) on elders to see if they were able to pass the MMSE. We wanted residents who did not pass the MMSE, because they would then be recognized by our study as mentally impaired. Then we randomly put residents into two groups. One group would have Carolyn in the room chatting with them while being videotaped. One group would have Carolyn in the room chatting with them along with Belle the dog while being videotaped.
After data collection was over, I remember Carolyn’s son being ill in Lincoln, so I spent most every evening after the nursing school was closed, in the learning center, watching the tapes with my stop watch. I had to watch the tape many times because I was looking at each participant for number of leans, length of leans, smiles, looks at the researcher Carolyn, looks at the dog, and length of looks at the dog. It took me most of the semester. Then somehow, we compiled the data numbers and ran it through a very early version of SPSS. I think we did use a statistician for this part of the study. Our faculty members helped us analyze the data. Then it was up to us to write up the study. I do recall that we had several significant findings. Ultimately, the take home message was that there were more looks, leans, lengths of looks, and smiles by participants when the dog was present as opposed to when the dog was not present. These two faculty members were well connected in the nursing research world, which was good for me as a student. Carolyn and I went with them to present our study at a Delta Society conference in Boston the year after I graduated.

After I arrived in Kansas City and began to make connections with gerontology folks in town, I was introduced to two University of Missouri–Kansas City (UMKC) nursing faculty members. I participated as a thesis Committee Member for a student who was looking at frail elders. I was also involved as a consultant for one study where a nurse who was well–versed in dementia and I developed a questionnaire to ask caregivers of those with Alzheimer’s disease about their use of services in the community while being a caregiver. I remember we presented those findings as well at a conference.
Another study that I worked on with one of the nursing faculty members and a
doctoral student in Sociology was with an established retirement community in Missouri who
had built a new facility and moved elders from the old place to the new one. We wanted to
determine if those elders with moderate to severe dementia experienced fewer cognitive,
emotional, and behavioral problems through the use of specific therapeutic communication
techniques. We presented those study results at a meeting too.

It was at one of those meetings where ideas and research were shared that I decided
that someday I wanted to get a Ph.D. because I wanted to know the things that these women
knew. Today, I realize that some of the things they knew were related to research but also to
the meaning of words such as epistemology and ontology and the real meaning of qualitative
research. Thanks to my great education at UMKC, I now know those things!

Then there was a gap in my identity as a researcher as I concentrated on raising my
children mostly alone. After about three years of being a divorced woman, it was now time
for me to think about what I wanted to do. My yearning for more knowledge from years ago
kept creeping back into my thoughts. I decided to go back to school for a Ph.D. I found the
IPhD to be a good fit for me. My choice of curriculum and instruction in education as my
primary discipline worked well with my sociology/aging co–discipline and my background
in nursing. With the help of the Chair of my Doctoral Dissertation Supervisory Committee,
we decided that I would conduct a narrative inquiry study using my online aging course as
well as a self–study of myself and my practice. This combination of IPhD disciplines along
with my studies on my identities as a nurse gerontologist, educator, artist, and now
researcher, fits my interests, personality and talents.
As I go forth into my future as a researcher, I know from coursework and reflections on my previous work in research studies that I have strengthened my view of myself as a researcher. When writing a recommendation for me for funding for a national conference in which I will be presenting, my Dissertation Chair stated that I was “A true scholar [who] always desires to learn more [and goes] beyond textbook learning [to gain] in–depth insights into highly sophisticated material” (personal communication, October 23, 2014). I am very appreciative of her view of me, which gives me more concrete data with which to re–construct my identity as a researcher.

**My Identity and the S–STTEP Process**

In this section of my study, I connect how work on my identity has prepared me to investigate myself in relation to the S–STTEP framework of inquiry. First, I discuss the themes from the data generated through an in–depth look at my identity, using Clandinin and Connelly’s (2000) three–dimensional narrative inquiry methodology. Next, I explore how themes on my identity influence my curriculum and teaching strategies. This preparation leads into the next section of the study that includes a particular look at discussion boards through Pinnegar and Hamilton’s (2010) framework for inquiry.

As I reflect on what I have shared about my experiences, stories about the people with whom I have interacted, discoveries that I have made, and realizations that I have achieved regarding my identity so far, I feel like I am in the midst of the story of myself both personally and professionally. In a field note, I wrote:

As I write and reflect on parts of my life and the resurfacing of stories of myself that have been quiet or hidden, I am enjoying the retelling of those stories. They are the
supports that hold up my new knowledge and new learning about myself and the ways I can be a better educator through stories. (Field note, November 11, 2014)

I have reminded myself about my past, I have been engaged in writing about myself in the present, and through these recollections and understandings, I contemplate my future with new ideas gleaned from these narratives. I am therefore in transition and recognize that I am still becoming.

The S–STTEP framework for inquiry begins with the step of discovering a practice not meeting the teacher’s/researcher’s standard. In this portion of the framework, I have desired to improve my understanding of myself in order to become a more evolved person and teacher. The second step in this process was deciding how to explore this area of tension within myself. I chose to develop written narratives that took me back into my past so that I may uncover parts of myself that I see in the present, providing new understandings on how they might influence my present. I also utilized current literature; field notes; and monthly memos, as well as student evaluations; creative writing artifacts, such as poems and stories; personal journals; and personal communications as data.

The S–STTEP framework step of data collection and data analysis included data interpretation. Pinnegar and Hamilton (2010) noted that these processes can be hard to distinguish. “[T]he multifaceted reality of the postmodern view complicated approaches and perspectives taken in the analysis process” (Pinnegar & Hamilton, 2010, p. 147).

Within this study, the step of data analysis in S–STTEP that I used included the chosen data outlined above to identify themes from concepts and phrases that were often repeated within that data. After numerous readings, I noted patterns and interrelationships
among the themes. The particular lens that I chose when viewing the data during analysis was that of the three–dimensional narrative inquiry space developed as narrative inquiry by Clandinin and Connelly (2000). The three–dimensional narrative inquiry space allowed me, the researcher, to analyze data in a way that captured a more holistic view of the data. These three dimensions included: continuity of the past, present, and future; personal and social interactions and cultural influences; and details of the place or environmental situation within the pieces of data (Clandinin & Connelly, 2000).

From the analysis of the data, which included narratives; creative writing pieces, such as poems; monthly memos; colleague interviews; weekly field notes; personal journals and communications; and student evaluations, I have experienced progress on myself. By reading the data several times looking for repetitive words, stories, and concepts, I have discovered six themes from my focus on improved understanding of my identity. These themes included: “Identity as a Process;” “In Relationship with Others;” “Accepting Responsibility for Behaviors and Thinking;” “Transformational Influences on Identity;” “Confidence;” “Tensions in Positioning Myself;” and “Stories to Live By.” I discuss below my stories of experience within these themes, as well as the placement of my experiential narratives within the three–dimensional narrative inquiry framework of Clandinin & Connelly (2000).

One of the dimensions of the three–dimensional narrative inquiry space is that of place. Place refers to the physical or topological situations spoken of within the narratives being analyzed. The theme of “Tensions in Positioning Myself” illuminated the various places that my identity inquiry mentioned. These places included the classroom or online as a gerontologist, an older adult character, and a nursing instructor. It also encompassed myself
as a presenter and disseminator of curriculum content and teaching strategies, as well as at the university table where I collaborated with other faculty on gerontology courses. This dimension of place also intersects with the theme of “Confidence” in that I frequently felt tension at these places due to my feelings of lack of knowledge, which erodes feelings of confidence.

The dimension of place also intersects with the temporal dimension, which pulls reflections of the past into the present for examination. This is an important thread in that my identity as a young girl who wanted to be invisible because I was not as good as everyone else, continues to have some power. The place of the older adult character is always less tension-filled, whether it be in a classroom or in front of a panel of professionals, because I am able to hide myself behind the character.

The dimension of temporality includes consideration of events in the past, present, and future. A theme that is positioned under this dimension is that of “Identity as a Process.” This includes my belief that present and past experiences and perceptions, values, and context influenced my identity. Phillion (2002) wrote that her stories “are constructed from my perspective; I am irrevocably present in them, indelibly imprinted on them” (p. 88). When inspecting my writings, I can see that my narratives change as life is led, as experiences are had, and reflections are contemplated. My understanding of myself has expanded and my PPK about being a doctoral student and an online teacher has increased. My favorite thing about the discoveries within the dimension of temporality is my ability to explore more creative ways of thinking and writing such as poetry.
Another theme from S–STTEP probing into my identity is that of “Accepting Responsibility for Behaviors and Thinking.” This theme was uncovered through my narratives that re–told and re–constructed stories to live by that showed more identity growth and more acceptance of the societal roles that I hold. This included my recognition that production of knowledge through experiences, reflection of previous work experiences, and academic achievement within my own professions of nursing and gerontology have me being held to a title or standard that I am capable of holding. This theme intersects with that of the Interaction dimension of the 3–D narrative inquiry space, in that my feelings and sense of success when I finally found myself positioned as a teacher and the feelings of joy, relief, confidence, and accomplishment were experienced. These feelings increased my desire to consider more qualitative methods, such as narratives, to express my feelings and experiences. Phillion (2002) spoke of her feelings of belonging in her school, which influenced her writings. She also acknowledged that her “autobiographical roots” (p. 3) were integrated within her writings.

The third dimension within Clandinin and Connelly’s (2000) three–dimensional inquiry space is that of interaction. Interaction incorporates the personal and the social dimensions within a narrative inquiry. It also includes a recognition of the inward or internal feelings and situations, as well as outward or environmental conditions. In addition, there is an appreciation of the temporality of looking back to the past, consideration of the present, and an eye toward the forward future. The theme of “In Relationship with Others” is positioned within this dimension. The others that is mentioned in this theme consist of multidisciplinary and intergenerational relationships and the notion of a community
networking for the health of older adults within my gerontological clinical nurse specialist role. My love for older people, especially older men, has been an influence for my choice of PPK and experience. My experiences as a caregiver to older parents and the past foundation that my parents established for me have influenced my career, my identity, and my drive to achieve at a higher level. My poem story about my mother and her identical twin sister is a culmination of my love for elders; the significance of aging messages through story; and a narrative about the caregiving role and its satisfactions, responsibilities, and burdens.

There is also consideration of the teacher–student relationship, as well as the mother–daughter relationship. With these relationships come boundaries and borders that influence my relationships with my students and children. My observations of past experiences related to student–teacher relationships and my own experiences as a graduate student and doctoral student guide my establishment of borders for my daughter, who will be attending the nursing school where I work, and the students who I teach.

Another theme that relates to the dimension of Interaction is that of confidence. I have discovered through narrative reflections and study that production of knowledge and experiences influences confidence. Identity is connected to PPK, which can be seen through my teaching practices and ways of knowing. Further study and contemplation about the ways of knowing has influenced my thinking in that I believe the art of nursing and teaching may be the highest form of knowing in that the art of teaching and nursing is using the other ways of knowing in different measures as needed to achieve the desired outcome. Understanding this inspires confidence in my teaching as a nurse and as a teacher.
The theme of “Transformational Influences on Identity” also is positioned under the dimension of Interaction. Through the process of considering the aspects of my identity, I have recognized several transformational experiences that have shaped my identity in a profound way. One experience was allowing myself to be open to qualitative ways of discovering my identity. As a nurse trained in more quantitative thinking and action and as a busy mother with a love for lists, allowing time for reflection, on both personal and professional interactions from the past and the present, was transformational. I discovered that I had forgotten past experiences that I could see had shaped my current experiences. By uncovering some of these past interactions, it assisted me in changing how I might interact in the present and be more aware of how I could re–shape my future interactions. Finally, through reflective narratives, I have uncovered my creative inclination, which has profoundly influenced my identity going forward. I achieved two layered poems that I never thought I could do. By researching qualitative ways of relating experiences, I stumbled upon layered poems and instantly saw a way to relate experiences in aging through the use of poetry. This jump–started a renewed interest and compulsion to be creative and to try new creative techniques for personal use and for educational and teaching purposes.

The final theme that involves interaction is that of my “Stories to Live By.” From analyzing the narratives relating my stories of identity, I can see that I have grown in my understanding of stories to live by and the quality of those stories. In the past, my stories to live by were more tentative, filled with tension, a lack of confidence, and they had past experiences tucked in a corner, not to be uncovered. By uncovering my identity through reflection on past experiences, recognition of PPK, and gaining insight into potential new
knowledge, I feel my stories are emerging to a higher, more positive place. I have more confidence about my teaching and my place in education. My PPK includes incorporating students’ background contexts into course content and teaching strategies. I see myself having the potential to becoming a more considerate and encouraging teacher. My stories to live by are seemingly more powerful, based on experience and knowledge, and contain ideas for possible future consideration.

Phillion (2002) stated that connections from personal experiential learning overlap and “are entangled with connections from learning from teaching and learning from research” (p. 7). Phillion believed that there were “strong connections between being the kind of teacher [she] was able to be because of the circumstances of [her] life and career, and the way [she] felt [she] had to go about engaging in inquiry” (p. 7). I too believe that personal experience, learning, teaching, and research are intertwined to make a strong foundation for my identity formation, which is still in progress. I was provided with a good education, encouraging family and friends, and experiences that were stepping stones to my career as a nurse, teacher, and academic gerontologist. This focus on identity has enhanced my creativity and opened my mind to narratives as a way to connect all the pieces of my identity. This knowledge can guide me toward being the best version of myself as I can be.

The focus on my identity through the three–dimensional analysis of my data provided me with some curriculum and teaching strategies to incorporate or enhance when I am teaching students about aging, either within a classroom setting or an online setting. Several activities will enhance students’ understanding of themselves. One strategy is encouraging students to think about their past experiences with elders and compare it to their current elder
mentor that they interview within The Aging Course. Another strategy is to add creative writings or poetry into the course, either as an assignment or a reaction to a story the instructor initiates. A writing assignment could have students looking at their past, present, and future as it relates to themselves growing older or considering what they would be like at 82 years of age. Another writing assignment could include reflecting on their own personal practical knowledge about aging and older adults and how they see their own identities when caring for an elder. A reflection on students’ current views of aging and elders at the beginning of the course and how it may have changed by the end of the course could increase their awareness of their possible changes in perceptions and values. A final message that I would add through weekly summaries within The Aging Course would be more confidence building for students. I had experienced increased confidence upon reflective writing and review of pertinent literature and felt more empowered. As an instructor, I could provide encouragement as they go through potential changes in long held beliefs, new learning, and interactions with an elder interviewee for whom they might have come to care.

The benefits of narrative reflection and contemplation on my identity, personal practical knowledge, ways of knowing, and creative use of the art of nursing and teaching, have prepared me to better critique myself in a more specific way. Hence, my study of my own practice will now shift to a tension that I experience in my identity as a gerontological educator. That tension concerns the use of the discussion board (DB) as a teaching strategy in The Aging Course online. I will use all that I have gained through the focus on my identity to support my interpretations as I utilize a framework for looking at my online teaching.
practice. My increased confidence and knowledge about myself allowed me to see issues and improvements needed within the DB strategy in a more constructive way.

**Framework for Inquiry: Discussion Board**

Pinnegar and Hamilton (2010) stated that researchers who delve into self–study methodology use these methods very rigorously and appreciate their positioning as both the one being researched and the one being the researcher. Hence, I used Pinnegar and Hamilton’s framework for inquiry as part of my interrogation of myself as a gerontological educator. The framework had me, the researcher, asking me, the teacher, certain questions about my teaching. The first question asked me, the teacher, if there was a particular area of my practice that I wanted to explore. Was there an area of action where, as the teacher, I found that did not quite match up to my values, or an area where I would have liked to improve my teaching? As the teacher, my answer was that I wanted to discover more about the tension I felt regarding discussion board strategies in my online gerontology course. The next question by me, the researcher, asked me, the teacher, how I wanted to explore the area needing improvement or more understanding. I wished to look at the literature surrounding (DBs) for more depth in understanding about their uses and functions. I also expected to look at my own participation in the DB in my course. I wished to talk to other teachers of online gerontology courses for their perceptions of how to use DB in courses.

The third question was about the type of methods I wanted to use for this inquiry. As the teacher, I was interested in knowing about student feedback on the course and interviewing other instructors who taught in blended or online courses that used DBs as a teaching strategy. I also planned to use field notes as I participated in the DB in my own
course. As the researcher, I asked the teacher about what kinds of educational research and reflections would be used to guide the inquiry. As the teacher, I stated I would search the areas of educational technology, nursing, and gerontology areas of literature as well as reflections on my beliefs. This part of the inquiry included how I was socialized regarding education, my view of how to achieve quality gerontological education, my experiences with DBs in terms of uses, functions, and the grading of DBs. I also looked for literature outlining standards of online courses and how my course stood up to those standards. The final researcher question was how I, as the teacher, would hold myself accountable for this inquiry. My answer was that I would strive to be open to increased self-awareness and aim for illumination of the truth.

Pinnegar and Hamilton (2010) stated that the questions raised and the interpretations suggested from the data, the documents, and the literature come from the researcher’s head. “We study ourselves in relationship to others and we seek to gain understanding in order to move ideas forward in specific settings like classrooms or more general settings like education” (p. v). This S–STTEP framework for inquiry supported rigorous investigation to achieve forward movement toward curriculum excellence.

Experiences of Tension about Discussion Boards and the Online Format

The first question in the framework asked me to consider a teaching practice that had some tension surrounding it due to the practice not meeting my standard as a gerontological teacher. This teaching practice tension has to do with the DB in The Aging Course. When I first began thinking of making The Aging Course online instead of face–to–face, I thought only of myself. I thought that it would fit into my life better as an online course. I had been
teaching the course in the evenings since about 2005. I really enjoyed the discussions with
the various students but the time spent in the face–to–face course was about five hours each
week. Besides that was the preparation and grading. I taught this course because of my love
of the topic of aging education. I also had a full–time position at a nursing school. I was also
a single parent of two girls who were two years into being children of divorce, going back
and forth between houses. I thought I could work with the course online and be more
available to my children all at the same time. I used a computer at work and at home, so I
was familiar with making Word documents and emailing communications.

The university was agreeable that I would have the course offered online starting in
the spring of 2008. I taught myself the Blackboard platform that the university used, since
my nursing school used WebCT instead of Blackboard. Occasionally, I sought assistance
from the technology personnel who were familiar with Blackboard. I did not attend and was
unaware of any formal training that might have been offered by the university regarding
Blackboard. I felt I had a good enough grasp of it for my course to go smoothly. As I
developed The Aging Course in its online version, I used tacit knowledge and experience
with teaching to guide what I thought would be a quality course. I did not rely on other
instructors’ experiences or any guidelines.

Every once in a while, I thought to myself that I was teaching this course out of love
for the subject of aging education. The compensation for online adjunct instructors was not
high. In my efficient multi–tasking, organized way of thinking, I could spend time setting up
the course to run on its own during the week and I would only spend time grading on
Sundays. I would, of course, look at emails most every day during the week to see if students
had questions or concerns. I was thus trying to meet the needs of the students and myself at the same time.

In The Aging Course online, I had been concerned about the quality of the DB discussions compared to the on-ground discussions. I was pleasantly surprised with the depth and quality of the DB responses. The realizations of the face-to-face students were very comparable to the online students. Up to this point, I was experiencing tension between my work, home life, and teaching a quality course on aging.

Over the next few years, I continued teaching The Aging Course. At the nursing school where I worked, I had moved to an Assistant Professor position. In the summer of 2013, I developed and taught a gerontology for the adult-gerontology nurse practitioner track at the nursing school where I worked. The graduate faculty were expected to participate in the weekly DBs. This was my first introduction to actually being in a DB weekly. I had not participated in the weekly DB postings in The Aging Course as the instructor. If there were issues in student learning that showed up in the DB, I would address them in my weekly email summary to the students, where I also provided anticipatory guidance on what was coming up in the next few weeks in the course. I read the postings on Sundays when the DB was closed and I graded student participation for the week.

When I prepared to conduct data collection for my dissertation in the fall of 2014, my Chair and I discussed that I would participate in the DB weekly as one way of positioning myself in the study as a narrative inquirer. This was the first time in the history of the online Aging Course that I would be in the DB amongst the students. I had been in the DB weekly
in the gerontology nurse practitioner course and was still a bit uncomfortable with the purpose of my participation.

The tension that I had felt earlier had now shifted from personal efficiency and time constraints to concern for how to effectively participate in the DB as the course instructor. In my first experience with the DB in the nurse practitioner course, I would respond to student posts mostly to: ask them a question that they had neglected to answer; add a suggested reading or a website pertaining to their topic for them to explore; respond to a personal story; add a story of my experience related to their post; or to add encouragement. I would try to respond to different students each week so as to not look like I was after a particular student. The graduate students usually responded to my suggestions or answered a question that they had forgotten to respond to earlier. Some students did not reply as they were done with their required initial response and responses to two other students for the week and had moved on. Many nurse practitioner students have jobs and families and are good at being organized and multi-tasking. Conrad and Donaldson (2011) stated that the lives of learners online are complicated with challenges to motivation and many distractions, such as family; health issues; business travel; deaths; births; career changes; and vacations.

In the graduate nurse gerontology course, I felt a great responsibility to be the knowledgeable instructor who had a grasp on in-patient and clinic experiences with elders. Many of the students were focused on assessment, diagnoses, tests, and labs to order. I was not a nurse practitioner, but I had been a gerontological clinical nurse specialist in a hospital setting and had many years of understanding human beings and the process of growing older in our society.
When it came time for me to participate in The Aging Course DB, I decided that I would participate as another student who was in the course, not necessarily as the instructor. Students responded to DB questions that asked them about themselves, their older adult interviewees, and previous experiences with aging and older adults. I did not have a mentor I was interviewing for 12 weeks, but I did have an 82–year–old mother, her identical twin sister, and a deceased father about whom I could tell stories. So, I decided to respond to DB questions and student posts as a fellow student. I felt tension responding as a student. Ultimately, I often responded as the teacher, where I could illustrate the concept or topic with a story. A benefit that I did not expect when participating in the DB was that I loved recalling the details of the stories that I told. The feelings of love, concern, joy, and frustration that accompanied the story when it was real came back to me. Often, I could see the humor in the tragic story and I used that to make aging more interesting, authentic, and realistic for the students.

The second question in the Framework asked the researcher how I wanted to explore the area of tension in the teacher’s teaching practice. I decided I wanted to be more knowledgeable about the literature on DBs, reflect on how I have used DBs in my previous teaching practices, and hear what other gerontology instructors think and do about DBs in their courses through semi–structured interviews of two faculty members. As part of the Framework for Inquiry I had established for myself, I included several standards of online teaching and best practice suggestions from the literature. I compared The Aging Course to these standards as well as read articles/books on the topic of discussion boards to broaden my understanding and discover possible new strategies.
From the literature, there are standards and best practice guidelines available for developing and evaluating online courses, as well as comprehensive research on discussion boards. The Aging Course met the three guidelines recognized as best practice in online courses. Bloom’s Taxonomy was discussed in several articles (Conrad & Donaldson, 2011; Hall, 2011) as a way to provide a difficulty level for educational objectives in K–12 and college level courses. According to Armstrong (2015) from the Center for Teaching at Vanderbilt University, the first Taxonomy was developed in 1956 and included the categories, in increasing order of difficulty, of knowledge, comprehension, application, analysis, synthesis and evaluation. In 2001, the Taxonomy was revised to include verbs to label the categories and a separate taxonomy of the types of knowledge used in cognition was created. Using the six categories and the assistance of the verbs in each category, I evaluated The Aging Course’s objectives for each module and the field experience as well as evaluated the Taxonomy’s levels of my DB questions. In general, the difficulty of the taxonomy verbs increase as the module objectives and Discussion Board questions progress through to course completion.

I became aware of the progression of difficulty of the taxonomy verbs in the questions I was asking students in the DB in a way I had not understood before. I had previously used tacit knowledge for the development of DB questions. I used my previous experience of being a student in an online course and did not consider the ethical/moral and aesthetic ways of knowing in teaching. Now however, I have literature to support my knowledge and choices of question difficulty as well as gaining new connections between the DB questions and the course objectives. By focusing on a tension in my teaching practice
through literature, PPK, and reflection, the aim of the S–STTEP process can culminate in improvement in my teaching practice.

There are also articles and books suggesting creative ways to use DBs to increase participation, reflection, and new knowledge (Cobb, 2011; Conrad & Donaldson, 2011, 2012; Motte, 2013; Wickstrom, 2003). Context, experience, and tensions combine to influence Discussion Board development. The comparisons and research on development and evaluation of online courses, particularly DBs, has been presented in “Chapter 2: Theoretical Framework,” and provides a foundation for the presentation of data and analysis of the data from the interviews and feedback from the participants in The Aging Course.

**Data Collection from Students and Faculty Regarding Discussion Boards**

The third question in the S–STTEP Framework asks the researcher which methods would be used for the inquiry into practice. Aside from the review of literature, data on DBs has been collected from multiple sources. Besides data collected from primary and proprietary sources, there was also the data collected from participants’ experiences with DBs in The Aging Course, as well as from two faculty interviewees. I have also collected data the about DB in The Aging Course from my own field notes. For 12 weeks during The Aging Course, participants’ responded to selected DB questions. During the last week, participants’ were asked to respond to these questions: what strategies/tools/methods from this course were most impactful for you and why; was the communication between you and the instructor satisfactory or unsatisfactory? Please explain; and what improvements to the course would you recommend (e.g., design, content, etc.). Some of the participants’ responses come from this DB question. Hence, the rigorous S–STTEP framework of inquiry
(Pinnegar & Hamilton, 2010) had me investigating my teaching practice in a systematic way using the assistance of the framework questions.

**Steps in Data Analysis**

According to Pinnegar and Hamilton (2010), the S–STTEP process has the researcher conducting data analysis that gathers accounts of herself or himself as the teacher and her or his teaching practices with a focus on how the strategies shaped the teacher’s practices. Rigorous attention to this process involves the honest and transparent descriptions of experience, methodological choices, and the theoretical frame that the researcher uses to interpret the data (Pinnegar & Hamilton, 2010). One way to strengthen transparency in S–STTEP is through the triangulation of data. This means that the researcher selects a variety of data collection mechanisms to decrease bias. In this study, this included double–checking of data and utilization of multiple data sources to verify the researcher’s interpretation of the data. In this way, triangulation was used to enhance the credibility of the study’s findings (Pinnegar & Hamilton, 2010).

Data analysis in S–STTEP includes the researcher participating in “a process of breaking down something with a desire to make sense of it…[by breaking] down the data collected to build meaning from what they find” (Pinnegar & Hamilton, 2010, p. 148). Additionally, the authority of experience of myself as the researcher/teacher was present in the data analysis. This involved my personal experience which enabled me, the researcher, to present meanings from the data and distinguish relationships among phenomenon (Pinnegar & Hamilton, 2010). From the interrogation of my identity through thorough reflective narratives, colleague interviews, field notes, monthly memos, creative writings, and personal
journals and communications, I have learned more about myself and my teaching practices as a gerontologist. I have a new understanding of the influences of my personal practical knowledge and the approach I take when considering ways of knowing. I understand more about why I have chosen certain teaching behaviors in the courses that I teach.

From the contemplation of this new information about myself, I feel more confident in being able to consider critiques of my teaching strategies regarding discussion board in a constructive way. This stronger knowledge of myself and a new honesty and creativity as a result of a focus on my identity makes me more open to understanding the data on the discussion board teaching strategy. This new understanding of myself has implications for how I will choose teaching strategies in future courses that I teach. Hence, I have established a firmer foundation from which to explore the S–STTEP framework.

**Results of Data Analysis**

In this study, I selected data from DB narratives, interviews, monthly memos, and field notes. After reading the data, I identified themes from phrases and concepts often repeated. I then looked for interrelationships and patterns among themes. The data revealed six themes. These themes were: “Positive Experience for Students and Faculty when Faculty in the DB;” “DB Tensions: Emic and Etic;” “Constructivist Learning through DB;” “Scheduling Issues;” “Tension: Faculty DB Responses;” and “Technology Issues.” Each of these themes will be discussed below with examples from the data. In describing the data, student and colleague participants will be referred to using their pseudonyms throughout.

**Positive experiences when faculty in the discussion board.** This theme showed that gerontology colleague participants, as well as myself as the teacher/researcher, and student
participants, had positive experiences when faculty participated with the students in the DB. Primarily, the relationships between faculty and students in online courses is quite good. Perry, a colleague participant, stated that “contrary to what you might think about online classes, I do feel like I get to know my students because I’m reading what they say every week…and I do try to comment back to them” (Interview #1). In my field notes from that interview, I agreed, stating “I know from the literature that online and face to face relationships are about equal. I also feel that I get good quality discussions online in my courses” (Field note, October 16, 2014). A participant named Mark noted, “I also liked it when the instructor joined in the group discussions” (DB, November 29, 2014). Another participant, Patty, stated: “I never felt that that the instructor was detached from the energy of the course, even though it was conducted entirely online” (DB, November 30, 2014). Faculty who teach gerontology courses also had positive experiences. From an interview transcription of one gerontology faculty member named Perry, it was revealed that Perry felt like the DB let her get to know her students and that she tries to associate a personality portrait with each student’s name. As a participant, I also had a positive experience. In a field note, I wrote that “it was therapeutic for me to write about my parents when illustrating a story pertinent to the discussion” (Field note, October 5, 2014). In addition, I also stated in a field note that “I received positive feedback from students/participants to my posts. I feel that the experience of teaching an online course was deeper and more satisfying this semester than other years of teaching this course without participating in the discussion board” (Monthly memo, December 24, 2014).
When I viewed the data from the lens of the three–dimensional narrative inquiry space (Clandinin & Connelly, 2000), there were several dimensions that had relevance. The social aspect of the DB seemed to allow participants, including myself, to get to know others in the DB by sharing and receiving responses back. In considering the personal dimension of experiences, the DB might help participants feel they can be heard by others. Finally, the continuity of the past, present, and future within the temporal dimension might be illustrated when I have decided that past experiences teaching this course were not as satisfactory as the present course where I participated in the DB. Therefore, I will probably continue the action of DB participation for future courses.

**Technology issues.** This theme highlights the DB data related to technological issues experienced by myself, student participants, and colleague participants. One of the issues was the consequences of my inability to fully understand and control the technology so respondents could look back in previous DBs weeks, if desired. One participant, Sherry, wanted to go back later after the week was over and look at response posts from others but “couldn’t go back in to see if someone else commented on my post” (DB, November 30, 2014). Mark noted “once cut off came, you could no longer see if someone actually responded to you if you had a question about a certain post” (DB, November 30, 2014). From my field note of week 15, I stated that “this semester the DB didn’t work the way it had in the past.” This was apparent in two ways. First, I noted in the field notes that “each week when I finished grading DB posts, I always unclicked the checkbox so that the DB was able to be accessed again…I didn’t communicate this to participants” (Field note, December 14, 2014). Second, I noted that:
When I would go in and look at each post, when I returned to the week’s list of entries and responses, I would see a lighter, less bold font on those that I had already read. This semester, there was no such ‘less bold’ notice for me to go by. It was helpful in the past to see if an area was still bold, meaning I hadn’t seen every post I was supposed to see. I didn’t have that this semester.

(Field note, December 14, 2014)

The theme of technology issues has relevance when I think about the three-dimensional narrative inquiry space. In the social interaction dimension, participants seemed interested in going back to old postings to see if someone had responded to them after they had made their own postings or if they had an additional question that might be answered in someone’s post. Within the temporal dimension there was an educational relevance in that I could be more prepared in the early weeks of future courses for changes in the platform’s DB and be better at communicating with participants about the feature of looking back on older postings.

Scheduling issues. The scheduling issues theme included perspectives from myself as the instructor; participant; and doctoral student, as well as from the student participants and my colleague participants who teach in gerontology courses. As the teacher, my participation in the DB seems to have changed drastically. As noted in a field note reflection, I had stated that:

Before this semester, I rarely responded to student posts in the DB because I was trying to be efficient with my time and I was usually over-committed. I skimmed the DB for responses enough to take notes down so I could write a
weekly summary of topics brought up in the DB and give credit for student responses. (Field note, November 11, 2014)

From the view of one participant, Sherry, the closing of the DB each week on Sunday at noon was problematic. “I did miss one discussion board post because my family was all home on Sunday and didn’t like that assignments were due Sunday at noon” (DB, November 29, 2014). From the view of the colleague participants and myself, participation in the DB involved varied amounts of posting and timing. Carol, a colleague participant, stated that she “couldn’t guarantee that the students would see her posts” (Interview #2). Perry, another colleague participant, stated that she “participated in the discussion board each week and tried to respond to each student” (Interview #1). I was in Perry’s class as a doctoral student several years ago. In a field note, I stated that:

I know I did not go back and see if the teacher responded to my posts. I was too busy and had moved on to other things I had to do…I would imagine other students in the course were in similar positions to mine, working, going to school, and having family responsibilities. (Field note, November 11, 2014)

Moreover, in keeping with the thread of timing in the DB, as the teacher, I noticed the rhythm of the busyness of the semester. I noted that:

It feels like people are hitting the high points of the semester in whatever coursework they are doing because initial responses to DB questions come in later. There were several participants that didn’t make responses to two other students’ post or ended up responding to just one instead of two. (Field note, November, 3, 2014)
From my perspective as a participant in the DB, I had written that “I have felt the busyness of the semester catching up with me. I usually enter a post on Thursdays but it seems that the last two weeks, I’ve entered a post on Friday or Saturday” (Field note, November 3, 2014). It appears that the time involved for students to enter their own post responding to the weekly questions, reading others’ posts, and then developing a substantive response to two students’ entries was time consuming in a semester that seemed to get busier as it went on. I had noted a few weeks later that:

It seems now that the only people who respond to the discussion board question are the hard core students/participants who have been working all along. My participants are mostly in this hard core category. A few students have simply quit participating in the discussion board. (Field note, November 17, 2014)

Each week students must make an initial entry in response to discussion board questions and later in the week, students respond to two other students’ entries. I have considered how to encourage initial discussion board responses earlier in the week so that students would have postings to respond to later in the week. Upon reflection on timing in the DB, my notes included the consideration that:

I could require initial posts to be done earlier in the week, such as Thursday, so posts would be available for students to respond to later in the week. In that way, the teacher could interject a post earlier in response to initial posts, thus having a better chance in receiving a reply post from the students as they are
reading other student posts and deciding which ones to respond to. (Field note, December 14, 2014)

In looking at the theme through the lens of the three–dimensional space, several remarks should be made. First, the context within which social interaction takes place for me, the teacher, the student participants and the faculty interviewees seems to involve a society that requires college students and faculty to wear multiple identities, such as student, parent, caregiver, and worker, some at the same time. Second, the temporal dimension is important here for me as the teacher in that I may want to change how I set up and require DB responses to better allow for more interaction. It also is relevant as I may want to reflect on my past participation, my current involvement, and my future plans to continue participating more frequently in the discussion boards of the online courses that I teach.

**Tension: Faculty and discussion boards.** This theme captured two threads. The first thread is about me as the teacher, attending to the student responses, the quality of student posts, or posts that are off track in terms of student thinking. Carol, a colleague participant who teaches a blended course using the DB, stated: “there was a lot of fluff in discussion board responses to other students’ posts so we quit having them respond to others. We kept just the initial post” (Interview #2). Carol went on to say: “if I’m concerned about something they write, if they’re off track, I might want to see what others say before jumping in myself. If not, I bring it up in clinical for the whole group to talk about” (Interview #2). I too, follow up in clinical conferences if there were posts that were off track. Perry, another gerontology teacher said that “when people reveal their biases, that’s where I try to correct that in
informal discussions” (Interview #1). But, as Carol stated that “the students that I respond to that are off track don’t always respond back” (Interview #2).

The second thread was that of the uncertainty that teachers might experience surrounding the DB board strategy. In a field note, I had stated “one interviewee did not know if students saw her posts. The other interviewee wasn’t sure if students saw her posts” (Field note, December 14, 2014). I noted that:

I find the notion of posting by teachers a benefit and a waste. I am a very busy and organized woman. If I knew students did not see my posts, I would wonder why I spend precious time making these posts. I would try to discuss the contents of those posts in a different way. I also post a general weekly summary of what students/participants have posted in their discussions that I send out to students each week. In case students didn’t read everyone’s posts, they can get the gist of what was discussed. (Field note, December 14, 2014)

It appears that faculty do not always know if students read responses on the DB from their teachers. The answer is only made clear by seeing an actual response posted back to the faculty member. However, issues about how time is valuable to faculty and students seems to be ongoing. Finally, I had written that:

I have come to see that discussion boards are somewhat of a mystery on exactly when and how faculty and students/participants participate in the discussion board. My two interviewees and I participate in the discussion board but it is unclear as to whether we respond, when to respond and if anyone sees our responses. (Monthly memo, November 20, 2014)
This knowledge will prompt me to consider more carefully the functions and uses of the DB in future iterations of The Aging Course.

When I think about the three-dimensional narrative inquiry space and where the concerns revealed in this thread might be pertinent, there seems to be a social–cultural connection. When students do not respond to faculty posts or they have headed on the wrong path in their thinking in regards to the course content, it might be a matter of the college student’s priorities or generational expectation differences between the teacher and the student. Additionally, there is support for the temporality of curriculum and educational strategies. What a teacher has done in the past with the design of a course may need to be reconsidered in light of cultural changes in society. A future action regarding changes in how discussion is accomplished in an online course may need to be attempted.

**Constructivist learning through discussion board.** This theme touches on me as the teacher, choosing a teaching strategy whereby the collaborative communication between the students and participants exists in the DB. As a possible result of choosing this strategy, there seems to be an element of relationship development over time that is detected in the statements made by students, participants, and myself. Paul, one of my participants, wrote the following story.

It was helpful to not only answer the questions myself but to read all of the posts from everybody else in the class. It allowed me to learn a little bit more about their experiences with their mentors and compare that to some of the things I learned from my mentor. (DB, November 30, 2014)
Paul’s story highlights how students seemingly desire a connection with other students in the DB and they might like to follow up with stories, questions, or concerns that have been previously voiced by other DB members. The DB can also offer students a window into how other students view elders, themselves, and society in regard to older adults and aging. From week 10 in the course, I wrote:

I can feel that students/participants are comfortable with each other and their mentors. I see lots of responses where they compare/contrast their mentor to the characteristics of someone else’s mentor, or give suggestions, or ask for more information on a mentor to try and help solve a problem. (Field note, November 3, 2014)

The students’ seemed to desire a connection with other DB participants and to hear about concerns or dilemmas other students describe in relation to their elder mentor or themselves. This theme also touches on learning through stories. When there is a concept or story about a particular older adult with whom I have had experience or with my elder parents, that has been discussed in a DB entry, I will always post that story, connecting the concept or issue to the real life situation that I had experienced. This can reinforce the concept and make it more real. I relate in the following narrative my concept of stories and learning.

Being in the discussion board is another way of using story as a learning tool when I tell particular stories in particular weeks to highlight particular content or in response to a discovery students have made. Sometimes something I said in a story connects with another student like it connected with me when I
would respond to a student comment with a story. (Field note, November 11, 2014)

As noted above in several data points, the DB participants are seemingly eager to hear about other students’ elder interviewees and the concerns those students discuss in the DB. Often students will ask questions of a student who has brought forth a dilemma with their elder interviewee. Other students respond with suggestions or ideas from their own previous experiences with elders. The responses of students to those suggestions or the asking of additional questions can indicate that students are adding to their own knowledge about elders and aging, comparing the situation to their own elder’s concerns, or connecting with their own personal situation with an elder relative. They assist in the solving of a problem within the DB platform. Additionally, a description of constructivist learning in this discussion board was noted in the following excerpt from my field notes:

The main discussion board question this week was about how they would take what they see and what their mentor has experienced related to health and lifestyle to heart for themselves as they go forward into aging. This kind of question is a reflective exercise of the interviewing process, the content/discussions of the process, the participants/students personal experiences and their new knowledge about aging that they’ve gained from textbooks, discussion board, and journaling. Several of them made statements that signaled to me that they are getting the bigger picture message and stated that this class opened their eyes to aging and that their interest in aging well has been piqued. (Field note, November 24, 2014)
This type of DB sharing has several benefits. It is possible that sharing and comparing elder interviewee situations with other DB participants and considering the students’ own personal aging or that of their older relatives can strengthened the students’ understanding of potential future actions.

When I think of this theme in the context of the three–dimensional narrative inquiry space, there are many ways to think of the narrative inquiry space. For example, the social interaction of the students and participants in the DB seems to intersect with the temporal dimension. Over the course of weeks in the DB, participants and students became comfortable with each other to where they compared thoughts and concerns that they learned from their mentors with other students. They also shared personal thoughts about aging and healthy lifestyles, and in response, other students and participants gave suggestions to help solve problems or give support to a respondent. In addition, DB questions asked about their own personal perceptions on aging for themselves. Toward the latter portion of the course DB, my student participants seemed to understand that they were opened to aging in new ways. Finally, it seems that there was educational significance for myself as the teacher using the DB in that I used story as a learning strategy. I highlighted particular content with a story of my personal experience with elders or I might have responded to a student’s or participant’s comment with an appropriate story to reinforce new learning connections.

**Discussion board tensions: Emic and etic.** As the teacher, researcher, and DB participant, I had to slip in and out of subjectivity and objectivity within the DB. This narrative thread speaks to the difficulty that I experienced in trying to achieve my
expectations for myself. I noted a main tension in the next narrative that was excerpted from my field notes.

I made my initial post in the spirit of being a student and would answer questions as if my mother was the elder mentor. When I made my response posts to other participants and students, I had a hard time not being the teacher. I had the insights of the teacher and what I expected the students to get out of the questions and the kinds of responses I expected. (Field note, September 16, 2014)

I ended up using stories about my parents and other older adults in my family or ones that I have known in my nursing career as teaching tools. I did not usually answer the DB questions as simply the caregiver of my mother. It seemed that the more pressing need was to tell specific stories and to ask questions. However, when I made my initial posts, trying to answer as a student each week, I did find it therapeutic. I relate in the next narrative my perspective on this.

I posted as a daughter and caregiver. It was rather freeing to me to respond as the daughter. I got a chance to share concerns with others. I received several responses back within the discussion board about my mother. It’s important to know that I’ve been heard. Before, during and after posting, it gives me time to think about an issue and maybe see a new way forward or get insight when I read others’ thoughts of my post. (Field note, October 5, 2014)

As a result of this inquiry into the DB and my role in the DB, I came to appreciate the time, contemplation, and composition of the narratives posted in the DB. I felt that sharing my
stories and receiving feedback gave me something new to consider too. Others had heard my concerns about my mother and attempted to connect with me about her. This was something that I haven’t experienced very often outside of my discussions with my immediate family about our mother. Ultimately, I noted: “I felt the experience of teaching this online course was deeper and more satisfying after participating in the discussion board” (Monthly memo, December 24, 2014). I will continue to participate in the DB in future versions of The Aging Course.

When I think about the three–dimensional narrative inquiry framework, it seems to have importance in the realms of interaction, both personal and social, as well as the dimension of temporality. From the social interaction perspective, it was important to be in the DB as a participant to receive responses back indicating that I had been heard in my postings. From the personal perspective, it was difficult to be the student who was making a post and then to be the teacher expecting a certain quality of posting from the students/participants. As for the past, present, and future of myself as the teacher participating in the DBs, I noticed that I felt the course had a deeper quality to it when I participated in the DB than when I did not participate in the DB. From this, my probable new action will be to plan to participate in the DB in the upcoming course offerings.

Summary of Framework of Inquiry Process

Using Pinnegar and Hamilton’s (2010) S–STTEP framework of inquiry, I developed a rigorous inquiry into online course standards with comparison to The Aging Course; literature on DBs; and with reflection on my use of the DB strategy. I collected and analyzed data from participant responses related to The Aging Course’s quality and my use of DB,
gerontology faculty participants’ interview data on DBs, and my own weekly field notes and monthly memos. Results revealed that The Aging Course seemingly met the online course standards. Six themes emerged from the data. These included possible opportunities for constructivist learning and positive effects of DB for participants and faculty. Possible tension might also have existed for faculty related to positioning and functional issues of DBs as well as for participants’ related to functionality of the DB.

Convergence of Identity and Discussion Board

As I came to the culmination of Pinnegar and Hamilton’s (2010) S–STTEP process, I was surrounded by new understandings of my identity that assisted me in my interrogation of myself as a teacher in an online gerontology course who chooses to utilize DB as a teaching strategy. Several areas of my identity were especially useful in my focus on the functions of DB in teaching. My identity as an educational gerontologist gave me the ability to detect biases, ageism, and misconceptions within participants’ DB posts that needed to be clarified either by my response posts, emails, or weekly summary of DB themes. My creative self was further enhanced throughout the study of myself and now has played out within the DB. I post stories in the DB that illustrate course topics or that are related to my elder family members or elders I have known in previous experiences. I may tailor the stories or assignments to address particular concerns seen in students’ DB responses. I may suggest more creative ways to enhance students’ understanding of themselves and elders through potential changes to the DB. This may further include less DB postings with an additional reflection on students’ attempts at a poem or creative writing piece related to aging.
As an educator who has had multiple experiences with DB strategies in both nursing and non–nursing settings, I can see patterns of use and tensions with this strategy by both students and faculty. Attending to my PPK, I recognize that despite tensions surrounding the DB strategy, it might be a valuable method for reflection, comparison, and communication between students and instructors. For this reason, I believe that I should continue to use it as a teaching strategy. In addition, my study findings highlight the need for ongoing discourse in encouraging this form of teaching and learning. Facilitation of workshops on DB interactive strategies for educators and writing about my experiences in using the DB might ignite the interest of other teachers. Explanations of how I use the aesthetic side of my PPK to consistently include reflection strategies in the forms of DB posts and journal entries can illuminate the connections this provides for students. These connections may include text learning, the elder interview experience, and student awareness of their own aging. The potential outcome of such connections through reflection is that students might have experiences about aging that may lead them to choose a career with elders. In addition, students may gain new understands of themselves as they age as a result of their student experiences in a gerontology course.

**Chapter Summary**

This chapter highlighted the data analysis related to the self–study of practice focus of my dissertation. Many of the stories that I related in this chapter involved tensions and revelations of my identity, both personally and professionally as a nurse and as an educator. I found that engaging in the process of a self–study of practice was especially helpful for
aiding me to recognize my journey and positioning within education and nursing and my renewed attention to creativity, especially as a tool for practice and for reflective practice.

Using knowledge of identity has reinforced in me particular ways of knowing that were previously implicit. I brought forth aspects of my personal practical knowledge and re-constructed stories of my experiences so that my personal practical knowledge might be acknowledged as a valuable resource for understanding myself as a nurse and as an educator and my related practices. Finally, the self-study of practice focus on a practice tension showed The Aging Course seemingly met quality standards despite ongoing tension in the data and in the literature related to discussion boards. In Chapter 6, “Data Analysis and Discussion,” I will identify themes from my narrative inquiry study, highlighting particular stories from those themes as well as stories of my own.
CHAPTER 6
DATA ANALYSIS AND DISCUSSION

The previous chapter of this dissertation focused on the self-study of practice component of my study. This included reflections on PPK from my past and how those reflections and realizations influenced my present and future. The self-study processes allowed me to establish a stronger understanding of who I am as a teacher, nurse, and researcher. This new understanding now allows me to bring forward my stronger self into the analysis of my study data and the discussions of connections and layers of meaning from the data.

In this chapter, my PPK and crystallization assist me in highlighting certain findings from the data. Crystallization involves the honing of observation, reflection, and writing about the infinite variety of data in ways that may be complex, creative, and multifaceted (Ellingson, 2009; Janesick, 2011). This crystallization shaped how I used arts–based methods within narrative inquiry to think about aspects of my inquiry. Subsequently, through the support of stories, I identified themes that arose from the examination of the data. These themes were: Generational/Cultural Differences; Societal Views of Elders; Dealing with Changing Roles; Components of a Healthy Lifestyle; Aging Changes; Independence vs. Safety; Aging Resources; Elders as Role Models; Interviewing of Elders; and Gerontological Teaching Strategies. In addition, I engaged in puzzling out stories and wondering about my participants in relation to their stories as I drew out discussions of their stories. Before delving into my participants’ stories, I discuss the results of the demographic questionnaire.
The Demographic Questionnaire

All seven student participants in this study completed the demographic questionnaire. After participants consented to participate in the study, the questionnaire was sent via email within The Aging Course. It was important for this qualitative, narrative inquiry study to utilize demographic information for several reasons. First, specific questions were asked that corresponded to current concerns in the literature about type and quality of experiences with older adults that might encourage college–level students to consider careers or jobs in the field of aging. The demographic questionnaire also offered insights into the participants’ personal views and experiences with older adults as well as prior gerontological education. This information may have implications for future consideration of gerontological educational strategies. Second, the demographic questionnaire information might have allowed me to understand my participants in ways that I might not have gathered if this questionnaire was not used. Specifically, I collected information about age, gender, and included two open–ended questions that might be useful in understanding my participants and the stories behind the stories within the data. The Demographic Questionnaire may be viewed in Appendix G.

Demographic Questionnaire Results

Of the seven participants, there were five females and two males. Participants ranged in age from 23 to 54 years of age with the mean age being 40 years of age. The two youngest participants included both a male and a female. The two oldest participants were both women. Degree programs that participants were enrolled in included: Bachelor of Liberal Arts with a computer science minor, Bachelor of Psychology with a gerontology minor,
Bachelor of Science in Nursing, and a non-degree seeking student. In addition, there were two participants in the Bachelor of Liberal Arts program.

When asked about why they enrolled in The Aging Course, participants could answer among eight response choices and another choice where a participant could write in her/his answer. Participants could check as many responses as fit their situations. One participant each or 14% of participants chose the following responses: “was required for the degree program”; “was focused on an interest area of gerontology”; “was part of the gerontology certificate program at the university”; and “the course was recommended by a teacher or advisor.” Two, or 29% of participants also wrote in their responses as to why they enrolled in the course. These responses were: “I’m considering the Gerontology certificate and Mizzou MPH” and “Aging is something that happens to all living things so I thought I would earn more about it.” Four participants, or 57%, chose the response that this was an optional course for their degree program. Five, or 71% of participants chose the response that this course was online. Similarly, 71% or five participants responded that they had not previously taken a gerontology course in college with two respondents, or 29%, stating that they had taken a gerontology course in college before.

The next demographic questionnaire question was about participants’ experiences with older adults. This category was broken down into minimal or no experience with older adults, which included infrequent visiting elder relatives, friends or neighbors; moderate experiences including caring for elder relatives or neighbors; and maximum experience with older adults, which included caring for elder relatives/neighbors and work experience at a facility where older adults were present. Participants were to choose only one of those
categories. Results indicated that there were no responses from participants regarding minimal experience. Five of the seven participants, or 71%, chose the moderate experience category, with 29%, or two participants indicating maximum experience by choosing that category.

When asked what the participants’ experiences were with service learning or interviewing that involved older adults, participants could check as many answers as fit their situations. The answer choices were: “no experience with service learning or interviewing”; “have had service projects involving elders who were not related, where the participant chose the amount of interaction among themselves and the elder”; “have had service projects involving elders who were not relatives that did not allow the participant to choose the interaction”; and “have had experience with service projects or interviewing with their older relatives.” Results indicated that 71%, or five of the participants in this study had no experience with service learning or interviewing. Two, or 29% of participants had indicated that they had had experiences with interviewing or service learning projects with non–relatives where they could choose the amount of interaction. There was one response, or 14%, for the choice of interviewing or projects with non–relatives that did not allow the participant to choose the amount of interaction. There was one response, or 14% of participants that chose having had experience with service learning or interviewing with older adult relatives.

The next question on the demographic questionnaire asked participants to write in their responses to the question that asked if they had worked on projects or service learning activities with older adults, please explain the length and nature of that interaction. One
participant responded that she worked with an elder woman who was blind and that the participant had to assist the elder in learning the layout of her surrounds, such as counting steps. Another respondent stated that she volunteered at a nursing home once a week for two years. This same respondent stated that she was the overnight attendant at an assisted living facility for a period of six months.

Another query from the demographic questionnaire asked those participants who had worked on projects or service learning activities with older adults, to complete the following statement about that experience: “I felt that the experience was…” and left the ending to be completed by the participants. One participant’s complete response stated: “somewhat of a challenge but rewarding; I like a challenge and was always willing to help the elderly.” Another participant’s complete response was: “very enlightening to understand the challenges that elders face in health, mental capacity, and social stigmas.”

The next question on the demographic questionnaire asked participants if they would ever consider having a job/career where the majority of the work was with elders. Four participants, or 57%, responded that yes, they would consider a career or job with elders. One participant, or 14%, responded that no, he/she would not consider a job with elders. Two, or 29% of respondents stated that they did not know if they would consider a job/career with most of the work was with older adults.

The final question asked participants, who all had previously indicated moderate or maximum experience with older adults, if they would choose from a list which factors would influence them to choose a job where the majority of the work was with elders. The choice of “no factors would influence my choice of a job with older adults” was not chosen by any
participant. Five participants, or 71%, chose the response of “engaging in good relationship with older relatives” as an influence regarding possible choice of a job/career in aging field. Four participants, or 57%, stated that “experience of taking care of elder relatives” could influence their choice of a job in the aging field. Four participant, or 57%, stated that “coursework in gerontology” could be an influencer in an aging career consideration. Six participants, or 85%, agreed that “contact with healthy older adults” could influence their choice to have a career/job that involved older adults. Six, or 85% of participants also chose the influences of “relatives or friends who have or had jobs/careers where the worked with and/or for older adults.” Finally, three participants, or 42%, chose a response that indicated “service learning or interview projects with older adults” could be an influence on their choice of a job/career with elders.

Discussion of Demographic Questionnaire Results

Lun’s (2011) study had reported that males tend to have more negative perceptions about older adults and that attitudes of students might be influenced by previous experiences with older adults. In my study, only one of the seven participants had checked “no” when asked if he/she would consider a job/career that involved the majority of the work to be with elders. This participant was a 44 year old male student. However, this particular participant had reported moderate experience caring for an elder relative. This relative was his mother, for whom he cared while she died of cancer. It seems that his prior experience with caring for an elder mother dying of cancer might have influenced his potentially negative view of aging and his desire not to pursue a job or career involving older adults.
Lun (2012) also discovered that other factors contributed to encourage potential careers in aging. These factors included: quality and frequency of contact with elders; aging skills and knowledge; an undergraduate gerontology course; and positive interactions with older adults. In my study, the participants reported through the demographic questionnaire at the beginning of the study that these factors might influence them to consider jobs involving elders: relatives or friends who had aging careers; contact with healthy elders; coursework in gerontology; experiences caring for an elder; engaging in good relationship with older relatives; and service learning or interviewing project with older adults.

Results from a study by Gross and Eshbaugh (2011), reveal that half of the students were unaware of a major in gerontology and only 58% of respondents knew the definition of gerontology. When asked why they were not interested in aging studies, among the replies was that no one had mentioned it to them and that they didn’t know why they have never considered a career in aging. In my study, the demographic questionnaire revealed that six of the seven participants stated that this course was online or it was an optional course for the degree as reasons for taking The Aging Course. In addition, five of the seven responded that they had never taken a gerontology course in college. It might be that participants came into the course because it was online or an option in their degree program. However, by the time they decided to participate in my study and completed the demographic questionnaire, sometimes 3-4 weeks after the course started, they had already begun meeting with their chosen older adult mentor for interviewing and a relationship had commenced. This might have influenced their views when completing the demographic questionnaire. More specifically, participants who had begun interviewing their older adult mentors and had
become more comfortable with the interviewing process and the elder, might have been influenced by the experience to where the participant might have indicated “yes,” they would consider having a job in an aging field. In my study, four, or 57% of participants stated “yes” to this question.

Gross and Eshbaugh (2011) suggested, as a result of their study, that strategies to increase awareness of gerontology to the undergraduate students at their university would include: speak regularly to advisors to make them aware of this career path; explain demographic trends and the growth in this field as a result of those trends; and discover a mechanism for informing students about gerontology majors and minors early in the college experience. From my study and interviewing of a faculty participant, it may be difficult to implement some of the strategies mentioned above with so few faculty members interested in and teaching in aging courses at my university.

Finally, Curl et al. (2005) found that professional/personal experiences with older adults significantly predicted a willingness in students to take jobs in the field of aging. Additionally, Paton et al. (2001) found a positive, strong relationship between the level of interest in working with elders and their personal and professional experiences working with older adults. In my study, five of the participants indicated moderate experience working with elders and two participants reported having maximum experience working with elders. The two participants with maximum experience, besides caring for elder relatives, worked in a nursing home and assisted living facility respectively.

In general, student participants in my study have similarities in their experiences and views compared to previous studies related to college students’ interaction with older adults.
Similar to previous research studies, my participants’ previous experiences have influenced their views on aging and careers in aging. In addition, the challenges of developing and utilizing strategies to attract students to consider careers/jobs in aging may be complex. Next, I explore my research questions, identifying the various sources of data from my study participants, containing self–study of practice narratives, and including stories from my participants’ that assisted me in puzzling out the essence of my participants’ messages.

**Research Questions**

In this chapter, two of my research questions can be understood. My first research question is: what are college–level students’ stories of experiences with aging and older adults? The sub–question is: how does the experience of participating in an online aging and health course shape college students’ stories of experiences with aging and older adults? The responses that relate to these questions are revealed through my participants’ writings in journal and DB narratives about their past personal experiences, thoughts about their interviews with their elder mentors, and possible new knowledge and understandings gathered from the course experiences.

The second research question was: how might interactions with college–level students in courses on aging shape my stories of experience with aging and elders as a nurse educator with a focus on gerontology? Responses that related to these questions were revealed through my student and faculty participants’ narratives, through interviews, field notes, monthly memos of reflections on past personal experiences with aging and elders, and possible new understandings assembled from this study experience.
The demographic data provided a beginning understanding of my student participants and how they might be perceived compared to previous research studies. In addition, narratives of my previous teaching experiences in gerontology with college–level students as well as narratives of interactions with colleague participants related to gerontological teaching may influence my perceptions of my college participants. Moreover, my self–study of practice experiences with teaching strategies, such as the DB, and subsequent narratives of the interrogation of my identity have honed my understanding of myself as a teacher and my place among gerontology educators. Next is an exploration of each participant and how they have developed some of the themes from the data that represented their experiences.

Participants

The experiences of my participants highlighted themes that arose from the data. I have crafted a portrait of each participant and included stories of their experiences with their mentors and their views on aging and older adults. From these experiences, several themes have materialized. I discuss below some of those pertinent themes as well as share an analysis of each participant’s responses utilizing the demographic questionnaire replies as well as my own interpretation of participant responses.

Betsy

Betsy is a 54 year old woman who has a master’s degree in education. She is not enrolled in a degree program. From the demographic questionnaire, Betsy note she enrolled in The Aging Course because it was a part of the gerontology certificate program at the university. She also indicated that “I’m considering the gerontology certificate and Mizzou MPH” (Demographic questionnaire, October 6, 2014). She also indicated that she has had
moderate experience with older people but no experiences with projects such as service learning or interviewing elders. Betsy said “yes” (Demographic questionnaire, October 6, 2014) to considering a career or job where most of the work was with older adults. Further, she selected the following factors on the questionnaire that might be factors influencing her to potentially choosing a job with elders: good relationships with older relatives; experiences of caring for elders; coursework in gerontology, friends or relatives who have jobs with elders; and interviewing project or other service learning with elders.

**Generational/cultural differences.** Betsy’s experiences were represented in her journal postings and DB entries. From these narratives, the theme of Generational/Cultural Differences began to take shape. In particular, the subtheme of Discounting Elders was elucidated by Betsy. She stated that “it’s about upbringing/generational differences— and we tend to pass on traditions along to our children, etc. Some traditions stick and others not so much” (DB, October 16, 2014). These traditions Betsy spoke of may include views regarding gender roles. Under the sub-theme of Cultural Shifts in Views, Betsy’s narratives may have shown that she experienced a new understanding of the cultural views of her elder mentor, which in turn, may have influenced her own views about older adults. In particular, Betsy recalled her own upbringing by stating: “my aunt, nor any elder person, especially female, carried a bag, walked on ice, or took out trash, and I had to even help the lawn guy so my aunt wouldn’t ‘over-heat’!” (DB, October 5, 2014).

Another cultural view described by Betsy about her mentor had to do with reported experiences of racism. Betsy wrote about her elder mentor saying: “she’s a very confident woman, who moved to San Francisco at 18, yet she often speaks of black/white issues of
separation and knowing her place.” (Journal, October 2, 2014). Betsy also spoke of her own father–in–law in this story:

He was a short, dark–skinned man born in the 1920s. He was orphaned and had to leave school in the 8th grade. He fought in the Korean War and to the day he died, he did not like Chinese. I guess he was grouping all Asians. He worked very hard–two jobs for 22 years…At the Post Office he was asked on a couple of occasions to apply for a supervisory position, but he didn’t [take it]. His son said it was because he didn’t trust the people above him, didn’t trust Jewish people, and they ran everything, he didn’t trust his doctors. However, with all of this contempt, he had a somewhat subservient manner when in the company of whites. Some beliefs are good, while others, like my father–in–law, keep you from living the life you could. (DB, October 18, 2014)

It appears that Betsy became aware of her mentor’s cultural views and experiences as they related to gender roles, the discounting of elders, and racism. Additionally, these experiences recalled for Betsy stories that were held in her family history on these same topics.

**Societal views of elders.** Another theme stemming from Betsy’s experiences was that of the Societal Views of Elders. This theme centered around two sub–themes. The first sub–theme was that of Current Views of Aging in our society. Student participants as well as faculty participants weighed in on their opinions of how they themselves, as well as our society, see aging. Betsy had specific opinions about older people. She stated: “I’m jumping over the time to ‘understand’ the process and feelings that people might have. In some ways I almost feel like I haven’t really been respectful of the elderly or the aging process” (Journal,
September 17, 2014). This was a revelation for Betsy as she contributed in a discussion board entry: “I was raised in a time that respecting people older than me was simply a part of life” (DB, October 2, 2014). She also viewed elders as wise when she stated: “The beauty I see in aging comes in the fact that you’re so wise...The longer you live, the wise you are about the experiences you’ve had in your life. Also, you have history” (DB, September 11, 2014).

Betsy’s stories of experience highlight how she has seemingly begun to experience some wisdom from her previous background experiences and values this wisdom. She may use her history of those experiences to guide her as she moves forward.

However, Betsy also sees the discounting of older adults within our society when members see a person as old. Betsy told the story about a woman with power and her views about older people in our society.

I have a well–educated and successful friend that feels like anyone that doesn’t pay taxes is unnecessary...she feels like they “take” from society, and she includes the elderly in this group. What’s relevant about her beliefs is she has power. She has political, financial and social capital, and she’s not alone in those beliefs.” (DB, September 11, 2014)

Alongside how elders are viewed as being treated badly, Betsy thinks media has a role in this view as well. Betsy wrote about this in the next story.

For some reason, society/advertisers, I put at the top of the list, make people think your life suddenly changes for the worst. Maybe this fear is what makes some people isolate, abuse or ignore older people. (DB, September 15, 2014)
Seemingly, Betsy sees both positive and negative views about older adults and growing older. She may be experiencing some of the good things about aging, such as wisdom, but she also feels uncertain about how society may treat her as an older adult in the future. Betsy’s comments may also illustrate how stereotypes and societal views about aging are carried within those who may have power to shape societal policies and funding decisions that may affect the lives of older people in the United States now and in the future. This might further underscore the importance of gerontological education for members of society who may be in positions of power.

Betsy’s experiences also helped shape the Actions to Alter Society sub-theme. Her increased awareness of labels society members may use to describe elders had Betsy responding to DB discussion about the word *elderly* that might be used inappropriately and in an ageist way. In response to that weekly summary challenge, Betsy wrote:

> Getting old, being and elder, as in Elder of the Village, was a good thing. I mentioned the use of the word to my mentor who didn’t see anything wrong with being considered an elder, but preferred “senior citizen” because she gets discounts at restaurants. (DB, September 29, 2014)

Further insight into words that can be labels comes from Betsy who shared: “I certainly see how younger people label those older and I also think any negative connotations are made because of fear of getting old” (DB, September 11, 2014). Betsy became more aware of labels and also of behaviors toward older adults. Betsy suggested how members of society should approach older adults. Betsy stated her beliefs below.
I’m now seeing just how ageist my beliefs were towards this group. I’m having to redirect my thoughts away from wanting to “take care of the elderly” to wanting to serve as a partner to them in continuing/enhancing their current quality of lives. (DB, October 23, 2014)

Betsy has become more aware of how society views older adults as well as interrogating how she views older adults. From this reflection, her views about older people and how she may want to interact with them may have changed. From Betsy’s narratives, this theme may have importance as she gets older and might want to be treated in a respectful way as an elder, as she had been raised to respect elders in her community.

**Dealing with changing roles.** Another theme that was represented through Betsy’s stories of experience was that of Dealing with Changing Roles. In particular, Betsy noted in journal postings and DB entries that changing roles, the relationship of grief and health, and the importance of attitude and gratitude may have influenced her. Betsy explored her perceptions of taking on the role of caregiver of older adults, which gave rise to the first sub-theme of Taking on New Roles. One of the duties as a caregiver is that of manager of the person needing care. Betsy stated that: “my experiences have shown me that chronic illnesses often accompany age, so life is …more about ‘how’ that illness is managed that determines the quality of life” (Journal, September 21, 2014). Communication between the caregiver and the elder is important. Besides the caregiver taking charge to discover what the elder’s wishes are, the elder may take on the role of communicator regarding those wishes. Betsy wrote about her mentor as communicator in the following narrative.
Our discussion this week showed that while she had made her wishes known to her family as far as remaining on life support, etc., but has not taken the legal steps [to] formalize her wishes. She does not have an advance directive or Will. We discussed the fact that without a Will, her grandchildren could possibly challenge any decisions her son might make after her death. (Journal, October 18, 2014)

Betsy seemingly indicated that communicating through verbal and legal means about future wishes is an important role for the elder and caregiver to experience. In addition, Betsy’s emphasis on word labels and terms for legal documents to protect an elder’s wishes may highlight the need for ongoing gerontological education for society members as well.

Another role that may occur as one ages is that of being alone. Betsy’s mentor spoke of missing friends who had died. Betsy said this about her mentor: “She also noted that many of her friends have died or are chronically ill so she doesn’t have her ‘road dogs’ to do things with” (Journal, September 20, 2014). In another post, Betsy spoke of her mentor and noted that: “She’s not as active as she used to be simply because the people she used to do things with have died or are not as healthy as they used to be” (November 1, 2014).

There seems to be a reluctance to growing older. Some elders take this feeling to an extreme, as illustrated by Betsy below.

It seems that many people are looking for company—romantic or otherwise—it’s the basic need to share our lives with another person, and when we don’t have that, we sometimes “let ourselves go.” We don’t pay attention to our health, remaining socially active, etc. (DB, September 20, 2014)
The notion of giving up or becoming isolated when friends or loved ones pass away can be a detriment to aging well. Betsy displayed how knowledge of the importance of continued socialization and the making of new friends can influence an elder’s health in a positive way. Betsy related a story about how grief influenced the health of her mentor, which highlighted the sub-theme Grief and Health that addressed the influence of grief on an older adult’s health. She shared the following narrative.

When Daddy J died, it seemed like she died. She stopped laughing and increasingly lost interest in playing with us. Physically, her already small body just withered away. It took her 10 long years to die. She never seemed in pain, but lost her ability to walk and stopped talking. In the end she stopped eating and died. Whatever the illness, it arrived the day Daddy J left her. (DB, September 26, 2014)

Betsy may have recognized the influence of the loss of friends and loved ones may have had on her elder mentor. However, she also viewed her mentor as one who found spirituality a salve for grief. Betsy illustrated this below.

She’s [her mentor] lost several close friends and family members, and the loss affects her, but she doesn’t seem broken. She’s a very spiritual woman, so I assumed that was her coping mechanism, but I think having someone around on a regular basis has also helped.” (DB, October 3, 2014)

Betsy distinguished that having some friends/relatives and a spiritual connection can potentially enhance an elder’s quality of life. Betsy underlined the importance of a support mechanism through difficult times. This notion may emphasize the need for more recognition of services and support for elders in our society.
Betsy delved into the upbeat messages that gratitude and a positive attitude may influence health and aging. As such, this is consistent with the final sub-theme that I found from among my data entitled Attitude and Gratitude. Betsy and her mentor have suggestions for coping with changing roles in aging. Betsy’s narrative reflected that below.

No matter what age, staying positive is the only way to make it through this life enjoyably! Some people are just fortunate to be made from that cloth, but [for] others it comes in time. Life brings challenges—my mentor, who was once a model, and I often note that we don’t look the way we did at 20, 30, 40 etc. to be happy you learn to accept and appreciate what it is you do have. My mentor is so funny and practical, she once told me when I was complaining about my bad knees—to stop complaining and “thank God that you still got legs.” Attitude and gratitude are so important! (DB, November 13, 2014)

Betsy’s mentor also believes in knowing what you can and cannot change. Betsy interpreted her mentor’s view when she noted that:

[Older adults] have stress, illnesses and deaths of loved ones that they contend with, but both my mentor and friend, believe in prayer, so trust God will work it out, and make the conscious decision to not attempt to change things they can’t. (DB, October 10, 2014)

The messages of balancing the consequences of changing roles with awareness of what we can make a difference is an important lesson that Betsy appears to have realized. As Betsy is in her 50s, she has probably experienced the loss of elder relatives and may be focusing more on her own aging as a result of this course and her potentially heightened awareness of aging.
issues. With this new knowledge and reflections of past experiences, Betsy may be recognizing how her mentor can teach her healthy ways of dealing with changing roles brought on by aging.

**Components of a healthy lifestyle.** Betsy noted within her narratives of experience a focus on health and lifestyle. In the following, I thus illustrate how her stories emphasized a focus on the theme of Components of a Healthy Lifestyle. This theme focused on the elements that participants thought were needed for a healthful life in older age. Stemming from Betsy’s narratives of experience on what it takes to achieve this healthy lifestyle, the sub-theme of Actions arose.

Betsy values her vitality and may be interested in identifying ways to feel vigorous and connected to the activities she likes to do. Through Betsy’s journal entry, vitality for Betsy as well as today’s elders may include the benefits of utilizing exercise opportunities. Betsy contributed the following narrative below.

I knew the physical benefits of exercise—increasing muscle mass, helping balance to lessen the incidences of falling, etc. and I knew that emotionally, it’s just better to be doing something fun, as opposed to sitting–existing, but I did not realize that exercise improved cognitive functioning. The reading also mentioned having the older adult journal or keep a diary of their exercise activities…With the journal the exerciser [can] track and be excited about their progress and meeting set goals. (Journal, October 16, 2014)

Besides exercise, another element to a healthy lifestyle as an elder might be in the realm of companionship, sexuality, and intimacy. Betsy noted: “I realize a healthy sexual relationship
is an important part of an older adults’ life. Also, I now understand the importance of providing residents of nursing and in-care facilities the privacy to have these relationships” (Journal, October 11, 2014). In this response, Betsy may be expanding her awareness of the importance of companionship and touch in those elders who live at home or in a facility. In addition, these comments may highlight the importance of gerontological education, where participants like Betsy might gain new understandings about the needs of elders. Going forward, Betsy’s new knowledge may transform into actions or changes in her behavior that may ultimately benefit elders in Betsy’s community.

A final thought regarding actions that might enhance a healthful lifestyle for older adults was the consideration of meditation. Betsy related that: “My mentor was adamant about the importance of meditation and challenged me to try it” (Journal, September 13, 2014). This notion of meditation may have been a new consideration for Betsy. She seems open to new understanding on how to live a healthful life as an elder and wants to achieve that for herself. This new suggestion by her mentor may be added to her view of healthy living.

Betsy’s views on the trials of attempting to achieve a healthful lifestyle during the aging process was consistent with the second sub-theme of Challenges that I found among my data. Betsy responded that: “It’s all about changing simple things in your life—well, simple in word, a little more difficult in action” (DB, October 10, 2014). Betsy’s mentor had been a model in her younger years and had some wisdom to share with her. Betsy’s narrative illustrates her thoughts below.
She seems to have accepted that if you live long enough, you’re going to get old. She seems to accept she no longer has the fashion model’s look she had for much of her life, yet she makes sure to always look her best when she goes out. It’s true, that she’s going to get old, sick and die—it’s a process. She’s accepted that life is a developmental journey. (DB, September 19, 2014)

Accepting the changes in one’s appearance can be challenging. Being dependent on others is also can bring challenges. Betsy revealed that: “with incapacitation, I would be at the mercy of people; that makes me uncomfortable” (DB, October 12, 2014). This concern about requiring the help and assistance of others was a strong concern heard many times by participants as one of the greatest challenges in their views. Through The Aging Course, participants had the opportunity to discuss these fears and gain insights through their mentors, course discussions, and readings on how to approach these fears in a proactive way. Thus, participants may have gained new knowledge that will assist them in their own aging experiences.

Betsy noted within her narratives of experience a focus on being socially active. In the following, I thus illustrate how her stories emphasized a focus on the sub–theme of Challenges.

My mentor is social, but not as social as she once was, as her friends are literally dying off. She traveled much more and went out to lunch frequently. She mentioned several times that she misses having her friends to do things with. She was and is somewhat active in her neighborhood organization and recently sat on a community
committee regarding the opening of a high school in her district. (DB, November 15, 2014)

Keeping and making friends may be a challenge for Betsy as her circle of friends might possibly be around her age and may be at the cusp of experiencing more deaths of friends and loved ones. Her mentor might have given Betsy some ideas on having a healthful lifestyle as an elder, which might include social connections, exercise, and how to view aging positively.

**Aging changes.** Betsy’s narratives of her concerns regarding her own aging and changes that may occur are consistent with the sub-theme of Changes Noticed within the theme of Aging Changes that I found among my data. In the following narrative, she related her thoughts.

I believe my greatest fear about aging is not having a sharp mind. However, as I get older, I see I am frankly not as sharp as I used to be. For one thing, I don’t accept and retain information as easily. This is something my mentor mentioned also. However, I am not overly concerned, because the older I get, the less I care about being one of the most informed people in the room. I no longer spend hours a day watching and reading the latest news. Instead I’m now comfortable with just getting the news from one or two sources. (DB, September 25, 2014)

In addition, Betsy is concerned about the ability to hear, among other aging changes. She wrote:

“I am getting older. I don’t hear as well. I forget most things, my reflexes have slowed down—even with being in the best shape I’ve been in 30 years!” (DB, October 2, 2014).
Betsy’s stories assisted in the shaping of the Aging Changes theme which focused on normal aging changes, illnesses, and diseases during the aging process.

Besides physiological issues seen in older adults, aging changes, chronic illnesses, or diseases may occur that affect cognitive and sensory abilities in elders. Betsy has noticed some aging changes in herself. This awareness might have brought on some revelations about aging that she might not have thought of before. Stemming from her narratives, Betsy helped shape the second sub-theme of Realizations. Betsy has noticed aging changes in herself and has discussed changes with her elder mentor. In addition, Betsy noticed a positive attitude in her mentor when she illustrated the story below.

[My mentor] was a star basketball player in high school. She said when watching the WNBA games, “in her mind” she feels like she can run up and down the court as she did in high school. In actuality she realizes she can’t and says she even hates going up and down her basement stairs, but her mind tells her she can do almost anything she could as a young woman. (Journal, September 27, 2014)

Betsy has noticed aging changes in herself and had them verified by her mentor. Betsy may have prided herself on her sharp intellect in the past. However, as she ages, she has noticed that her value of having the sharpest mind in the room isn’t as important to her as it once was. These revelations about aging changes may connect with Betsy’s newer knowledge of components of a healthy lifestyle for keeping her mind as sharp as she can. She has also noticed that she may still view herself as capable in any situation but reality may say otherwise. Betsy may draw on her mentor’s similar recognitions and thoughts on how to navigate aging positively.
**Independence versus safety.** Betsy seemingly has a fear of not being able to care for herself as she ages. In DB and journal entries, Betsy’s narratives illustrated this below.

I think as we go along with our interviews her fear of being unable to take care of herself will come to the forefront. I feel this because she just made subtle references to that fact and I believe also because that is probably my own greatest fear of being “old”—unable to care for my basic needs. (Journal, September 11, 2014)

Betsy also included a similar remark when responding to a DB post when she stated: “My mentor…is afraid of not being able to take care of her day–to–day needs—showering, going to the bathroom, etc.” (DB, September 11, 2014). Betsy’s mentor also believes her family does not care about her needs. Betsy mentioned:

We did speak briefly about whether or not my mentor’s family understands her needs. She said quite frankly, that they don’t care. I was somewhat surprised she felt that way and thought maybe she was somewhat hurt. I asked her why she thought that and she said children are unappreciative and selfish, but that we, parents/grandparents, made them that way. (Journal, November 1, 2014)

Betsy delved into the phenomenon of the push and pull between older adults’ desire for independence and their need for safety. This is consistent with the sub–theme of Relationship Tensions within the Independence vs. Safety theme that I found in my data. Betsy had the fear of not being able to care for herself as she aged. This notion of relatives not caring for an elder family member might clash with how Betsy was brought up to respect and do for older family members. In an earlier notation in the Generational/Cultural Differences theme, Betsy had referred to how no older adult relative would need to carry in her own grocery bags or do
yard work as the younger family members were trained to be aware of those needs and to do those tasks for the elder relatives. I wonder if Betsy would have instilled those respectful messages to her own children and would expect to be cared for in the same manner when she would be aged.

Independence may be seen as flourishing or declining when someone lives with you. In the case of Betsy’s mentor, Betsy reported that: “She feels very safe in her home and gets around well. Additionally, her only son lives with her (DB, October 10, 2014). Considering her own situation, Betsy is also able to move around without assistance. However, Betsy revealed:

As I’m learning more in this course and conversations with my mentor, I realize that my fear of being incapacitated is greater than that of dying. With incapacitation, I would be at the mercy of people; that makes me uncomfortable. (DB, October 10, 2014)

Betsy may be looking toward the future and wondering what kind of assistance she may need and how to navigate those situations considering her view of distaste at needing assistance. Through The Aging Course, Betsy may have had the opportunity to discuss these fears with her mentor. In addition, through course readings and discussions, Betsy may have been able to see ways in which she can promote her health and prepare for her future as an elder.

Having the best interests of the older adult in mind may challenge relationships. Betsy noted within her narratives of experience a focus on her mentor’s relationship with her only son. In the following, I thus illustrate how her story emphasized a focus on the sub–theme of Relationship Tension.
My mentor and her son have a very interesting relationship. They are very close and she doesn’t really need him around financially, or safety wise because she says she feels very safe in her home, although I think he has become company. She does enable him somewhat. He suffered a stroke many years ago and is disabled, but could financially and physically live on his own. I can’t quite figure out why he chooses to live with her. Maybe he feels a sense of responsibility for his mother, but being with her does keep him from having to commit, or maybe he hasn’t found a person with whom he wants to commit? (DB, October 4, 2014)

Betsy illuminated a relationship tension that could evolve as the elder caring for the younger child and the child caring for the elder situation goes on over time. This situation highlighted the push and pull of relationships and may illustrate aspects of fear, caring, and shifting power relationships that may occur in families.

Stemming from Betsy’s narratives, she also considered hazards that could influence the elder’s ability to remain independent in the home setting. Betsy’s narratives below were consistent with the sub-theme of Safety Issues that I found among my data. Betsy stated that: “She [her mentor] mentioned the stairs to her basement as being a challenge, but she only needs to go down there to wash clothes. However, her son now does the laundry” (DB, October 19, 2014). In this instance, the son who took on the task of laundry in the basement might have expanded Betsy’s mentor’s ability to continue independent living by avoiding a fall risk in the stairs. Betsy was one of several participants who noted the common hazard of stairs. Driving at night was another hazard as she illustrated when she noted that: “My
mentor has had few issues with mobility. She doesn’t like to drive at night, because she doesn’t see well and because she doesn’t feel it’s safe out at night” (DB, October 10, 2014). Being unable to care for oneself was also a loud concern for Betsy and amongst the participants when voicing their own thoughts about their own situations as well as some of their mentors’ views on independence and safety. It might be that Betsy’s look at her mentor’s safety issues may have assisted Betsy in forward thinking about how to mitigate safety hazards in her own home and look to the future to prevent safety concerns that she might experience, now that she is more aware of potential hazards than before.

**Aging resources.** Betsy also talked about different services and policies needed in aging and with/for older adults. From Betsy’s experiences, the following narrative highlighted Betsy’s level of knowledge and attention to the new developments in aging services.

> Of most interest to me was learning more about the programs available to the older population…I guess I never really paid attention to [them before]. I can’t say I ever took the time to learn more… [but] now I’m looking closer…I know exactly what services my mentor is in need of and have started researching that information. I have also found a name for where I feel I fit in to this area–Case Management. I’ve been describing it, but didn’t realize there was one neat little name, which I’m sure encompasses a lot. (Journal, November 1, 2014)

Betsy seemingly sensed a need for coordination of services for aging people. Through this course, she may have been exposed to a potential career path that may utilize her resource
research skills in the future. This also had Betsy looking at utilization of services and providers for her mentor. Betsy reported that:

My mentor said she’s gotten a shot at the community center she sometimes volunteers at, but has not taken advantage of any other services. She does, usually because of her age, quality for some health related services, but prefers her own doctor. Being the “old woman” she is…as she calls herself–she said community health services are usually staffed by people that “want to be doctors” –but not “real” doctors. (DB, November 6, 2014)

These narratives of Betsy’s highlighted her use of and of awareness of available services, her understanding of who is eligible for services, and some myths she recognized about the providers’ skills and knowledge. Her narratives thus underscore the theme of Aging Resources and the sub–theme of Participants’ Views of Resources. Besides her mentor’s concerns about who the health care provider is, Betsy’s story about particular services by certain facilities, such as the Veterans Affairs (VA) system is illustrated below.

I actually had a conversation with a co–worker about her experiences with the VA. She accompanies her father–in–law on his appointments at the VA. My worker noted that she felt it was the infrastructure of the VA that was horrible–the policies and regulations the doctors/clinics, etc. She felt that, more often than not, the practitioners were excellent. (DB, November 8, 2014)

This concern about the VA system’s provision of care was voiced by other participants Patty and Sherry as well. This recognition of gaps in communication, service awareness, access, and utilization may illustrate the current state of our society and how elders are viewed.
Betsy may have developed a new awareness of the importance of legal documents outlining what her elder mentor would wish in case of incapacitation. Betsy related a story about this topic when she stated the following narrative.

Financially, she [mentor] seems prepared for any unforeseen illness where she might need long term care. However, is totally unprepared legally for her end–of–life care. She has one child, so the assumption is that he would handle all matters, but some of our earlier discussions were about the fact that her granddaughters, one in particular, in doing what she thinks her grandmother would want, might go against her father’s wishes. My mentor should certainly make a Will and designate a Power of Attorney for her legal and health care matters. (DB, October 30, 2014)

Betsy’s narrative on legal matters regarding health and death as well as a moderate understanding of services available in society highlighted the need for awareness and coordination of services. In addition, Betsy’s views underscored the importance and need for a coordinated approach to the care of older adults in our society. Through new knowledge gained from experiences with elder mentors, as well as gerontological education, participants may have the tools and knowledge to effect changes in society regarding views and care of older adults.

Betsy noted within her narratives of experience a focus on the implications of what may be needed for potential future resources, concern for quality care, and what that landscape may look like. In the following, I thus illustrate how her story emphasized a focus on resources within a discussion of the sub–theme of Resource Implications.
I wonder if …skilled care facilities, in general can’t do a better job of “entertaining” the residents. I don’t work in or even know much about nursing facilities, other than a couple of short–term stays with family and a friend, but is feasible to have a “volunteer coordinator” if you will whose job is to recruit and maintain volunteers to visit, read, play games, etc. with the residents. (DB, September 18, 2014)

These illustrations have implications for the use of and the development of resources to meet the needs of elders, such as Betsy’s mentor, and Betsy herself as she continues aging and may need resources in the future.

**Elders as role models.** Betsy noted within her narratives of experience a focus on how she saw her elder mentor as role models for how she age successfully herself. In the following, I illustrate how her story emphasized a focus on the theme of Elders as Role Models and the sub–theme of Influences of Relationships.

My mentor speaks frequently about not worrying about things. I also have a friend, ten years my senior that always says “this too shall pass.” I have noticed that those people who just let things go, show less age, seem to be healthier—certainly emotionally, and have a positive outlook on life…She’s accepted that death happens, like illnesses and disappointments. She doesn’t let the stressors take over. I want to be like that one day! (DB, October 9, 2014)

The notion of not worrying so much was a thread that other participants have also gleaned from their own mentors. Through the experiences of getting to know their elder mentors, participants may have understood a potentially key factor in how older adults might age and
how this may influence their quality of life as an older person. It may further be the case that participants might include this technique in their own lives going forward.

Betsy’s upbeat message on how she sees elders she knows, including her mentor, live the walk of aging well was consistent with the sub-theme of Be Healthy and Stay Active that I found among my data. Betsy was able to understand how themes on aging might come together to make for successful aging. A narrative told by Betsy about an older woman she knew, gave a glimpse of what older life can be like when one has a positive attitude, relationships, and a healthy and active lifestyle. Betsy described her friend in the story below.

I worked with a truly beautiful and incredible woman. She would wear stripes, paisleys, rainbows—you name it and she’d wear them at the same time! She'd wear a wool vest in August and put on a seashell necklace with a wool turtle neck. But she was brilliant! She, having completed a Ph.D. many years earlier, went back to school to get a BA in Art. The degree was something she always wanted to do. She is disorganized, forgetful, and constantly spilled coffee or her lunch, on important documents. She's 80 years old now and sells her art in a shop in the Ozarks, oh, and she’s a newlywed. I decided many years ago, I wanted to age as she has, because on one level she’s not aging – she’s starting to live! (DB, September 11, 2014)

Betsy’s narratives of experience helped to shape the Conclusions by Participants sub-theme when she shared some overall thoughts about her elder mentor and other older adults that she has had experience with in her life. Betsy concluded that: “I’m thinking I may want to work with the elderly when I grow up” (DB, September 21, 2014). Betsy also noted within her
narratives of experience the importance of sharing stories. Betsy reflected on this in the story below.

I think for those of us blessed with a few years of life, it’s important that we pass along our experiences, stories, etc. My mentor recently celebrated her 75th birthday with a birthday party. While I did not attend, my daughter shared the activities. She said most of the people attending shared a story about my mentor. Some people talked about lessons they learned or memories. (DB, October 4, 2014)

Betsy’s stories gathered together many of the elements of an elder who might be a role model for others. Betsy’s older adult friend displayed the notion that older adults can be vibrant examples for others in our society. Betsy’s stories of her mentor handling changing roles, keeping her independence while being safe, and utilization of resources when needed helped shape some of the themes represented within her experience.

**Interviewing of elders.** Betsy noted within her narratives of experience a focus on comfort in talking to her older mentor and potential aging career choice. This is consistent with the sub-theme of Benefits for Participants that I found among my data. Besides becoming more comfortable with talking with older people, Betsy discovered that a career in the aging field might be for her. Betsy reported that: “[interviewing an elder] verified that I am very interested in learning more about aging—on an academic and professional level” (Journal, September 27, 2014). In the following narrative, Betsy may have learned how to shape the interviewing of her mentor in length and tone.

Our interviews are going well, but I think I need to be more patient, as I found myself cutting off her stories a couple of times so that I could get to the next question. I need
to set aside more time, maybe 1½ hours, which would be easy to do. (Journal, October 10, 2014)

From Betsy’s narratives, she highlighted how her experiences interviewing an older adult mentor provided her with a new awareness of the importance of allowing time for her mentor to formulate and describe what she has learned through her many years of experience in living. In addition, through the interviewing process in The Aging Course, Betsy may have identified a potential career path and recognition of new interviewing skills.

Paul

Paul is a 24 year old male student who is pursuing a Bachelor’s in Liberal Arts degree at the university. Paul indicated on the demographic questionnaire that he chose The Aging Course because it was an optional course in his degree program and that it was offered online (Demographic Questionnaire, October 18, 2014). He stated that he had not taken any prior gerontology courses. Paul did report that he had moderate experience with older adults, meaning that he had or cares for elder relatives or neighbors. He denied having experienced any projects such as service learning or the interviewing of older adults in his life. When completing the demographic questionnaire, he did not know if he would consider a job where most of the work would be with elders. Paul did state that several elements might influence him to consider an aging job or career. These elements were: engaging in good relationships with older relatives; contact with healthy older people, and relatives or friends who have or had jobs related to aging fields.

Paul has related that he is particularly close with all four of his grandparents. He connects with them by phone or electronically 4-5 times per week. Paul’s mentor Bill is a
neighbor of one of his sets of grandparents. Paul loved hearing the stories of his mentor during his interviews.

Paul would like to become a commercial airline pilot in the future. He is building his hours and is aware that pilots are required to retire at age 65. He views this retirement age standard as a good thing for young up and coming pilots to get a chance to fly commercial airlines.

Elders as role models. Similar to my participant Betsy, Paul also felt that his mentor had influenced him in ways that may help him age well. Paul noted within his narratives of experience a focus on intergenerational relationships. I thus illustrate below how his story of comparison between his mentor’s opportunities with family relationship and his own emphasized a focus on the theme of Elders as Role Models and the sub-theme of Influences of Relationships.

I feel like these relationships I have built with so many members of my family will help me as I grow old, I think it will create a very strong support system. I was curious to see the relationship my mentor had with his grandparents because I have an extremely close bond to all four of my grandparents. I talk to each of them 4 or 5 times a week and they have been a special part of my life up to this point. I am very thankful for them. I was a little bit saddened to hear that my mentor did not really ever get to know any of his grandparents. They had all passed on by the time he came around…I do believe my mentor enjoyed hearing about my relationship with all of my grandparents and I feel like it really inspired him to try harder to create the same
kind of bond with his grandchildren which I thought was very neat. (Journal, October 17, 2014)

Seemingly, part of the meaning of life may lie in healthy behaviors and positive attitudes. Paul noted that: “One thing I believe about life is that attitude can make all of the difference, and I am learning this is vital to being happy as you are growing old” (Journal, September 14, 2014).

Paul also might have been influenced by the relationship with his mentor when he noted: “I would say I am more sympathetic and patient when dealing with older individuals than I was a month or two ago” (DB, October 5, 2014). Therefore, intergenerational relationships may have a new importance for Paul. He may have acquired a new understanding of how to approach aging as an elder through the thoughts and behaviors illustrated by his mentor and other elders in Paul’s life.

Paul gained some realizations about healthy living, which included eating, exercising, and socializing. Besides being physically active, mental activity was also important to Paul. He wrote: “I want to make sure I do my fair share of memory techniques such as puzzles and chess to keep my brain sharp as I grow older” (Journal, October 3, 2014). These messages of activity and health are consistent with the sub-theme of Be Healthy and Stay Active that I found among my data. Significantly, Paul may have developed new understandings about how to age well himself through his experiences with interviewing his mentor, and through course content as well as his previous personal experiences.

Paul contributed some thoughts about elders that he came to understand as a result of his experiences of relationships with elder relatives and his mentor. Paul felt inspired by his
mentor. In the following narrative, his experiences with his elder mentor illustrated his emphasis on the Conclusions by Participants sub-theme.

I find myself to be much like my mentor in many ways in this regard. I was raised in a Christian home and we went to church on average of probably three Sundays a month. We were busy with sports tournaments so many times it was hard to go on Sunday mornings due to games. My mentor though really inspired me to want to get more involved in my church and not just attend services every Sunday. He said the support groups they have there are fantastic for older people as well. Many of the struggles we have discussed in this class can be reduced and made much easier with strong faith and my mentor agreed 100% with that. (Journal, October 30, 2014)

Paul’s mentor may have influenced him to consider re-evaluating his participation in spiritual activities. Increased participation in church may lead Paul into a new direction that may provide more of a peaceful connection as Paul ages.

Generational/cultural differences. Paul noted that there were benefits and frustrations to the level of technology available in our society that might potentially influence an elder’s quality of life. A big benefit was that technology may make a difference in the area of communication for older adults. In the following narrative about Paul’s grandparents, I thus illustrate how Paul’s story emphasized a focus on the sub-theme of Technology Influences Quality of Life.

I do however still speak with all four of my grandparents via phone, email, 4 or 5 days out of the week. My grandparents have been a vital part of my life and I have
been so blessed to be 24 years old and still have all four of them alive and relatively healthy. (DB, September 27, 2014)

It seems that Paul values communication immensely. This could be due to the fact that he is of the younger generations where sharing thoughts and communicating constantly is the norm. He also has seen the benefits of technology that helps enhance his relationship with his grandparents. In addition, Paul seemingly has a desire to continue connecting with his grandparents, which may have been established years ago.

**Societal views of elders.** Stemming from Paul’s experiences, he has also noted some views about older adults in general: “Many old people are stubborn, and slow to admit they need help” (Journal, November 7, 2014). In another post early on in The Aging Course, Paul wrote: “I think all older people [find it] hard to change and take on new things, you get so comfortable and set in your ways. People are naturally creatures of habit” (Journal, September 11, 2014). Paul sees older adults as set in their ways. This may include how older adults drive. The thread of older people driving slowly was common among participants. Paul discussed older people driving when he penned:

I believe ageism is a very real thing. People discriminate and stereotype older individuals just like they do for people of different races and ethnicities. One example of that would be the way old people drive. It would be stereotypical for somebody to see a car driving extremely slow on the highway and claim, “I bet it is an old grandma” but people do it all the time, myself included. (Journal, September 13, 2014)

Furthermore, not everyone is comfortable working with older people. Paul contributed:
I am always a little tense around elderly individuals because I do not know exactly how I should treat them. Through my experiences, many of them are set in their ways, and have good and bad days where they are either happy, or depressed and angry at the world. (Journal, September 12, 2014)

Paul’s narratives of experience that focused on being tense around older adults and his views on elders in society are consistent with the Societal Views of Elders theme and the sub-theme of Current Views of Aging that I found among my data. Paul’s stories of experience hint that it might be that through communication, the tension of working with a new elder may diminish. In addition, through the interviewing strategy in The Aging Course, Paul may have further developed skills in interviewing persons with whom he was not familiar. This potentially new or improved skill may be utilized by Paul in future encounters with unfamiliar elders in society.

Paul’s experiences also helped shape the Current View of Aging sub-theme when he spoke of his fear of aging. In the following narrative below, I thus illustrate how his story emphasized that focus on fear of aging.

I think I have two main fears about aging. First is breaking down physically and not being able to do the things you have done with ease over the previous 60 or so years of your life. I think that will be tough to take. The other fear I have is seeing my family members and friends grow old, struggle with their health, and live in pain. I think that scares me as much as anything. (DB, September 28, 2014)

Social identity theory and terror management theory support this narrative. Terror management theory postulates that younger generations have fears about elders, death, and
their own aging processes (Nelson, 2002). These theories might also explain the fears our society might have as a whole about older people and how Paul may view older adults in our society.

In general, members of society are simply unaware of aging issues. Paul concurred when he added to the conversation about ageism. He stated: “I found the notes about ageism to be particularly intriguing. I honestly had never heard of such a thing” (Journal, September 13, 2014). The problematic issues of ageism and language might also connect with the societal presence of a dominance/oppression dichotomy. Paul gave an example of this with his narrative below.

I also wanted to comment on the power and oppression paragraph in the notes. They made me realize that there are people out there who feel they have dominance over the elderly and unfairly take advantage of it. Too often you hear about scammers targeting older individuals because they are easy targets. It makes me sick to hear about innocent elder victims that get caught up in these money schemes [when they] are simply trying to help or do what they believe is right. (Journal, September 12, 2014)

Paul’s narratives helped to illustrate how his views are consistent with the sub-theme of Actions to Alter Society that I found among my data. He gave an example of how new awareness, in this instance, awareness of ageism and power, can open his eyes to seeing situations in our society that may need to be addressed, especially regarding changes in language, discrimination, and stereotyping of older adults. The importance Paul places on
communication might combine with his new awareness of dominant power and ageism so that Paul may become an advocate for older people in the future.

**Dealing with changing roles.** Through communication with his elder mentor, Paul has seen the evidence of his mentor Bill having to deal with changing roles within his relationship with his wife. These recognitions by Paul through his narratives of experience helped shape the theme of Dealing with Changing Roles, especially the sub-theme of Taking on New Roles that I found among my data. The role that Paul was seeing his mentor Bill take on was that of caregiver. Paul’s story of his mentor, who was bothered somewhat by the role of caregiver is illustrated below.

One thing that seemed to bother him a little bit was his changing role as caretaker. He always has been the man of the house obviously and taken care of the family through work, and being a father figure. However, as his wife’s health is slowly declining, he is worried about this new role he seems to know he will have to eventually take on. His wife has always been the one to care for him. Cook, clean, do laundry, do many things a lot of wives do. He is concerned that when the role is reversed he will not be as prepared or as good at taking care of his wife as she is taking care of him. (Journal, October, 2, 2014)

Paul’s mentor was concerned about his ability to handle the care of the home. Sometimes, the caregiver is unsuccessful at managing the home when the focus has solely been on the elder needing the care. The elder caregiver can be experiencing overwhelming caregiving activities that eventually end up producing poorer health for the caregiver and inability to manage the
household. Paul sums up what he sees from his perspective about elders in this narrative below.

Older people realize that they are getting old and can see and feel their body slowly breaking down and changing. However, I feel like many of them are reluctant to accept this, admit it, and face the facts. (Journal, September 27, 2014)

Paul wondered if his mentor would accept help when the time arrived to do so. Through the conversations Paul has had with his mentor, brought on by the strategy of interviewing an elder in The Aging Course, he may have developed new knowledge about the views and behaviors of elders. This new understanding may help Paul recognize similar ways in other elders and may influence how he wants to age himself.

Paul might have seen that in the not too distant future, his mentor’s wife would potentially need more care and may die. He may be concerned about how this will influence Bill, his mentor. In keeping with the importance of communication in Paul’s mind, he feels talking about death and making preparations is vital. Paul’s views through his narrative experiences helped shape the sub–theme of Grief and Health. Besides the consideration of spirituality, which Paul has alluded to as a support for his mentor, Paul suggested that “death will happen to all of us, so talking about it and being prepared is a good thing” (Journal, October 23, 2014). Paul went even further with the suggestion about talking to others about grief. He specified that:

Talking about death is never easy, it can bring up so many bad memories, rip the scab off of old wounds, and take a person back to places they do not want to go. However, I think talking about it is important. (Journal, October 23, 2014)
Stemming from Paul’s experiences, he shared his own personal attempts at changing his lifestyle regarding grief and loss with this story below.

I tend to be the same way [keeping thoughts bottled up inside] and it is something I would like to work on. For whatever reason I just do not like to outwardly show my emotions when I am upset or hurting. What ends up happening though is it will build up inside me and then I will have a breakdown that is way worse than if I would have just talked to somebody about it to begin with. (DB, October 28, 2014)

Through his narratives of experience, Paul has considered his own inclinations to keep feelings to himself and seems to see that in his mentor as well. This may clash with Paul’s views that communication is a key strategy in being able to cope and grieve. In addition, this new knowledge about communication may influence how Paul conducts himself in the future.

However, in keeping with the importance of communication in Paul’s mind, he added to the shaping of the sub-theme of Attitude and Gratitude. In his narrative below, Paul suggested that staying social was a way to gain a positive attitude and gratitude for one’s life which may help with coping with changing roles.

Staying social is important because if you have a good group of people around you it will serve as a support group when you go through tough times. As an older person it is easy to sit in your house and do nothing, talk to nobody, and when you lose a friend or family member you will become extremely lonely and depressed. (DB, November 2, 2014)
Another suggestion for coping with changing roles is to have a positive attitude. Paul illustrated his views in the narrative below.

When somebody you are close with dies it is a crisis and will cause acute grief. I feel it is important to recover from that acute grief and maintain a positive attitude as much as possible to avoid slipping into chronic grief which will deteriorate your own health and life expectancy. (Journal, October 25, 2014)

Seemingly, Paul’s view of how to cope with changing roles as one ages is through communication with others, which might bring forth a support network and lighter attitude once one shares concerns with others who may be able to help or simply listen.

**Components of a healthy lifestyle.** Paul believed that technology could be an avenue for communicating with others when he described this story below.

My 83 year old grandma just got a new iPad and she loves it!! She can email all her kids and grandkids, and vice versa, we can email her pictures which makes her day. The fact she has this technology and new way to stay connected makes her more involved in the lives of her grandkids, something that was lacking since her mobility is not great. In turn, this involvement definitely keeps her mind active, gives her stuff to look forward to, and keeps her going. (DB, September 14, 2014)

Through Paul’s illustration of technology use that may support new ways of healthful living in older age, he helped shape the Actions sub-theme that I found among my data. Paul has suggested how to blend communication devices with the potential for improved mental health through continued connection with others, despite physical mobility challenges.
Stemming from Paul’s appreciation of communication through his DB postings, Paul may have been thrilled with how well his grandmother took to using a new piece of technology to keep her connected and socializing with her grandchildren and others. In Paul’s view, communicating with technology fosters healthful living in older adults, such as his grandmother.

Stemming from Paul’s narratives, he discussed how having a positive attitude can also enhance a healthful way of living. Paul wrote about his mentor, saying that: “Bill really seems to have a good attitude towards aging and seems very light hearted and happy with where he is in life” (Journal, September 11, 2014). A month later, Paul continued to see the positive attitude in his mentor when he stated that: “So much of life as you grow old is maintaining a positive attitude and peace of mind” (DB, October 12, 2014). Paul seemingly views the action of cultivating positive attitudes as being important in a healthy lifestyle for elders. According to Paul below, it may also include an element of self-discipline as seen on the part of his mentor Bill.

There are days where he is having a little pain in his joints or muscles, feels like doing nothing, and days where the weather is not good. However, instead of making excuses and saying “well I will just be sure to walk extra tomorrow,” he goes out there every day and gets his exercise in. This self-discipline is important and very cool to see. (DB, November 21, 2014)

Paul noted in his narratives of experience a focus on identifying several actions that he believes will help older people have a healthful life as an elder which are consistent with the Challenges sub-theme that I found among my data. Paul may have seen in his mentor the
important placed on routine and perseverance despite potential barriers to activity.

Alternately, Paul has also identified sleep issues as a challenge to his mentor’s healthy lifestyle with his narrative below.

As far as his sleeping goes, he does say there are nights where sleep does not come so easily. He believes his sleeping pattern is kind of all over the place ad he doesn’t really have much of a sleeping routine. Some days he is able to sleep in but a lot of times he is up at 5 in the morning and wide awake. (DB, November 21, 2014)

Paul has identified from his narrative experiences that there seemingly is a push and pull or balancing act within aging healthfully that includes both healthful actions and challenges to maintaining those healthful actions. From Paul’s experiences with his elder mentor, he may have seen the how his mentor emphasized healthful actions despite challenges. This idea may influence how Paul sees himself and his choices of behaviors as an elder in the future.

**Aging changes.** Stemming from Paul’s narrative experiences, he offered some insights into his realizations about aging changes below.

Skin is the largest organ in the body and has many functions. It is essentially like the first lien of defense for your entire body. So many things can happen to your skin that affect the rest of your body, it is important to take care of. As for your feet, they take a beating throughout your life. If your feet go out on you, then so does your mobility.

(Journal, November 13, 20014)

Paul noted within his narratives of experience a focus on challenges in maintaining a healthful lifestyles in older age when aging changes occur in a body. This illustrates Paul’s focus on the shaping of the sub-theme of Realizations. Paul seems to have recognized that
notions about aging changes and the knowledge gleaned from the experiences of living with normal aging changes and/or pathological diseases or illnesses that might occur with aging, might inform his own aging in the future.

**Independence vs. safety.** Paul has noticed the influences of aging changes and attempts at keeping up a healthy lifestyle despite some of these aging changes that might tip the balancing act between independence and concerns for safety. From Paul’s narrative experiences, he focused on the effects of decline in mobility when he added: “No longer being able to walk easily on your own or drive and having to rely on other people to get you to where you need to be would feel like you lost a lot of your freedom” (Journal, October 9, 2014). Paul’s story illustrated his focus on the sub-theme of Relationship Tension when he noted some tension that he feels might come up with his own aging in the future. His concern that lack of mobility might cause him to rely on others was a thread that entwined through many participants’ views about independence vs. safety. In addition to mobility constraints, Paul shared a DB narrative related to cognitive status. He wrote: “I think I am with you, being physically incapacitated but sharp as a tack mentally would be the worst” (DB, September 26, 2014). Experiencing extreme immobility while maintaining intact mental function seems to be an important concern for study participants. Since Paul, who values communication highly as seen from his DB and journal entries, I wonder if his priority ability would be to be able to communicate over that of mobility. However, being able to communicate without moving is an extremely difficult scenario to imagine or experience.
Paul noted within his narratives of experience a focus on the concerns about mobility which can potentially lead to falls. In the following, I thus illustrate how his story emphasized a focus on the sub-theme of Safety Issues.

Falling is a big issue too. I know I always see those Life Alert commercials and laugh at them because they make them unbelievably cheesy, but there is nothing funny about it. The reading stated that people above 65 who fall and require hospitalization, 50 percent of them die within a year. (Journal, October 10, 2014)

Paul has also noticed that stairs may be challenging for his mentor in his narrative below.

I think stairs are probably one of the biggest obstacles for people [when] they get old. While my mentor is still in good health and is very mobile, I see the struggle with the stairs with my grandparents. Their laundry room is in their basement and my grandma can no longer get down the stairs to do the laundry. This puts an increased workload on my grandpa who can get up and down the stairs still, but it is not easy and hurts him a little. I am worried that it is just a matter of time before we have to figure out a way to bring the washer and dryer upstairs. (DB, October 19, 2014)

The concern about laundry facilities being in the basement was another strong thread among the participants in this study when looking at their elder relatives as well as their mentors. This discovery of a potentially hazardous situation may have been brought on by the interviewing process that included questions about the elder’s environment and the possible dangers of stairs and the existence of railings. This concern highlighted the state of our society and the potential lack of awareness of the importance of safe housing options as well as assessment of available resources and policies to improve safety for elders.
Aging resources. Stemming from Paul’s experiences, he felt that trust was an important aspect of the patient–provider relationship. Paul spoke about his mentor’s physician. He noted that: “He has a physician that he visits at least once every other month or so just for checkups. He has been going to this same physician for many years and really trusts him with his health” (Journal, November 13, 2014). Sharing of health concerns might be enhanced when there is a good rapport between health care provider and the client. Paul’s narrative might be useful for considering the importance placed on doctor–patient relationships by elders, which may clash with the current increased use by society of urgent care clinics and non–physician providers. In addition, physicians and other health care providers also age and they may retire, requiring the older adult to potentially seek out new health care providers. Finally, younger heath care providers may harbor possible stereotyped views of elders, which may influence how they listen and treat the older adult in their offices.

From Paul’s experiences, he noticed that when aging services or resources are needed to maintain safety or enhance independence, there are myriad resources available but knowledge of these resources may not be widespread. In addition the topic of paying for health care might be confusing or not always discussed. In the following narrative, I thus illustrate how Paul highlighted a focus on the Participants’ Views of Resources sub–theme.

I know social security money received can be very beneficial to many older adults who are retired and I have spoken to many who are worried that it will dry up and leave them in tough spot. Medicare for senior citizens is very important to them as well. As we know, growing old means many more trips to the doctor and possibly the
hospital. There is no way the average retired American could pay for these costs so the Medicare is helpful to older people as well. (Journal, November 13, 2014)

From communicating with older adults as well as his mentor, Paul seemingly thinks that financial concerns will continue to plague elders. It could be that due to concerns about money, elders do not partake of services that could assist them in remaining independent or enhance their healthy aging lifestyles. Alternately, elders may not be aware of services for which they might be eligible. However, in the following story, Paul noted that it may be that elders may agree to family assistance but might shy away from outside services for other reasons.

There are so many services out there that would be perfect for an older person, if you could just get them to believe they could use it. My mentor did not seem to think he needed any services and was fairly set on that…I can think of one that I really believe he and his wife could use and that is a cleaning service. His wife has a few more health problems than my mentor does and she has some mobility trouble from time to time. Cleaning the house has become a pretty big task for her and I think a little bit of help a couple times a month would do her some good. (Journal, November 7, 2014)

Paul described his mentor as possibly not interested in a cleaning service that would maintain the home but not over—burden his mentor’s wife. It may be that the timing might be off for Paul’s mentor to consider such a suggestion from Paul. Paul may have also illustrated how an elder caregiver may be busy trying to maintain the home balance amid changing abilities, and that he/she may not have time or energy or knowledge to seek out help.
Interviewing of elders. Paul noted within his narratives of experience a focus on increasing ease in interviewing an elder. This is consistent with the Benefits for Participants sub-theme I found among my data. Paul was pleased with his mentor’s willingness to share. He reported: “Thankfully, my mentor is doing extremely well for his age and had no problems with any of the questions I asked” (Journal, September 26, 2014). In the following narrative, Paul revealed his perspectives throughout the interview process.

I am glad to be done with this first interview session. I have to admit I was way more nervous than I should have been, maybe even a little bit intimidated about doing this with somebody I do not know, especially an older person. (Journal, September 14, 2014)

A month later, Paul had made much progress with interviewing his mentor. He reflected that:

This was the most fun interview session I have had with my mentor up to this point. It was very laid back and entertaining for me. I asked a few questions to kind of get things started but he did almost all of the talking in this one. I loved hearing stories of him growing up in a small town in north central Kansas and about his brothers, sisters, and parents. He was very big into sports just like I am and I enjoyed many stories from his playing days, to his coaching days. (Journal, October 12, 2014)

Paul experienced some growth in his ability to interview his elder mentor. He also valued his mentor’s willingness to share his experiences with Paul. In addition, through Paul and his mentor’s shared interests, Paul may have gained insights into how he may feel as an elder and may take his mentor’s approach to aging.
Gerontological teaching strategies. Paul noted within his narratives of experience a focus on utilization of course content for his own benefit. This is consistent with the sub-theme of Participant Likes and Dislikes. In the following narrative, Paul revealed that learnings from The Aging Course may pertain to his personal life.

As I grow old I want to take what I learned in this course and apply it to my life…I feel like I can count on one hand the number of classes I have taken where I can immediately apply what I learned directly to my life. Everything I discussed with my mentor and in the discussion boards was something that will help me as I make my way through life. (DB, December 6, 2014).

Paul’s experiences with his mentor and course strategies such as DB and journals helped him consider how he might incorporate some ideas for healthful aging into his personal life. In the following narrative, Paul discussed helpful teaching strategies.

I really enjoyed the weekly discussions. It was helpful to not only answer the questions myself but to read all of the posts from everybody else in the class. It allowed me to learn a little bit more about their experiences with their mentor and compare that to some of the things I learned from my mentor. The communication was very satisfactory. I found the weekly emails that contained a summary of the discussion boards and an update on what we needed to be working on to be extremely helpful. (DB, December 6, 2014)

A weekly wrap-up communication was beneficial to Paul as it gave a summary of the perspectives of most participants’ views on course questions and upcoming deadlines. He also had a perspective on the journaling strategy. He wrote that: “I am grateful that the
journals were not time sensitive either. I had all my stuff organized week by week with all of my notes but I just had not transferred them over to the journals yet” (DB, December 4, 2014). The course included items that were due weekly and those that could be developed but presented later on in the course depending on participants’ needs and lives. Strategies that allow the participant to utilize past experiences with elders, combined with current intergenerational relationship development with an older adult mentor, and the reflection questions within the DB, form an experiential and reflective opportunity for participants that may influence the participants’ views and behaviors toward older people in society.

**Sherry**

From her Demographic Questionnaire Sherry is a 51 year old woman who is enrolled in the Bachelor of Science in nursing program at the university. Sherry has worked as a Registered Nurse as a result of her first degree program. Subsequently, she reported that she has had maximum experience with older adults in her personal and professional lives. However, she stated “I do not know” (Demographic Questionnaire, October 5, 2014) if she would consider having a job or career where the majority of the work would be with older adults. The only factor she checked in regards to influences that might lead her to choose a job where the majority of the work is with elders, was if relatives or friends had or have jobs where they work with elders. Similar to my participant Paul, The Aging Course was an optional course in her degree program and she liked the fact that it was online. Sherry stated that she had not taken any prior courses in gerontology or had experienced any service learning or interviewing projects with elders.
Sherry also experienced a loss during her participation in The Aging Course. Her mother was in a nursing home with Alzheimer’s disease. Sherry had said that her mother did not know her or her other 5 siblings but that they took turns every day making sure one of them went to see their mother. Sherry mentioned that she worked at the nursing home part time for a while to keep an eye on her mother. She normally worked at a hospital full time. Her mother died the day after Thanksgiving during the course. Sherry and her husband have gone to her mentor’s home to play cards towards the end of the course for a non–homework social time.

**Generational/cultural differences.** Sherry noted within her narratives of experience a focus on the importance by elders of passing on beliefs and values when asked for their opinion. In the following story, I thus illustrate how her stories emphasize a focus on the theme of Generational/Cultural Differences, particularly the Discounting Elders sub–theme.

I feel that older adults feel respected when asked about their opinions and this could open up a whole life time of stories. I loved to visit my parents and in–laws and get them talking about when they were children or when they were first married. (DB, September 12, 2014).

In order for Sherry to discover the knowledge and wisdom that elders offer, she asked them about their opinions on topics and encouraged story telling by the elder. It could be that Sherry especially valued the stories of elders due to the possible absence of storytelling in her own family, since her mother was unable to relate family stories that might be passed on to the next generation.
Societal view of elders. It may be that Sherry has positive views towards older adults when she described her understanding of asking elders for their valuable opinions. However, Sherry might also have some negative views of older adults as well. In the following narrative, Sherry’s message is consistent with the sub-theme of Current Views of Aging that I found among my data.

It seems to me that some people think just because they are older it gives them permission to be rude. I have a niece who is pretty heavy and she quit coming to see my parents because every time she did my mom told her she was overweight and she needed to be doing something about her weight. (DB, October 5, 2014)

As illustrated in her DB post, Sherry considered the rudeness of older people. Sherry may have been upset at her mother’s insensitivity to her niece. I wonder if Sherry’s mother had already been diagnosed with Alzheimer’s disease at that point and whether her mother’s realization of the environment and the people in it was intact. From her postings, I wonder if Sherry’s mother also had good, if misguided, intentions to help the niece. Another underlying function in this scenario is that of discounting Sherry’s older adult mother’s comments as if the mother was not capable or coherent. It might also highlight the role of the younger adult Sherry as the caretaker and the elder mother as the child.

Dealing with changing roles. From her narratives of experience, Sherry might have felt that she was the caretaker in charge of her mother, the one needing of care. Alternately, Sherry shared her thoughts about her mentor by stating that: “when I asked her about aging did she embrace, work or fight it? She said I don’t dwell on it” (Journal, September 13,
Alongside missing friends and loved ones who are gone, elders can deal with changing roles in different ways as they age.

Sherry noted within her narratives of experience a focus on her mentor’s feelings about aging and the changing roles it might bring. This is consistent with the Taking on New Roles sub-theme. Additionally, taking on new roles as the aging process progresses is something Sherry knows about first hand. Sherry’s narratives highlighted how she seemingly has experienced the aging process through the life of her own mother when she was first diagnosed with Alzheimer’s disease and then as the disease progressed. I wonder if Sherry might have also been able to see that she too went through new roles, going from daughter to caregiver and organizer of family caregivers before her mother’s death.

Stemming from Sherry’s experiences, her views on health and the influence of grief on health were consistent with the Grief and Health sub-theme. Sherry has had experience with Alzheimer’s disease, a form of dementia, as her mother was afflicted with the disease. Sherry’s story illustrated this grief below.

Although most of the time when we would go see her at the nursing home she wouldn’t know who we were [but] she always knew she loved us. She always had a smile and a hug. (Journal, October, 3, 2014)

Besides grieving the mother she knew, Sherry also grieved what her mother provided to the family when she wrote: “My mother is 81 … but she has dementia and most days doesn’t know who I am and no longer tells the stories from her past” (DB, September 13, 2014). A few weeks later, Sherry still had her mother on her mind in the narrative below.
One thing I really miss about my mom because she suffers from Alzheimer’s she doesn’t tell any stories very often. She is mostly confused now. This past week I took her out to get her hair cut and she asked me what her name was. Such a terrible disease. (DB, October 5, 2014)

The mental losses in aging from diseases and memory impairment may be difficult to handle. From her experiences, Sherry suggested: “cherish the time you have with [elders] and even though you can’t see them every day you can stay in touch” (DB, September 24, 2014). This thought is appropriate for loved ones and friends of all elders. It might also be healthy for Sherry to express her thoughts and feelings about her mother through advice–giving. It might go along with the role of the nurse, who is often explaining and instructing others on health related actions. In addition, the DB affords the participants an opportunity to share their personal experiences with older adults and to potentially crystallize their views on important messages about aging and about themselves.

Amid the grief and loss that Sherry may feel about the death of her mother, she may also have been supported by her mentor when they discussed death. Stemming from her experiences, I thus illustrate how her story below emphasized a focus on the sub-theme of Attitude and Gratitude.

I agree being and staying social changes your whole outlook. Even young people who aren’t socially active experience depression. So imagine if you have lost your spouse of 40 years and you are all alone. Too much time to feel sorry for yourself but if you have a network of friends to help you get through the hard times we are all better off at any age. (DB, November 15, 2014)
Within Sherry’s message of cultivating a support network, there seems to be a thread of acceptance and balance. Sherry wrote about her mentor, saying that: “[she] believed when it was our time to go, there isn’t anything we can do about it. But we should look at death as God calling us for a greater calling” (DB, October 21, 2014). Sherry’s narrative message of accepting death and utilizing available supports further shaped the meaning of the sub-theme Attitude and Gratitude. In addition, Sherry had the opportunity to compare her own experiences and attitudes about death and dying with those of her mentor and the experiences of her classmates through the DB. As a result, Sherry may have understood different ways of thinking and approaches to death, which she might potentially consider incorporating into her own life going forward.

**Components of a healthy lifestyle.** From Sherry’s narratives of experiences, spirituality can be an element of a healthy lifestyle for older people. Sherry discussed her mentor’s lifelong attendance at church in the story below.

After discussing faith with Joyce I learned she started going to church at a very early age with her parents. She attended bible school in the summer, a youth program once a month. This continued into her married life and with her children. (Journal, October 23, 2014)

When Sherry described her mentor’s use of spirituality as an action towards a healthy life as an elder, this was consistent with the sub-theme of Actions. It appears from Sherry’s postings that she may value the development of a support network of friends, relatives, and possibly a spiritual leader to help her as she tries to balance her roles and grief at her mother’s disease process. Having an established support network at a younger age might also
give Sherry a different focus and socialization opportunities in her older years which can contribute to healthy living.

**Aging changes.** Stemming from Sherry’s narrative experiences, she emphasized a focus on her mentor’s aging changes which were consistent with the sub-theme of Changes Noticed that I found among my data. Sherry’s mentor, Joyce, had difficulty with sleep, as Sherry noted in the following narrative.

My mentor Joyce also has sleep issues that started after she went through menopause. She said on average she gets about 6 hours of sleep a night. She said many times she will get up during the night and read and go back to bed later. (Journal, September 18, 2014)

Sherry reported about her mentor’s fatigue a few weeks later when she stated that: “when she gets tired she will set down and rest” (Journal, November 7, 2014). It may be that one of the keys to a healthy lifestyle as an elder is being creative in continuing to do activities that are meaningful despite aging changes that may occur and possibly impede these pleasurable activities.

From Sherry’s narratives of experience, she focused on another issue with her mentor. Osteoporosis is common in post-menopausal women. Sherry described her mentor’s actions to deal with osteoporosis in the story below.

Every older adult will probably experience [osteoporosis] some time in their life. Currently Joyce walks at least 3 times a week. She drinks plenty of milk and takes a calcium table every day. So for now she is probably in fairly good shape but it might
be a good idea for her to get a bone density scan in the future. (Journal, November 15, 2014)

Issues with osteoporosis can make bones more prone to breakage. Mobility issues might ensue and alter the older adult’s lifestyle and potentially place them at risk for complications from a lack of mobility.

Sherry noted within her narratives of experience a focus on her personal fears about aging changes. In the following, I thus illustrate how her story emphasized a focus on the sub-theme of Realizations.

The biggest fear I have about aging is Alzheimer’s disease. My mom and her mom both were affected by it. My mom suffered with headaches all of her life as I and my youngest sister do so we figure we will be the two that get Alzheimer’s disease. I don’t really feel like there are any interventions to decrease anxiety about it. You just can’t dwell on it and live your life one day at a time. (DB, September 26, 2014)

This may be an instance where it is not so good to be a nurse. Nurses may get into our heads a particular connection between a disease entity and our personal history and future that may be incorrect. New research on Alzheimer’s disease and associated symptoms is occurring all the time. Whether there is a link between Alzheimer’s disease and headaches is yet to be scientifically established. An underlying concern for Sherry may be that someday she would need to rely on others and that may be distasteful to her. Many nurses and women are often caregivers for others and I wonder if Sherry is so used to taking care of her family, her mother, and organizing her siblings to visit their mother, that she may feel uncomfortable asking for help or allowing others to help her if she needed it.
Independence versus safety. Sherry has noted in her narrative experiences some tensions with relationships where an elder wants to remain independent as a way to stay healthy. In the following narrative, she illustrates her views.

While reading almost all the posts, all our mentors who have stayed active in their life seem to be fairly healthy. I think it also helps them keep their independence longer and we all know that is a life satisfier: none of us like to have to rely on others for our activities of daily living. (DB, November 16, 2014)

Sherry’s investigation of the message about the push and pull between older adults’ desire for independence and their need for safety and potential care by others is consistent with the sub–theme of Relationship Tensions. Sherry may have had some experience with this tension. For example, I wonder if Sherry’s desire to support her mother at home with the early stages of Alzheimer’s disease became too much of a safety risk as the disease progressed to where her mother would potentially need the care provided in a facility. There might have been tensions between her mother and herself as well as her siblings about care needs.

Aging resources. Sherry’s wealth of narrative experiences that focused on benefits and disadvantages of some resources is consistent with the sub–theme of Participants’ Views of Resources that I found among my data. One resource was that of the nursing home. There are pros and cons to having a loved one in such a facility. Communication and actions at the facility between the elder, family member, and health care providers might sometimes be less than what the family member might expect, as Sherry noted in the story below.
I mentioned before that my mom was in a nursing home. She had many food allergies and when we placed her in the nursing home we went over her allergies with the dietary staff. However, my mom could no longer remember what she was allergic to so the staff served her whatever was on the menu. Although none of the foods caused her a severe reaction…we ended up talking with her Dr. and placing her on a daily allergy pill. (Journal, October 17, 2014)

This dilemma might have been resolved in a more efficient manner due to the fact that Sherry was a nurse and might have known how to communicate with personnel and may have had workable ideas for resolving the issue. In addition, this story may have an underlying thread that shows society’s lack of value of older adults in nursing homes, which may be exemplified by low wages that might precipitate the high turnover rates of by care personnel.

Utilization of resources might assist elders in maintaining healthy lifestyles, helping elders to continue pursuing enjoyable activities that add to quality of life, and also aide their safety may be beneficial. The ability to live in a community that can match the services to the needs of the elder may be an asset. From Sherry’s narrative experiences, she illustrated below how her mentor viewed nursing homes.

My mom until recently resided at the local nursing home and we had very good experiences there. My mentor and her husband are able to live independently in their own home. However, they did use the nursing home in the past for my mentor’s husband’s mother. They felt like she got very good care even though she was never happy there because she wanted to be in her own home. (Journal, October 11, 2014)
Sherry’s story highlighted a push and pull between caregivers and the older loved ones they are caring for. The elder may need safe care and a facility might be the best solution for the situation but the elder might not be able to see that and might believe that they could be safe in their previous living situation instead. This story also illustrated the role changes that may occur when a decision to move an elder to a facility has been made. The caregiver may be the one making the decisions for the elder. The elder may have drastically different views about a move. From Sherry’s narrative experiences, she highlighted how her mentor Joyce viewed moving from her home in the story below.

I found Joyce’s response to what kinds of illnesses would you have to have before going to a nursing home interesting. She said dementia or AD [Alzheimer’s disease] then she wouldn’t remember being there…Joyce and her husband have entertained the idea of moving to a smaller house. They enjoy the neighborhood they live in. They are close to their church and library. However the community they live in no longer has a grocery store just a quick store. Closest grocery store is 7 miles away.

(Journal, November 21, 2014)

Having resources available in the neighborhoods or within a short distance may allow elders to remain in their homes for a longer period of time providing other factors also support this.

Other services and resources, such as clinics and health care providers, might be challenging to navigate for older people and their caregivers and loved ones. One such resource was that of the Veterans Affairs (VA) system of health care. In the following narrative, Sherry related her experience with the VA system.
I remember when I was helping my uncle get his VA benefits. He should have been getting them for years but didn’t know how to go about it. We filled out so much paperwork it seemed like every day for a while we were getting something else in the mail to fill out. Had to prove income and jump through so many hoops to finally get him what he was entitled to for servicing his country. I’m sure that he didn’t have to jump through all those hoops when he enlisted in the armed services. (DB, November 6, 2014)

The complex health care system and policies in our society may be difficult for elders to navigate by themselves. The assistance of loved ones may be reassuring but the results may not always be improved by the assistance of the loved ones or caregivers. Due to the complexity of understanding some of the policies related to older adult care, there can be misunderstandings. From Sherry’s experiences, she focused on how the Durable Power of Attorney (DPOA) document can designate another person to make decisions for you if you are unable to do so. She displayed within a story below how the DPOA may be used inappropriately due to lack of knowledge about the document.

I agree…on the need for DPOA and a living will. We had kind of a ugly family situation occur. I was my uncle DPOA and one weekend when I was out of town he was admitted to the hospital. My sisters couldn’t reach me so while he was in the hospital they had him sign another DPOA making one of my sisters the new DPOA. What they didn't understand was that at that point he was able to still make his own choices. The next day when I went to see him in the hospital he asked me what my sister had him sign the night before. That is when I discovered they had him sign new
papers. Now that he is in a nursing home and unable to make those decisions for himself [and] every time something comes up and a decision needs to be made the nursing home calls my sister to see what they want to them to do then she calls me. Had she left things alone they would call me. There have been many times that I have really wanted to be ugly and say you wanted to be DPOA now you are make the decision yourself. But that only hurts my uncle so I still make his decisions just through a longer process. (DB, October 31, 2014)

This story might be an example of a lack of health literacy. Health literacy is the ability to read and understand health related words and concepts. This includes understanding what the words mean on consent forms, and the ability to understand labels and procedure instructions. It also can mean the understanding of health care documents, such as the DPOA. Sherry’s story underlined how health care personnel and family members sometimes may not understand the purpose and use of the DPOA.

Lack of health literacy can also be found in the obtaining and use of medications by older adults. From Sherry’s experiences as a nurse, she related a story below about her experience with medications and older adults in the home health setting. Home health nurses come to a client’s home to assess their status, monitor medications and treatments, and make recommendations to the physician as well as educate the patient.

I related mostly to chapter 8 on safe medication use because I see this so much in my nursing career. I remember one patient I took care of when I was doing home health. The first time I went to set up her medication it was a nightmare. She had medication from several different Doctors and pharmacies; none of them knew what the other
was prescribing. I remember she was taking adalat and nifedipine both on the same day. She had been doing this for 3 days. She thought they were two different drugs not the same drug with different names. She was very fortunate that home health was coming to see her. She would have gotten herself into a real mess without the visiting nurse. (Journal, September 13, 2014)

Sherry’s stories illustrate how complex the health care environment might be regarding safe medication usage and use of documents such as the DPOA. Lack of knowledge about myriad health care policies and issues might influence an elder’s ability to remain independent, live a healthy lifestyle, and utilize resources.

Sherry noted within her narratives of experience a focus on health promotion, maintenance and prevention of illnesses, employers may utilize a resource that encourages an employee’s health through information, classes, and financial incentives. In the following, I thus illustrate how her story emphasized a focus on the sub-theme of Resource Implications.

My insurance plan also offers what is called live well points if you earn 300 points from January to November that equates to $300 off of your premiums. You can earn the points by doing yearly physical, know your numbers, speaking with a health trainer, or by participating in events like 5ks. (DB, November 6, 2014)

Encouraging health through incentive programs is a newer idea as companies may recognize the importance of health as one ages in decreasing healthcare costs. I wonder if Sherry’s training as a nurse and her familiarity with health and promotion of health and disease prevention might allow her to be more willing to take care of herself so that she can take care of others. It might be that she continues to help others with their health by educating them on
disease stages, as in the case of her mother, or outlining steps in the legal documents needed for services such as the DPOA or VA benefits, as in the case of other family members.

**Elders as role models.** From Sherry’s narrative experiences about health, views about resources, and her interpretation of her mentor’s thoughts about resources, she may have deepened her understanding of how society and its members function in regards to health and living as an older adult. In the following, I thus illustrate how her stories emphasized a focus on the Influences of Relationships sub-theme within the Elders as Role Models theme.

I hope to be like my mentor as I age. I hope to be as positive on life as she is. I want to be able to stay active in my community. Most importantly I want to be healthy enough to enjoy my family and friends. (Journal, November 6, 2014)

Another area Sherry focused on was the benefits of volunteering. The story about her mentor below is consistent with the Be Healthy Stay Active sub-theme that I found among my data.

When I asked her about activities she did with other people, I got a pretty extensive list: Meals on wheels, Bible study, and library board, friends of the library, Sunday school teacher, church, monthly cared games and does baking out of her home. I hope to be as active at 74 as she currently is. (Journal, September 18, 2014)

In addition to volunteering, another healthful action Sherry’s mentor talked about was not smoking. Sherry wrote: “When I asked her if she could do it over again what would she change in her earlier years for her health? She said she would [have] never started smoking even though she quit 13 year ago” (Journal, September 11, 2014). Mentors who may be
active in the community might be examples for participants on how to live a healthy lifestyle, cope with aging changes and possibly utilize resources to maintain independence as one ages.

Final thoughts from Sherry’s narrative experiences focused on meeting up with her mentor for a non–school related activity, which illustrated how her story below emphasized the sub–theme of Conclusions by Participants. She stated: “I truly enjoy the time I get to spend with Joyce. My husband and I have even been over to play cards. I truly enjoy visiting with her” (Journal, October 19, 2014). Sherry clearly enjoyed the interactions with her mentor during a stressful semester where her mother died. From her writings, Sherry has shared some of her experiences about her mother with Joyce, her mentor, and received possibly motherly advice and comfort from her. Sherry’s non–school related card playing activity might indicate that she would like to continue the interaction with her mentor and deepen the friendly relationship with the elder woman, now that her mother is gone.

**Interviewing of elders.** Similar to Paul, Sherry was not very relaxed with the interviewing process. Sherry noted within her narratives of experience a focus on discomfort with the interviewing process with her elder mentor. This is consistent with the Benefits for the Participants’ sub–theme that I found among the data. In the following narrative, Sherry discussed her thoughts on the interviewing process with her elder mentor and compared it to previous interviewing experiences.

My personal reactions to the interview process [was that] I feel a little uncomfortable asking all the personal questions. Even though as a nurse, part of our admission process is a health history. However, I feel these interview questions are a little more personal than what we ask on a health history. (Journal, September 13, 2014)
Sherry’s perspective involved a comparison with another interviewing process that might have had a different goal of identifying select components to complete a health history form, instead of learning about an elder’s life through his/her stories of experience.

**Gerontological teaching strategies.** Sherry noted within her narratives of experience a focus on discomfort with the DB strategy. This is consistent with the Participants Likes and Dislikes sub-theme that I found among my data. In the following narrative, Sherry found the DB strategy to be lacking in openness and the deadlines for discussion unmanageable at times.

I agree with Mark there were several times I couldn’t go back in to see if someone commented on my post. Would have liked to be able to see that…I did miss one discussion board post because my family was all home on Sunday and didn’t like that assignments were due Sunday at noon. (DB, December 5, 2014)

Sherry voiced her opinions about the course with messages of positive reinforcement as well as helpful suggestions. Toward the end of The Aging Course, the last week of the DB is devoted to improvements that might be made in the course. The DB responses allow participants to share their views as well as to confirm that changes, enhancements, or the maintenance of a teaching strategy is needed for the next iteration of the course.

**Linda**

Linda is a 43 year old female participant who was working towards a Bachelor of Liberal Arts degree. Linda chose this course because it was online. She related that she had previously taken a gerontology course. Linda reported that she had moderate experience with older adults, either caring for elder relatives or neighbors. She also stated that she had
experience with service projects involving older adults who were not relatives and where she chose the amount of interaction with the elder. She explained about the service project stating: “I worked with a blind (elderly) lady who had to learn the layout of her surroundings, this included counting steps, etc.” (Demographic questionnaire, October 9, 2014). When asked how she felt about that experience, she said: “somewhat of a challenge, but rewarding. I like a challenge and am always willing to help the elderly” (Demographic questionnaire, October 9, 2014). She also stated that yes, she would consider having a job/career where the majority of the work would be with older adults.

Linda also revealed that the following factors might be influences in choosing a job where the majority of the work would be with elders: engaging in good relationships with older relatives; experiencing taking care of older adult relatives; contact with healthy adults; relatives or friends who have or had jobs/careers where they work with and/or for older adults; and service learning or interviewing project with older adults.

Linda’s mother works at the university where The Aging Course is conducted. Her mother is retiring in the near future. Linda reported that she is the youngest of three kids and expects to care for her mother someday as an elder. Linda goes to church and reads the Bible regularly. She believes it is important to have a support group that sees the needs you have at heart. Linda has also been the caretaker of her mentor, Big Momma, in the past. Big Momma has six children and she is blind. She has lived with all of her children in the past but she might have been hard to live with, so each one has asked her to leave. Big Momma rented a room from Linda in the past as a favor to one of Big Momma’s daughters, who is a friend of
Linda’s. I surmise that the caring and kind-hearted Linda spent a fair amount of time helping Big Momma acclimate to her new surroundings as a blind person in a new home.

**Generational/cultural differences.** Linda noted within her narratives of experience a focus on the different views between herself and her elder mentor, Big Momma. In the following, I thus illustrate how her story emphasized a focus on the Cultural Shifts in Views sub-theme.

A cultural difference that I noticed between my mentor and I during our interactions is that she believes “a woman’s place is in the home.” She believes it is your husband’s duty to provide for the family, to be the breadwinner…She does not agree with me checking my oil in my car, washing my car, cutting my grass, etc. She thinks that your husband or male friend should be doing this for you. She believes being my age and single—something must be wrong with me? To be single, no husband, and no kids seems to be a curse to my mentor, although I’m fine with it. (DB, October 18, 2014)

Besides the gender role differences, described in Linda’s narrative above, another gender role that was often clearly followed in the past was that of the woman’s role in knowing how to cook. In the following narrative, Linda illustrated her experience.

I have to admit that I don’t know one grandmother that cannot cook (at least the grandmothers that are elders)… My mom is 66 and growing up she did not have to cook and now that she’s older it shows. She knows the basics…and can cook certain things really well, but my aunts and their children are the cooks in our family.
Thanksgiving, Christmas, and other holidays are spent at my aunt’s house because she is a superb cook. (DB, October 24, 2014)

From Linda’s DB entries, clear gender roles that dictated elders’ behaviors and beliefs in the past might be brought forward or re–strored to include compromise from the past to the present. Linda and her mentor seemingly have views of particular gender roles that might be incongruent with reality in our society today. It may be that each of them have been influenced by each other’s views. Both Linda and her mentor appear to have an underlying belief in caring for others that shines through their views.

**Societal views of elders.** From Linda’s narratives of experience, she focused on the impatience of younger people toward older people. This is consistent with the Current View of Aging sub–theme that I found among my data. Linda contributed that: “I’ve noticed how some of us are impatient when it comes to our elders. When we’re driving, at the grocery store pushing our carts, at the trail exercising, and the list goes on” (DB, October 24, 2014).

Despite the impatience, Linda appears to possess a positive view of older adults and a willingness to assist them in whatever capacity is needed. Linda also revealed her own views about her mentor and elders in general by saying: “She has so much wisdom to share with others” (Journal, October 30, 2014). From her writings, it appears that Linda possesses a willingness to care for others and see the good in people.

Another example from Linda’s narratives of experience is illustrated below when she described her ability to see the good in others and view older people in a positive light, even when it is hard to do.
I find that the elderly tend to get away with a lot. We tend to downplay their shenanigans with, “Oh, [they’re] just old.” Have you noticed we tend to give the elderly a pass with just about everything? The elderly don’t even have to respect us and we still say, “Oh [they’re] just old.” (DB, October 18, 2014)

Despite Linda’s best intentions of staying positive when older people might be viewed negatively, I wonder if Linda might also have some tacit ageism that may influence her view of older adults. She might not realize that she is potentially discounting older adults when she sums it all up to the fact that elders are just old, so ignore their behaviors and views. Alternately, Linda might use this positivity–at–all–costs view to cope with her experiences with Big Momma and the challenges that she might have brought. Additionally, it could be that her friend, one of Big Momma’s daughters, was potentially desperate to find her mother a place to stay and might have taken advantage of Linda’s kind–hearted, caring, and positive view of Big Momma to persuade Linda to rent Big Momma a room in her home.

**Dealing with changing roles.** Linda noted within her narratives of experience a focus on spirituality to help with coping. In the following stories, I thus illustrate how her narratives show an emphasis on the sub–theme of Grief and Health. Linda’s suggestion for dealing with physical and mental declines on health was through spiritual means. Linda remarked that: “Grieving takes an enormous amount of physical and emotional energy” (Journal, October 25, 2014). Besides Linda’s caring attitude and positive demeanor, it appears that Linda relies on her spirituality to help her through her life. It could be that she tries to follow the teachings she has found at church about caring for others. Linda wrote about what she shares with her mentor by saying: “We both have a strong faith in God and
prayer seems to work out for both of us… We know that believing in God has gotten us through some difficult times” (Journal, October 23, 2014). Through her upbringing in the church, Linda might feel comfortable helping others deal with changes that occur in life.

Stemming from Linda’s experiences, she did have some thoughts about how her mentor could enhance her ability to handle life’s challenges. In the following narrative, Linda illustrated her views about her mentor’s grief and health.

Lifestyle changes that I think my mentor should make with regards to grief and loss are, 1) I think she should be more open and discuss her grief and loss out loud. I think that my mentor can handle a lot of things, however grief and loss leads to health problems. I also think sometimes my mentor deals with grief and loss internally. I think she grieves and hurts more often than she likes to admit, and 2) I think my mentor should show more emotion with regards to grief and loss. There is nothing wrong with crying in front of others. I’ve known my mentor to grieve and suffer loss, but I’ve never witnessed her crying once. Holding emotions in can also be unhealthy and can take a toll on anyone’s body. (DB, November 2, 2014)

Linda’s kind assessment of her mentor’s situation might highlight Linda’s view of spiritual caring, but it also might show that Linda believes that talking about problems is healthful when faced with role changes as one ages. With Linda’s encouragement, Big Momma may have a more healthful way of coping with her situation if she would share her thoughts.

**Components of a healthy lifestyle.** Linda noted within her narratives of experience a focus on suggestions for a healthy lifestyle. This is consistent with the sub-theme of Actions that I uncovered among my data. Linda has observed that: “In recent decades growing older
has been gradually shedding the negative aura and the focus is now on increased vitality and productivity in older adulthood” (Journal, September 11, 2014). In addition, Linda’s narratives illustrated this about her mentor: “If she drinks plenty of water and gets plenty of rest she’s fine.” (Journal, November 15, 2014). Besides the physical ways of having health, there are also ways to have good mental health. Linda noted that her mentor relies on prayer and church as she ages. She stated that: “My mentor prays a lot and attends church services quite a bit. She believes that God has taken care of her all these years. She credits her age and health to God. She believes praying without ceasing solves everything” (DB, October 2, 2014). By these narrative comments, Linda has outlined actions that may assist her elder mentor in achieving a healthy lifestyle. In addition, these comments may highlight Linda’s own views about healthy aging.

Aging changes. Linda’s narratives of experience have provided some insights to enhance the understanding of how a healthy lifestyle for her mentor, family members, and herself might be challenged by aging changes. This is consistent with the sub–theme of Changes Noticed. One of those changes involved her own memory and forgetting things. She wrote: “I’m finding that at age 43 the older I get the ‘more’ I forget and I see this happening with my mom and other older adults. I believe forgetting comes with age” (DB, September 13, 2014). Linda’s comments reflected her positive view and her way of taking an issue and putting it within a statement that works for her. Her message might have been that memory changes do occur as one gets older, so try to work with it and around it. Linda’s stories exhibit that she seemingly possesses a positive attitude about changes occurring as she ages is a key. This realization might help Linda as she goes forward into aging.
Independence vs. safety. Acknowledged aging changes, such as the forgetting that Linda spoke of, might influence a person’s safety and independence. Stemming from Linda’s narratives of experience, she described a situation about her mentor that was consistent with the sub-theme about Relationship Tensions which I found among my data. It appears there are unspoken feelings and issues between elders and family members that Linda knows. Linda’s mentor, Big Momma, has unspoken feelings. Linda wrote: “I think that she feels that if she shows her depression that it may show her as weak. Big Momma is far from weak and does not want anybody to think otherwise” (Journal, October 30, 2014). With these unspoken feelings, there may be a lack of communication about what is needed. In addition, these comments may highlight Linda’s own views about depression, communication, and how society may label older adults.

Linda noted within her narratives of experience a focus on how she as a caregiver, wanted to know how to help her mentor. Big Momma was blind and lived with Linda for a period of time in the past. Linda related below how she and her mentor found ways for Linda to help Big Momma.

I was doing [a lot of things] when my mentor lived with me. I offered my arm while we were walking because Big Momma does not walk with a cane. We would always pause at curbs and steps. We counted steps so that she would not miss a step. I would place her hand on the back of the chair so that she would know where to sit and I always made her aware of her position to objects. (Journal, November 21, 2014) From Linda’s narrative descriptions of her mentor, there might have been tension at the amount of time involved with keeping Big Momma safe yet allowing her as much
independence as possible. I wonder if her own family members, as well as Linda, felt tension about the responsibility for helping someone who may require constant surveillance. Linda might have addressed that notion when she wrote: “It’s important to have the necessary resources and a support group that has your best interest at heart” (Journal, December 4, 2014). It is interesting that Linda would make that comment as her mentor, Big Momma, would deny that attempts to help her would have her best interests in mind. However, Linda’s kindness, good intentions, and positivity might have superseded the views of her mentor regarding the helpfulness of others.

From Linda’s narratives of experience, she highlighted below family tensions between Big Momma and her children.

A few months ago my mentor rented a room from me (all other elders I’m in contact with are related to me). She is my best friend’s grandmother and has lived with several of her children and grandchildren with very little success. She’s even been evicted from assisted living facilities and her own apartments as well (long story). Big Momma was sent to [Texas] to live with one of her daughters and that was short–lived as well. Her daughter put her on a plane back to [town] and didn’t inform anyone. Big Momma called everybody once she arrived in [town] Big Momma sat at the airport for several hours before one of her grandsons finally picked her up (ironically, her grandson that she had given a house to). Her grandson stated that she could not live with him and that he would move out if she wanted the house back. It sounded like cruel and unusual punishment, but Big Momma’s family is at their wits end because she is really hard to get along with sometimes, well most of the time. She
has spit on one of her sons-in-law (he deserved it, there’s a story behind it), pulled knives out on people, and have accused everyone she has lived with of stealing her money. (DB, September 25, 2014)

From Linda’s stories there seemingly were relationship tensions present with this family. Linda was kind and provided a solution at one point for Big Momma. Relationship tensions might be such that they influenced Big Momma’s safety and independence. It appears that Big Momma had safety issues but continued to display her independence. This story may also illustrate how members of society may label older adult family members. These views may influence how they behave toward the elders in their families.

Linda noted in her narratives of experience below a focus on Big Momma’s independence and the challenges that brings for her safety. In the following, I thus illustrate how her stories emphasize a focus on the Safety Issues sub-theme.

I’ve noticed several environmental problems during my interactions with my mentor that could affect my mentor’s health. Keep in mind she is blind and has to feel around to learn her environment. Steps are a big hindrance and walls tend to be a hindrance from time to time as well. My mentor has to count steps and often times forgets the last step. Big Momma has walked into walls on occasion, even though when walking she keeps her arms extended. She does not have a stick or walker of any kind because she is rarely left alone. (DB, October 17, 2014)

The environments of many older adults can challenge their ability to remain independent. Alternately, it may sometimes be the elders themselves that are experiencing barriers to
independence. Linda’s journal and DB postings below illustrated the existence of a lack of awareness of safety issues on the part of Big Momma.

It didn’t make matters easier that Big Momma didn’t believe she needs to be cared for or any assistance. While Big Momma knows she is blind, she believes she can clean and cook for herself without any assistance. Big Momma’s stubbornness makes it difficult for people—family or friends, to care for her. (Journal, October 16, 2014)

Being unaware of one’s behaviors can have a major impact on the elder themselves as well as others. Linda reported that: “Big Momma feels like she can still cook unassisted because she takes her own showers and feeds herself” (DB, September 21, 2014) From Linda’s narratives, I wonder if Big Momma’s overarching will to remain strong and independent against all odds and despite the care and concern of Linda or her family members blurred her knowledge and the reality of her situation. Linda might have given insight into how Big Momma tried to control her activities and her will to be independent. Linda had stated that: “Available transportation is a critical link in the ability of the older adults to remain independent and functional. Transportation allows adults control of their lives and the decisions that go along with them” (Journal, October 9, 2014). Since Big Momma could not drive, eliminating one aspect of remaining independent, she may have developed different avenues for letting others know she was in control and independent, such as attempting to cook by herself.

**Aging resources.** Linda noted within her narratives of experience a focus on Big Momma’s utilization of services, Linda’s own experiences when exploring services, and her interpretation of Big Momma’s thoughts about her use of services. In the following stories, I
thus illustrate Linda’s emphasize on the Participants’ Views of Resources sub-theme. The first story of Linda’s discussed how her mentor, who was unable to drive, was influenced by a lack of transportation.

Transportation allows adults control of their lives and the decisions that go along with them. [Our city] introduced a program Share–A–Fare (SAF). SAF is a transportation program that provides specialized origin to destination service for individuals whose disability prevents them from independently using fixed–route bus service. (Journal, October 8, 2014)

In addition to transportation, Linda’s mentor also uses other services and policies within our society as seen in the story below.

Big Momma states she has been back and forth with her Medicaid. It has helped her a great deal when it comes to medical expenses and medication. Big Momma receives Social Security, takes advantage of The Whole Person Services, and Share–A–Fare. She does not like the fact that her bank account is monitored when receiving all these services. (Journal, November 6, 2014)

This narrative illustrates the need for a coordinated combination of services and policies to holistically care for an older adult in our society. In a DB post narrative, Linda further described below her discovery of the services of The Whole Person and how that would assist Big Momma.

I think my mentor should take advantage of The Whole Person services because she is living with her daughter who cannot give her the attention that she wants and sometimes needs. The Whole Person is an organization that “assists people with
disabilities that live independently. The Whole Person offers a broad range of services to individuals with disabilities to increase their ability to perform day–to–day activities and reduce the need of support from family members, professional attendants or other caregiving services. Their services and programs build the confidence of these individuals and improve the many skills they need to live, learn and work in their community.” My mentor has taken advantage of these services in the past and it was a huge help. (DB, October 31, 2014)

Linda also added that her mentor “goes to adult daycare 2 or 3 days of the week” (DB, October 30, 2014). From Linda’ descriptions, seemingly there might be a lack of understanding about available health care services and facilities in our society. Some reasons for this potential lack of understanding may include: minimal communication about service needs within families or with caregivers; fears surrounding use of services or the need for them; ageism’s disregard for the needs of elders; and varying levels of interest.

A story below highlighted Linda’s belief in how misunderstanding about dental care may lead to bigger problems.

I believe healthy oral hygiene is an essential part of good health. I’ve been told that if one does not take care of their teeth it can and will cause other health problems. Toothaches are the worst pain in the world, and when you have a toothache our whole body hurts. For these reasons and others dental care should not be overlooked. (DB, November 9, 2014)

Besides understanding the access and utilization issues of dental care, Linda exhibited in her stories related here how the use of health clinics also may affect an elder’s ability to age well.
A narrative of experience by Linda below described her views about knowledge and use of clinics within the city.

My older family members and I have taken advantage of services offered by [Clinic A] and [Clinic B]. Both provide health and dental services and are income–based. Both are conveniently located and are easy to access. Although sometimes it can be very crowded at these 2 places and your stay may be a little longer than a regular health facility it is worth it because they are affordable. Overall, the doctors and dentists are very knowledgeable and pleasant as well. (DB, November 8, 2014)

Linda’s stories of experience illustrated that she seemingly was instrumental in researching services that might help herself, her family, and her mentor. She displayed an awareness of available services that was important but also the understanding of what the service’s regulations or requirements were in relation to her mentor. Her narratives of experience also included a story below that highlighted disjointed or disrupted services experienced by her mentor.

At one point my mentor was receiving a blind check, social security, Medicaid and assistance from The Whole Person. When she moved to [Arizona] with her daughter 3 of these services were cancelled. My mentor’s power of attorney (her blind daughter that lives in [our city]) thought it was a good idea to cancel services and have my mentor start new services in [Arizona]. The stay in [Arizona] was short lived and once Big Momma came back to [our city] she had no access to health care. My mentor’s daughter in [Arizona] had started the process to begin receiving health care services in [Arizona]…and some necessary medication, and obviously needed to see a
doctor. Needless to say it was a long and drawn out process… Without the Medicaid she was not able to afford her medications. Once she ran completely out and she was not able to go to the adult daycare that she likes. She didn’t like the government supervising and monitoring her bank account either. The fact that she was receiving so much money each month made it difficult to keep all monies in her bank account. Apparently, when you receive social security you can only have a certain amount in your bank account and a spending log had to be kept. (DB, November 8, 2014)

From Linda’s narrative experiences, it appears that lack of knowledge, coordination, and lack of ease in transferability of services might make getting and keeping services a challenge for her mentor. These narrative accounts are consistent with the sub-theme of Resource Implications. I wonder how Linda’s relatives and mentor would have discovered resources if Linda had not been proactive in researching services for them. Linda’s narratives further outlined her willingness to care for others and to go above and beyond to be helpful to her mentor and be supportive of Big Momma’s family.

**Elders as role models.** Linda noted within her narratives of experience a focus on how her mentor has some behaviors or viewpoints that may assist Linda in living a healthful life. This is consistent with the sub-theme of Influences of Relationships that I discovered among my data. Linda seems to be a kind and giving woman who sees the needs of her mentor and her family members. It might be stressful caring for others in the deeper way that seems to be Linda’s view of how to live her life. I wonder if her need or desire to help others might detract from her own health. In the following narrative below, Linda reflected on stress and living a quality life.
I definitely need to take some pointers from the elderly and not worry so much. I agree it is hard not to worry or to stress about certain things and situations. Taking advice from someone who has lived life is inspirational. Stress and worrying will have a person old before their time, and that’s not good. (DB, October 12, 2014)

Ways to handle stress that comes with living is something that elders may have some experience with and might share with their participant interviewers. Linda wrote: “There is so much wisdom to be obtained from elders” (DB, September 25, 2014). The contributions of her mentor seem to have been appreciated by Linda.

Linda’s narratives of experience focused on healthful ways of living. In the following illustrations, Linda’s stories emphasized a focus on the Be Healthy and Stay Active sub-theme. Linda realized below that healthful ways of living may include exercising, eating well, and socializing.

My mom takes an aspirin each day for her heart and it might be good that I start taking one as well…I try to get as much exercise in as I can because I see my mom getting older and exercise is something she’s never been fond of. (DB, September 19, 2014)

Besides healthful living, Linda’s narrative below reflected on overall messages about herself and her mentor. This is consistent with the Conclusions by Participants sub-theme that I found among my data.

I find myself even more intrigued with elders. There’s a lot to learn and absorb when it comes to elders. Knowing that one day I will be an elder my hope would be that the
younger generation would learn all that I’ve learned and even more. (Journal, December 4, 2014)

From her narratives of experience, Linda seemingly may have recognized how her caring for older adults might influence her own lifestyle, her knowledge, and how she might approach aging for herself.

**Interviewing of elders.** Linda noted within her narratives of experience a focus on a change in her views about elders through the interviewing process. This is consistent with the Benefits for the Participants sub-theme that I found among the data. In the following narrative, Linda reported on a changed view about older adults.

I used to say, “Oh they’re just old” if an elder would make a rude comment or did something that wasn’t so nice. After interviewing my mentor she’s of a pretty sound mind even at 89, 90. I’m not sure if I’ll be using that excuse “they’re just old” too loosely moving forward. (DB, October 3, 2014)

Linda’s story of experience emphasized how interviewing her elder mentor may have exposed her to considering alternative ideas about aging. From this new knowledge, Linda’s views on aging and older adults might have been altered. Going forward, she may change her behaviors as a result of these new understandings.

**Gerontological teaching strategies.** Linda noted within her narratives of experience a focus on benefitting personally from the course. In the following, I thus illustrate how her stories below emphasized a focus on the Participants Likes and Dislikes sub-theme. She wrote: “The funny thing about the class is that at 43 I am finding that a lot of the things learned are helping me in my daily life as well. This was an added bonus for me” (DB,
December 5, 2014). Linda may have experienced a deeper understanding of the interviewing process. As illustrated below, Linda also had some suggestions for how others in society might learn about aging.

My suggestions for educating others about aging and older adults is to be patient, be open–minded and don’t believe any of the stigmas associated with aging and older adults. Do research if needed and get familiar with aging and older adults so that you can be better equipped when addressing aging and/or older adults. Try not to be judgmental. Ask questions of the older adults(s) instead of jumping to conclusions. After all, if we’re blessed to meet this stage of life we may need someone to be patient and understanding with us as well. (DB, November 13, 2014)

Linda discussed her experiences with the course strategy of interviewing an elder. She identified that being patient and non–judgmental may allow for potentially new understandings about older adults. As illustrated below, Linda described the benefits of her intergenerational interaction with her mentor.

I think interviewing my mentor was a great strategy. I was able to get answers from an individual that is currently an elder and who is physically changing each day. It was a humbling experience to live the life of an elder during our interview time. I just hope that when I’m my mentor’s age I can be an inspiration to others as well. (DB, December 6, 2014).

Linda’s narratives of her experience also included a focus on course communication. She noted that: “The communication between the instructor and I was awesome. The fact that she informed us of what needed to be done in the form of ‘Housekeeping items’ was
magnificent” (DB, December 4, 2014). Moreover, participants found the course easy to understand. Linda remarked on the journal entries when she stated that: “I am grateful that the journals were not time sensitive” (DB, December 5, 2014). Linda’s narratives included an interpretation of course strategies through stories of course communication, interviewing, and journal boundaries.

**Courtney**

Courtney is a 23 year old female who is pursuing a Bachelor of Arts in sociology at the university. She enrolled in The Aging Course because it was an optional course in her degree program and it was online. She also indicated that this course was recommended by a teacher or advisor. She has not taken any previous gerontology courses. Courtney shared that her parents were 57 and 67 years of age. She noted that she has three living grandparents. Courtney stated that she had maximum experience with older adults, which included caring for elder relatives or neighbors as well as working at a facility for older adults. She also indicated that there were mental health issues in her family.

Courtney also noted that she has had experience with service projects involving older adults who were not relatives where she could choose the amount of interaction and those experiences where she did not choose the amount of interaction between the two. She also has had experience with service learning or interviewing projects involving her own elder relatives. Courtney explained her experiences more specifically when she stated:

I volunteered at the VA nursing home … I volunteered there once a week for two years. I lived in an assisted living facility as an over–night attendant for 6 months. I have helped care for my Father and Grandfather over the last 7 years, including living
with them and helping in their daily needs. (Demographic questionnaire, October 7, 2014)

When asked how she felt the experiences were, she replied: “[They were] very enlightening to understanding the challenges that older adults face in health, mental capability, and social stigmas” (Demographic questionnaire, October 7, 2014). Courtney said she would consider having a job/career where the majority of the work would be with older adults. More specifically, Courtney reported that factors that might influence her to choose a job in the field of aging included: engaging in good relationships with older relatives; experience taking care of older adult relatives; coursework in gerontology; contact with healthy older adults; relatives or friends who have or had jobs/careers where they work with and/or for older adults; and service learning or interviewing project with older adults.

**Generational/cultural differences.** From her narratives of experience, Courtney discovered that it takes time to receive the stories that elders have to tell. Courtney noted that: “Talking with either of my grandmothers on the phone is usually great, as long as I set aside enough time (they’re big on talking and gossiping!)” (DB, September 26, 2014). Courtney seemingly may have understood that elders might possess self-awareness and a desire to pass values and beliefs on to the next generations through lesson stories. In order to take in all that the elders, whether the mentor or family members, have to offer, the allotment of adequate time is essential. Courtney’s experiences and her interpretations of her grandparents and elder mentor, is consistent with the Discounting Elders sub-theme from the Generational/Cultural Differences theme.
Stemming from her experiences, Courtney had identified gender role differences. In the following, I thus illustrate how her story emphasized a focus on the Cultural Shifts in Views sub-theme.

[My mentor grew up] in a time where gender roles were far more rigid, but he is very progressive. His wife is a housewife, but is by choice. His daughter is in the navy (he was a marine), and he couldn’t be prouder of her. (DB October 17, 2014)

Courtney’s story highlighted both inflexibility and flexibility in roles from the vantage of her elder mentor. Seemingly, clear gender roles that dictated elders’ behaviors and beliefs in the past might be brought forward or shifted toward a compromise from the past to the present.

An additional shift in cultural views may be noted in Courtney’s narrative about nutrition and her elder male mentor, stating: “I think he could eat healthier instead of the ‘comfort food’ that his wife has cooked for years. Less butter, salt, and carbs would probably help him stay healthy for the years to come” (DB October 30, 2014). From Courtney’s narratives of her experiences, seemingly today’s young people might be becoming more aware of what they eat and the impact it may have on them physically and mentally. Courtney may have established a caring relationship with her mentor Richard, and an extension of that caring might be her interest in his nutritional and health status. Courtney might have transferred her experiences as an aide at a care facility to her mentor Richard, realizing that chronic illnesses may arise from decades long sub-optimal eating habits and may possibly influence mobility.

**Societal views of elders.** Courtney noted within her narratives of experience a focus on the slowness of older people. Courtney related that ageism might be at play in how
members of society view elders. In the following, I thus illustrate how her story emphasized a focus on the sub-theme of Current Views of Aging.

I think that calling slow drivers ‘grandma’ is the number one ageist thing I experience most often. I think talking too loud and slow is also something ageist that people tend to do to older adults. (DB, October 25, 2014)

There were multiple comments on the slowness of elders throughout the study data. Through the interviewing of an elder teaching strategy and subsequent reflective questions of the DB, participants had the opportunity to identify possible ageist thoughts and to gain new understanding of these views in terms of how they may influence younger people’s views and behaviors toward older adults in our society.

There is also a belief that elders do not think they are old. Courtney stated that: “I think that it is harder and harder to classify at what age someone is considered an older adult in our society” (DB, September 14, 2014). Courtney seemingly noticed a possible shift in how older adults are viewed in our society when she mentioned the difficulty in pinpointing an age that equates with being older. Older adults, including Courtney’s mentor Richard, might seem younger in some instances which may be noticed by society members, enhancing their wonder and potential change in how they might see a person as old. It might be that with Courtney’s rather extensive and varied experiences with older adults, she is more open to seeing that there is a diverse range of elders and that age is relative depending on many factors. One of those factors might be retirement and what that may mean for an older person within their context. From Courtney’s narratives of experience below, she focused on the transition to retirement. This is consistent with the sub-theme of Actions to Alter Society.
I think older adults have a hard time transitioning to the physical aspects of aging, like retirement, and think they aren’t as useful anymore. I, on the other hand, think that most older adults are far more “useful” than they think about themselves. (DB, September 28, 2014)

In general, members of society are simply unaware of aging issues. Preparing for more people becoming elders may include consideration of activities surrounding retirement. Courtney may have utilized her experiential knowledge about older people and how retirement is approached with her mentor. She might have seen the influence retirement may have on the mental, physical, and social aspects of an elder, such as her mentor or members of her own family.

**Dealing with changing roles.** Courtney noted within her narratives of experience a focus on mobility issues. In the following stories, I illustrate her emphasis on the Taking on New Roles sub-theme. Courtney’s mentor had been experiencing some changes in mobility. During her interviewing interactions with Richard, he shared his feelings. Courtney wrote: “[My mentor] is working on accepting his new(er) physical limits, but is still struggling some” (Journal, October 30, 2014). Accepting and working around mobility or other issues may be challenging for elders. Courtney said that: “I also know that grieving the lost self …is one of the hardest aspects of aging for older adults” (Journal, September 27, 2014). In the following story, which occurred about a month later, Courtney related her perspective on her mentor’s aging.

I think it would be terribly hard to accept the loss of parts of yourself. Emotionally, we are all ever-changing and I have grieved a younger more naïve version of myself
in the past. But, to grieve the loss of a more corporeal version of yourself would be very challenging and I don’t think we often give those who are aging enough credit for doing so. (Journal, October 30, 2014)

In some ways, the elder may grieve his previous self. Courtney’s illustration of her experiences through narratives focused on health and the influence of grief on health. This is consistent with the Grief and Health sub-theme that was found from among my data. Courtney’s experiences with her mentor, the elders at an assisted living facility, as well as caring for her father and grandfather might have influenced her caring for her mentor. She might possibly have seen firsthand the anguish of not being able to care for oneself and needing the assistance of others on a regular basis. She may understand the toll that it might take on someone who had been robust and now has a new way of being.

**Components of a healthy lifestyle.** Courtney noted within her narratives of experience a focus on the importance of healthy eating. She stated that: “Chapter 9 was about nutrition and hydration. This chapter solidified my belief that what goes in your body is the most important factor in health over your lifetime!” (Journal, October 24, 2014). She has emphasized nutrition as an action to achieve a healthy lifestyle, which is consistent with the Actions sub-theme that I found among my data. With her rather extensive experience, Courtney may understand that having adequate nutrition and hydration might allow an older person to participate in activities that might be beneficial for their physical, mental, and social well-being.
Within Courtney’s narratives of experience is a focus on sexuality and/or intimacy as an element of a healthy lifestyle. In the following, I illustrate how her story emphasized a focus on the Challenges sub-theme that I uncovered among my data.

The biggest problem he sees is maintaining a sexual relationship with his wife as they’ve aged. He says that around 20 years into their marriage, she seemed to have lost almost all interest in a sexual aspect to their relationship. He has tried over the years to talk to her about this, and knows that a lot of it initially was the medication she started for her bipolar disorder. It seems that after years of trying to spark an interest in her, he gave up. (Journal September 20, 2014)

Courtney may recognize that having a relationship with a spouse that seems to have a mental illness might be difficult. She may have experienced this within her own family or through the interviewing process she has had with her mentor, as Courtney related in the following story.

This week Richard and I discussed his mental health. He does not have any problems with memory loss. He occasionally gets down about life and issues just like everyone else, but tries to make sure he focuses on the positive parts of life. (Journal, November 6, 2014)

Courtney may see that her mentor has a way of balancing his life toward the positive. Being socially active may assist with that balance. She wrote that: “My mentor is very social with his family (both immediate and extended), his co–workers, his fellow former marines, his spiritual group, and the SCA organization and members in the… area” (DB, November 13, 2014).
Spiritual faith can also benefit the elder in the aging process. Courtney illustrated a story about spiritual faith below.

I believe his spiritual beliefs help in the aging process. He is very accepting of growing older, he looks forward to gaining more wisdom, and has said that his religion has helped keep him “Zen” about his physical and mental changes as he ages.

(DB, October 5, 2014)

From Courtney’s journals and DB entries, there are seemingly many ways that Courtney’s mentor might use to maintain a balance in his life as he navigates the aging process. This notion of balance, as illustrated by Courtney, may assist her in trying to achieve a healthy balance in her own life now and in the years ahead.

Courtney depicted her views on being healthy when she noted that: “Being a healthy adult means being mentally healthy as well, and I think that would be very difficult whilst accepting all of the vast physical changes in your body” (Journal, September 18, 2014). Courtney has identified some healthful ways of living that her mentor exhibits or ways that she thinks may benefit him. She might have used her prior experiences with older adults in the places where she has worked as well as her caregiving role in her own family to further understand the myriad ways people age and the positive and negative aspects of that aging process.

Aging changes. Courtney emphasized within her narratives of experience a focus on factors that may influence how and when the body takes on alterations. Courtney noted in a journal entry that: “I was not surprised to read about fatigue and chronic illness, it seems that tiring more easily and more often are common among the older adults I know” (Journal,
September 27, 2014). Along with fatigue, Courtney illustrated with her narratives of experience a focus on her mentor Richard who had noticed some aging changes when they discussed his physical health. This is consistent with the sub-theme of Changes Noticed, which I found among my data. Courtney’s mentor is concerned with his eyesight. She indicated: “The only…things occurring with his health is declining eyesight and high blood pressure” (DB, September 22, 2014). About a month later, Courtney highlighted a story below that delved more into her mentor’s health as the interviewing process was established.

Richard and I focused on his physical health. He has arthritis, which he controls with medication and anti-inflammatory medication. This causes stiffness and pain if he overexerts himself physically. He hasn’t many problems in his skin except for some wrinkles, he doesn’t have many issues when it comes to breathing, no real cardiology problems and no other chronic illnesses. (Journal, October 24, 2014)

As Courtney’s narratives of experience noted, Courtney was able to more specifically discuss Richard’s aging changes as the interviewing process went on. In addition, Courtney turned to focus on her own family situation and shared below some concerns she had about her own family history of physiological disease processes that may be seen in adults who are aging.

I do have a few medical concerns about aging. Glaucoma runs in my family and I have the very early symptoms/signs, and just make sure I see the eye docs regularly! Heart conditions and type 2 diabetes run in my family as well. For these conditions, I am trying to live in a healthier manner; such as watching what I eat, losing weight, and exercising every day. (DB, September 25, 2014)
It might be that Courtney’s focus on healthful ways of living as an elder may assist her in making good life choices as a young person that might help her with the aging process in the future.

In a previous narrative, Courtney had indicated her mentor viewed intimacy and sex as component of a healthy lifestyle. In the following story, her mentor spoke with her again about aging changes and how sexuality and intimacy might have changed with his spouse.

My mentor is male and also very forthcoming about talking about intimacies (love, sex, etc.) and I find myself very intrigued and interested in his perspective. I wonder if men are more open to talking about these needs as they age than women are. I find it hard to believe that older women are completely disinterested in intimate relationships as they age. (DB, September 19, 2014)

Courtney further described her mentor’s concerns in another narrative below.

He has had some private issues with his wife, as he does not believe that mentally/physically they are doing the same. She has always struggled with depression and in the last few years, weight gain. This makes her less likely to want to socialize or to be intimate in the same ways as he. (DB, September 20, 2014)

Courtney highlighted within her DB posts how she seemingly has a good grasp of the interrelationship between aging changes, psychological status, and possible issues with intimacy and appearance. It could be that Courtney’s previous work and family experiences with older adults might help her see the aging changes her elders experience as well as understand in a deeper way how these changes might affect various aspects of the self.
Courtney distinguished within her narratives of experience a focus on how she may have come to some realizations about aging changes using knowledge gained from experiences with her mentor, her caregiving of elders in her jobs, and her older family members. This is consistent with the Realizations sub-theme. She recognized that her mentor had a positive outlook in general. Courtney illustrated a story below that highlighted her mentor’s positive outlook.

This week Richard and I discussed his chronic illness (arthritis) more in depth. He struggles with it more than I think he likes to let on. He has been very active and physically capable his entire life, so struggling with limitations because you know the next day will be painful can be very frustrating for him. He is generally a positive person, so getting him to open up about his chronic illness and problems related to it has been a little hard. (Journal, November 1, 2014)

The realization that aging changes can challenge even the most positive of elders may influence how Courtney understands the importance of including health promotion and prevention activities in daily living at an early age. In the following narrative, Courtney realized that the body can have diverse rates of aging of body organs.

I thought about my grandfather and a few others I’ve known who worked well into their 70s, and one man I grew up with who seemed the same age my whole life until he turned 90! Then you hear of cases where people in their 30s have heart disease and strokes along with arthritis (I know one of these cases personally). (DB, November 21, 2014)
From Courtney’s stories, she may have made the connection between the importance of healthy lifestyles in the development of aging changes and the challenges of how dealing with those aging changes may influence future aging and chronic illnesses. Use of caregivers and/or resources may be necessary to achieve optimal aging.

**Independence vs. safety.** Courtney noted within her narrative of experience a focus on her concern about herself regarding her future independence or lack of independence in a narrative below. This is consistent with the Relationship Tension sub-theme of the Independence vs. Safety theme that I discovered in my data.

I mostly fear mental decline, but being mentally aware but physically unable to communicate would be horrible! I am concerned with not being as “sharp” as I am now, when I age. My mind is more important to me than my body. (DB, September 28, 2014)

Other participants also held similar concerns. Through the intergenerational relationship interviewing strategy and subsequent reflective DB responses, Courtney and other participants may have experienced their mentors’ approaches to threats to independence and safety. Participants may then add that new knowledge to how they might perceive their own preparation for aging.

Courtney noted within her narratives of experience a focus on safety issues with older adults, which is consistent with the Safety Issues sub-theme that I found among my data. Courtney worked for a brief time as an overnight attendant at an assisted living facility. She illustrated through narratives below some specific safety issues. Courtney stated: “Knowing the post–fall assessment is very handy if you are around older adults” (Journal, October 2,
Courtney also found incontinence to be a common concern. She added: Incontinence seems to [affect] most of the older adults I know in my family in some way or another, and is embarrassing for many to discuss. I think that it is very important to learn about and be considerate of.” (Journal, November 13, 2014). From her varied experiences with older people, including her family members, Courtney might have come to understand the feelings of those who are being cared for and balance that against the need for safety.

Elders as role models. Courtney’s narratives of experience and her reflections on her interactions with her mentor as well as the quality of her own relationships were consistent with the sub–theme of Influences of Relationships that I found within my data. Courtney noted: “Talking about familial and intimate relationships with my mentor is very interesting. It makes me wonder how my current relationships will weather the sands of time in my life” (Journal, October 18, 2014). From her narratives, seemingly a relationship developed between her mentor and herself that may have influenced both sides to consider the quality and level of relationships in their lives. Moreover, within Courtney’s narratives of experience, she focused on other elements that her mentor helped her to understand. She illustrated this in the story below.

Based on my interactions with my elder mentor I have thought of a few lifestyle changes I could make to lead a health life in my senior years. Exercising and eating healthy is a big one, keeping up with social interactions, doing things to work out my brain, and keeping up good relationships with my family are all changes or things that I should work harder on. Eating health and staying active is definitely one thing that I’m aspiring to as well! (DB, October 11, 2014)
From Courtney’s interviewing of her mentor, her previous experiences with elders, and her new knowledge, Courtney may see her own situation in a new way. She might realize that taking time to focus on relationships and making healthier lifestyle changes earlier in life might be beneficial to her in the future.

Courtney’s extensive experience caring for older adults in the home setting with her father and grandfather as well as in an assisted living facility at night, may have facilitated her ability to understand her mentor and see his needs, successes, and opportunities for change in ways that other participants might not have been able to see or understand. From her experiences of caretaking and seeing the diverse ways older adults’ age, she might identify how she wants to lead her life in order to age well.

**Interviewing of elders.** Courtney noted within her narratives of experience a focus on her mentor’s attitude during the interviewing process. In the following, I thus illustrate how her stories emphasized a focus on the Benefits for Mentors sub-theme.

I found that Richard (name changed) who is 72 had a very open attitude toward aging and answering questions about it. Things were far more relaxed and easier than I had expected. I expected it to take a while to get good responses and for Richard to really be open with his views. I vastly underestimated how much he seemed to enjoy the company and getting the chance to express his views and opinions on the questions.

The initial interview lasted for roughly two hours. (Journal, September 12, 2014)

Courtney had a view of why her mentor might be willing to answer questions. She reflected: “Sometimes people just feel lonely, and I get the impression that a lot of older adults feel the need to be more ‘useful’ and so therefore, tell you about everything they can” (DB,
September 28, 2014). Courtney thus highlights how older adult mentors may experience enjoyment and usefulness from the interviewing process.

Courtney noted from within her narratives of experience a focus on friendship with her mentor. In the following, I illustrate how Courtney’s story emphasized a focus on the Benefits for the Participants sub-theme.

By interviewing Richard and seeing his thought process and slower way of thinking and answer, I found my initial responses weren’t at all the way I really felt. I also believe that I may have found a new friend to spend time with after this class ends. I really enjoyed my interview/ conversation with Richard even when we went way off topics during our session. (Journal, September 27, 2014)

Courtney’s story about herself and her relationship with her mentor might display some of the advantages of interviewing an older adult mentor. She may have experienced an alteration in her views about older people as a result of her interviews with Richard. She seemingly began to care for her mentor and may have gained insights into how an elder thinks, feels, and navigates society. These new understandings may have Courtney applying this new knowledge to future encounters with other elders she may meet in her life.

**Gerontological teaching strategies.** Courtney noted within her narratives of experience a focus on expansion of her thinking about elders. In the following, I thus illustrate how her stories emphasize a focus on the sub-theme of Participant Likes and Dislikes. Courtney stated: “Thank you for making me think a little harder on these questions” (DB, September 13, 2014). In the following narrative a few weeks later, Courtney illustrated her views on the lessons learned from interviewing.
I think that this course and my mentor have helped me understand older adults and their general concerns and mind-sets a little better than I did before. I try to be more patient with my grandfather when he is grumpy, now more than ever. (DB, October 2, 2014)

Courtney discovered new realizations about older adults as a result of The Aging Course. From these realizations, she may develop different behaviors toward elders that reflect more knowledge and care about the older adult population.

Patty

Patty is a 41–year–old female participant who was enrolled in a Bachelor’s of Arts degree in psychology with a gerontology minor. She enrolled in The Aging Course because it was required for her gerontology minor, was online, and was focused on her interest area in gerontology. She indicated that she had previously taken a college gerontology course but had never had experience with projects such as service learning or interviewing involving older people. She stated that she had moderate experience with older adults where she cared for older relatives or neighbors. She indicated “yes” (Demographic questionnaire, October 14, 2014) that she would consider having a career/job where most of the work would be with elders. Some of the factors that might influence her to choose a job/career in aging included: engaging in good relationships with older relatives; experience in taking re of elder relatives; coursework in gerontology; contact with health elders; and relatives or friends who have or had jobs/careers where they worked with and/or for older adults.

Patty completed her gerontology minor practicum at an Area Agency on Aging in our city. Specifically, she worked on the in–house database of resources that covered five
counties. She desires to be well versed in the language used in health–related fields in order to better serve elders in the future. In addition, Patty appears to have had a way of absorbing herself into the elder mentor’s environment, establishing trust, collecting their stories, and then describing those stories and reflections in ways that seem intuitive, creative, and caring.

Patty had met her mentor Adolfo 30 years ago. While interviewing him, she took the opportunity to interview her mentor’s sister Alma as well as visiting relatives from Guatemala. She allowed time for deep conversations and family discussions, getting various views from family members who were immigrants as well those who were visitors to the United States.

Patty and her brother were raised by a single mother who Patty felt had had no healthy relationships. Patty has one son and wishes that he could know his grandmother and uncle better in the future. Patty herself is divorced and co–parents with her ex–husband, who is 64 years of age. Patty’s father lives in a nursing home due to a stroke. Her mother live in an independent living/assisted living facility.

**Generational/cultural differences.** Patty had noted within her narratives of experience a focus on the benefits and frustrations to the level of technology available in our society that might potentially influence an elder’s quality of life. This is consistent with the sub–theme of Technology Influences Quality of Life that I found among my data. Patty described a situation where she was interviewing her elder mentor Adolfo and his sister, Alma was also present. These siblings were both in their 80s. Patty had noticed that:

“Though Alma did try to learn more about her new iPad, she got frustrated, not because she couldn’t master the skills, but because her children became too impatient before she could
catch on” (Journal, October 2, 2014). Patty’s narrative showed that there might be a
generational difference in terms of time needed to utilize the technology, and this additional
time may be an undesirable part of the experience. Patty then pointed out how spending more
time may invite contemplation. She wondered how deeper discussions might also highlight
different angles to a topic that would not have been uncovered in a faster or shorter
timeframe.

Also within Patty’s narratives of experience was a focus on her lack of awareness
about attributes held by elders. This is consistent with the Discounting Elders sub-theme that
I discovered among my data. Patty illustrated this notion when she wrote: “I had
preconceptions about what is important to older persons, and that I probably discounted their
level of acute self-awareness” (DB, December 2, 2014). Patty’s experience might have
helped her gain a new view about her mentor’s understanding of himself and others, and their
place in society.

In the following narrative, Patty had recognized some gender differences that her
mentor Adolfo discussed, when she contributed: “Adolfo said that he finds his depression
difficult to share because, as a man, he’s supposed to be strong” (Journal, October, 17, 2014).
Another cultural element is that of income and being the breadwinner. Patty noted in her
narratives that her mentor, who was an immigrant, tried “to live responsibly in preparation
[for unforeseen circumstances].” Patty’s journal and DB postings seemingly underline that
the keeping of gender roles through several generations was important to Adolfo. Patty might
have experienced a new understanding of the cultural views of her mentor, which in turn,
may have influenced her own views about elders.
Another cultural difference could be the lack of sharing of information due to language barriers which might have prevented or slowed the forward movement of the discussion. Patty interacted with her mentor Adolfo who was an immigrant from Guatemala. In the following narrative, Patty had listened closely to the English language spoken by her mentor, his elder sister, and visiting Guatemala relatives.

With several generations of children and grandchildren, they [elder family members] end up getting a lot of help from within their own family networks…[yet] Adolfo and David [visiting relative] talked about how having a multi–lingual health care force is going to be essential for our society. (DB, November 1, 2014)

With several generations of young people in the family network, language barriers could be minimized for the elder mentor. However, through the intergenerational interviewing process, Patty may have come to understand more fully the support that the network provides to families. This new understanding may influence how Patty might relate to other elders that she comes in contact with in her gerontology internship position.

From Patty’s narratives of experience of interactions with her elder mentor Adolfo, she delved into the comments on the element of racism. She illustrated this in the following narrative.

I was really surprised by some of the things I learned about Adolfo’s immigrant experience because I had not heard this part of his story. The process or recalling some of his experiences with racism was moving for us both. (Journal, September 11, 2014)
This narrative is consistent with the sub-theme of Cultural Shifts in Views that I uncovered with my data. Patty’s experiences interviewing her mentor, who is an immigrant who has lived in the United States for many years, may have brought up several instances of differences in cultural and generational differences. Through Patty’s ability to encourage discussion, and her desire to be open, and gather any new knowledge, she might have acquired new understandings about views of her mentor that were unexpected.

**Societal views of elders.** Patty noted within her narratives of experience a focus on elders who may view others but not themselves as old. In the following, I thus illustrate how her story below emphasized a focus on the sub-theme of Current Views of Aging, which I uncovered among my data. In the following narrative, Patty suggested a way to think about the shifting of life stages.

Because our modern society is entering an era of longer lifespans, the accounting of middle and older age may also be shifting. In fact, maybe all of the life stages may be going through a kind of reorganization. (DB, September 13, 2014)

This story hinted at how perceptions of how old someone may be shifting. Patty further elucidated on this topic by illustrating below a narrative about the term “old.”

We still define the life stages by the number of years the person has been alive. Because the term old has also come to be synonymous with sick frail, confused, dementia and so forth, it seems no one wants to call themselves old until they exhibit those traits…When we still feel young and active and lucid in our 60s and 70s, we are still in our 60s and 70s. I have hope that the term old can be unhinged from its negative baggage. When we are old yet still feeling great, we need to allow ourselves
to be examples of a positive association with the word, instead of avoiding it, trying to give a new title to that age range, or pushing it down the road. (DB, September 14, 2014)

Taking a broader view, Patty remarked: “In some respects, we have gone in a cultural reverse. There are so many accounts of older societies appreciating and revering their elders” (DB, November 15, 2014). Patty gave her view of how aging is seen within our society as well as within a more global perspective.

In general, members of society are simply unaware of aging issues. This might impede the planning and implementation of actions that might show awareness of aging concerns. Patty noted within her narratives of experience a focus on the understanding of the implications of aging in our society. In the following, I thus illustrate how her story emphasized a focus on the sub–theme of Actions to Alter Society.

As I study the ways in which we are accommodating more older adults who are working longer, I am finding that little is being done to find ways to include them at their best capacity without requiring a lot of new training. My mentor was a civic engineer who took a break and came back to the work once computers were completely taking over the field. There are always individuals who love taking on the new ways of doing things, but we are often impatient with teaching them, or we are slow to offer them the opportunity. Sometimes feels like one of those ‘can’t win’ situations. (DB, October 2, 2014)

Patty’s DB postings illuminate her consideration of possible work place adjustments for elders and how important it is considering the numbers of older adults who plan to or need to
continuing working instead of retiring. Additionally, through Patty’s narratives of experience, she has honed in on an important piece to the puzzle of putting together a society that sees elders as valuable. This is consistent with the sub-theme of Actions to Alter Society that I found among my data. In the narrative below, Patty has considered how she obtained her knowledge about older people.

The experience of aging cannot be completely understood by anyone who is not aging, and even those in the middle of the process cannot completely understand it. As I, at 41 years old, try to learn about the aging process, I only have access to first and second-hand accounts of the experience. First-hand accounts are gathered from such sources as the Mentors we are interviewing this semester. Second-hand accounts are educational materials, research studies, memoirs, and news stories about aging. The Mentors we are interviewing of course know how they feel, what they think of what is happening to them, and they know what they are doing to enhance or endanger their health and lifestyle. Still, they aren’t always aware of such relevant information as the details of recent medical findings or the significance of societal contexts in which they are living these lives. Journalists, doctors, educators and service providers have only their outside view on things, and have to rely upon tests, statistics, personal revelations, studies, and philosophies. (DB, September 12, 2014)

Patty spoke of the many ways one can understand aging in our society. Patty was already enrolled in a gerontology course, and had an internship at an Area Agency on Aging with a focus on resource identification. Patty’s experiences and interpretations might have allowed
her to understand the broader societal issue of aging awareness and the need to attract students to gerontology.

**Dealing with changing roles.** Patty noted within her narratives of experience a focus on her mentor’s views about when it was time to move to a nursing home. In the following stories, I illustrate how these stories emphasized a focus on the sub-theme of Taking on New Roles. Patty, who interviewed her mentor as well as additional family members through group discussions wrote: “I sat back as they asked each other how they would know when it was OK to be sent to a nursing home. They even had moments of kind of ‘thinking aloud’ and working it out” (Journal, November 21, 2014). The role of caregivers, which may range from manager of illnesses to coordinator of a move to a facility, may be a lengthy process and involve many concerned parties.

Through Patty’s narratives of experience, she addressed the health and the influence of grief on an older adult’s health. This is consistent with the Grief and Health sub-theme that I uncovered within my data. Patty, who interviewed her mentor Adolfo, also interviewed his sister Alma, who said she was “grieving the lost self” (Journal, September 18, 2014). Patty might understand Alma’s feelings since Patty might still be grieving her lost self as a child of a single parent who was unable to show what relationships might be like.

Patty’s narratives of experience seemingly focused on positive attitudes. She discussed suggestions for seeing how attitude might influence health and aging. Alongside a positive attitude, there was a note of responsibility. In the following, I illustrate how her story might emphasize a focus on the sub-theme of Attitude and Gratitude.
Both of the siblings agreed that there was a responsibility to aging that included acceptance of one’s stage in life, as well as a kind of self-appreciation for having achieved these long years. Neither has made much effort to do a lot of introspection, choosing instead to remain as positive as possible. (Journal, September 17, 2014)

Patty’s elder mentor immigrated from Guatemala decades ago but continued to speak to her about friends and family still in the home country or who have died over the many years when he was not present. In the following narrative, Patty reflected on her mentor’s feelings and positivity.

Your notes here have sparked me to remember to ask my Mentor about friends of his who have died. I wonder how much of his positivity comes from a kind of healthy denial about the deaths he had undoubtedly experienced among friends his age or older. Seeing others die without achieving goals or making amends, etc. may be something that influences a kind of bucket list, but so far, my Mentor has only talked about the places he wanted to live, in full recognition that the next major move will be the last. (DB, September 21, 2014)

Patty might have a special way of understanding the bucket list, the idea of making amends, or trying to achieve goals in time. Patty’s demographic questionnaire, journal, and DB writings might indicate how Patty may continue to have a need to make amends with her mother and brother, with whom she appears to not have very close relationships. Her narratives display how she might have felt something missing in her childhood: healthy relationships. She has one son and might think that since she and her son’s father are
divorced, she might not have provided her son with a good understanding of healthy relationships either.

**Aging changes.** Patty noted within her narratives of experience a focus on aging changes of her mentor. In the following stories, I thus illustrate how her stories emphasize a focus on the Changes Noticed sub-theme that I uncovered within my data. Patty’s mentor Adolfo had a serious illness. She stated: “Adolfo was willing to share that he has been diagnosed with an enlarged aorta. He didn’t feel any different and didn’t want to dwell on it” (Journal, September 25, 2014). The aorta is one of the largest vessels, taking blood from the heart to major organs below. An enlarged aorta could lead to areas where vessel walls are thinner, which might lead to potential rupture.

Despite this diagnosis, Patty noted that her mentor, Adolfo, also has a positive attitude. She wrote that: “Adolfo is aware of his aging and how it is perceived by others, but he still feels relevant, vigorous, and lucid” (Journal, September 11, 2014). In the following narrative, Patty noted some factors that may help people age well. Besides the notion that taking care of yourself will help you age well, there are other factors at play.

The most significant thing I learned from this course was that aging does include decline in certain areas that are pretty much non-negotiable. I have struggled with the various information “out there” that gives the idea that any difficulties we experience as we age are entirely of our own doing and our choices as younger persons. Even though lifestyle is incredibly important and influential, there are just some things that will start to fade due to genetics or the planet we live on. (Journal, December 4, 2014)
The environment and Patty’s family history might have influenced her aging process. If, for example, a body part such as the feet or knees are aging and have pain or are overused, this may contribute to a slowing down in the person. Patty illustrated below a scenario where this happened.

When the need to walk a little slower crops up out of nowhere, it can be frustrating for me as well as those who may be accompanying me. I see this frustration in the faces and expressions of older people who are aware of their effect on others but who can’t change their needs at the moment. (DB, November 14, 2014)

Patty’s narratives of experiences when she considered interventions for keeping aging changes in balance are consistent with the sub-theme of Realizations that I found among my data. She shared that: “Going back to school and embarking on a second (or third) career path is invigorating; it keeps me sharp and motivates me to not collapse into old age stereotypes sooner—or ever!” (Journal, September 25, 2014) Patty’s story underlined how from the intergenerational relationships that she participated in during the interview process, as well as via course readings and reflective DB discussions, Patty may have gained new insights on how others see older adults, which may include herself when going forward in her own aging.

**Independence vs. safety.** Patty noted within her narratives of experience a focus on the push and pull between older adults’ desires for independence and their needs for safety are often seen by loved ones as well as the elders themselves. This is consistent with the sub-theme of Relationship Tension that I uncovered within my data. Patty illustrated a meaning
of this tension below when she discussed abandonment and how a move to a nursing facility might be viewed as such.

The way we “abandon” our parents to nursing homes is something I get concerned about as well. I was surprised at how long it took my grandmother to agree to move into one at age 80. It took a lot of arguing and negotiating among my mother’s siblings to come to the decision with her. For me, by the time my father had a severe stroke two years ago, my brother and I only had one long conversation before deciding what to do. (DB, October 16, 2014)

Her descriptions showed that deciding on a move to a facility can be painful at times and simple at times. Another illustration from Patty’s experiences regarding relationship tensions is presented below.

Romance and older people is a very touchy subject. I was listening to a news story on NPR about the way nursing homes are having to deal with sexual interactions between residents. They were seeing an increase in sexually transmitted disease, complaints from staff, and just overall confusion about what to do! One other area of complaint was from residents who were experiencing dementia and who did not remember that they had consented to the relationship, or those who might have been engaging with others while unaware of their own behavior. Also, input from family member who had opinions about the activities had to be weighed against the civil right of residents. (DB, October 23, 2014)

Tensions may often arise when caregivers concerned with the safety of their elder, want a change to the elder’s independence and privacy. Patty may have experienced these feelings
first-hand when moving her father to a nursing home facility after a stroke. She might have felt misgivings both ways, understanding that a nursing facility could include negative and positive experiences for her father.

Patty’s illustration of a situation below with her mother is consistent with the Safety Issues sub-theme.

My mother...says she notices when her friends can’t hear sirens or when they have trouble with peripheral vision. There are other areas where criticisms about aging are “okay,” but the driving issue is one of the touchiest!” (DB, October 11, 2014)

Patty’s narrative showed that sensory deficits, such as vision and hearing, might have severe consequences when awareness of the deficits are denied or not appropriately treated. In addition, she pointed out how an awareness of ageist views about elders and driving may mask the need for resources.

**Aging resources.** Patty noted within her narratives of experience a focus on health care providers who speak a language other than English. In the following, I thus discuss how Patty’s story might emphasize a focus on the Participants’ Views of Resources sub-theme that I uncovered within my data. Multi-lingual health care providers are becoming more important as society increases its diversity. Patty illustrated below how this made a difference in the life of her mentor Adolfo and his elder relatives.

One of the most significant changes in the health care services that any of these mentors [reported to me] occurred when they found a doctor who spoke Spanish. Not only is his shared language important but we discussed how it helps so much when they don’t have to explain slang or metaphor. There are just some words that don’t
translate well. Everyone agree that they appreciated talking about this subject, because it seems to go unnoticed when they have to look for practitioners. (Journal, October 30, 2014)

Having a bilingual physician or health care practitioner may be important for communication. Many older adults have physicians attend them when they seek out health care services. Besides, physicians, there are more nurse practitioners within the U.S. healthcare system today. In the following narrative, Patty shared her view of some health care providers.

It seems that nurse practitioners are increasing their presence in the treatment rooms, with increased responsibility and prescribing authority. This is something that I had not considered as a barrier for the generations who haven’t experienced working with nurses with advanced education and specialties. As the number of older adults increases, it will be interesting to learn how many are not sharing complete information or working with a sincere trust of their nurse practitioners. (DB, November 6, 2014)

Patty’s discussions illustrate not only her mentor’s thoughts about health care providers, but her own views as well. Additionally, Patty’s view of health care providers may further indicate a lack of awareness regarding nurse practitioner qualifications and effectiveness.

The structure and policies of the VA system may not be adequate. In the following story, Patty revealed her view about the VA system.

The problems we heard about at the VA were limited to certain areas of the country, so patient waiting times weren’t always reported badly enough to get noticed in time.
However, when my father was living independently, he would go to the VA only when he had to, and he preferred not to ever use their services for intensive treatments or surgery. He ended up avoiding adequate health care in general, or waiting until he was in an emergency situation. The VA didn’t do a very good job of tracking his chronic illnesses, which coalesced into conditions causing a serious stroke. (DB, November 8, 2014)

In addition to Patty’s views about the VA system and nursing homes, there were also mentions of other facilities, such as a senior community. Patty stated that: “I just learned that they had twenty four hour nurse aides, split in two shifts” (Journal, October 9, 2014). In the following, Patty elaborated further on housing for elders.

My mother moved into a senior community [possibly providing a variety of levels of care] several years ago. Her decision was based on the availability of hospice care in one of the attached wings. She didn’t want to have to be moved once she got frail or ill, and feels safer having the option to receive nursing care if she needs it. Right now, she is living independently, but when she is not feeling up to cooking or is lonely, she can eat with the other residents or volunteer in the facility. (Journal, November 21, 2014)

It might be difficult for members of society to get a grasp on the myriad facilities, services, and programs available for older adults and the advantages/disadvantages of each resource. In addition, lack of health literacy or understanding of common health care related vocabulary might influence decisions made by caregivers of older people and might lead to deleterious effects. Patty had already identified her desire to become proficient in health–
related language so she might assist other elders and their caregivers in a more substantive way.

Lack of health literacy can also be found in trying to understand dental care. In the narrative below, Patty related a story about barriers to accessing dental care.

My mother had obstacles to health care in the area of dentistry. I do as well. There seems to be a disconnect between the greater understanding among health care practitioners and insurers, or the government. Dental care, other than cleanings, is not covered in basic Medicare or Medicaid plans. However, when my mother broke her front tooth, there wasn’t any other kind of physical or mental ailment that would compare in severity at that time. When they pulled her front teeth, it was even worse! Dental care is important to every part of a health living, but it’s overlooked or avoided too often. (DB, November 8, 2014)

Possibly due to poor health literacy or long term habits, those in need of services might not seek services. Patty illustrated below the lack of services used by her mentor and his extended family.

All of the siblings spend more time with family and a few friends than with any particular community–based entities. They don’t go to “senior centers” and don’t even spend a lot of time at church. With several generations of children and grandchildren, they end up getting a lot of help from within their own family networks. Even the couple still living in Central America shared with me that it’s not typical in their society to use outside agencies for help. They rely on their families.
and even “create” extended families for those who are without relatives close by.

(Journal, November, 1, 2014)

Patty’s story illuminated how recognition of the cultural variations in how elders view outside resources might be important when working with elders in our society. Another way of helping elders connect is through senior centers. In the narrative of experience that follows, Patty has delved into the use of senior centers.

One thing we have to look into at the Department of Aging Services at Mid–America Regional Council, where I am an intern, is whether cities and communities have plans for older adults who will need assistance during an emergency. So often, we forget that disorientation is aggravated during crisis, for anyone of any age. The ability to get out of a burning apartment or get to higher elevations in a flood is difficult if one is in an unfamiliar place and if no emergency plan has been practiced. One thing I will be proposing is that emergency preparedness for older adults is specifically addressed in the materials that the Emergency Committee in this organization prepares. Right now, there is no specific guidelines for helping older people who are experiencing distress during an emergency, and how to recognize their specific needs.

(DB, October 16, 2014)

Her narrative of experiences underlined how it might be important to pay attention to the specific needs of older adults during disasters. Additionally, Patty hinted at how it may also be instructive to understand how our society views elders, how these views may have encouraged a gap in service toward elders in this area, and how it may continue to be overlooked.
**Elders as role models.** Patty’s narratives of experience delved into how her relationship with her mentor influenced her perceptions about aging and older people. This is consistent with the Influences of Relationships sub-theme that I found uncovered within my data. Patty reported that: “All of this is influencing me to the point that I will probably double down on the effort I put into healthy relationship with my lover, close friends, and with my family” (Journal, September 11, 2014). In the following narrative toward the end of the course, Patty continued to resolve to change how she values relationships.

I regret our very small family and how little we share…But I am learning how important the human interaction is to health, and not just keeping appointments and giving mom money. Little by little I intend to expand our times together, because I believe it will influence how well she ages in these coming years. (Journal, November 8, 2014)

In addition to positivity, Patty might also have discovered some other behaviors and views that might assist her aging well. One of these behaviors was that of patience. Patty illustrated below how her internship with an aging agency influenced her.

The neat thing about learning to be more tolerant and patient with older persons is that it translates into my dealings with everyone. I realize that frustrations are MY frustrations, and MY prejudices, not the state of things or the state of the person with whom I’m frustrated. ..Because some older individuals in my life helped me to slow down in order to work beside them, I learned the benefits of being more deliberate and patient in other areas of my life like work and driving. (DB, October 1, 2014)
Patty’s experiences with her internship and her intergenerational relationship with her elder interviewee may have enabled her to alter her behaviors toward elders in positive ways.

Patty noted within her narratives of experience a focus on the realm of healthy living, which included eating, exercising, and socializing. This is consistent with the sub-theme of Be Healthy and Stay Active that I uncovered among my data. Patty illustrated this when she stated that: “I also have learned that keeping up with health problems before they become irreparable is important” (DB, October 11, 2014). Being healthy might also include an awareness of stress level and developing more patience with others.

From Patty’s experiences, she illustrated her thoughts and perceptions in the following narrative.

Stress seems to be a topic that plagues younger people and it might be that elders have some good suggestions for combating stress and have role modeled those behaviors and views for participants. The other thing, consistent across all my discussions with older persons, is that worrying is useless. Time and time again I hear them say that they wish they wouldn’t have allowed things that didn’t matter to cause them stress and psychological difficulty. (DB, October 11, 2014)

Controlling stress and worry might be very important messages for Patty. As a mother, student, worker and partner, she may find herself trying to combat stress and worry. Thinking back to her experiences with elders and what they have taught her may help her see her way forward in her busy life and as she continues to age.
Additionally, Patty noted within her narratives of experience a reflection on her interviewing experiences with Adolfo, his sister, and visiting Guatemala relatives. This is consistent with the Conclusions by Participants sub-theme that I uncovered within my data. Patty may have loved being within the arms of a warm, boisterous, trusting, sharing family. In Adolfo’s world, Patty might have glimpsed the ways healthy relationships and kinship networks should be. She might even take some of those relationship facets and try to include them in her world as a parent, child, and sibling.

**Interviewing of elders.** Patty noted within her narratives of experience a focus on attention concentrated on her mentor. This is consistent with the Benefits for Mentors sub-theme that I found in my data. In the following narrative, Patty discusses her mentor’s opportunity to verbalize his views.

He was really excited to be the focus of attention. As long as I promised to be confidential about the discussion, he was willing to be frank and honest. He preferred to read the questions and answer each one, taking the list from me and really delving into the ideas. The structure was helpful for him and he wanted to be of value to me by being specific. (Journal, September 11, 2014)

Patty also noted that her mentor’s sister often was interviewed as well. Patty said: “she was gracious and curious, as well as happy to help me ‘earn my degree’” (Journal, September 20, 2014). In total, Patty described the response to her interviewing as “a kind of optimistic verve” (Journal, September 25. 2014). As illustrated below, Patty described the willingness of the brother and sister mentors when participating in the interviewing process.
I was surprised at her willingness to share intimate details about her physical health. At 82, there seemed to be an ease with the topics that has come about from needing to tell the stories so many times, to doctors and family members. Though modest, she was at sometimes vulnerable, particularly when she was recalling the emotional pain of wearing ugly orthotics and leg braces. (Journal, September 25, 2014)

Patty’s interpretations showed the value her mentors placed on the interviewing process. Additionally, she noted how this experience may have provided an opportunity for her mentor and his family to discuss things that are not often mentioned. This may lead to better understanding of sensitive topics by family members and increased realizations by Patty about how families might function.

Patty also noted within her narratives of experience a focus on benefits for the participants as well as the elder mentors. The following narrative illustrated the emphasis on the Benefits for the Participants sub-theme.

I’m finding that I can’t wait until the next interview session. The real satisfaction comes just from listening. There seems to be a sense of relief [at] the opportunity to share “how things are” thoroughly, without being rushed. I don’t have any agenda other than to learn, and this allows Adolfo and Alma to respond without shaping the tenor of their response. (Journal, September 26, 2014)

The establishment of a non–hurried environment may have been conducive to deeper discussions. Additionally, Patty’s narrative below highlights how preparation for interviewing may set the stage for good discussion between the participant and the mentors.
There was less resistance to talking about these personal topics than I expected. I let them see the questions, so that they could choose some that were easier starting places. Still, there was complete openness and frank discussion. It was fun to see Adolfo get his sisters to remember things that they hadn’t talked about for a while. Once a question was tossed out, we could access it from many angles with their memories guiding the flow and little need for me to pull out details. (Journal, October 11, 2014)

Patty highlighted how having a relaxed feel to the conversations and allowing the mentors to take some control of the process may have provided a wealth of interactions and insights. Patty’s ability to be comfortable with all the family members may have encouraged more and deeper reflections about this family’s life for Patty.

In the following narratives, Patty reflected on the use of extended intergenerational relationships between college participants and older adults. Patty stated that: “Interviews on a long–term scale are precious, rare, and essential” (Journal, December 4, 2014). Patty illustrated how the number of interviews may allow for a deeper relationship development that may include more detailed and frank discussions about aging issues.

Learning to conduct interview with the very old adult was most instructive for me. I appreciate the opportunity to ask questions of my mentor and his siblings that I may not have ever thought to consider. (DB, December 4, 2014)

Besides having a set of potential questions to ask mentors, Patty illustrated below her appreciation of the flexibility of the interviewing format and questions.
I get the sense that older persons may have some reticence about talking about sadness, shame, loneliness and so on. But the format of these interviews allows for a conversation that doesn’t patronize or make light of their experiences. (Journal, September 20, 2014)

Patty recognized the importance of having an equal stake in and effort put forth by both intergenerational participants in the interviewing process. This may include a willingness to share, to be heard, and be accepted. These intergenerational relationships may culminate in satisfying discussions and the development of an important friendship.

**Gerontological teaching strategies.** Patty noted within her narratives of experience a focus on forming healthy habits for herself and experiencing relationships with her mentors. This is consistent with the Participants Likes and Dislikes sub-theme I found among the data. In the following narrative, Patty highlights this sub-theme.

I think interviewing my mentor was most impactful. I believe we have formed a lasting friendship. I knew a little before taking this course but feel like not only do I know him much better but he knows me as well. (DB, November 20, 2014)

Patty also highlighted her thoughts about the course communication in the narrative below.

The communication between myself, the class, and the professor was top notch and always positive. I never felt that the instructor was detached from the energy of the course even though it was conducted entirely online. (DB, December 4, 2014)

Patty underlined her views that the strategies of interviewing and communication within The Aging Course were beneficial to her learning. Through these efforts, Patty may have
developed new understandings about herself and elders in our society. These new insights may influence her actions with elders going forward.

Patty also noted within her narratives of experience a focus on the use of gerontological education within our society. This is consistent with the sub-theme of Benefits for Gerontological Education from among my data. In the narrative below, Patty discussed the societal benefits of The Aging Course.

I have learned that the most important thing we can do is give each day its due and to be proactive about using classes like this to learn where difficulties have their origin. Many older people can remember when things started “going down,” but it is so hard to see it when it’s just beginning. We are lucky to have this information now. (DB, December 4, 2014)

Patty has developed an understanding of the importance of gerontological education for her own personal life and relationships. In her narrative, she explained how she has also garnered an appreciation for the beneficial influence that gerontological education may have on others in society, especially elders. Patty and her fellow participants might thus value the ability to carry knowledge of aging forward for herself and for society.

**Mark**

Mark is a 44 year old Liberal Arts major and he recently added the computer science minor at the university. He enrolled in The Aging Course because it was online and it was an optional course in his degree program. He also indicated that he chose this course because “aging is something that happens to all living things so I thought I would learn more about it” (Demographic questionnaire, October 19, 2014). Mark indicated that he had not taken a
gerontology course in college before this course. He also stated that he had no experience with projects such as interviewing or service learning with older adults. He reported that he had moderate experience with older adults in that he cared for elder relatives or neighbors. However, he indicated that he would not consider a job/career in aging. He did report that factors that might influence him to choose a job where the majority of the work was with elders included: contact with healthy older adults and contact with healthy elders.

Mark has shared that he has asthma and works in a dusty retail environment while going to school. He reports that his legs hurt because he is on his feet a lot. He quit smoking six years ago. Mark is in a long–term same sex relationship and feels that it will continue to be of a very long duration. Mark also admitted that he hasn’t exercised for months and feels very stressed with work and school. As he tried to balance work, school, and life, he finds it harder as he ages. Mark had also been the primary caregiver for his grandmother and his mother. His mother had cancer and died approximately six years ago while he cared for her.

**Generational/cultural differences.** Mark noted within his narratives of experience a focus on the benefits of technology. In the following, I illustrate how his story emphasized a focus on the sub–theme of Technology Influences Quality of Life.

With more technological advances etc. we have different ways of staying mobile. We now have more advanced technologies to replace joints that get people back up and running, well at least maybe walking much better than they did before the replacements. These advances help us do more as we age. (Journal, October 9, 2014)
In addition to medical devices, other technologies like email and cell phone might influence an elder’s quality of life. In the following narrative, Mark spoke about his mentor Harriet’s use of the cell phone and email capabilities.

The fact she has this technology and new way to stay connected makes her more involved in the lives of her grandkids, something that was lacking since her mobility is not great. In turn, this involvement definitely keeps her mind active, gives her stuff to look forward to, and keeps her going. Technology like that, as well as improved medical technology is leading to people living longer. (DB, September 13, 2014).

Technology may assist older adults to stay connected with others. For example, Mark considered how passing on lesson stories to grandkids or enhancing their socialization may potentially add to their quality of life.

From Mark’s narratives of experience, he also focused on time spent with his family members. This is consistent with the Discounting Elders sub-theme that I uncovered among my data. In the story below, Mark considered how he viewed time spent with elder family members.

I have a good relationship with most of my family members but I do often find myself saying I should talk with or spend more time with family members. I feel that I just don’t do enough. I blame it on how busy I am. (DB, October 10, 2014)

In order to take in all that the elders, whether the mentor or family members, have to offer, the allotment of adequate time is essential. With Mark’s background in computers, he may value the benefits of having technology as part of an elder’s life and especially might be able to see how technology can enhance an elder’s mobility and socialization.
**Societal views of elders.** Mark noted within his narratives of experience a focus on how society views aging. This is consistent with the sub-theme of Current Views of Aging that I uncovered among my data. Mark illustrated this below when he shared his views on older people in society.

I have noticed that as people get older, the age they define as old continues to increase. I have recently heard people in their late 60s early 70s refer to someone as old. In fact my mentor of 74 years of age called someone old the other day. It’s all relative I guess. (DB, October 24, 2014)

From Mark’s experiences, seemingly both college participants and elders have evolving views of what is old or aging. He further wondered if this shift in views may influence how younger people relate to older adults in our society in the future.

**Dealing with changing roles.** Mark’s experiential narratives included a focus on how older adults experience change. This is consistent with the sub-theme of Taking on New Roles. Elders may experience changes in health, mobility, social activities, and relationships as they age. In the next story, Mark reveals his interpretations on what life as an older person might be like.

I have many fears about aging. I am kind of at that age that I don’t feel as though I bounce back from a hard day or situation as I did 20 years ago or even 10. Then I wonder how I will hold up over the next 20 and hopefully more years. I have no children so I worry about someone looking after me when I may need it. Fear of money and financial stability are factors too. (DB, September 27, 2014)
Mark’s concern over who will care for him as an older man may have highlighted his recollections of being the only available caregiver for his mother as she was battling cancer. He experienced how it was for his mother and might want something different for himself.

Mark noted within his narratives of experience a focus on how grief may influence health. This is consistent with the sub-theme of Grief and Health. Mark illustrated this emphasis when he wrote about his mentor Harriet’s coping mechanism. He stated: “[My mentor] speaks often about her church and the relationship she has with church members. She also feels her health is directly related with her spirituality” (Journal, November 1, 2014). In this instance, spirituality may influence health for this older mentor. Mark’s narrative highlighted his mentor Harriet’s way of handling grief and maintaining health.

Among Mark’s narratives of experience was the notion of positive attitudes influencing health. Specifically, Mark had noted the focus on upbeat messages. This was consistent with the sub-theme of Attitude and Gratitude. Mark illustrated this message below when he described how his mentor coped with changing roles in aging.

Keeping a positive attitude is something I learned will help you as you age. I think one of the questions for our mentors was something along the lines of fearing getting older. I was a little surprised to find out at 74, my mentor has no fear about it. She is ready to go when it is her time but until then she keeps going with a positive attitude. (DB, December 5, 2014)

Mark’s demographic questionnaire, journal, and DB narratives might exhibit how Mark’s elder mentor, Harriet, might be helpful for him. She might function as a mother, giving advice to her child, and passing along life lessons to him that his own mother might have
wanted to impart but was unable to due to her serious illness. In addition, Harriet is in her 70s and has lived longer than Mark’s mother lived. Harriet might be in a position to have developed wisdom and confidence in how to age well. Mark’s narratives of experience further hint that he might need someone with confidence to help him with his own health and aging path.

**Components of a healthy lifestyle.** Mark noted within his narratives of experience a focus on an acknowledgement of activities or habits that are needed for a healthful life in older age. In the following narratives, I thus illustrate how his stories emphasize a focus on the Actions sub–theme that I uncovered within my data. Mark noted that: “My mentor is a very healthy, outgoing, and busy lady…She stays active and attends church on a regular basis. She takes care of her home and yard” (Journal, October 1, 2014). Harriet may be showing Mark that the ability to exercise, eat well, and move around may be ways to maintain a healthy lifestyle as an older adult. In the following narrative, Mark agrees that his mentor is promoting her health.

I would say that [my mentor] is already doing the right things to promote her health.

She stays physically active, socially active, and mentally active. She does the puzzles in the paper every morning and plays games on her computer and kindle that stimulate her mind. (DB, October 30, 2014)

Mark’s journal and DB narratives showed how Mark may value his mentor’s behaviors and views. Within his narrative, Mark may be contemplating how he can incorporate some of the things that his mentor does to stay healthy into his own busy life.
Mark noted in the narrative below about another area of action that older people might take to stay fit is to use technology.

One of the things I noticed is that the older generation these days tend to embrace technology more than older generations in the past. I see Fitbits, kindles, and computers being used by people into their 70s and beyond. My mentor and I will sometimes communicate about meeting times via Facebook which I find very amazing. (DB, October 26, 2014)

Additionally, technology might also enhance the mental health of an elder through socialization opportunities. For example, Mark had mentioned that he and his mentor schedule their meeting times together through Facebook.

Mark’s narrative of experience below indicates that he focused on how his mentor may have a positive attitude and how that might help elders have a healthy life and outlook on aging.

My mentor is a very active vibrant person. I find that her activity level is awesome for her age and her attitude remains positive and she is very social. (Journal, November 16, 2014).

Along with Mark’s assessment of his mentor being proactive in health, he also noted that: “For me, a healthy older adult is someone who embraces their age and takes the steps necessary to overcome any changes that life brings on” (DB, September 14, 2014). Fortitude seems to be an asset in how older adults face the aging process. His narrative exemplified how Mark may have developed new understanding of the importance of perseverance, activity, and positivity that he might incorporate into his own life going forward.
Aging changes. Mark noted within his narratives of experience that aging changes may occur and need to be addressed. This is consistent with the sub-theme of Changes Noticed. Despite the actions taken to achieve a healthy lifestyle as one ages, there may be some aging changes to deal with as well. Mark illustrated this in a story below about his mentor’s aging changes.

My mentor is 73 and she gets nervous about driving at night because her night vision is not good. She actually doesn’t have great vision at all without her glasses. So that would be the physical aspect. However, it could be somewhat mental because of a fear of what might happen since she can’t physically see as well. (DB, September 20, 2014)

Physical aging changes might affect mental changes as well as changes in socialization when it comes to driving at night.

In the following narrative, Mark has considered aging changes from a wider view and the consequences of noticed changes. In addition, Mark noted how his own positive attitude might be challenged.

I just also want to say that getting older doesn’t mean you have less to offer. In many cases you may have so much more to offer. In some ways, it seems like the physical may affects us all more than the mental. Mentally I feel pretty much the same as I did 10 years ago but physically I definitely feel like I am challenged more. I am finding that we are all different regardless of age. Sometimes there are just multiple situations that can affect us all as we age. (DB, October 3, 2014)
Mark’s stories seemingly bring to light how it may be hard to admit to aches and pains and the limitations that they may place on a person. Especially if that person, such as Mark, has a life that is full of stress and activity.

Additionally, there is a question about whether something is declining due to aging or possible overuse. From Mark’s narratives of experience, he delved into the question of aging changes versus overuse. I thus illustrate below how his story emphasized a focus on the sub-theme of Realizations that I uncovered within my data.

My mentor seems in pretty good shape. I am not sure in the aging process when one can blame simple aging or just overdoing it on situations. I just recently worked seven days in a row and wondered if the fact that my knees were hurting because of the seven days on them or because I am getting older. (Journal, September 21, 2014)

Mark’s demographic questionnaire, DB, and journal entries raise the possibility that Mark’s retail job, where he is on his feet many hours a day, might be one of the reasons he has gone back to school. He might have decided that a job where computers are involved might mean there could be more sitting and relief for his aching legs.

In the following narrative below, Mark discussed more about the challenges he feels as he ages and how he has also discovered a realization about aging.

It seems as if different tissues, organs, and chemical balances change at varying rates. From life experience, these illness related things can be genetically different by person. They can also be different based on how one takes care of themselves. My father takes much better care of himself than his younger brother and has much less chronic illness. (Journal, September 18, 2014)
Mark’s journal entry highlights how he has come to understand that there is a great diversity in how the body is affected by normal aging and pathology. Mark illustrated below his concerns about pathology and age.

It gets really scary when you know people around you who have had triple bypass surgery and they are your same age. Just this past week my partner’s best friend had a heart attack at age 41. I was able to quit smoking about six years ago but still have some bad habits I should address. Baby Steps! (Journal, November 22, 2014)

Mark’s journal posting indicated how he may be concerned with the unknown illness or injury, which might contribute to a slowing down in a person. The slowing down might influence the elder’s physical, mental, and social components of life. Additionally, it is possible that the unexpectedness of an injury or acute illness, such as Mark’s friend experienced, may add additional stress to Mark’s somewhat stressful life. In the narrative below, Mark discusses his realizations about experiencing frustration when people around him are slow.

I do find it increasingly interesting how different the older people I work with are. Some can work circles around those half their age and others have slower reaction times and maybe some hearing loss etc. that can affect the job they do. I can say that, at times, some coworkers, myself included can get a little frustrated if we are working twice as hard to accomplish something because an older adult we work with just can’t keep up. It is not being frustrate with the person. It is being frustrated with the situation. I have said it before but I hope that I am able to do what some of them are doing in their 70s and even 80s when I get there. (DB, October 1, 2014)
Besides the diversity in how human beings age at different rates, they also have diverse abilities when it comes to balancing life and aging. Mark assessed himself in this area and made some conclusions in the narrative below.

My mental and physical health seems to be challenged more as I get older. I bounced back quicker and was able to do more things when I was in my 20s. I was in my late 30s when I started caring for my mother and working and it was harder to balance it all. The dynamics were definitely a bit different but as I get older it’s harder to balance life in general. Work, school, etc. are all more challenging than before.

(Journal, November, 1, 2014)

Through Mark’s narratives, he has shared the challenges he experienced with having multiple roles and expectations and how those might have influenced his views on aging. Mark has also suggested an intervention to manage changes that might occur with aging. He wrote: “The topics we have discussed in the last couple weeks really make me take a good look at myself and how I am aging. I need to make some changes in my life to stay healthy but that is easier said than done.” (Journal, November 22, 2014). It might be that Mark, amid his stressful life, is really looking for guidance to improve his life. He knows it is not healthy but seems unable to choose more healthful actions. This course at this time, with this mentor, may be the time that he might see more clearly and begin to move towards a healthier life.

**Independence vs. safety.** Mark noted within his narratives of experiences a focus addressing the push and pull between his older mentor’s desire for independence and her need for safety. This is consistent with the sub-theme of Relationship Tensions that I discovered in my data. Mark highlighted his thoughts in the story below.
She lives in a close knit neighborhood where she sometimes finds goodies in her refrigerator that someone came over and left while she was gone. She feels safe where she lives and has a few things like rails and grab bars to help her a little but she remarked that she didn’t have them because she needed them. (Journal, October 3, 2014)

Mark noted the resources that his mentor has around her and how that may contribute to her feelings of safety. Despite possible feelings of security, Mark discussed how the desire for independence seemingly was of primary importance.

Mark illustrated within his narratives of experiences a focus on older adults driving. In the following, I thus illustrate how his story emphasized a focus on the sub–theme of Safety Issues that I found among the data. Mark described the experience of his mentor by relating: “She has also talked about how she doesn’t like to drive at night because it seems so dark which affects mobility to an extent or at least her ability to do things at night” (Journal, October 10, 2014). Seemingly, the place where Mark’s mentor Harriet is in, related to her aging process, indicates independence and keeping her independence to be of primary importance. When an elder does need assistance, resources might be considered for use.

**Aging resources.** Mark noted within his narratives of experience a focus on the services and/or policies that could be helpful to older adults. This is consistent with the sub–theme of Participants’ Views of Resources that I found among the data. Mark illustrated this below with his story about the requirements and regulations that may seem so complex, confusing, and hard to understand.
We have so many health related debates these days I find myself discouraged in general. This subject really relates to the aging population and whether or not things mentioned this week like social security will be available for future generations. It also seems like we are leaning toward a healthcare system that is less traditional. An example would be some of the urgent care places that are popping up and the fact that you can pop into some pharmacies and get treated for minor things. The subject of healthcare systems scares me. The affordable healthcare act seems like a good idea to me but I don’t know everything about it. (Journal, November 8, 2014)

Thinking of policy and service requirements might not be something that young people think about. With all the changes in health care and policy in the United States, there are changes occurring with health providers as well. Mark’s narrative below highlights a positive change with his father’s health care provider.

My dad talks about how his doctor has changed the questions that are asked at his annual physical. One such question asks if you have fallen in the past 6 months. It seemed to be a standard question for an older adult. (Journal, October 10, 2014)

It is important for physicians or health care providers to ask questions about falls and depression if they are caring for older adults. This development in the client–provider relationship conversation may indicate a shift in societal awareness of potential assessment needs in older adults.

However, there are some views about physicians and health care providers that were not as positive. Mark further discussed new urgent care facilities when he noted: “then can be good in today’s busy society but most of the time you are not seeing that doctor that really
knows you. You are seeing someone that knows nothing about you and may cause less accurate healthcare” (Journal, October 10, 2014). The next week, Mark illustrated his view about the topics discussed in the office visit:

It surprises me somewhat that this topic [nutrition] is not brought up more in the doctor’s office. We get our blood pressure checked, cholesterol, and heart beat checked each time we go. I don’t hear much about monitoring specific nutritional needs per individual as far as monitoring levels of vitamins etc. Nutrients are a huge part of how our body functions and we are all getting older so it surprises me that it is not monitored more. I am curious as to why it is not something regularly done or maybe it is yet just not talked about. I do know when my other was doing chemo, the tested things like that. It seems like it would be a good idea to test it for everyone just to make sure the body is getting what it needs. (Journal, November 14, 2014)

In addition to suggesting an older adult consider helpful services, Mark might have suggested help for himself. Mark reflected that: “[I] cared for my mother when she was terminally ill with cancer. I loved her dearly and would do it again but would definitely do some things different. Like get more help than we got” (Journal, October 17, 2014). Mark’s journal and DB narratives hint that he might have felt overwhelmed to be caring for someone and also trying to locate services that may be helpful at the same time. Seemingly, Mark’s caring for his terminally ill mother was a pivotal point in his life. I wonder if he felt he was alone in his caregiving and experienced a more difficult time than if he would have reached out and used some services such as Hospice. It might have been a confusing time and he may not have known where to turn or how to get more help.

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In the following narrative, Mark asked a question that speaks to the comprehensiveness of services within our society.

Do you think community based health services might be better or at least more compassionate in rural areas than in city areas? I just ask because I know people from the younger generation who have had bad experiences with community based health services in the bigger city settings. (DB, November 8, 2014)

Providing compassionate and coordinated services for members of society, especially older adults, may be a constant struggle. In addition, this story indicated how funding for services for older adults might be more sporadic and sparsely distributed in more rural areas due to a variety of factors, including financial and knowledge challenges as well as access to identified resources.

Another element that might enter the minds of elders is that of downsizing or moving to a facility. Mark illustrated below a narrative his thoughts on nursing homes.

I have to say the nursing home debate is a very personal and challenging one. Any assisted living situation is a change for all persons involved. In my experience it seems most people want to remain at home as they start to need more assisted living.

I do also know that sometimes that is just not possible. (DB, October 17, 2014)

Other resources and services that encourage workers of all ages to be healthy and stay healthy can be seen in some employer incentive programs. Mark contributes that: “The company I work for does have a healthy rewards promotion where they will reduce the cost of your insurance premium if you make sure you get your yearly checkup” (DB, November 8, 2014). Mark’s DB post seemingly outlined how there may be a shift in views toward more
actions to encourage health as people age. I wonder if Mark has voluntarily participated in some of his company’s health initiatives. If not, his mention of it and his statements about wanting to change his lifestyle, might indicate more awareness, if not the ability to take action.

**Elders as role models.** Mark noted within his narratives of experience a focus on how participants saw their elder mentors and other older adults. This is consistent with the Influences of Relationships sub-theme that I found in my data. In Mark’s story below, he outlined his relationship with his father.

My father will be 70 next year and is in pretty good shape. He golfs a lot and push mows his lawn. I have interactions with him on a regular basis and they are voluntary and frankly not as much as I would like. When we are able to get together, it is usually, but not always, a family occasion. The time we do spend together is quality time. (Journal, September 27, 2914)

Mark’s narrative showed how familial role models, such as Mark’s father, may encourage Mark to emulate his father’s healthful lifestyle. Another area of influence as a result of the relationship between Mark and his mentor Harriet, is that of controlling stress. In the following narrative, Mark has voiced that he feels a lot of stress in his life.

I find myself wanting to make changes that will keep me happy and healthy well into my 70s and beyond. The stresses in life seem so overwhelming sometimes and my mentor seems to just shrug off things that bother her. I am asking myself constantly what I can do now to have a great future. I can go back in time and learn from what has or did not work and try to make changes for the next chapters in my life. It’s not
easy to change some of those thoughts and actions we have. Some reminded me to just take things one day at a time and set small achievable goals that lead to big things. (Journal, October 2, 2014)

Mark’s journal entry related how he may have realized that he might want to look closely at his life and see what he might want to alter. Mark grasped that he might want to look at relationships and stress in particular in his narrative below.

I am learning that keeping close and regular connection with family and friends can help you feel younger and more mentally healthy at any age. I need to change that in my life. I tend to get really stressed about everything and instead of letting it all out via friends and family, I keep it in which actually causes mental and physical issues. This also tends to make me more tired and less social. (DB, October 10, 2014)

By using what he has learned from his mentor, what he has seen in his father’s lifestyle, and his reflective DB postings, Mark may have begun to see a path forward for himself as he ages. In the following narrative, Mark continued to discover new things about controlling stress when he wrote about six weeks later.

I think staying active, being positive, and having a spiritual connection is what I see that makes my mentor have a great quality of life. I would like to be more like her in those ways. I tend to stress easy when I have a lot on my plate. This causes me to eat poorly etc. I definitely feel I need to change that aspect of my life in order to be healthy and happy. (DB, November 22, 1014)

Mark’s narrative journal and DB entries showed how being positive may be a challenge for him. He related that he is anxious, but seemingly, may have understood by the end of course,
possibly through the role modeling of his elder mentor, about the importance of positivity in life. He reflected: “I didn’t mention it, but keeping a positive attitude is something I learned will help you as you age” (DB, December 4, 2014). Seeing the world as half full instead of half empty is a healthy viewpoint. In the following narrative, Mark considered how to be more health conscious.

I have always had an issue with anxiety and this semester has proven that I really need to evaluate my life situations and get back on a healthier track both physically and mentally. I have not done anything at all for my physical health for months and my stress causes me to eat the wrong things because they make me feel better…My mentor gave me a firsthand look on how keeping physically active on a regular basis helps….I feel that the things I have learned through this class and by conversations with my mentor I have a better idea of what needs to change for my health as I get older. (Journal, December 5, 2014)

Mark’s narrative of experience displayed how his mentor may be functioning as a role model for Mark as he goes forward into aging. In addition, his story is useful for indicating how Mark’s father’s healthful life and relationship with Mark may encourage Mark to consider some behavioral changes that might benefit Mark as he grows older.

Mark noted among his narratives of experience a focus on physical wellness. I thus illustrate how his stories emphasize a focus on the Be Healthy Stay Active sub-theme that I uncovered within my data within the Elders as Role Models theme. In addition to the awareness of overall health activities discussed, another indicator of health might be the
number of medications taken. In the narrative below, Mark responded to another participant’s DB post.

It is truly amazing that your mentor takes only one medication. If I remember correctly, I think mine does as well. I also would think that someone in their 70s would be taking much more medication. I, however, take like five or six with asthma, high blood pressure, and high cholesterol. I definitely feel that genes play a role and I have always been very curious about the nature vs. nurture idea of things. In this case genes vs. how well you take care of yourself. (DB, October 30, 2014)

Additionally, it might be beneficial for Mark to share thoughts and views about aging with others so he might be better able to position himself in society in terms of health and the influence of factors that might improve his health.

Mark noted within his narratives of experience a focus on what he has learned about health in aging. In the following, I thus illustrate how his story emphasized a focus on the Conclusion by Participants sub-theme that I found among the data. Mark contributed some overall thoughts about himself, the course, and his mentor. He stated that: Learning about these things helped me to look at the aging process a little different. I also feel a little more informed” (Journal, December 5, 2014). Mark’s postings exhibited how he may have found that being more informed might allow for his anxiety to decrease to where he might be able to identify one of two beginning action items that might help him become healthier now and lead to the establishment of good habits to carry forward into aging in the future.

**Gerontological teaching strategies.** Mark noted within his narratives of experience a focus on knowledge of aging that may assist him personally. This is consistent with the
Participants Likes and Dislikes sub-theme that I found among my data. In the following narrative, Mark highlighted the benefits of the course for himself.

I did learn about ways to be a healthier person and how attitude and staying active really helps. Hopefully I can implement them in my daily life to become the healthy role model like you suggested. I just find it hard to start implementing those healthy habits when I am so stressed. (DB, December 4, 2014)

Similarly, at the end of the course, Mark reflected on his view of being old and ways to help himself, as he outlined in the narrative below.

The most significant things I learned are: Age does not define you. I am moving more toward describing a person without using “old” as a stereotypical statement for how someone acts that is older. I also feel more enlightened on things I can do to help myself do better both physically and mentally as I get older. (DB, December, 6, 2014)

Mark may have begun to have a shift in his views about what it means to be old. From Mark’s narratives, he indicated his preference for the use of weekly folders and communication in The Aging Course. In the narrative below, he emphasized his view.

I enjoyed the way the study program was laid out. Within each week you are told exactly what needs to be done. I liked that we had a couple of weeks to find a mentor and kind of ease into the class and not have everything thrown at us all at one time…The communication was great. If I had to send an email asking a question, I got a response very quickly in regards to my question. I also liked it when the instructor joined in the group discussions and recapped everything at the end of the week. (DB, December 7, 2014)
Mark may have found the organization and communication within the course to be conducive to his learning. In addition, the organization of the course in terms of weekly interviewing of his mentor, and then weekly reflections on the intergenerational relationship development within the interview process, may begin to help Mark recognize potential new understandings gleaned from those experiences. This learning process may influence Mark’s own behavior toward more healthy living as well as increased knowledge about older adults in our society.

Mark had some negative comments about the DB, which closed on Sundays at noon for grading and opened again the next Monday morning to start the next week. In the narrative below, Mark underscored his concern.

Once cut off came you could no longer see if someone actually responded to you if you had a question about a certain post. It would be nice if maybe you could view the posts after the time was up for grading. I’m not sure if it is possible or not. (DB, December 6, 2014)

Mark’s desire to follow through with unanswered DB responses by others further hints at his commitment to the course. It may also indicate that relationship development may have occurred among the participants in The Aging Course as they share their experiences and possible new understandings about themselves and older adults.

Mark noted within his narratives of experience a shift in his view of an older coworker as a result of learnings he may have acquired in The Aging Course. This is consistent with the Teaching Strategies sub-theme that I found among my data. In the narrative below, Mark highlighted his change in understanding about an older coworker.
I have also observed that sometimes things that we may think are age related observations, may not always be the case. I am remembering back to the start of this class where we were supposed to write about an observation of an older adult. I remember thinking that an older coworker was so slow at cashiering and I was frustrated because sometimes other workers would have to cashier to make up for his “slowness.” Now I look back and do think that age can be part of the slowness but you also have to look beyond that. One of the reasons he may not be the fastest at getting people through the line is that he is very talkative. He always has been and this is not an age related trait but it took me a while to really notice that. (DB, November 13, 2014)

Mark’s story further illuminated how his learning in The Aging Course altered how he might handle ageist stereotyping and how me may see elders in a different way. Seemingly, Mark may have been able to distinguish the difference between personality and ageist stereotypes in the workplace. This narrative may also underline the important societal function of educating others about older adults and aging.

Chapter Summary

This chapter began with the dissemination of the data found in the demographic questionnaire. The results were compared to the literature for further positioning of the data in relation to other articles. In addition, there was a short discussion on the relevance of demographic questionnaire use in this type of qualitative study. Next, the research questions for this study were re–presented. The data from all my student participants that addressed the research questions were then discussed through the development of a portrait of each student
participant. From my participants’ backgrounds and views, and my analysis of the data, ten themes seemed to arise from my participants’ data. For each participant portrait, I included chosen data that highlighted the participants’ narratives of experience. The first theme developed by my participants was Generational and Cultural differences. This included data from the viewpoint of technology use, how elder may be discounted in our society, and if a shift in cultural views may have occurred. Dealing with Changing Roles was the next theme that arose. Data showed that taking on new roles, grief and health, and attitude and gratitude were threads within that theme. The third theme was that of Societal Views of Elders. Current views of older adults and actions that might alter society in the future were the data reported by my participants in this theme. The next theme was that of Components of a Healthy Lifestyle. Participant data revealed that actions and challenges were the two sub-themes related to healthy lifestyles. The fifth theme was that of Aging Changes. The data lined up according to changes noticed and realizations about aging changes. Independence vs. Safety was the next theme. This included data describing relationship tensions and safety issues that my participants voiced. The seventh theme was that of Aging Resources. Data for this theme revealed discussion about the participants’ views of resources and resource implications. The next theme was that of Elders as Role Models. In this theme the influences of relationships, being healthy and staying active, and conclusions of participants about their elder role models were discussed. The ninth theme was that of Interviewing of elders. This theme outlined benefits for elder mentors, participants, and for gerontological education. The final theme was that of Gerontological Teaching Strategies. Within this theme was inclusion of student participants’ likes and dislikes regarding particular teaching strategies.
In the next chapter, Chapter 7, “Findings of Colleague Participant Data,” I will present the data from my two colleague participants as well as myself as a participant. The data in this chapter will address the final theme of Gerontological Teaching Strategies. In particular, this theme illustrates data from which the two sub–themes of Development of Courses and Teaching Strategies arose.
CHAPTER 7

FINDINGS OF COLLEAGUE PARTICIPANT DATA

The previous chapter of this dissertation focused on a discussion of the findings of my study concerning my student participants via a consideration of the themes that arose from their experiences. In this chapter, I focus on the data that I collected from my colleague participants, as well as the data that I collected about myself as a participant. I examine the themes that arose as findings of my study dealing with my colleague participants and emphasize my own personal practical knowledge, my self-study of practice experiences, as well as crystallization in presenting the data and discussing layers of meanings and connections that I uncovered.

The second research question of this investigation is: “How might interactions with college-level students in courses on aging shape my stories of experience with aging and elders as a nurse educator with a focus on gerontology?” Responses that related to this question were revealed through my faculty participants’ narratives, through interviews and monthly memos of reflections on past personal experiences with aging and elders, and by field notes. Thus, I highlight in this chapter how narratives of my previous teaching experiences in gerontology as well as narratives of interactions with colleague participants related to gerontological teaching may influence my perceptions of my colleague participants. Moreover, I explore how my self-study of practice experiences with teaching strategies, such as the DB, and subsequent narratives of the interrogation of my identity have honed my understanding of myself and my place among gerontology educators.
Data from my colleague participants may combine with student participants’ data to illuminate the themes of “Interviewing Elders” and “Gerontological Teaching Strategies.” For example, there were student participants’ data about the experiences of interviewing an elder mentor as well as colleague participants’ data on that same topic. In addition to these two different data sources, and from my past teaching experiences and reflections during my self-study of my identity, I added a lens from which to look at these data. Each data source added to my understanding of gerontological education and aging in society in different ways, since student participants concentrated on experiences with the teaching strategies set forth by faculty, and colleague participants explored experiences with choosing strategies that they think will benefit students. Next is an exploration of my colleague participants and the data that represented their experiences.

**Stories of Experience and Tensions**

Within narrative inquiry, stories are considered to be close depictions of experiences. Besides the telling and recording of stories, narrative inquirers also attend to storied that are told through the living of everyday life, of relationships, and of places. Narrative inquirers also attend to stories of research and the intermingling of stories between researchers and their participants (Clandinin & Connelly, 2000). Furthermore, it is important to consider the types of stories that are told. For example, as I related in a previous chapter, stories can be classified as either secret, sacred, or cover stories. The secret story is one where the person tells a story to others only in a safe place. This safe place could be on or off the landscape where the person may work, live, or go to school. The sacred story is the story that official policies, achievement benchmarks, leaders or administrators say is the expectation (Clandinin
& Connelly, 1996). A cover story is one that a person tells to keep in line with the main storyline of the landscape or environment where the person lives or works. A cover story represents a compromise between the sacred and secret stories.

Within my study, I considered the stories of my participants in terms of whether they might represent secret, sacred, or cover stories. For example, in the previous chapter I highlighted how my student participants were learning about older adults through course content and an intergenerational relationship with one elder mentor. They engaged in telling cover or secret stories within the safe place of the DB that showed how these experiences were not congruent with common societal messages about elders. I noted previously that my participant Betsy highlighted a sacred societal story where advertisers and society encourage people to think that when someone is old, life is worse, and other people need to step in to takeover or simply ignore the older adult.

As well, I highlighted various tensions among my participants’ stories as significant findings of this study. Clandinin et al. (2006) indicated that stories might exist as competing or conflicting stories. When they compete, there is no tension that needs to be resolved, as stories might co–exist with the sacred story. For example, the sacred story may be national or institutional policies that discount elders by allocating minimal funds for gerontological education and older adult resources. The competing stories might be my colleagues’ and my own efforts to teach courses that include intergenerational strategies that may influence student participants’ views about older adults. In addition, secret stories might be those held by student participants’ who might not want to admit to their fears of aging or of talking with older adults.
However, when a conflicting story is brought to light, this is important for noting significant tensions that must be resolved, since such stories will either be silenced or they might be shaped into competing stories that allow for transformative shifts in thinking and in practice. I noted in my self-study of practice chapter that a secret story of my gerontological teaching was that I had not usually participated in the DB before this study. A sacred story related to this was that the university’s school of education expected that faculty would be participating as discussants in courses that offered the DB teaching strategy. This secret story of mine bumped up against the university’s expectations. As a result, I developed a cover story where I began participating in the DB and discovered the value of this teaching strategy. I changed my thinking and despite some uncertainty about late responses, I now regard the DB as an optimal gerontological teaching strategy.

In addition, a secret story of my feelings of incompetence bumped up against my cover story that I am a knowledgeable doctoral candidate. These competing narratives caused tension when I began interviewing my colleague participants. I experienced a feeling of inequality when interviewing a colleague participant from whom I had taken a class during my doctoral work. I initially approached the interview as the student interviewing the teacher. Within our semi-structured interview process, I found that I may have had more experiences with use of stories to connect students with course concepts (Interview Field Note, October 6, 2014). This realization empowered me to interject some suggestions about how the colleague may consider using stories within her gerontology courses. Through the analysis of the narratives above, I highlighted how my professional knowledge, PPK, and the deeper awareness of my identity through self-study have come together to potentially re-
shape my stories to live by (Clandinin et al., 2006). These reflective narratives allowed me to understand myself in new ways that have led to changes in how I practice as a gerontological educator.

**Colleagues’ Narratives of Experience and Analysis of Tensions**

My colleague’s narratives of experience also display the connections between context, knowledge, and identity. In the section below, I sketch a portrait of my colleague participants, Perry and Carol, as well as myself as a participant, in terms of experiences in gerontological education and views on aging and older adults within our society. Next, I highlight particular stories of participants that allowed the themes of Interviewing of Elders and Gerontological Teaching Strategies to arise from the data. In addition, I illuminate some of the tensions brought on by the bumping of stories of experiences, which are important findings from this study. I begin this section with Perry’s stories.

**Perry**

Recall that Perry is a faculty member at the university and teaches gerontology courses to undergraduate and graduate students. She holds a Ph.D. in Psychology and has been engaged in quantitative aging research for 30 years. From her years of experience with college–level students, she often includes intergenerational relationship and reflective DB teaching strategies to assist her students in becoming more comfortable with talking to older adults. She has a father in his 80s who she cares for from a distance. Perry sometimes uses stories of her experiences caring for her father from afar in her gerontology course.

**Interviewing of elders.** Perry noted within her narratives of experience a focus on students interviewing older adults. This is consistent with the Benefits for Participants sub–
theme that I found among my data. In the following narrative, Perry addressed how some students began establishing interview skills such as talking to an elder for the first time.

Talking to an older person that they don’t know is kind of scary… I send [students] to go talk to any older person they can find, and when they come back they’re beaming and they feel, “I did it,” and “This person’s cool.” (Interview transcript, October 16, 2014)

Overcoming the hurdle of completing an experience, such as interviewing a stranger who is also an elder, may cause the student to feel accomplished. Perry noted how students may not have many experiences working with or talking to older adults who are not relatives. Her story displayed how this may cause students to be fearful and uncomfortable in their communication with an elder. Her narrative further underscores how after the initial moments of conversation, students may realize that talking to an older person is interesting. They may begin to relax and enjoy the experience. Perry further related how when students have completed their assignment, they might feel empowered to talk with other older adults without trepidation in the future.

Perry’s stories of experience where she recognized that students in her gerontology course may have felt uncomfortable thinking about aging and found it unattractive is similar to my stories of experience where students considered conversing with older adults a bit scary. Paul had stated: “I have to admit I was way more nervous than I should have been, maybe even a little bit intimidated about doing this with somebody I do not know, especially an older person” (Journal, September 14, 2014). In addition, Sherry contributed: “My personal reactions to the interview process [was that] I feel a little uncomfortable asking all
the personal questions” (Journal, September 13, 2014). The colleague participants realize that these student participants’ stories live alongside the sacred story that discounts contact with older adults in our society. However, these storied views by students conflicted with the competing story lived out in gerontological education courses that include an intergenerational relationship strategy. Student participants may have resolved the conflict by transforming their views, thinking, and behaviors towards and about older adults. Linda stated: “After interviewing my mentor she’s of a pretty sound mind even at 89, 90. I’m not sure if I’ll be using that excuse ‘they’re just old’ too loosely moving forward” (DB, October 3, 2014). In addition, Courtney wrote:

Based on my interactions with my elder mentor I have thought of a few lifestyle changes I could make to lead a health life in my senior years. Exercising and eating healthy is a big one, keeping up with social interactions, doing things to work out my brain, and keeping up good relationships with my family are all changes or things that I should work harder on. (DB, October 11, 2014)

Finally, Patty contributed that: “Learning to conduct interview with the very old adult was most instructive for me. I appreciate the opportunity to ask questions of my mentor and his siblings that I may not have ever thought to consider” (DB, December 4, 2014). Upon student feedback and reflective writing after the intergenerational relationship interview strategy, students appreciated the opportunity to improve their communication skills and potentially apply those improved skills with future elders they encounter. In addition, Perry may have been able to re–story herself in terms of knowledge in using an effective intergenerational teaching strategy.
The extended length of the interview process in The Aging Course might be unique. In the following narrative, Perry, who teaches gerontology courses, described her use of the interviewing strategy.

We go to [a senior village] or to [Wellesley Place] which is their sister property north of the river. People are assigned one–on–one and they kind of have to do a little biography of the older adult, so it gives the older adult the opportunity to talk about themselves. I give the students sort of an outline of questions that relate to this biopsychosocial thing so they cover a little bit about their health status and any chronic disease they might have and then some things on personality and cognition, and then friendships or more sort of kin relationships. Do they have children in the area, things like that, to get more of an idea of what their social environment is like. And then the students have to write a title mini biography of what they found out. The older adults love it as well. (Interview transcript, October 16, 2014)

Perry highlighted how the interviewing strategy may allow the student interviewer to understand many facets of an elder’s life through this activity.

**Gerontological teaching strategies.** Perry noted within her narratives of experience a focus on relationship development between the teacher and students. This is consistent with the Teaching Strategies sub–theme that I found among my data. In the following narrative, Perry discussed how she discovered their personalities and began relationship development with students.

In my online class we have discussion posts, so sort of contrary to what you might think about online classes I do feel like I get to know my students because I’m
reading what they say every week and they have to post two or three times. I at least associate sort of a personality with the name. (Interview transcript, October 156, 2014)

Seemingly, the DB discussions may be comparable to face to face discussions. If a student may be off track in thinking, Perry illustrated a strategy for redirection below.

I do try to comment back to them. Especially that’s when people reveal some of their biases about the aging process, so that’s where I try to correct some of those…in that sort of information discussion. I’m in the course during the week… It’s a lot of work. (Interview transcript, October 16, 2014)

Perry noted within her narratives of experience that the strategy of intergenerational interviewing with an elder mentor is an important aspect in gerontology courses. Perry stated that: “One of my favorite parts of class is that I always try to come up with some kind of an assignment or an activity that actually puts a student with an older adult” (Interview transcript, October 16, 2014). Her comments showed how exposing students to an elder with whom they are not familiar may provide students with a new experience that may be replicated with other older people in society. Alternately, the elder may be a relative or neighbor. Learning may also occur in situations where students may learn new things about their elder relatives that may never have come up if not for an interview assignment. In the following narrative, Perry discussed the availability of interviewees.

One of the advantages of teaching an aging course is that everybody has grandparents, or almost everybody has grandparents or had then at some point even if
they’ve passed away by now. So there are lots of personal opinions and those are sometimes good fodder for discussion. (Interview transcript, October 16, 2014)

Hence, the data illustrated that the utilization of relatives, neighbors, or interviewees the students do not know can provide much substance for discussions. The strategy of intergenerational interviewing with an elder mentor brings to light how it may be an important aspect in gerontology courses.

Perry noted within her narratives of experience the importance of conveying a positive attitude about older adults. This is consistent with the sub-theme of Teaching Strategies that I found among my data. Perry illustrated below how she alters the course content sequence to keep the positive feeling about aging among students.

The last chapter [in the textbook I use] is death and dying and I don’t like that. My quest is to get people interested in aging and think about the positive things about it. So one of the things I do is, I cover that content, but I always move it up in the semester so it’s not sort of the taste in our mouth we’re left with at the end of the semester. (Interview transcript, October 16, 2014)

Perry’s experiential narrative suggested that attempts at encouraging openness in discussing aging and older adults may mean presenting content in a particular way. Additionally, the fear that may be attached to learning about aging may need to be balanced with particular content. Perry indicated how gerontology faculty may have the experience to discern the level of comfort among students and alter the text concepts or course activities to address student experiences.
I have uncovered a tension from my colleague participants’ experiences that competes with the student participants’ experiences related to fear of aging and older adults. The student participants highlighted to me how they may come to a gerontology course with a secret story of potentially negative views about aging. For example, my participant Paul stated: “I think I have two main fears about aging. First is breaking down physically…The other fear I have is seeing my family members and friends grow old, struggle with their health, and live in pain” (DB, September 28, 2014). Another participant, Patty, wrote: “Sometimes it can be difficult for me to look forward to it [aging], because I do have some of the fear… A lot of that comes from how I see us treat older adults and I don’t want to be treated that way” (DB, November 14, 2014). These stories live alongside the colleague participants’ stories of gerontological teaching. Perry stated that: “gerontology or aging is kind of a hard sell to get students interested in it because they don’t like thinking about it. They don’t like thinking how they’re going to change or their parents are going to change” (Interview transcript, October 16, 2014). Recognizing that they might teach a course where students may be fearful, colleague participants may alter the sequencing of content, such as death and dying, to be in the middle of the semester instead of ending with death and dying to decrease student fears.

In addition, colleague participants may hold secret stories of their love of aging and older people that live alongside their stories of gerontological teaching. Colleague participant Carol spoke of her “passion for older people” (Colleague Interview, November 6, 2014). Another colleague participant, Perry, stated that teaching gerontology courses allows her to re–live her wonderful relationship with her grandparents “over and over again” (Colleague
Interview, October 16, 2014). These colleague experiences may intersect with the views of students who are experiencing intergenerational relationships with their elder mentors and reflecting about them in the DB and journal postings. It could be that the colleague educators want to infuse some of their love of older people into students by choosing particular experiences and strategies that may help students alter their views about aging and older adults. I wonder if there might also be tension between the educator and the student if the student is particularly resistant to being open to talking with and learning about older adults despite the intentionally selected course strategies.

Perry also noted within her narratives of experience a focus on the importance of having gerontology courses for society. This is consistent with the Development of Courses sub-theme I found among my data. In the following narrative, Perry illustrated how to increase awareness for and development of gerontology courses through the newly developed Consortium on Aging.

We’ve been trying to organize ourselves and the university has given us some resources to do that; some salary money for staff person… We have a photo contest… and there is a workshop in collaboration with… an entrepreneurial institute… that is open to the public. So just trying to get some of this visibility going. We have just developed a gen ed [general education] course also on innovation an aging, so we, the Consortium, are driving this. (Interview transcript, October 16, 2014)

This story of experience may illuminate several tensions. One tension may be with a university’s view of the lack of importance of gerontology education through lack of funding and advertisement of courses in various program offerings that bumps up against the
gerontology faculty’s views that gerontological education may be more important than ever, considering the rapidly growing number of elders within our society. Another tension may be the lack of time and funding for the advertisement of gerontology courses that seems to fall on the shoulders of gerontology faculty. This may bump up against the recognition of the need and importance of letting college–level students know how a course in gerontology may be valuable to them in their degree programs or business developments. Some activities have been developed to trigger more interest in aging courses. These may include creative avenues, such as contests and skits, as well as workshops and flyers. In addition, development of a general education course was thought to be attractive and a way to increase awareness and interest in aging.

Perry’s experiences as a gerontology educator have included an understanding of the youth of our society and ways to enhance young people’s views about older adults and aging. Carol, my other colleague participant, also had experiences with how college students view old age and elders. She is able to utilize the clinical conference strategy with nursing students to enhance their views on aging.

Carol

My participant, Carol, has been a nurse for over 35 years. She has had previous experience with developing aging programming for a not–for–profit agency focused on celebrating the older adult population. Carol holds a Master of Science in nursing degree and had been teaching gerontology theory and older adult practice courses for eight years. Additionally, Carol has experience in gerontology course development utilizing many experiential strategies. She believes that intergenerational strategies may change students’
views. She also focuses on healthy aging and how students may consider their own aging through course topics and elder mentors.

**Interviewing of elders.** Carol noted within her narratives of experience a focus on the role of elders in a student’s learning. This is consistent with the Benefits for Participants sub-theme that I found among my data. Carol agreed that older adults love to talk and help students. She stated that: “Elders are the best teachers” (Interview transcript, November 6, 2014). The experience of relationship development between an elder and a student may provide learning that is retained by students. Additionally, students may carry these new understandings about older adults into their future interactions with elders.

**Gerontological teaching strategies.** Carol noted within her narratives of experience a focus on the existence of gerontology courses in our society. This is consistent with the Development of Courses sub-theme that I found among my data. Courses in gerontology seemingly may be sporadic, which may have roots in society’s lack of understanding or interest about aging. Carol illustrated this situation below when she stated that: “Of the BSN [bachelor of science in nursing] nursing programs across the country, only a third has a discrete gero course” (Interview transcript, November 6, 2014). This narrative further hinted at how society views knowledge about aging and might be reflected in part, by the number of gerontology courses in BSN nursing schools. Less than half of the BSN programs may not prepare future nurses to care for the rapidly aging population of elders in our society.

When developing a stand-alone gerontology nursing course that consisted of 2 credit hours of didactic and 1 credit hour of practice, Carol illustrated some of the thought processes she goes through in course development in the narrative below.
I basically go through a bunch of different texts and look at what everybody else thinks is important. And I try to think about what my students need the most. Our focus is on healthy aging, so I’m not concerned about pathology, but I want to give them a really good shot of knowing how healthy elders stay that way. But I don’t just use the textbook. We have lots of outside resources such as the consultgerirn.org website from the NIH [National Institutes of Health] and the Hartford folks.

(Interview transcript, November 6, 2014)

Attempting to make the course clear and interactive may add to students’ willingness to participate in a gerontology course. In the following narrative, Carol illustrated the overall goals of the gerontological nursing course.

I think one of the big things that happens too is that they [nursing students] raise their expectations of what the later years could be and that’s one of our hugest goals. So that when they go in with raised expectations of what older life could be, they know that the patient might be somebody that teaches Tai Chi on Friday mornings at the [Ford Center]. So then they try to get them back to that level of autonomy and function. (Interview transcript, November 6, 2014)

These goals further hinted at how students’ personal experiences may potentially alter their views of society’s elders. Carol further suggested that it may be that relationship development with elders over time might impact the career choices a student chooses in the future.
Carol noted within her narratives of experience a focus on developing a gerontology course that has both factual and affective elements. In the narrative below, Carol illustrated how she developed her blended course.

The factual parts are online… [gero theory course] the normal aging changes…physical, are online. Presentation of illness is online…things that don’t have a lot of affective content. The more affective content–emotional, psychological, myths of aging, caregiver support, elder abuse–those are on ground along with some activities…Practice is a one–hour [credit] course which means it’s 42 or 45 contact hours and half of it is in a clinical site which hopefully students will get to know well elders in the community. The second part of it is they choose an elder consultant and they do a life review… a wellness assessment and a field trip to a caregiver support group or a healthy aging educational program where the teachers are elders…[the practice course also] includes faculty directed reflection each week and then a summary of the independent work. They do reflection as well after they write their report. (Interview transcript, November 6 2014)

Carol’s experiential narrative underscored that the affective component in a theory course might cultivate reflection and caring through activities that may include face to face experiences, in addition to the interviewing and reflections noted in the practice course. The affective activities in a gerontology course might thus influence the student personally, which may in turn, alter views on older adults to where students may look favorable on gerontological nursing.
Carol also noted within her narratives of experience a focus on utilization of the DB and the quality of the DB postings. This is consistent with the Teaching Strategies sub-theme that I discovered among my data. In the following narrative, I illustrated some of the questions I asked her about the DB.

In past years we’ve had the discussion board where people would make an initial post and then respond to someone else. I was going to ask you…in your experience, do you just read what they write, or do you respond or ask questions in the discussion board part?...Do you think in the times that you were responding to a discussant who might be off the track…do you recall whether they would respond back or since they just did their required post they don’t look back? (Interview transcript, November 6, 2014)

The concern seemingly is how to facilitate the best learning within the DB despite the possibility that students may not respond back or know that the instructor has responded to a student post. This may be problematic if a student, who is off track in thinking, does not realize the teacher or another student has posted a response that might have the student re-thinking or clarifying her/his comments. In the narrative below, Carol responded to my queries.

I’m another discusser or was when we did that and it could be I’m concerned about something they write. Maybe they are off-track a little bit. I might wait and see what others say about it before I jump in. We deal with a lot of fluff in there, in that kind of discussion. It got to be a lot of words for not much content…They don’t always [look back]. [If they did respond back] it was once in a while. But it was something I could
bring up in clinical for the whole group to talk about. (Interview transcript, November 6, 2014)

From this data between Carol and myself, it appears that if a student may be off–track in thinking related to aging and older adults, nursing faculty can take several actions. One action could be to respond in the DB. Another action could be to monitor the discussion in case other students respond with messages that might make the student consider a different view. The third action might be to bring up the topic in a clinical conference for group discussion.

Carol noted within her narratives of experience a focus on connections and discussion strategies. She discussed how when students develop a DB post, they often bring forth stories of past experiences with older people or elder relatives. Combined with discussion about course concepts, students may respond with a narrative that connects content to personal experiences with elders within the course or previous interactions with elders in their home towns or with elder relatives. In addition, the teacher who sets the tone of the learning environment to be one where everyone, including the teacher, learns new things about aging and interactions, may provide a comfortable place for students to tell their stories. In the narrative below, Carol illustrated her view.

I think they realize I want to learn too so they bring their own experiences like this last class was on caregiving… [They are] making connections in their brains and in their personal lives. They have stories too; great ones. (Interview transcript, November 6, 2014)
This narrative thus underscores that rapport with students and faculty may influence student participation and storytelling of personal experiences and the possibility of re–storying oneself in relation to older adults.

Moreover, Carol noted within her narratives of experience additional teaching strategies that increase students’ awareness and positivity about aging. In the following, I illustrated how her stories emphasized a focus on teaching strategies.

We put them in groups and one [group] looks at heroes or people who have made contributions to the world after their 75th birthday…And then the heroes…they cull out duplications and they present one–minute per hero…They write a paper about them and they bring a picture of the person. If it’s an artist they try to bring in some of the pictures of the artwork or a sculpture…Other groups look at two hours of television and try to identify how many times elders show up and whether they portray themselves positively or negatively… And the other one is four images of aging, and it could be on the internet, it could be in magazines, it could be on a billboard, or overheard conversations. (Interview transcript, November 6, 2014)

In addition to these activities, Carol further illustrated below another strategy that she thinks is very impactful.

Then they do a financial exercise about saving for retirement. There’s a scenario of a 22 year old graduate and they’re signing up for their first job and they have to identify whether they’re going to save some money in their 401K. At that moment, before they even get their first paycheck, they need to commit. So we do two scenarios, one of them remembers what they learned in older adult health and we give them actual
numbers and we have them plug them into an on-line calculator. And then the second scenario is yes, they remember what they learned in older adult, but they want a new car, or they’d like to take a trip to Chicago, and there’s a wedding coming up and they just don’t get around to it. But then twenty years later they’re 42 and they’re starting to think, “Oh, my gosh, I better get with it.” So then they start saving and plug in the numbers at 42 using the same criteria. So scenario one they’re saving the same amount of money for forty years and scenario two they’re saving for twenty and then they calculate their average monthly income from those different scenarios …and it’s pretty jaw opening. They’ve already told me how they want to travel and they want to see the United States, they want to have a beach house, all of this wonderful stuff with their grandkids and then they tell me, “Uh oh, I don’t know if I can make it on $888 a month.” (Interview transcript, November 6, 2014)

These narratives of experience in teaching gerontological nursing highlighted Carol’s vast experience and wide range of teaching strategies. These strategies included utilizing creative teaching techniques combined with a genuine desire to connect students with aging awareness and positive views of older adults. Next, I highlight particular stories of my own that add to the findings in this study and discuss some of the tensions these stories may illustrate.

Christie

I am also a participant in my study as a gerontology faculty member. As I have discussed in a previous chapter, I have been teaching gerontology courses or continuing education courses in aging for almost 30 years. I have experience in face–to–face courses as
well as online gerontology courses. The students who have taken my courses have come from a variety of health care and non–health care related backgrounds. Additionally, I have used a myriad of teaching strategies to assist students in understanding aging and how to interact with older adults. Additionally, I use stories of my experiences with older adults that I have known as well as elder family members who exemplify some of the concepts discussed within The Aging Course.

**Interviewing of elders.** I noted within my narratives of experience that I discussed with my colleague participants a focus on the importance of gerontological education. This is consistent with the sub–theme of Development of Courses that I found among my data. In a field note after my interview with Perry, I wrote: “when asked about views of society about gerontological education, [Perry] said she thought the elders thought it was important” (Field note, October 16, 2014). In another field note, I alluded to Perry’s experiences with intergenerational interviewing of students and their elder interviewees. I wrote: “[Perry noted that] most students are impressed by the lives lived by the elders” (Field note from interview, October 16, 2014). Seemingly, older adults may feel education on aging and sharing stories of their lives may enhance college students’ experiences with aging and older people they encounter. This narrative may further hint at the possibility that students may have seen older people in a new way through their intergenerational interactions.

**Gerontological teaching strategies.** I noticed within my narratives of experience a focus on the importance of sharing stories of experience. This is consistent with the Teaching Strategies sub–theme that I found among the data. I wrote that: “[I believe that students] connect ideas through stories” (Interview transcript, October 16, 2014). Even though
personal story telling to illustrate a point may seem awkward, students might find it an interesting way to understand a concept.

I noted within my narratives of experience the focus on quality of gerontological teaching. This is consistent with the Development of Courses sub-theme that was among my data. In the following narrative below, I remarked to my faculty participant Perry about the quality and quantity of gerontological education in nursing.

Only about a third of nursing schools in the country have stand–alone aging courses. They usually integrate them into other courses in their program, but with faculty who are not necessarily knowledgeable about aging. (Interview transcript, October 16, 2014)

This narrative hinted that even with a stand–alone gerontological nursing course, integrating aging content within the context of other courses, such as adult health, may be further emphasized so students might see that aging content also applies to other areas. However, few faculty are well–versed in aging content. From my narratives of experience, I illustrated below an effort to help faculty in the nursing school where I teach, consider integrating aging content into their courses.

To make aging information more interesting to think about, we developed some skits that we did every month for half a year at our monthly faculty governing association (FGA) meetings. Our goal was to encourage faculty to infuse aging questions in their clinical conferences or in their lecture content to help increase awareness of aging issues to a wider audience using a wider view. We would also infuse stories of our own personal lives as caregivers of elder parents. This connected to our trial of
offering every other month open discussions where caretaker faculty and staff could come and share their concerns about their loved ones and get suggestions from others.

(Interview field note, November 6, 2014)

In my experience, I have noticed among students and faculty that skits or interactive learning seemingly may increase the attention given to a concept and potentially enhance its application.

I further expressed in my own narrative of experience my belief that simply taking a course in aging may open the way to considering new ideas, as I had reflected in a field note: “I know that in the past, students have stated that they were sparked in this course to consider pursuing other aging courses” (Field note, August 31, 2014). Besides taking a course, there are other activities at the university level that might also help spark the interest of college students. In the following narrative below I discuss a university–wide effort for more awareness.

During the interview I had with a faculty member…at one early point she had said that aging courses “are a tough sell” to college students. This faculty member has her name on a flyer that was developed by a small, new Aging Consortium at the university that is trying to highlight…knowing about aging. They are hoping to increase the number of students interested in the gerontology minor and the gerontology certificate. (Field note, October 20, 2014)

These narratives of experience may underscore the bumping of a sacred story of disinterest in older adults by college–level students against stories of efforts to increase awareness and interest in gerontology course offerings by faculty members. Perry noted that:
We’re still struggling recruiting students into our undergraduate minor and recruiting students into the certificate program…Its short-sighted, I would argue, but I just think people haven’t quite gotten the picture, and I don’t know what’s going to turn the tide or be the tipping points because the statistics are all out there. Ten thousand people are turning 65 every day (Interview transcript, October 16, 2014).

These narratives also reflect a view at the university level that is suggestive that providing minimal funding for a nominal amount of aging courses fulfills the university’s responsibility to society. Perry stated that:

This university has quite a storied history in gerontology and aging studies, but that has pretty much been allowed to go fallow [or] fall by the way side… I’m guessing it has to do with resources and priorities. It could have to do with politics as well that I’m not aware of. But the consortium now is trying to make the case that we could be a leader in aging again and that we should be putting resources into that (Interview transcript, October 16, 2014).

Perry was leading a small group of faculty and staff that had developed some marketing strategies to increase the awareness of gerontology courses at the university.

Perry reported that: We looked around and said, ‘What’s being rewarded, where are the priorities of the administration, and can we do something that brings us to their attention that way’ so we’ve developed this gen ed course…with the thought that if we get students interested in aging then we can recruit more into the minor program because those are undergraduate classes. (Interview transcript, October 16, 2014)
Seemingly, efforts to expand gerontology offerings by faculty members may be impeded by societal views and other funding priorities.

I uncovered within my narratives of experience a focus on teaching strategies. This is consistent with the Teaching Strategies sub-theme that I found among my data. In the following narratives below, I illustrated considerations when choosing teaching strategies. I stated: “As Carol said, the affective portion with discussion and reflection is more important. That goes against most nursing curricula, which is still quite positivistic and quantitative in its model and thinking” (Interview field note, November 6, 2014). I had also reflected that: “Constructivist learning occurs during reflection, discussion, and presentations” (Interview field note, November 6, 2014). My stories highlighted the possibility that the focus of gerontology courses might need to be positive and emphasize healthy elders. In addition, my reflection sheds light on how the use of the DB for imparting participants’ stories of experience or sharing potential concerns about their elder mentors with peer responses may heighten the level of engagement among DB participants.

Within my narratives of experience, I illustrated below the importance of course structure. A strategy in an online gerontology course may be the need for a user–friendly structure. I had noted that: “Many students need the structure” (Field note, September 29, 2014). In the following narrative, I specified some structure guidelines.

I usually write a summary of the week and send it to all students in the course. I also reminded them that there is no makeup or extra credit in this course. Sometimes by adding these few alarming sentences, it spurs the students on to pay more attention to the course. I think it can be easy to let the online course go when you don’t have to
physically be present in a course and participate in a face to face way. (November 3, 2014)

I further elucidated on the weekly summary of DB responses in the narrative below.

The weekly summary of the discussion board questions is a retelling of what was discussed on the topic for that week. I also use the weekly summary to discuss any incorrect assumptions or things I think students are off track on. (Field note, December 12, 2014)

The weekly summary may function as a way for students to compare their views with others. There is also a strategy used within the weekly summary. It is known as *Housekeeping Items*. I explained: “[This is] where I would remind them of what was coming up next or that they should post a journal entry so they don’t get behind” (Field note, September 16, 2014). My stories suggested that I believe that making the course easy to navigate and the expectations clear may be an important feature of an online gerontology course. Additionally, in the following narrative below, I discussed the rationale for frequent reminders.

My feeling is that I lay out what is expected pretty clearly, I think, and I send weekly housekeeping messages on my weekly summary suggesting things that people would be looking ahead to do (such as the community service or assessments tool write up). (Field note, November 11, 2014)

From these findings, I uncovered a possible sacred story that online education offerings should be shaped according recognized guidelines such as the national Quality Matters guidelines (“Quality Matters,” 2014). In 2010, The Aging Course was certified as meeting the Quality Matters standards. However, my secret story may bump up against the standard
guidelines. I believe that, in addition to published guidelines, particular teaching strategies, including having a clear and structured course, as well as intergenerational relationship strategies, are important to student success when taking a gerontology course. I have uncovered through this inquiry my belief that clear expectations and easily located course components as well as reinforcement about upcoming course activities may allow the student to focus on the learning activities instead of trying to figure out what is due next. As a result of this tension, I developed a cover story that speaks to encouraging students to consider gerontology courses without being too specific about some of the details. As student participants Paul and Sherry have related, it may be intimidating for a student to begin a course where an intergenerational relationship and reflections on that relationship may be required.

I further outlined how I used frequent messages or summaries to help keep the students engaged in the course. In addition, making the structure user–friendly may include placing all course requirements in the course from the beginning instead of introducing items, such as rubrics, later when the students have advanced to that area of the course. It may also include prompt, upbeat, and friendly emails responses to student queries. Such stories of teaching experience are thus important for describing my personal practical knowledge of gerontology teaching and for illuminating possible means for successful education in this area.

I also revealed within my narratives of experience a focus on storytelling. In the following narrative from a field note that I composed after interviewing Perry, I encouraged the telling of stories to illustrate concepts.
She also interjects her own aging and stories about her dad into courses but she feels embarrassed a bit about that since it’s for “student enjoyment.” I interjected here that I often tell stories of myself or especially my relatives to get messages across in a story venue so that students might be able to connect with something I said. I encouraged her to use stories. (Field note from interview, October 16, 2014)

Additionally, I hint at my belief that the details of a story may connect with a student’s story and enhance student learning by potentially allowing the student to see a different view or to reinforce a belief, thereby opening the student to re–storying herself/himself within that story.

In my narratives of experience, I reflected in the narrative below that often, storytelling can be facilitated through the use of the DB with the posting of DB questions for reflection each week.

I put family stories in the DB quite often to highlight a thought a student or participant had. I do this purposefully as a teaching strategy… The reflections that students go through about aging and older people allow them to care with more knowledge and understanding as well as help them develop more healthful ways for themselves as they grow older. (Field note, October 26, 2014)

This narrative further explored my notion that storytelling within the DB can be useful in understanding older adults as well as assisting student participants to understand themselves. The storytelling strategy may be complex. In the narrative below, I illustrated that there may be many layers to discuss.
These types of stories [personal family stories] usually tend to have many layers and other interesting points to converse about. I sometimes think that that muddies the topic for the week yet I usually get responses of interest that again, take the topic in a different direction that is meaningful. (Field note, November 17, 2014)

This narrative further underscored my experience that DB stories and responses may enhance student thinking when taken in different directions based on the backgrounds and viewpoints of the participants. Additionally, in the narrative below, I illustrated how I have come to see that the DB may be an avenue for constructing a new, more informed story of who a participant might be.

The main question [in the DB this week] was about how they would take what they see and what their mentor has experienced related to health and lifestyle to heart for themselves as they go forward into aging. This kind of question is a sort of reflection of the interviewing process, the contents/discussions of the process, the participants’ personal experiences and their new knowledge about aging that they’ve gained from textbooks, discussion board and journaling. Several of them make statements that signal to me that they are getting the bigger picture message and state that this class has opened their eyes to aging and their interest in aging well has been piqued. Yea! (Field note, November 24, 2014)

Incorporating participants’ personal experiences with family members, as well as with their mentors, may intensify the learning of aging concepts and might alter views. Additionally, my story raises to the forefront the possibility that the layers of meaning that connect between the participant, the course content, personal experiences, relationship with the
mentor, as well as DB postings of similar situations from other participants may be encouraged and realized through reflective DB discussions and journal entries.

Also within the tool box of teaching strategies, I described my use of the reflective Part I and Part II papers. I illustrated the use of this strategy below.

In Part 1 of the paper in our course, they need to recollect an encounter with an elder and describe it. That happens at the very beginning of the course. At the end of the course is Part II where participants/students have to identify theories, new knowledge, new behaviors that they have developed from the course that would have encouraged them to view the elder differently, behave toward the elder differently, and feel toward the elder differently. (Field note, November 11, 2014)

There are specific guidelines to follow for this reflective paper exercise that might help the student to understand what may have changed during the semester in regards to their views about older adults. It is also a potential vehicle for the participant to identify specific knowledge that has been developed or uncovered and how that might alter the participant’s behaviors and views going forward.

Perry also uses a culminating paper strategy in her gerontology course. During my interview with Perry, I brought up the paper as it had influenced me, when I took her course. In the following narrative, I illustrated the purpose of the assignment.

I think the other thing that I remember and I’ve talked about since then from your class was the final paper where you have to envision yourself being 80 and what did you do healthily in your younger years or not and how does that affect you when you’re 80. (Interview transcript, October 16, 2014)
This narrative underscores that this strategy may be effective in a real life sense. Its message about planning and saving may be something that might be applicable for many groups in our society. It also may highlight the importance of preventative activities, such as exercise and eating well, and whether or not those activities may influence the quality of life as an older person. I shed light on these stories of tensions as additional inquiry findings and consider that these narratives may be useful to other gerontological educators. These stories of experience may be useful in several ways. First, the views of young people in our society may be illuminated through the narratives of the educators. This knowledge may help shape gerontological teaching in ways that may shift students’ views about aging in our society. Second, a gerontological educator may understand that the teaching strategies of intergenerational relationships and reflective activities may influence students’ views about aging and older adults. Hence, the educator may consider attending to the effectiveness of strategies used in his/her own gerontology courses to connect gerontology content with students ‘past experiences and current intergenerational relationships with elders and the students’ own future aging.

I uncovered within my narratives of experience a focus on the importance of intergenerational interactions between participants and older adult mentors chosen by the participants. Length of interactions in gerontology courses may vary from a one–time interview experience to a semester–long experience. In a field note, I penned: “I don’t usually hear anything about how hard it was to find an elder to interview” (Field note, October 21, 2014). Locating an older adult to interview is key for The Aging Course. It is through the elder mentor that participants compared course readings and responses to
selected interview questions and reflect on their findings through the journal and DB response posts. In the following narrative, I illustrated the instructions for this assignment.

I have talked in the course Announcement that [students] should identify one older adult over 70 to interview during the semester. That activity is crucial to the course as it shapes them in ways that are important, so I want them to focus on that. (Field note, August 31 2014)

The use of course announcements at the very beginning of the course encourage attention to important course strategies. In the narrative below, I outlined the need to locate an elder mentor early and then balance the introduction of the DB and journal strategies once the interviewing process has begun.

I have them doing the interactions [with the elder mentor] for approx. 12 weeks. This is a good length of time to establish a good relationship since the first few weeks are usually less comfortable. The downside is that I don’t start the interviewing, DB, and journaling until week 3 of the course… I could look at moving it up to where students would start interviewing the first week, making journal and DB entries [start] in week 2 but if I do that, there are other problems. One problem is that students who are looking for a filler course or something else to add that is possibly online…they might register for the course late… It tends to make the students have more chance of being unsuccessful if we do it this way. All of these factors…make me tend to want to ease into the semester a bit so that everyone is on the level playing field. (November 11, 2014)
This narrative underscored the challenges in choosing course strategies that have as a primary element the intergenerational relationship development between the student and the older adult interviewee. It also highlighted how intergenerational relationship experiences need a vehicle for reflection, which is found in the DB and journal entries.

I found within my narratives of experience a focus on the initial interviewing experiences of participants with their mentors. I noted that: “They’re all interviewing one older person for 12 weeks in a row and answering questions each week” (Interview transcript, October 16, 2014). Interviewing an older person may be nerve–wracking for young people. I illustrated this below.

A few students had written that they were quite nervous and felt out of their depth at the first interview. In my notepage in the course on interviewing, I discuss that the first few interviews will lead way into more of a relationship and that the last interview or two may also be strained, since that relationship will be changing or ending. (Monthly memo, September 22, 2014)

Seemingly, the interviews become more comfortable after the initial few weeks of relationship development as engagement between the participant and the elder mentor deepens. The interviews with the elders might lead to a relationship that may last and may be an influence on participants’ lifestyles as they continue to age.

I have uncovered in my inquiry two stories that bump up against each other to cause tension. The dominant cover story is that many universities require two semesters of 16 weeks each, as well as summer offerings, to constitute an academic year. The competing school story has the colleague participants developing courses within the university
frame. In order to provide students with gerontological teaching strategies that may influence their views and lives once a gerontology course is over, intergenerational relationship development and reflective narratives need to be utilized within gerontology courses and adhere to the university schedule. Colleague participants in this study use both teaching strategies. However, an additional tension within the colleagues’ use of these strategies is that the weeks necessary to establish effective intergenerational relationships is unknown. Perry stated her course involved a one–time interview experience with an elder, followed by a reflective narrative and a presentation to other students regarding the elder mentor’s life story. Carol’s nursing course included 20 hours of intergenerational communication with a variety of older adults with weekly reflective DB postings. The Aging Course provided for approximately 12 weeks of intergenerational relationship through directed interview questions between one student and an elder of the student’s choice. My student participants highlighted that they experienced shifts in their views about older adults. This might in turn be informative for others in terms of structuring gerontology courses.

I noticed within my narratives of experience a focus on caring may occur within the intergenerational pairing of participant and elder. In a field note from my interview with the faculty member Carol, I noted that: “Caring is present with nursing students and all students in gerontology courses as they interact with elders” (Field note of interview, November 6, 2014). Seemingly, it is important to have intergenerational interviewing but the number of weeks of the interviewing may vary. The journal, DB, and the Part I and Part II course papers may be the vehicles for encouraging narrative reflections of caring, past experiences, and new knowledge as a result of the interview experiences.
I detected within my narratives of experience a focus on the online journaling teaching strategy. In the following narrative I had written that: “The journal postings are not a time sensitive [closes on Sundays at noon for grading] strategy like the DB is. Students/participants can enter journals each week or they can wait and turn them all in at the end” (Field note, October 20, 2014). Moreover, the journal has a particular purpose. In the following narrative below, I related the purpose of the journal strategy.

The journals have three sections: 1) respond to a text topic 2) describe how the interviewing of the mentor I going, and 3) write about personal feelings, insights, and struggles you experienced this last week in the course. (Field note, November 11, 2014)

This narrative underscores how the journaling strategy allows for reflection in many areas of the course. Additionally, this is also a way for a participant to share more personal information, experiences, or concerns since the journal postings are private between the instructor and participant.

There might be tension surrounding the journaling strategy in The Aging Course. The journal entries are reflective pieces that take time to develop. They are not time–sensitive in that they are not required to be completed weekly by noon on Sundays in order to gain points. In the following narrative below, I describe some of the tension surrounding the journal strategy.

The journal portion is not set up to be cut off at a certain time. In past iterations of the course, I had identified the differences, indicating that they could put off the journals if they were having a heavy week. I thought that would be helpful for their time
management. It ended up that journals went undone for weeks. Some students would keep their word documents and submit them all at the very end of the course. By doing this, I would not be able to give any guidance, if needed, to those students during the semester. However, I rarely gave guidance on their journals. If there was an issue, I usually sent the student an email since I would not be sure the student would look again at a journal entry they had already posted. (Monthly memo, September 22, 2014)

Seemingly, in an attempt to help students by not requiring journal entries to be posted weekly, I may not have helped them as I could possibly miss issues if they posted all journal entries at the end of the course. Below, I illustrated an additional consideration about journaling.

I could change the course and make the journals time sensitive too, but that goes against my view of helping the students and understanding they also have lives outside of the course. So, I’ve decided to just live with the tension each week. (Field note, October 26, 2014)

However, I could also possibly detect participant issues that might surface through the DB strategy if the journal postings were not available. Hence, by attempting to provide flexibility in assignments in The Aging Course, I may be giving up the ability to assist a participant through the journal postings if the participant does not post weekly journals.

I illustrated within my narratives of experience a focus on the teaching strategy of the DB. In the following narrative, I discuss my thoughts after interviewing a faculty participant about the use of the DB strategy.
She said with her online class, which uses DB, she felt she gets to know [students] pretty well. She had made some comment about how one would not expect to think DB was adequate for relationship development, but she found it to be true. I know from the literature that online and face to face relationships are about equal. I also feel that I get good quality discussion online in my courses. (Field note from interview, October 16, 2014)

The DB approach to learning may be as beneficial as face to face discussions. However, there may be tensions with the DB strategy. Seemingly, there may be doubts about responses in the DB or an uncertainty about whether students respond to others’ DB postings after they had completed the required postings. I illustrated this tension in the narrative below.

I know from the perspective of a student, once I post the required number of entries, I move on and don’t look back to see if anyone answered a post of mine. If a student does go back to see if others have responded, and I have done this myself, it’s probably because they are really invested in this particular thread or topic or they were hoping for more information. (Field note, November 3, 2014)

My experience as a student in the DB might influence my views of postings after the deadline. In the following narrative below, I reflected on my concern.

My main concern as a teacher is getting student to respond to a post you sent them, asking them to consider some issue in a deeper way for better student learning. If students did their required posting, then considered their work done in that class for that week, and didn’t look back moving on to another assignment in another course, how would they see the teacher’s post to them? They wouldn’t. The teacher could set
up the course in a way that makes them post an initial entry earlier in the week so that there would be posts available to respond to later in the week. In that way, the teacher could interject a post earlier in the week in response to students’ initial posts and have a better chance of receiving an answer from the student as they are reading other peoples’ posts and deciding which ones to respond to.

This narrative seemingly outlined how there may not be many good remedies for ensuring students respond to faculty or other student posts late in the posting period of time. The tension surrounding the DB was also illustrated by my colleague participants. There was uncertainty in the concern that students did not always see faculty response posts. This concern bumped up against the assumption by teachers that students would look to see if additional posts to them had been made before the DB closed. However, both colleagues utilized other avenues for assessing student knowledge and views, such as clinical conferences or discussions addressing particular views or issues.

I distinguished within my narratives of experience a focus on the closing dates for the DB. I illustrated this tension that was brought up by two participants in the narrative below.

From a student participant, I heard how he/she would have liked to go back and see if anyone responded to their posts but was unable to. I find this interesting because each week on Sundays, when I would go grade their posts, I would, first thing before looking at posts, edit the DB to remove the noon date that prevented them from adding a post or looking at the DB discussion. I have found over the years that they might want to go back and look. They might want to check to see if they had made a post…This semester, the DB didn’t work the way it has in the past. When I would go
in and look at each post, when I returned to the week’s list of entries and responses, I would see a lighter, less bold, font on those that I had already read. This semester, there was no such “less bold” notice for me to go by. That was helpful in the past to see if an area was still bold, meaning I hadn’t seen every post I was supposed to. I didn’t have that this year.

Seemingly, there was a lack of communication as well as a change in the DB function that influenced the DB experience for participants and myself during the data collection semester. By illuminating these stories of tensions experienced by myself and colleague participants, I shed light on how other educators may consider the use of the DB and how it is structured with closing dates and times during the week and attending promptly to technological irregularities.

I uncovered within my narratives of experience a focus on teaching strategies that I have found to be useful in on–ground or blended gerontology courses. I illustrated some of those strategies in the narrative below.

I used to teach an on ground …course years ago and for one of the classes, I would have everyone put on plastic glasses that I had covered up with scotch tape, so it was harder to see out of the glasses to give students an idea of some of the challenges elders face. It seems that ageism and fear of aging are the scotch tapes sticking go the glasses of society so that people can’t see what needs to be done for our future. (Field note from interview, October 16, 2014)

Manipulatives such as eyeglasses and cotton in ears may be a fun activity for thinking about the needs of some elders. A final teaching strategy that I have used in the past was that of
characters with traits sometimes seen in older adults. I illustrated this idea in the narrative below.

As a teacher, I tell stories that go alongside the content, or concepts, or experiences of the course. I have even developed a few older lady characters complete with costumes and story scripts to make learning about aging more fun and interactive. (Monthly memo, October 21, 2014)

This narrative underscores my belief that interactive or experiential ways of getting students’ attention may make learning more pleasurable. Moreover, I have demonstrated in a previous chapter how my use of dramatic manipulatives in my teaching is rooted in my past experiences. It is therefore a part of my personal practical knowledge. It is hoped that this example of my teaching will be useful to other educators for uncovering aspects of their personal practical knowledge that guides their teaching and that connects past and present experiences with teaching.

In this section, I have related the data analyzed from the interviews of my two colleague participants as well as my own weekly field notes, monthly memos, and interview field notes. From my findings arose the themes of Interviewing of Elders and Gerontological Teaching Strategies. In this process, I have further uncovered my participants’ and my own storied tensions that have bumped up against expectations, assumptions, and views of participants related to aging and older adults.

**Highlights of Colleague Participants’ Data**

The findings of my study in relation to my colleague participants and myself are embedded within two narrative themes. The first theme was that of Interviewing of Elders.
This theme had three sub-themes which included: Benefits for Mentors, Benefits for the Participants, and Benefits for Gerontological Education. The first two sub-themes were discussed in the previous student participants’ data chapter. The third sub-theme related to the narratives of experience of the colleague participants and was presented in this chapter. The other theme was that of Gerontological Teaching Strategies. This theme also had three sub-themes which included: Participant Likes and Dislikes, Development of Courses, and Teaching Strategies. The sub-theme of Likes and Dislikes was discussed within the student participants’ data chapter. The remaining two sub-themes arose out of the colleague participants’ data were presented in this chapter. Through the analysis of colleagues’ narratives of experience, two themes were uncovered that may provide a glimpse of the status of gerontological education in our society.

From colleagues’ narratives of experience, much information about gerontological education has been revealed from the vantages of three different colleagues. These vantages provided a range of experiences regarding students, course structures, and tensions. The highlights of these vantages are presented below. There were three faculty participants. One participant taught gerontology courses in a college of nursing. One participant taught aging courses at a university, and one colleague participant taught aging courses at the college of nursing as well as the university.

The gerontology course structures taught by these colleague participants were varied. Two courses were blended in that they had online and on–group components. One course was an online only format. All three courses were 3 credit–hour offerings. One course split the credits into a two credit–hour theory course and a one credit–hour practice course. All
three courses utilized experiences with older adults and reflection opportunities for their students. The length of the intergenerational relationship opportunities between students and older adults varied. One course included a single scheduled two–to–three–hour interaction with one elder in an interview setting; one course provided a 5–week session with 20 total hours of interaction with various older adults at a facility setting; and one course incorporated 24 hours with one older adult over a span of 12 weeks at the convenience of the student and the elder.

The primary teaching strategies of the colleague participants were also somewhat varied. All three faculty participants utilized intergenerational relationships through interviewing strategies. All three colleague participants incorporated reflection strategies through a variety of means, such as the DB, journal, presentations of an elder, and a culminating paper. One colleague participant utilized reflection through a private journal between the student and the faculty member. Two colleagues utilized a culminating paper in which the student would identify what he/she had learned and if the student had experienced any changes in views about older adults and aging.

The findings from the colleagues’ narratives of experience uncovered some tensions. One tension was that of the participants’ discomfort in speaking to an older adult. All three colleagues had noted that students were uneasy or fearful of approaching an older adult they did not know. This notion may indicate a lack of exposure by young people to older adults in their communities.

Another tension discussed by the three colleague participants was that of the DB. Colleague participants had stated difficulties with students not responding to faculty
comments about potential biases toward the end of the DB posting period and lack of quality of responses by students who might have been simply responding because it was required. All three colleagues had a mechanism for following up with students who may have been off track. These mechanisms included: responding via the DB, waiting to see if other peers responded to the student, or facilitating group discussion on this topic online or on–ground. In addition, one colleague spoke of student dissatisfaction when they could not look back on previous DB weeks to see if late responses had been posted.

There were several benefits to the DB. One benefit mentioned by colleague participants was the ability for students to tell stories of their own past experiences, their relationships with their mentors, their care and concerns for the mentors, and how their personal views about older adults and aging may be changing. Two colleague participants agreed that the quality of the DB discussions were comparable to experiences with on–ground discussions. Hence, despite tensions around the functioning of the DB, it remains a very useful avenue for reflection and learning through the stories of others.

Finally, the colleague participants’ narratives of experience identified a view of society in relation to gerontological education. Seemingly, there are limited gerontology courses and inadequate numbers of faculty who are knowledgeable about aging and older adults. In addition, the findings related to colleague participants outlined a possible struggle to keep and develop gerontology courses at some higher education institutions. The colleague participants identified that some marketing strategies might help increase awareness of gerontological education offerings. Two colleague participants discussed integrating older adult content into non–gerontological courses where appropriate.
The findings that I discuss in this chapter are highly informative for shedding light on deep insights into the nature and experience of gerontological education as experienced by my participants. My participants’ stories also offered much information about their perceived encounters with experiential stories of tension. They outlined where there stories of teaching gerontology courses bumped up against stories of college course offerings and stories of marketing and the needs of contemporary students. As such, there is value to consider some of the factors influencing my colleague participants’ experiences with gerontological education and ways such experiences might resonate with others in terms of competing or conflicting stories.

The colleague experiential stories discussed above seemingly indicated a need for continued marketing regarding the need for and the benefits of gerontological education. Activities that highlight gerontology courses may bump up against competing agendas on several levels, including societal, institutional and college–student levels. Second, the findings from my participants’ narratives of experience indicate that intergenerational relationship stories between older adults and college students through interviews within gerontology courses may influence college students’ views on aging and older adults.

Additionally, the data collected within this study indicated that my participants related stories of unease in speaking with older people. My colleague participants explored how the establishment of intergenerational programming within the K-12 schools may address this issue. It further appears that opportunities for reflective stories in gerontology courses may reveal students’ background experiences, aspects of caring for their elder mentors, and possible actions students might take to have a healthful life as an elder in the
future. These stories complement my colleague participants’ stories of their use of reflection

teaching strategies. These study findings may come at a time when our society is becoming

aware of the increasing numbers of older adults. My colleague participants’ stories of

experience with gerontological education may thus assist in the path to prepare members of

society to care for the growing population of elders. By understanding more about the views

of student participants regarding aging and older adults, educators can be more confident in

choosing teaching strategies that will strengthen students’ understanding of and interaction

with older adults as they go forward as future leaders in our society.

Chapter Summary

In this chapter, I discussed the findings of my study that were drawn from my
colleague participants as well as from myself in accordance with two themes: Interviewing of
Elders and Gerontological Teaching Strategies. My findings also included identifying storied

tensions, or instances of narrative bumping, that focused on increased awareness of the need

for gerontology courses at several levels and storied tension surrounding the use of the DB as

a reflective tool. Stories by colleague participants revealed the positive influence of

intergenerational interactions on students’ views. There were compatible stories on the use of

reflective strategies to assist students in storying past experiences with elders and re–storying

them as their understandings about elders changed. Finally, there were stories of uneasy

feelings by students when faced with talking to older adults. From these stories of experience

by colleagues, the understanding of the need for gerontological education and particularly

influential teaching strategies may prove to be useful for other educators and students.
In the next chapter, Chapter 8, “Insights into Experiences of Gerontological Education,” I highlight inquiry findings across and within my participants’ experiential narratives. I examine these stories through the use of the three–dimensional narrative inquiry space of Clandinin and Connelly (2000). This includes a consideration of the continuity dimension where participants move between the past, present, and future in their thinking; the influence of the environmental place or situation dimension; and the importance of the social and personal aspects of the interaction dimension.
CHAPTER 8

INSIGHTS INTO EXPERIENCES OF GERONTOLOGICAL EDUCATION

In the previous chapter, I discussed the findings of this study based upon my colleague participants’ and my own narratives of experience. I examined how my inquiry findings illuminated the uncovering of two common narrative themes regarding teaching gerontology courses from the vantage of faculty members. I further shed light on some stories of tensions experienced by my participants as additional inquiry findings and considered how such narratives might be useful for other educators in the field of gerontology.

In this chapter, I outline insights gained from my inquiry findings about online courses on aging. I concentrate here on my participants’ experiential stories utilizing the three–dimensional (3D) narrative inquiry space (Clandinin & Connelly, 2000). I display how participants moved back and forth, sharing from within and commenting on things outwardly and from the past and the present. In addition, I include a summary of connections uncovered and lessons gleaned from the 3D narrative inquiry space regarding the experience and shaping of a gerontological course.

A Three–Dimensional Uncovering of My Student Participants’ Narratives

As discussed previously, within this study I made use of the “three–dimensional narrative inquiry space” (Clandinin & Connelly, 2000) to gain insight into the meaning of the findings uncovered within my investigation. The three–dimensional (3D) narrative inquiry space is unique in that it allowed me to look within and across narrative findings to showcase greater insights that were discovered from my participants’ stories of experience. This
comprised attending to the three dimensions of my participants’ stories of experience. The personal/social dimension included conversations, memories, news, interviews, and how participants felt about themselves. The temporal dimension focused on reflections about time shifts, such as from childhood to adulthood, including present feelings, situations, and those from the past. The third dimension was that of place, such as places remembered in the past or a sequence of places physically or with boundaries. In previous chapters I outlined several narrative themes that were uncovered through the data analysis of my participants’ narratives of experience. In this chapter, I explore insights gained from attending to these experiential dimensions and examining my participants’ stories of experience within and across themes and participants.

Courtney

In the previous chapter, recall that 23–year–old Courtney was working on a degree in sociology. She reported frequent contact with her maternal grandfather and her paternal grandmother. Her parents are 57 and 67 years of age. Courtney was an overnight attendant at an assisted living facility for a period of six months and was a waitress at an establishment where older adults frequented. In addition, she had previously volunteered at a nursing home for two years.

In reviewing Courtney’s narratives of experience across the three dimensions, the interaction dimension was highlighted through Courtney’s experiences interviewing her mentor Richard. Primarily, Courtney discussed through her narratives how she learned about cultural and generational differences. This was considered within the theme of Generational/Cultural Differences in the previous chapter. Courtney noticed that she needed
to allow time for her interactions with older adults. Her realization illuminates the personal interaction dimension. Courtney had noticed that she was quick to expect an immediate response with her mentor when they were talking. She realized that her mentor and elders she knew might wish to pass along beliefs and values to the next generation through lesson stories. For her to take in these stories, she needed to allow enough time for these conversations. Additionally, she had also described how she looked forward to talking with her grandmother on the phone but that she needed to set aside enough time for their conversations.

In addition, several stories of Courtney’s experiences highlighted the social interaction dimension. She told stories of her growing awareness of societal perspectives on aging, which was discussed in accordance with the theme of Societal Views on Aging in the previous student participants’ data chapter. Specifically, she noticed that she had some assumptions about older people that influenced how she interacted with elders. Courtney stated that she feels she has ageist views about slow drivers all being older ladies. She also noted that she talked too loud when speaking with elders, assuming that they were hard of hearing. Finally, she stated that she has discounted elders in the past and has recently picked up on older adults’ desires to be useful when working with older adults at her two jobs. Courtney’s narratives illuminated the temporal dimension. By reflecting on her personal experiences with elders and connecting content from The Aging Course, Courtney believes that she may have a better understanding of the challenges older adults face in society and may have gained insights into herself and society.
Linda

In a previous chapter, recall that Linda, 43, had previously taken a gerontology course that included service projects in the community with elders. She was working on a Bachelor of Liberal Arts degree. She is the youngest of three siblings and she expects to be the caretaker of her mother in the future. Most importantly, Linda had agreed to have a friend’s blind grandmother live with her. True to her personal interactions and beliefs about seeing the good in others and providing support, Linda agreed to have Big Momma, who was her chosen mentor, live with her during some portion of The Aging Course. She discussed how she believes that older people have much wisdom to share with others. Linda stated that she and her mentor shared a reliance on prayer and church, and that both believe that God has always taken care of them.

Upon review of Linda’s narratives of experience across the three dimensions, the dimensions that rose to prominence in terms of importance were the interaction and temporal dimensions. One of Linda’s stories of experience regarding her best friend of many years highlighted the dimension of social interaction. She understood the struggles of her best friend’s family in regard to Big Momma, who is actually a small woman. Linda knew of Big Momma’s stubbornness in her desire to remain independent, despite being blind due to complications with Glaucoma. Linda saw that Big Momma had been turned away by most all of her relatives and their attempts to help her. This relationship tension was discussed in accordance with the theme of Independence vs. Safety in the previous chapter on participants’ data. Linda discussed how she had known of the struggles with Big Momma and her family through social interaction, but her personal interactions had led her to accept
Big Momma into her environment. Linda had stated that it was important to have someone who had another’s best interests at heart.

Several stories of experience about Linda’s growing knowledge of community resources for older adults illustrated the social interaction dimension. These narratives were discussed in accordance with the theme of Aging Resources in the previous student participant data chapter. She stated that transportation was a critical link in the older adult’s ability to remain independent and functional. In particular, Linda shared the details of the Share-a-Fare transportation service used by her mentor Big Momma and how it was preferable to fixed-route bus service. Linda also spoke about the assistance provided by adult day care services and the Whole Person agency that assist people with disabilities to live more independently.

Linda’s narratives highlighted the temporal dimension when Linda spoke of her past and present knowledge of community services and her experiences interacting with these societal services. Linda also spoke of some of the issues her mentor, as well as other elders and caregivers faced. Linda reported that lack of understanding of available services and facilities within our society may be a barrier to helping older adults and their caregivers. She specifically spoke about how misunderstanding of dental care insurance may lead to bigger dental hygiene problems later. She also stated that affordable health care clinics often had long wait times and crowds. Finally, she reported on her mentor’s experiences with the delays of social security and Medicaid payments when moving to another state, which prevented her mentor from getting her medications. Additional inquiry findings from Linda’s stories of tensions when dealing with her mentor’s unstable living situations and parameters
of assistance agencies may be useful for others in the field of gerontology. Agencies and service providers may gain new understandings about the experiences that elders and their caregivers may face in securing needed services.

**Mark**

Recall that Mark is a 44–year–old Liberal Arts major and he recently added the computer science minor at the university. Mark had also been the primary caregiver for his grandmother and his mother. His mother had cancer and died approximately six years ago while he cared for her.

Mark’s narratives of experience highlighted the dimension of situation or place. Mark was living his life in several places that affected his health and his viewpoints. One of those places is the workplace. Mark has reported through his Aging Changes theme that the retail environment where he works is dusty and causes him to be on his feet a lot. He mentioned that sometimes he and his co–workers get frustrated with older workers and that makes him feel that he is working twice as hard as them. In addition, Mark’s narrative on work and health illustrated the temporal dimension with Mark’s story of how he recently worked 7 days in a row, and as a result, he noticed his knees were hurting. He also reported that he has asthma and takes medications for it. He noted that he had quit smoking about 6 years ago. He did mention through his Aging Resources theme that his workplace did have an employee incentive program where they reduce the cost of insurance if he would get a yearly check–up.

Another place where Mark lives is at home. Mark highlighted several stories of experience and concern that showcased his growing awareness of caregiving issues, which was discussed in accordance with the theme of Aging Changes in the previous student
participant data chapter. Mark’s narratives highlighted the temporal dimension when Mark reported that he is in a long–term, same–sex relationship and feels that it will continue to be of a very long duration. He has no children and worries about who will care for his when he is older. Mark stated that he knows most people would like to remain in their own homes as they start needing help. He has noted that several of his friends have had major health concerns, and that his partner’s best friend had a heart attack at age 41. He used to have a place in his mother’s home where he was the main caregiver. He found it challenging to be the caregiver and at the same time, research agencies and services that might have helped him balance all his roles. He stated that when he was in his 30s and caring for his ill mother, he found it harder to bounce back and balance everything compared to when he was in his 20s. He also has a place at his father’s house. He reported that he is so busy, he does not spend enough time there with his father and other family members. The gym is a place where Mark used to spend more time but with work and school, he admitted within his Components of a Healthy Lifestyle theme that he hasn’t exercised for months and feels stressed with work and school.

Another place where Mark has recently spent time was with his mentor, Harriet. His narratives regarding the influence of his mentor highlighted the personal interaction dimension. Mark’s reflective narratives were discussed in agreement with the theme of Elders as Role Models in the previous student participant data chapter. Mark stated that his mentor has modeled how to not worry, how to control stress by being positive, having a spiritual connection, and having regular physical activity. Mark’s narratives of experience also highlighted the temporal dimension in Mark’s narratives of experience when he
remarked that he has realized that what he has learned in this course and by conversations with his mentor, he has a better idea of what he needs to change for his own health as he gets older. He also felt like he was more informed about the aging process, which he stated helped him feel less anxious about getting older.

Mark illustrated the various places in his life. He identified that the boundaries to a healthful adult life might be his stress, anxiety of physical illness, and improper food and exercise choices. He also voiced concerns about the different points of view regarding same-sex couples and what that might mean for his partner if he spoke of Mark’s healthcare wishes. He noted that his view of aging was different than that of his mentor Harriet. In considering the personal interaction dimension through Mark’s participation in the intergenerational interviewing within The Aging Course, he was exposed to an elder mentor who had a healthful way of living and dealing with stressors. He identified his intentions to implement strategies that may improve his life and health as a result of his relationship with Harriet. As an additional inquiry finding, Mark’s stories of tension within himself and with his situation may have led him to be willing to make some lifestyle changes as a result of his mentor’s influence. The use of an intergenerational relationship in teaching may be a strategy that other gerontological educators might consider.

In further exploration of this dimension of situation/place, I was able to pull backwards within the data to illustrate Mark’s connection with the temporal dimension. From Mark’s narratives of experience of his past, he was the primary caregiver of his terminally ill mother. He noted that he was overwhelmed and that if he had to do it over again, he would have gotten more help. In the present, Mark remarked about his present concern about
balancing his stressful life and friends who were his age who were experiencing serious health issues. He had concerns about who would care for him in the future as he did not have children who could become caregivers. He does have his partner’s nieces and nephews as well as his own nephews and nieces, but he is unsure of the commitment they would be willing to provide when he may need care in the future. Finally, he may have gotten some ideas on healthful living from his mentor that would also be of benefit to him as he ages into the future.

**Patty**

In the previous chapter, recall that Patty is a 41–year–old female participant who was enrolled in a Bachelor’s of Arts degree in psychology with a gerontology minor. Patty completed her gerontology minor practicum at an Area Agency on Aging in our city. Specifically, she worked on the in–house database of resources that covered five counties. She desires to be well versed in the language used in health–related fields in order to better serve elders in the future.

Upon review of Patty’s stories of experience across the three dimensions, the dimension of personal and social interaction rose to prominence in terms of importance. Patty chose to interview an elder who had emigrated from South America. Through her narratives of experience, she learned about cultural differences. This was considered within the theme of Generational/Cultural Differences in the previous student participant data chapter. Patty had known Adolfo for 30 years here in the United States. When Patty began interviewing Adolfo, she noted that the interviewing process was a family affair, which highlighted the social interaction dimension. She related that once trust had been established, she was
quickly introduced to his sister Alma, who also sat in on the interviews and gave her own perspectives to the questions Patty was asking Adolfo. Soon, two visiting relatives from Guatemala were introduced and they too participated in the interviewing process. Amid the conversations, Patty could distinguish how Adolfo, an immigrant who had assimilated into our culture, kept a few of his cultural views and habits, mostly about anniversaries and a few food items, but also was different in contrast to the visiting Guatemala relatives.

Patty shared several stories of experience that showcased her growing awareness of gender differences held by her interviewees. This was in keeping with the theme of Generational/Cultural Differences considered in the previous student participant data. Patty uncovered some gender differences in that her mentor Adolfo felt he needed to be quiet about his feelings of depression because he was the “man” and was supposed to be the strong one. In addition, Adolfo had an enlarged aorta but chose not to dwell on his situation.

Patty’s narratives of how she learned about her mentor’s use of services that are available in the United States illustrated the social interaction dimension. These were discussed in accordance with the theme of Aging Resources in the previous chapter of student participant data. Patty noted that in the United States, Adolfo has Medicare to help with health expenses but his Guatemalan visitors do not have this type of help and rely on living responsibly. He also shared struggles with language barriers with his Guatemalan visitors, even though Adolfo had been in the United States for many years. Patty reported that she listened intently to the English spoken. She noted in Adolfo’s family the younger generations often assisted the elders in understanding the nuances of the English language. Patty also described the change in Adolfo and his sister Alma when they found a Spanish–
speaking physician and how this maximized their care simply by not having to try to explain words that did not translate well. Patty also distinguished some racist language and behaviors toward Adolfo that he experienced as an immigrant. She was surprised by what Adolfo had said as her interpretation of life in the United States today did not include some of the experiences Adolfo had recounted. Patty’s narratives may shed light on tensions that some immigrants may experience. Language barriers and racist views by others may continue to be a tension despite many years of living in the United States. Specifically, Patty’s recollection about how the presence of a Spanish–speaking health care provider made care so much better for Adolfo and his family may be instructive for those working in the field of gerontology. In addition, Patty’s gerontology practicum was at an Area Agency on Aging, where Patty enhanced her awareness of communication and the need for health literacy in multiple languages.

As Patty was asking her mentor and his relatives about caring for each other when they became quite old or needed care, she discovered a different view than what she had expected. The siblings and relatives worked through the posed questions by everyone talking it out. The results were that Adolfo had no qualms about being in a nursing home, whereas his visiting relatives planned to rely on younger family members for care. Patty’s narratives highlighted the social interaction dimension when she discussed that the use of outside services. Community services, such as participation in a senior center, was not part of the multi–generational view of living among Adolfo and his U.S. family and for his visiting Guatemalan relatives as well. Their family network and extended others in the United States provided all aspects of living life. In addition, within this network, Patty discovered a
responsibility by elder members to be positive in attitude, accept one’s stage of life and be appreciated for having lived a long life.

Through Patty’s narratives of experience, she described the contexts, boundaries, and points of view of several people: her immigrant mentor Adolfo and his sister Alma, visiting Guatemalan relatives, and herself. Adolfo and his sister held a combination of assimilated and homeland behaviors and points of views, while the visiting relatives showed current cultural beliefs and behaviors reflecting life in Guatemala. Patty interpreted these beliefs and behaviors through her lens of a life lived in the United States and her desire to assist elders in her community through the language of health. Boundaries experienced by Patty and all her interviewees were about the language and lack of access to information about health and healthy lifestyles.

**Paul**

In the previous chapter, recollect that Paul is a 24–year–old male student who is pursuing a Bachelor’s in Liberal Arts degree at the university. Paul indicated that he had not taken any prior gerontology courses. Paul did report that he had moderate experience with older adults, meaning that he had or cares for elder relatives or neighbors.

When reviewing Paul’s narratives of experience across the three dimensions, the personal and social interaction dimensions were prominent in terms of importance. Paul highlighted several stories of increased understanding about communication with older adults within his narratives of experience. These were discussed in association with the theme of Generational/Cultural Differences from the previous student participant data chapter. Paul related that in the past and the present, he has enjoyed a particularly close relationship with
all four of his grandparents. He has stated how they are vital to his life and that he is very thankful for his grandparents. Now that he is away at college, Paul connects with them by phone or electronically 4–5 times per week. Paul revealed that one of his grandmothers got a new iPad and now connects with her grandkids that way since her mobility is an issue. Paul recognized that this involvement keeps her mind active. Paul’s mentor Bill is a neighbor of one of his sets of grandparents.

Primarily, Paul discussed through his narratives of experience how he learned about the resilience of himself and older adults he is in contact with. This was considered within the theme of Dealing with Changing Roles in the prior student participant data chapter. I noted the temporal dimension in Paul’s narratives when he indicated that in the past, he thought older people were set in their ways. He also stated that he was uncomfortable with older people because he didn’t know how to treat them. Paul had the additional concern that someday he would break down physically and mentally himself as an older person. To address this he uses puzzles and chess to keep his brain sharp. He was also worried about interviewing Bill and how he would react to the suggested interview questions.

As it turns out in the present, Paul and his mentor Bill spent a lot of time talking. Paul’s narratives highlighted the personal interaction dimension when Paul said his mentor Bill talked freely about his concern that his wife was failing in health and he would need to take on the role of caregiver in the near future. Paul also saw that keeping a positive attitude helped Bill live a healthful life. Paul appreciated Bill’s willingness to share concerns. He commented that he himself tended to keep worries and fears bottled up inside him. Paul stated that he does not like to show emotions when he was upset or hurting. Paul has written
that he learned that allowing his worries and stress to build up can make things worse instead of just talking about them at the beginning.

Paul also noted within his narratives of experience a consideration of the need to have supportive friends/relatives present in one’s life. This was discussed in accordance with the theme of Components of a Healthy Lifestyle in the previous chapter of student participant data. Paul realized that his mentor Bill continued to have social support time with friends at church.

Paul’s narratives about his elder mentor Bill as a role model highlighted the temporal dimension of the past, present, and future. Paul recognized Bill as a role model for handling grief and worries by sharing them with supportive others and utilizing social outlets and spiritual faith to cope with caregiving concerns at home. Paul stated that talking about his hurt or upsets is something he would like to work on. Paul also stated that his mentor inspired him to want to get more involved in church activities besides regular services.

Paul’s narratives about his grandparents also illustrated the temporal dimension. Paul’s grandparents play a role in Paul’s life throughout the past, present, and into the future. In the present dimension, Paul met Bill and through his interactions with Bill, Paul uncovered some areas of a healthful life that he may consider going forward into the future. In particular, Paul has stated his desire to share his concerns instead of keeping them to himself, and has noted how he has been inspired to potentially increase his participation in church related activities.
Sherry

In the prior chapter, recall that Sherry is a nurse and is working on her bachelor’s degree in nursing. Sherry works in a hospital full time and in a nursing home part time. She is in her 50s and has personally experienced the caregiving role along with her five siblings as her mother had Alzheimer’s disease and was in a nursing home.

Sherry’s stories of experience highlighted the temporal dimension. In the dimension of the past, Sherry had noted through her narratives of experience that her mother no longer knew her or her siblings but that they made sure that one of them visited her daily. She also had reported that she missed her mother’s stories. Sherry also brought with her the profession of nursing where caregiving of patients and family was common.

In the dimension of the present, two important plot points occurred. Sherry stated that her mother died during The Aging Course. Sherry also reported that she has continuing fears that she would also get Alzheimer’s disease like her mother. Also during this course, Sherry began a relationship with her mentor, Joyce. Sherry highlighted through her narratives of experience an understanding about the influence of her mentor on Sherry’s thoughts. This was discussed in association with the theme of Elders as Role Models in the prior student participant data chapter. During their interview times together, Sherry noted that she learned her mentor’s views on aging and death. Specifically, her mentor Joyce’s view was that when it’s your time to die, there isn’t anything you can do about it. Joyce also believed that staying active and social can change one’s whole outlook. Joyce was very active in volunteering, keeping up with her network of friends and attending church regularly.
In the dimension of the future, Sherry discussed through her narratives how she learned about potentially important actions to living a healthful life, which was disused in accordance with the theme of Components of a Healthy Lifestyle in the previous student participant data chapter. Sherry illustrated that it is important to cherish the time you have with your older loved ones and make an effort to keep in touch and share stories. She also has indicated that she cannot dwell on her fear of aging and potential Alzheimer’s disease and that she should live your life one day at a time. From her mentor, she states she has also learned that staying active increases one’s independence. From Sherry’s narratives of experience with the death of her mother and her relationship with her mentor Joyce, she has developed some ways she can go forward into aging that will be healthful for her.

Betsy

In the previous chapter, recollect that Betsy is 54 years old. Betsy is considering a second career and it might be in aging. She holds a Master of Science in Education degree. She is not in a degree program at present but is taking courses that she thinks might lead her to a second career. She is enrolled in the gerontology certificate program at the university.

When reviewing Betsy’s narratives of experience across the dimensions, the temporal dimension of the past, present, and future was important within Betsy’s narratives. In the dimension of the past, Betsy discussed through her narratives of experience how she learned about some traditions. This was considered within the theme of Generational/Cultural Differences in the prior student participant data chapter. She stated that it is important to pass on traditions to younger generations. She noticed that growing up, she was taught to respect her elders and help them. She has also been fearful of mental incapacity. She reported that
she believes she already has difficulty retaining information like she did in the past as well as believing she does not hear as well either. She has also noted her reflexes are not as fast as in the past.

In the temporal dimension of the present, Betsy noted from her narratives of experience that she has always tried to help older people but she is now realizing that she may show respect through helping older people instead of really seeing what elders might need instead. From her narratives, she believes she has ageist views where she is taking care of and elder instead of partnering with them for whatever way they want to live.

A plot point in the present temporal dimension is that of Betsy’s elder mentor Joyce. Through her narratives of experience Betsy has became aware of the resilience of her mentor, which was discussed in accordance with the theme of Dealing with Changing Roles. By sharing a relationship with Joyce, Betsy became aware of how her mentor lives and the issues she has experienced. Specifically, her mentor had been married to her first husband, who died of cancer. Then she married the man she had been in love with for over 50 years. He has also passed away. Through her mentor, Betsy has recognized that love and possibly intimate relationships may certainly be part of the life of a healthy older adult. In addition, Betsy noticed that Joyce has had many friends who have died or are chronically ill, who are now unable to participate in activities with Joyce anymore. To cope with this situation, Betsy has noted that Joyce seeks out spiritual help, trusts in God, has a positive attitude, and accepts and appreciates what she has.

The social interaction dimension of Betsy’s narratives rose to prominence as they pertained to the importance of social support, which was discussed in alignment with the
theme of Components of a Healthy Lifestyle. Betsy reported that Joyce had also begun participating in more community and neighborhood organizations and activities as her small group of friends becomes smaller. Additionally, Betsy reported that her mentor exercises regularly and is adamant about meditation.

In the temporal dimension of the future, Betsy’s narratives of experience highlighted her growing perspective on healthy living and ways to help others. This was considered within the theme of Aging Resources in the prior student participant data chapter. Betsy stated she was open to trying meditation as a way to be healthier. She noted that her mentor showed her the benefits of a positive attitude and being active as she ages. She also brings forward a larger understanding of services and community opportunities available for elders. She stated that she has begun to research new prospects for her mentor Joyce to consider. In doing so, she feels she has also found a name for what she feels is a way to help elders in the future. She believes that case management may be an aging career where she could make a difference for elders in a way that partners with the elder by hearing their wishes.

Perry

In the previous chapter, recall that Perry has been teaching gerontological courses for 30 years. She holds a Ph.D. in psychology. Perry, who continues to conduct quantitative research on aging, is now the director of gerontology programs at the university where she works. These programs consist of the undergraduate gerontology minor and the graduate certificate programs.

In reviewing Perry’s narrative of experience across the dimensions, the personal and social interaction dimension rose to prominence. Perry’s narratives of teaching experiences
highlighted a story illustrating the social interaction dimension. Perry talked about how college students approach older adults. This was considered within the theme of Interviewing of Elders in the previous colleague participant data chapter. She noticed that students are often scared of talking to an older adult they do not know. To decrease this anxiety about interacting with older adults, Perry includes the interviewing of an elder by a college student as one of the teaching strategies within her courses. This strategy also assists students in establishing interview skills. Overcoming the hurdle of completing an experience such as interviewing a stranger who is also an elder may cause the student to feel accomplished.

Perry further described through her narratives the use of the interviewing and DB strategies in her courses. This was discussed in accordance with the theme of Gerontological Teaching Strategies in the previous colleague participant data chapter. Perry’s narratives highlighted the dimension of personal interaction when Perry spoke of assigning one student to one elder where the student utilizes an outline of questions related to course content. This gives the older adult the opportunity to talk about themselves. And then the students have to write a mini biography of what they found out. Perry reported that the older adults love it and the students gain confidence in communicating with older adults. The interviewing strategy may be combined with a reflection paper on the whole interviewing experience, as an added learning benefit for student participants.

Another teaching strategy to promote social interaction around aging is Perry’s use of the DB within her online gerontology course. Her narratives of experience highlighted the social interaction dimension when she focused on relationship development between the teacher and students through the DB. She reported that she felt like she got to know her
students because she read what they were thinking every week and she became able to associate a personality with a name. Perry also tried to comment back to them on the DB, especially if she was trying to correct some of her students’ biases about the aging process. Participating in the DB during the week and utilizing discussion to discuss biases may alter students’ views of aging and older people.

Perry also noted within her narratives of experience the importance of conveying a positive attitude about older adults. Perry reported that she alters the course content sequence to keep the positive feeling about aging among students. This includes positioning the death and dying text chapter earlier in the semester.

In illustration of the social interaction dimension, Perry also believes in the importance of ensuring the availability of gerontology courses for society as indicated in her narratives of experience. This strategy may increase the awareness and interaction of members of society with elders for mutual understanding. This goal is being exemplified by a newly developed Consortium on Aging at the university where Perry teaches. Perry reported that the Consortium on Aging has conducted a photo content, workshop, flyers, and a general education on aging course for the public to increase the university’s visibility as it pertains to providing aging education. The university has provided a small amount of funding to foster increased awareness of gerontology and its usefulness to society. Points of view about aging in society today may include ageism which may be a barrier to moving forward into the future with adequately prepared members of society and the assurance that older adults will be valued and appropriate services will be available. Perry described numerous stories of tensions. Her recognition, through participation in the DB, that young people may be fearful
or inexperienced in communicating with elders led her to choose particular intergenerational teaching strategies. Specifically, she utilized interviewing with directed questions, writing a mini–biography of an elder, and reflective DB opportunities that may shift students’ views about older adults.

**Summary of Connections and Lessons**

My participants’ narratives of experience, as seen through the 3D lens, has enabled me to uncover layers of meaning and connections between dimensions and themes. Each participant outlined how they have been influenced by gerontological education in ways that were illuminated by the various dimensions. By attending to these narrative dimensions, I have uncovered meanings of importance to my participants. Through the lens of the personal interaction dimension, I discovered that Courtney might want to allow more time when talking with her elder relatives so that she can receive and pass on to the next generation some of the beliefs and values she views as important in her family. When looking at Linda through the lenses of social interaction and temporal dimensions, I noted that she had discovered resources to assist her mentor’s goal of independence. While researching community resources and experiencing them through her mentor, she became more knowledgeable about community resources and the tensions surrounding their use by her mentor. Through the intersection of the dimension of situation/place and that of the temporal dimension, I uncovered Mark’s insights about how the various places where he had lived and currently lives and works has influenced his health, attitude, and stress levels. These reflections may have influenced Mark to consider how his future living and working arrangements may need to be changed as he grows older. In addition, analyzing Mark’s
narratives according to the personal interaction dimension revealed that Mark and his mentor had discussed his stress levels and Mark may have viewed his elder mentor as a role model for healthy aging for himself in the future. Through the lens of personal interaction, I uncovered that Patty may have gained insights into the challenges older immigrants in our society experience. Her desire to understand health and explain it in familiar language may have been strengthened through her interaction with her mentor and his family members.

Seeing Paul’s experiences through the intersection of the personal and social interaction along with the temporal dimension, I uncovered that his views about older adults may have changed. Paul’s views of elders in the past were of elders being set in their ways and noting that he felt uncomfortable talking with elders who were not his grandparents. The present situation in The Aging Course found Paul interacting often with his elder mentor. The influence of his mentor’s talks with Paul may have influenced Paul to share his feelings and concerns more often and to consider participating in church activities again in addition to regular services.

In attending to the personal interaction dimension as well as the temporal dimension, I discovered that Sherry had developed some insights about the importance of personal interaction. In the past, Sherry had stated that her mother had Alzheimer’s disease. In the present, Sherry’s mother died during The Aging Course. She also noted that she missed her mother’s stories. Additionally in the present, Sherry began interacting with her elder mentor. These reflections and interactions may have influenced Sherry to keep in touch with living family members more often and to consider more healthful ways of coping and living that her mentor exhibited and encouraged. Through the lens of the personal interaction
dimension, I discovered that Betsy felt she had learned through her mentor to not do things for the older adult, but rather to be a partner and do the activity with the elder. Betsy revealed that through personal interaction, her mentor may have helped Betsy see that having a spiritual connection, use of meditation, and positive attitude were healthful ways for her to consider. Finally, through the lens of the social interaction dimension, I realized that Perry, a colleague participant, purposely chose intergenerational teaching and reflection strategies that she hoped would encourage her students in communicating with elders and developing interview skills.

In this chapter, I further shed light on some stories of tensions experienced by my participants as additional inquiry findings and considered how such narratives might be useful for other educators in the field of gerontology. In conclusion of this section, several significant points were apparent to me. The utilization of the 3D narrative inquiry space deepened my understanding of my participants and allowed me to appreciate them in more layered and complex ways. Through my participants’ relationships with their mentors or via my colleague participants with their students, each participant may have taken away important messages that may have been unacknowledged or unanswered in their lives previously. In addition, each participant’s experiences may have shaped his/her understanding of themselves and older adults in our society.

The 3D analysis of my findings further assisted me in answering a sub–question for my study. This sub–question asked about how the experience of participating in an online aging course might shape college students’ stories of experiences with aging and older adults. From my analysis of participants’ narratives of experience through the 3D inquiry several
conclusions have come to the surface. First, my participants highlighted how their views about older adults and aging have been altered. Second, my participants discussed how they have experienced an intergenerational relationship with an elder mentor who might become a role model for how to live a healthful life as an elder. My participants’ stories hint that their elder mentors may have had an influence on how my participants view older people, see themselves aging, and how they may want to take steps to be able to re-story themselves as vigorous older adults in the future. Third, my participants actively engaged in reflection to uncover past and present experiences they have had with aging and older adults. They may have compared how they viewed older adults in the past with how they see their elder mentor today. They also indicated that some of their former views did not match up with what they have experienced with their elder mentor. This incongruence may inspire an increased awareness of these differences and may alter how they go forward thinking about and acting toward elders. Such findings might additionally be of much significance for other gerontologists, and more broadly, for other educators and teacher educators.

Chapter Summary

In this chapter, I uncovered insights about my participants that I gained as a result of utilizing the three-dimensional narrative inquiry space. In particular, I shed light on the phenomenon of an online gerontology course and the possible influences it may have had on participants. This further assisted me in answering my study’s research question and sub-question. In the final chapter of this dissertation, Chapter 9, “Conclusion,” I outline the potential of this investigation for informing teaching and learning about aging and for
shaping further teaching in an online format. I also discuss potential limitations of this study and possible future research directions.
CHAPTER 9

CONCLUSION

The previous chapter of this dissertation focused on the findings from my 3D analysis (Clandinin & Connelly, 2000) of my student participants’ and colleague participants’ narratives of experience as well as my own. The 3D analysis comprised looking through the lenses of temporality, where participants’ might have reflected on past, present and future experiences; environmental situations or places where participant experiences took place; and the personal and social interaction of participants with others in society. From these dimensions, I uncovered insights into my participants’ experiences that also assisted me in understanding the influence an online gerontology course may have had on their views of aging and older adults. In this chapter, I discuss the educational significance of the findings of this inquiry. I outline the potential of this investigation for informing teaching and learning in the areas of online education and gerontological education. Moreover, I discuss some of the potential limitations of this study and possible future research directions.

The culmination of this study highlighted several educationally significant elements. The self–study of my identity, the self–study of a practice problem, and colleague interviews provided me new knowledge about myself and as a teacher of gerontology courses. I also uncovered perspectives of student participants that indicated they may have shifted their views about older adults and aging. In addition, the data from both student participants and colleague participants illustrated that intergenerational relationships between older adults and college–level participants were seemingly transformational. The use of narrative reflections
of experiences may have further provided additional insights into student participants’ as well as colleague participants’ views.

**Personal Significance of the Study**

During this study, I had the opportunity to engage in narrative reflection regarding my personal and professional identities. As a result, I acquired new knowledge about myself. I came to realize that identity, or my story to live by, is a process that includes relationship development, accepting responsibility for my teaching strategy choices, and acquiring more confidence as a nurse educator, educational gerontologist, and researcher.

One of the significant findings from among my data was the recognition of my PPK and my strengthened identity as a gerontology educator. For example, I was able to uncover stories that highlighted how I had encountered early feelings of being professionally out of place as a new nurse, I became able to identify several tensions in my teaching, and I exposed some of my uncertainties as a nurse educator focused on aging and older adults. Uncovering such stories enabled me to understand their roots and how to overcome or better comprehend such perceived tensions and challenges. Other teachers may also be inspired by my story of self–study and my related building of a strengthened identity and how that has shaped my leadership, knowledge, and teaching practices. In addition, as a result of this study I have uncovered creative aspects of my identity. I recognized my use of drama in class and how it related to my early acting experiences. I also engaged in crafting found poetry to bring to light connected narratives across the personal and professional dimensions of my experiences. These creative endeavors might further prove to be of interest to other teachers for reflective practice or for professional development activities (Freeman, 2007).
Also within the self–study of practice, I focused on the discussion board (DB), an area of tension in my practice. Some of my findings from among the data was that the DB was a positive experience for students and faculty when faculty participated in the DB, and it should be continued as a mechanism for reflection and potential new understandings. Additionally, I discovered that tensions surrounding the DB were also connected to several benefits. Despite the extra time it took for me to participate in the DB, I enjoyed feeling connected to students and their experiences. I could sometimes pick up on misconceptions, or the start of an inappropriate thread line, or get clarification from participants. By taking the time to participate in the DB, I found myself interjecting personal experiential stories, where I asked participants to compare or contrast my story to their experiences for further learning. I also experienced the tension of trying to participate as a daughter, discussing issues about my mother as appropriate to the DB’s directed questions. I loved telling these stories, because I could recall family experiences with a smile. Instead, I felt I needed to respond as the teacher to adjust a thread direction or help them focus more on a DB question.

Teaching The Aging Course as the teacher and as a participant in the DB was illuminating for me. Experiential learning on the part of the teacher contributed to my identity as an academic gerontologist (Gendron et al., 2013). When I sat down to post an entry, it made me appreciate the time and thought that participants took when developing the journals and discussion board narratives. The narrative entries could be complex. The layers of relationships from individual to societal as well as relationships between relatives and non–relatives in varying contexts seemingly provided rich experiences to reflect on, make connections with, and describe. Constructivist learning occurred in the DB with the
expression of participants’ experiences, building on what others thought, and then applying the new knowledge to future experiences (Jonassen, 2001). The teaching strategy of the DB was re–confirmed in my mind as an essential component of an online gerontology course. It provides the opportunity for reflection that leads to new understanding about the participants, older adults, and society.

From among the data from colleague participants, I uncovered the notion that a teacher might expect tension surrounding the DB related to due dates and technology anomalies. In addition, I learned through this study how within my experiences of teaching this online course, I needed to ensure that my schedule identifies adequate time to focus undivided attention to my students’ DB entries. This study was also personally and professionally significant for me, as I was able to uncover that as the teacher for The Aging Course, it was important for me to make students aware that all the voices of all students within the week were needed for an effective learning opportunity in the DB. By providing a weekly summary, I was able to include all the voices who participated in the DB. Thus, I became cognizant through this inquiry that the temporal borders of weekly cycles for the DB determined the sequence of events in the course (Connelly & Clandinin, 1999). In order to improve my practice and provide that consistency, I became aware of the need to adhere to a deadline.

**Social Significance of the Study**

A significant finding from among my data was my participants’ perspectives about older adults prior to taking The Aging Course. Through the course of collecting and analyzing participants’ stories of experiences, I uncovered a storyline where some
participants might have formulated biased perspectives toward older adults prior to participating in the intergenerational relationship activity of interviewing their elder mentor. Ageism is part of the socially constructed cultural and historical beliefs in our society (Butler, 1995). My participants Courtney, Sherry, and Paul discussed commonly held stereotypical views in regards to elders being slow drivers or rude in their comments. Betsy noticed discrimination in herself when she felt she overlooked elders or did not think of seeking out or considering the opinions of elders as valuable. My participant Paul declared he had never heard the word ageism before. My participants’ stories of experience highlighted how in the current fast-paced society, seemingly anything or anyone who may take longer in completing a task or answering a question may be overlooked, passed over, or tuned out.

A lack of awareness of aging and older adults might possibly stem from social identity theory, where very young people learn from their primary socializing agents, most often parents, who commonly hold negative views of other groups, such as elders (Stets & Burke, 2000). These messages are often tacitly held in the young person. In addition, symbolic interaction occurs between members in society. When young people interact with others in their environment, they may show attitudes, meanings, and behaviors that are ageist. As young people who are trying to develop the self within a social group that they are a part of, they may take on the definitions and symbols from these experiences and interactions with others (Mead, 1934). My participants also seemingly displayed a lack of understanding of the needs of elders in terms of services and policies. For example, my participant Betsy commented that she never took time to learn more about services for older people. Patty and Paul had vague understandings of Medicare and social security. Linda had
a bit clearer understanding of Medicaid. Mark felt there were so many health care issues, he felt discouraged. Betsy, Patty, and Sherry reported concerns about the Veterans Affairs health system. Seemingly, there may be a lack of health literacy about polices established to help older adults.

Also among my analysis of student participants’ data, I uncovered findings that showed my participants’ views about older adults could be changed. The primary course strategy that supported the changes in views of older people by participants was that of the intergenerational interviewing strategy. My participant Linda had said she used to think that “they’re just old” but after interviewing her mentor, she said she will not be using that excuse anymore. Patty felt that she had learned how important the human interaction was to health. Paul had noticed that staying active, having a spiritual connection, and being positive like his mentor is something he now strives to include into his life. Intergenerational theory provides for interactions between people who are more than one generation apart for mutual understanding and assistance (Vanderven, 2011). Through the relationship development that occurred over the 12 weeks of interviews, participants and their mentors shared their thoughts, feelings, and fears as they worked through the suggested interview questions. Participants reflected on these experiences through journal entries and DB posts.

Additionally, it is of much importance to highlight that from analysis of participants’ data I indicated that student participants indeed developed caring feelings about their elder mentors during their interviewing relationship. Leininger’s (1985) care diversity model explained that caring behaviors are assistive, supportive, and anticipate the needs of another to improve their well-being. Participants bring forward their values and beliefs, which guide
their thinking and actions toward their elder mentors (Leininger, 1985). Likewise, my participant Courtney thought her mentor struggled with arthritis more than he let on. Patty spoke of her empathy about her mentor’s increasing slowness in public and sees that her mentor is aware of her slowness. She wondered how it would frustrate others but especially her mentor, who is unable to change her slowness due to health issues. Based on their relationships with their mentors, participants wrote in the journals and DB postings that they had identified some areas that they would hope their mentors could take to improve their health. Paul suggested services such as house cleaning since his mentor’s wife was finding it harder to keep up due to some health issues. Courtney wished her mentor would eat less red meat and potatoes. Alternately, DB and journal postings showed that the relationship and the role modeling some mentors did by living an active life, helped participants to see ways they could alter their own lives to give themselves a better chance at aging well. Participants frequently mentioned discoveries about healthful habits for themselves from their mentors. Mark noted that positive attitude was key when aging. He also realized that keeping up with family support systems is beneficial in relieving stress and worry, and he planned to spend more time with his father. Betsy and Courtney recognized that it may take more time to complete a task or activity with elders, such as interviewing.

Caring feelings of participants toward their elder mentors may deepen learning and the importance of older adults and aging issues. These results were similar to that of Butler and Baghi (2008) that found an analysis of student journals to reveal themes such as: increased knowledge of elders; positive views of aging; strong connection to elders; more
sensitivity to elders’ feelings, values; and working with elders may be a possible career. Similar results were also found in a study by Whitbourne et al. (2001).

In addition, my data showed that intergenerational relationship development was very important in improving the lives of college–level participants. The experiences of developing a relationship with an older person may have provided my student participants with new understandings about elders. Breytspraak, Arnold, and Hogan (2008) reported that intergenerational relationships between medical students and elders encouraged meaning–making about aging and locating shared life experiences. Reflective narratives showed how past experiences might shape students and elder mentors, and how the future aging processes of elder mentors and students might be improved as a result of the caring relationships established during the course.

**Educational Significance of the Study**

Perhaps the most significant findings of this study is the transformative power of the inclusion of intergenerational relationships along with a reflective component into my aging course. My investigative findings pointed out how the relationship development between my participants and their elder mentors within an educational structure proved to be a catalyst for altering my participants’ views, and for their discovery of new resources, their considerations of changes in lifestyle, and their decreasing of fears of aging. These particular elements provided strong experiences for my student participants that may shift their views and encourage them to have an openness to considering aging careers/jobs as a possibility.

In The Aging Course, participants were to choose an older adult who was not a relative for the 12 interview sessions. Gorelik, Damron–Rodriguez, Funderburk, and
Solomon (2000) reported that having contact with an elder non-relative contributed to more interest in aging than with elder relatives because the students had more control over the length and number of contacts. In my study, participants scheduled their interviews with their elder mentors at mutually agreeable times. This mutual agreement interaction may have played a role in the quality of the relationship as it was beneficial to both parties.

Additionally, intergenerational relationships with more healthy elder mentors may decrease student anxiety about aging and show the students ways they may consider helping themselves as they age. O’Hanlon and Brookover (2002) had utilized interviewing experiences in a college gerontology courses that included interview experiences. Self-reported changes in beliefs on aging showed increased knowledge, awareness of diversity of elders, and aging strategies that students might use in their own lives.

Previous research has shown that intentional exposure of college students to older adults may influence students’ knowledge and perceptions of elders (Flood & Clark, 2009). Lui (2011) also stated after a meta-analysis of issues in educating college students about gerontology, that raising awareness of students’ biases and perceptions of others, as well as stimulation of greater interest in working with older adults, might be accomplished through participation in projects such as intergenerational interviewing strategies.

In addition, the quality and type of contact with elders may generate a more positive attitude toward older people in general (Schwartz & Simmons, 2001). However, previous research has indicated that length of contact was not as substantial a consideration as quality of contact (Pettigrew & Tropp, 2006; Schwartz & Simmons, 2001; Tredoux & Finchilescu, 2007; Wittig & Grant–Thompson, 1998). In my study, participants interviewed their elder
mentors for approximately 12 weeks. During that time, I have shown, through participant narratives, that changes in views towards older adults have been experienced. My investigation has delineated how intergenerational relationships may take many weeks to develop but the rewards in terms of new understandings, changes in views of elders, and potential changes in participants’ lifestyles toward a healthier life as an elder are of real benefit for the student participants, elders, and even for society. Hence, more lengthy intergenerational relationship experiences might be a substantial consideration in developing future gerontological courses.

**Benefits of Narrative Inquiry and Reflection**

My own direct researcher positioning within this study enabled me to include an inquiry component of examination of myself as a person, nurse, and teacher. This exploration was personally and professionally meaningful, yet it was also an important to my dissertation study. Through narratives and the analysis of my own reflections and those of my participants, I was able to more fully understand the meanings of these narratives of experience. Craig and Huber (2007) noted that narrative inquiries into participants’ experiences can be filled with complexities, and it’s those complexities that may help illuminate what it means to compose a participant’s story and recompose it as the participant has additional experiences.

Bintz and Dillard (2007) argued that what teachers think about learning, curriculum, and themselves as teachers can make a difference in the lives of students as well as themselves. I assert that other teachers in gerontology may also benefit from my stories of experience. It may be instructive for other teachers to see how reflective narratives assisted
me in paying more attention to personality traits and the ways those traits may influence how I teach students and have relationships with students as the teacher. Through my colleague interview transcripts, I compared myself to my colleagues, which helped me understand my knowledge and position within gerontology curriculum. By uncovering my creative self through narratives, I attempted new avenues of communicating aging content through stories and poetry. Finally, through reflective narratives on my identity, I experienced more strength about who I was as a teacher. This strength of identity and new knowledge about educational gerontology, learned through the narratives of this dissertation process, have empowered me to be more of a leader in curriculum development.

In addition, through examples of student participants’ narratives, this dissertation aimed to understand the experiences of college–level participants regarding aging, older people, and themselves. It was through DB responses to directed questions, responses to other students’ postings, private journal narratives, and demographic questionnaire responses that I came to understand my participants, their backgrounds, their views, and how the intergenerational relationships they formed with their elder mentors influenced them. Participants’ narratives showed how their beliefs about older people and aging may have shifted, how this shift may affect their own aging and choices of potentially healthful ways forward for themselves as they age.

My student participants’ narratives displayed a change or progression in their understandings about older adults, aging, and themselves as they age. My participant Betsy learned to not do things for her mentor, but to be a partner in helping her mentor do things for herself. Through Paul’s relationship with his mentor, he saw the importance of a spiritual
component to his mentor’s life. Hence, Paul decided to fit in more participation in his place of worship besides regular service attendance. Sherry’s narrative progressed from missing her mother’s stories to the belief in cherishing the time you have with older adults in your life, including her elder mentor. Through her relationship with her mentor, Linda came to understand the importance her mentor placed on independence, so she made herself more knowledgeable about community resources that may support her own aging relatives, but especially her mentor’s desire for independence. My participant Courtney wanted to absorb what she could from her elder mentor, so she learned to allow adequate time to take in all the wisdom her mentor had to give. From Patty’s relationship with her mentor, she compared her own dysfunctional family with that of her mentor, and vowed to spend more time with her son as a result. Finally, my participant Paul’s narratives showed how over time his mentor assisted Paul in decreasing his considerable anxiety about aging and helped Paul identify ways he could incorporate more healthful living into his daily life.

Through this re–telling of narrative experiences throughout the study, several realizations may have taken place as a result. I recognized new attributes about myself that may benefit my teaching practices. Participants might have been able to better understand older people as well as themselves. From this new knowledge, new ideas or ways of being and taking action might have been established.

**Study Limitations**

In this section, I consider several potential limitations related to study participants and their relationship to me as their teacher and the researcher. Next, I discuss the structures put in place to assure quality within this narrative inquiry study and the tensions that may
surround those structures. I also provided a discussion about some ethical challenges that I had not expected.

**Potential Limitations**

A potential limitation with this study may have been that participants might have been predisposed to learning about aging and older adults. From my participants’ demographic questionnaires and their sharing of views and experiences through narratives within the journal and DB strategies, I have gotten to know my participants. It is true that some of my participants, especially Patty, Sherry, and Betsy claimed that they were predisposed to learning about aging. Patty was working on her gerontology minor. Sherry was a nurse who had experience working with older adult clients, and Betsy was working on her gerontology certificate. I accounted for this potential limitation by being transparent with the demographic questionnaire data that participants provided.

Another possible limitation related to this study might have been that participants may have been motivated to alter their responses to achieve a more positive grade from me as the researcher and course instructor. I attended to this possibility by treating each student the same throughout the course. From the perspective of how participants entered DB and journal responses from the beginning to the ending of the course, I was not aware of any altered responses or attitudes. As the 16 weeks of The Aging Course progressed, there were weeks when not everyone participated fully, possibly due to other commitments in their lives.

This situation contradicts the notion that students might have created responses to achieve a potentially more positive grade, since students were receiving less points by not
responding every week. In addition, during the last week of the DB, all students, including my student participants, were asked to state their likes and dislikes about the course. Participants posted comments in response to my query, stating their feelings, positively or negatively. These responses might have indicated that participants were putting forth their true opinions, since not all comments were positive, hence, they were not attempting to alter the teacher’s view of their work for a better grade by being complimentary.

An additional limitation might have been the lack of generalizability or replication related to study participants. In previous iterations of The Aging Course, I did not collect demographic information on students. I did collect some demographic information from participants in this study, such as age, gender, reasons for taking the course, and experience with older adults. Culture and race information was not a focus of this study. However, after completing this inquiry, I realize that I might have been able to collect significant data by ensuring that I engaged with a more diverse pool of participants. I thus recognize that a possible limitation of this study is the lack of perspectives and narratives stemming from students from more varied backgrounds, such as is reflective of my typical classroom and other classrooms in similar urban environments.

**Quality Structures of a Narrative Inquiry**

There are several structures of quality in a narrative inquiry that may bump up against ethical standards of approval for a research study. One instance is that of the Institutional Review Board ethical research review. The outlining of a detailed study plan may be presumptive as I, the qualitative researcher, may not have had a chance to know the participants, develop relationships with them, or see where their narratives may lead.
Clandinin and Connelly (2000) remind us that relationships within the participants’ narratives are the foundation of a narrative study. It may be impossible to detail aspects of the study until I am in the midst of the inquiry. Since I was responsible for successfully getting IRB approval for this study, I needed to make decisions for the boundaries of this study ahead of time. This might have resulted in weakening some of the relational potential of this narrative inquiry in comparison to a study that might more be more fully created alongside participants.

Narrative inquiry may also bump up against the more traditional research inquiry processes. This form of investigation does not find the traditional research structures of generalizability, reliability, and validity to be congruent with the narrative inquiry process. Instead, these notions are guided by the narrative terms of verisimilitude, transferability, authenticity, and trustworthiness.

An important structural component of a good narrative inquiry study is that of verisimilitude or the realness of the data and interpretations (Clandinin & Connelly, 2000). Clandinin and Connelly (2000) stated that “[i]n narrative inquiry, the distinction between fact and fiction is muddled” (p. 179). I needed to question whether my participants’ narratives might have been written to impress me as the teacher and the researcher or whether a narrative represented an actual event or if it had been changed over time in relation to failures of memory. Clandinin and Connelly (2000) suggested that there is no easy resolution to these questions. However, they argued for attending to verisimilitude, or whether such stories appear to be real and truthful. To account for verisimilitude, I examined the progression of my participants’ narratives over the course of the semester and via employing the 3D inquiry
space. Participants in my study showed consistency of thoughts, views, and behaviors that, over time, slowly shifted.

Instead of generalizability, my narrative inquiry study valued transferability (Clandinin & Connelly, 2000) of similar experiences and ideas to other educators and practitioners who may read this dissertation. In addition, as an alternative to validity, this narrative inquiry study demonstrated authenticity in including participants’ quotes and the credibility of interpretations based on years of experiences in education and gerontology. Other gerontological educators may read this dissertation and may judge the study as having a sense of authenticity in the language and discussions of the issues. This dissertation study also included transparency in that I included narratives of my personal and professional backgrounds and struggles during my self-study so that readers might get a sense of who was interpreting the narratives.

Another way to strive towards authenticity in narrative inquiry is to have wakefulness or thoughtfulness regarding the context of the study. Wakefulness may be seen in the language used within the study. Using tentative language allows for diverse considerations and avenues of thought. Clandinin and Connelly (2000) suggested that wakefulness is being constantly alert to several risks. One of these risks is that of being narcissistic, or of turning the focus of the entire study onto the researcher instead of the participants. Another risk is that of solipsism or viewing only my own beliefs and experiences as real. Solipsism is difficult for me to understand because the narratives of my personal background and training in nursing are ones where diverse points of view are valued, sometimes above my own. My view is consistent with Clandinin and Connelly’s (2000) when they stated: “wakefulness is
best fostered… where diversity is cherished, where wondering about other possibilities is encouraged” (p. 182). By participating as a discussant in The Aging Course’s DB, this allowed me to guard against these risks.

Moreover, instead of reliability, my study illustrated the use of consistent and reliably thoughtful data procedures throughout an entire semester and analysis processes that were persistently applied to the data. The notion of trustworthiness or rigor in a qualitative study such as my narrative inquiry dissertation combines these elements discussed above. Trustworthiness includes consideration of the credibility of the author and possible transferability of study ideas and experiences to other educators. It also is made of dependability or consistently reliable procedures within the study as well as transparency and authenticity of all participants (Patton, 2002).

At the same time, as a narrative inquiry, I acknowledge that I have been positioned directly within this study and that I have constructed interpretations as investigative findings. Schlein and Chan (2012) considered the act of meaning–making as a central component of narrative inquiry. They further warn investigators to be highly attentive to researchers’ perspectives and experiences that might impact data collection in terms of stories heard and ignored, as well as narrative interpretations. The self–study of practice component of this study and my self–reflective stance as an inquirer throughout this narrative study enabled me to remain focused on ways I might unconsciously shape interpretations in specific ways. I documented through field notes and creative writing my own thoughts and reflections on experiences. I also described my experiences throughout the study within my field notes.
Conducting an analysis of my participants’ narratives across and within themes through the lens of the three-dimensional narrative inquiry framework also proved useful in this respect.

For example, upon reflection of my experiences with this dissertation study, I have identified some ethical challenges that I had not expected. One challenge was the struggle to interpret my participants’ meanings without my own past experiences and assumptions getting in the way. In the beginning chapter of this dissertation, I had suggested that I was uniquely positioned to conduct this study due to my extensive background in gerontology and gerontological education. I had even stated that I had a positive view of elders and aging. As I recall these statements now, I wonder at the direction of my positive view. I do believe that I have a positive view about aging and older adults. However, I uncovered through the course of this study that I sometimes do not have a positive view about other society members in their relation to aging and older adults. Participating in this narrative inquiry as a researcher, and as the focus of a self-study of practice investigation enabled me to identify my researcher bias and my teacher bias regarding my students and my participants. I realized that I sometimes view everyone else in society, other than older adults, as having stronger ageist views about elders than they might really possess. I documented this realization within my field notes so that I could account for this possible researcher bias. I also participated in several reflective and reflexive conversations on this topic with the Chair of my Doctoral Dissertation Supervisory Committee as I struggled to conduct my study while identifying and acknowledging my bias.

As I indicated in the Chapter 4, “Methodology,” I utilized the expertise of a critical friend to reduce potential researcher bias in my study. I shared anonymous data with a
Master’s–prepared gerontological nurse who has approximately 30 years of experience caring for older adults. Foulger (2010) stated that a critical friend has knowledge and experience in common with the researcher. This is mostly true in relation to myself and my critical friend, who I will call Margaret (a pseudonym). Margaret has more experience in acute care nursing of elders and management of elders and services needed for their extended care. My experience has been less in acute care and more in the community and awareness of service needs and teaching of students about aging and older adults. Margaret has not been exposed to the qualitative research process of this study. However, we have both shared an interest in older adults for approximately three decades. Schneider and Parker (2013) reported that one aspect of the critical friend relationship is that the researcher has the benefit of having the data examined by another lens: the critical friend. By collaborative dialogue, a potential reframing of events may occur (Foulger, 2010). Hence, Margaret and I compared our understandings of the data.

My critical friend helped me to look at my assumptions about ageism and we discussed ways that they may have influenced my interpretation of the direction and the findings of this study. The main criticism that Margaret assisted me in seeing was that I may have a potential biased view that all participants have strong ageist views. She felt a few word choices gave this impression, which might not really represent the participants’ true meanings. Margaret noted from student participants’ data that there were some realizations about tacit ageist views during early DB responses but possibly not enough to warrant some of my interpretations. This prompted me to recall a paper from a qualitative research course (Thurlow Interview Report, March 4, 2012) where I practiced interviewing techniques with
two college–level relatives about aging. I had noted in that paper that my interviewees did not show the ageist views that I had expected them to exhibit.

These questions about my assumptions and my underlying thinking have caused me to pause. I really do believe that ageism is a detriment to society’s ability to see the needs of the rapidly growing older adult population and I do feel alarm that we are not doing more to eradicate it. Is it the alarm that has me pushing ageism to the forefront of my mind inappropriately? This discussion has caused me to be more aware of my sensitivity to the effects of ageism in my work and to consciously strive for a balance in my views and interpretations.

**Limitation Not Expected**

A study limitation challenge that I did not expect occurred related to the DB. When I chose the DB as my self–study of practice problem for extended focus, I expected that I would find an answer or at least some solutions to consider to decrease my dissatisfaction with the DB in gerontological courses in which I taught. This choice to focus on the DB reveals my own bias. Upon literature review, colleague participant interviews, and my own weekly field notes and monthly memos, I did not get solid answers. Seemingly, there are tensions all around with the DB. From my findings, I noted that some faculty hope that their posts were read but they were not sure if that was the case. Some students posted the required amounts of posts on time and did not look back. Some faculty and students continually checked to see if new posts had occurred, and they were eager to see what someone had responded to their ideas whether it was after the posting timeframe or not. Some faculty have
even dropped the requirement for students to respond to other students’ posts due to the poor quality of the responses.

Clandinin and Connelly’s (2000) discussed how the quest for certainty “marks the technical rationalist and not the doing of science” (p. 17). This passage reminded me that as a narrative inquirer, I might expect from my study more questions and puzzles than answers, as the inquiry is based on experiences as rooted in human interactions. As a narrative inquirer, I have potentially brought to light some of the layers and intersections of the issue of the DB through my inquiry. Through the sharing of these stories, others may connect with experiences of their own, thereby possibly acquiring new knowledge about the DB. Hence, I do feel a bit more at ease with the uncertainty surrounding the DB. However, I still wonder at the way the DB, fraught with possible tensions, may influence students’ reflections of their experiences. By continually using the DB as a reflective tool, by participating in the DB as the instructor, and by requiring an initial post as well as at least two responses from other students weekly, I may encourage the re–shaping of student views and knowledge, despite the uncertainty that surrounds the use of the DB.

In addition, within this study, student participants were instructed to locate and interview one older adult using selected interview questions for approximately 12 weeks. Investigations about the student participants and what they might experience and learn were the primary foci of the study. In addition, colleague participants and I discussed the influence of the intergenerational relationships teaching strategy through the lens of what it could mean for the student experience. Hence, I considered whether it is possible that this study might be one–sided. I asked myself at the end of this inquiry, “What did the elder experience and
Data from the mentors, as interpreted by their student participants, indicated that the elder mentors valued the learning the participants were doing about aging. Additionally, the elder mentors as a group, enjoyed the opportunity to share aspects of their lives with interested participants. As the intergenerational relationships further developed, the elder mentors’ willingness to share their experiences increased and some were pleased that the participants might have viewed them as role models and friends. For possible future research, I might decide to include the direct comments from elder mentors or have students submit transcribed interviews for the purpose of my research. In that case, I would be sure to attend to those peripheral participants as a potential protected class and consult the Social Sciences Institutional Review Board for the proper procedures.

Through the student participants’ experiences with their elder mentors, their reflections about themselves and their mentors within the journal and DB strategies, I have been privy to some understanding of my participants and their elder mentors by seeing them “big” (Greene, 1995, p. 10), rather than focusing on them as statistics, symptoms, or challenges. Clandinin et al. (2006) voiced the desire that teachers want to see students big, to see each person as unique. This further means that I have understood some of the elders’ personalities, concerns, values, plans, and behaviors in their everyday lives, through the interpretations of their student participants. In addition, I have learned more about my participants through reflections in the DB as they compare their elder mentors to their past experiences with older adults. Through these reflective exercises, new understandings about older adults and the participants themselves may be realized.
Conversely, I have been privy to seeing my participants and their elder mentors “small” (Greene, 1995, p. 11). This means that I am looking at the influences of the intergenerational relationships and reflections through the DB and journal strategies in relation to course objectives, course design, and future curriculum planning. Clandinin et al., (2006) stated that seeing small illuminates behaviors from the systems view. Hence, when asking the question about the elder mentors in this study, I consider them right there with their student participants. They are present in this study as interpreted by their student participants. Their behaviors and thoughts are in the student participant’s reflections and lives. Thus, the elder mentors are an integral part of the intergenerational relationship and are visible through interviews and reflections of student participants.

**Ongoing Narrative Inquiry Puzzles**

There are several narrative inquiry puzzles that were brought up within this study that may lead to new or ongoing research explorations. One puzzle focuses on ways an intergenerational relationship between an older adult and a student may influence students to experience a shift in views about his/her mentor and/or older adults. My findings illuminated a relationship between my student participants’ experiences with older adults and changes in their perspectives. Further research that might include the elder mentors’ views through the interviewing process may uncover intergenerational relationship benefits and may have implications for course strategies. Further research using educators’ experiences with relationship development of students and elders through service learning or other intergenerational relationship activities may shed light on this question, and it might be of much use for practitioners in areas concerning gerontology. Additionally, my inquiry
findings from my colleague participants indicated that interviewing about elder’s experiences based on suggested questions was a common structure. Through further narrative inquiry research with educators, illumination of the types of activities and accompanying reflective assignments that educators’ experience as encouraging relationship development between and elder and a student may be uncovered.

Glass, Bengtson, and Dunham (1986) suggested that childhood socialization can be prolonged, intense, and psychologically important and that values and attitudes formed may persist into adulthood. This study’s findings indicated that college–level student participants in one class had experienced intergenerational relationships that may have shifted their views of elders and aging. In concluding this study, I puzzled over connections between age gaps and interactions with aging mentors. I thus considered how interactions with elder mentors might impact younger, school–aged children in terms of their perspectives on elders and aging. I wonder about the experience of students in elementary school or secondary schools who regularly interact with a non–relative older adult on a regular basis.

Conclusion

There are several groups within our society that may be impacted by the findings of this study. The findings of the self–study of practice may have implications for other educators and teacher educators who are considering a self–study. My experience from the study of myself was that I recognized the use of my PPK and strengthened my identity as an educator. This new knowledge assisted me in being more comfortable with the tensions that I had been experiencing about the use of the DB in my gerontology courses. I concluded that
the DB was a very important reflective tool that, despite its ambiguity, needs to continue to be a teaching strategy in gerontology courses.

Moreover, the findings that my college–level participants might have experienced a shift in their views about older adults through intergenerational relationships and reflective narratives within an online gerontology course, may have importance for other students and educators, as well as older adults. Gerontology educators may find this study useful for considering aspects related to the incorporation of teaching strategies that include intergenerational relationships and reflective narratives within courses that they teach. Further, teachers in K-12 environments may be informed by reading about the narratives here on the topic of incorporating an older adult into the classroom.

Other researchers who are considering a narrative inquiry study may also find this dissertation useful. In particular, I paired narrative inquiry with self–study of practice methods to consider all aspects of teaching and learning among myself, my student participants, and my colleague participants. This modified methodological approach might be valuable to others who are interested in noting how their own teaching practices are experienced while gaining insight into broader experiences and interactions in a classroom setting. This work might therefore be useful to other inquirers as an example for innovative narrative inquiry that is practitioner–focused. It is also of much relevance as a contribution to the literature on narrative inquiry.

In addition, gerontological educators, especially nurse educators, and online educators may find this narrative inquiry study of benefit. This study provides real–life experiences in using particular teaching strategies for others to consider for their own teaching situations.
This dissertation study about an online aging course might further be useful for other online instructors. My own uncovered ambivalence with the effectiveness of the DB, along with ideas I discussed concerning the structuring of my online courses, may be informative for other educators shaping new courses or conducting course revisions.

This study might additionally have usefulness for nurses who may be trying to find their place within nursing that matches their beliefs and skills. In this study, I shared stories of not fitting in as a nurse in several different areas of nursing until I became an educator. I wrote about how each of those experiences shaped my path to today. Hearing my stories may assist others in perseverance, in appreciating their past and present experiences, and in looking forward to what may be learned in future experiences in nursing.

In summary, I have developed a multi–faceted narrative inquiry study that brought together several perspectives. I combined the fields of nursing, education, and gerontology into a study that focused on narrative inquiry and self–study of practice methodologies. My hope is that readers from diverse backgrounds may find this study useful as a model for development of creative interdisciplinary work. From a personal perspective, I hope that readers will also see this study as an example of new understandings developed by embracing self–study through narratives of experience. These realizations have influenced my teaching practices.
APPENDIX A

THE AGING COURSE SYLLABUS
Fall Semester 2014 Online
3 credit hours

Faculty:
Christie Thurlow PhD (c) MSN, RN
Assistant Professor, Research College of Nursing
Adjunct Faculty, UMKC
Preferred mode of communication- Email: thurlowc@umkc.edu

Course Description:
This three-credit hour course is designed for students interested in understanding the role of health in the aging population. The first module of the course will focus primarily on physiologic, cognitive functioning and developmental aspects of the older adult. Module two will explore the experience of health in aging as it relates to relationships, socio-cultural, spiritual and environmental influences. The final module will focus on the role of health, community, systems and service delivery with the aging population. Theoretical, empirical and applied knowledge of the aging process is expected. This knowledge is utilized in assessing and interpreting the various influences on health. This knowledge may also be used in developing strategies for the promotion, restoration, and maintenance of health in the aging population.

The amount of material available on these topics far exceeds the time allotted for this course. However, this course will offer the opportunity to develop greater breadth and depth of knowledge of specific areas of health in aging, particularly drawn from the health sciences. Additionally, a field experience that encompasses assessment and written documentation of in-person interviews conducted weekly with an older adult will be required.

Course Objectives:
Upon completion of Module 1: Physiologic, Psychological and Developmental Influences, students will be able to:

1. Identify three personal, cultural or societal beliefs or attitudes toward aging and health in aging.

2. Describe two empathic responses to the lived experience of aging pertinent to health.

3. Recognize one physiological, psychological and developmental influence on health in aging.

Upon completion of Module 2: Relational, Socio-cultural, Spiritual and Environmental Influences, students will be able to:

1. Compare one scientific article or text section on the process of health in aging to your mentor’s experience.
2. Examine one relational, socio-cultural, environmental and spiritual influence on health in aging.

Upon completion of Module 3: Community Systems and Service Delivery Influences, students will be able to:
1. Assess your understanding of three personal, cultural or societal beliefs or attitudes towards aging and health in aging in light of experiences in this course.
2. Relate two issues regarding the role of the community and health system service delivery as it relates to health of the older adult, some with special needs/issues.
3. Develop two strategies for promoting, restoring and maintaining health in aging.

Upon completion of the field experience (interviewing the mentor), the student will be able to:
1. Explain how interview questions facilitate the assessment of the health of the older adult.
2. Analyze two mentor responses in light of newly acquired knowledge of health in aging.
3. Assess self-insights relative to student’s own perception of aging and knowledge acquired in this course.

Required Text


Guidelines for Field Experience (Interviewing of Mentor)

The field experience is designed to provide the opportunity for students to develop greater understanding of the lived experience of health of one older adult person. The student selects one community-dwelling older adult (70 years or older) who is not related to the student and who consents to being interviewed for twelve weeks. Each week, the student explores specific topics with the older adult in an interview/dialogue format in order to facilitate student learning, non-clinical assessment of an older adult, and integrative thinking about aging issues. Please see additional hints on interviewing your mentor in the Week to Week tab in the course.
Learning Experiences and Evaluation

Attainment of the course objectives for EACH MODULE will be determined by the following:

1. Journals (four per module, 10 points ea.) 40 points
   (student-self interaction)

2. Discussion Board questions (four/ module, 10 pts. ea.) 40 points
   AND response to two other students’ discussion board entries
   (8 responses per module, 5 points each)
   (student-student interaction) 40 points

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120 possible points
PER COURSE MODULE

PLUS:

3. Investigation of a community service that could be used
   by your interviewee OR use of an assessment tool during
   an interview 20 points

4. Experience with an Elder Paper
   Part 1 (30 points) due Sept. 7
   Part 2 (90 points) due Dec. 8 120 points

TOTAL COURSE POINTS: 500 *

All course submissions must be in by Mon. Dec. 8 at 11:59 pm.

*Graduate students: see the additional syllabus page entitled “Graduate
   Students” for further assignments, information and course points.

Grading

Grade assignment is based on the following scale:

Grade A= 450-500 points
Grade B= 400-449 points
Grade C= 350-399 points
Grade D= 300-349 points
Grade F= below 300 points

**Journal Entries**

In this course we will study three different course modules. Each module is four weeks in length. You will be expected to complete four journal entries or one journal entry each week per course module. Please submit your journal entries within the appropriate course folders labeled Week 3 through Week 14. For example: a journal entry that is due at week five will cover course content and interviews from week four. The journal entries will be an avenue for participants to narratively relate their experiences, reactions to course content on aging, and reflections on the interviewing process with your chosen elder mentor.

All journal entries submitted must meet the following requirements:

- You must refer to your older adult mentor with a fictitious name to protect his or her privacy. Identifying information must be excluded from journal entries except for age and gender.
- Entries must be organized with these headings: Reaction to Course Topic, Interviews, and Personal Reactions.
- For each heading, a paragraph with a minimum of five complete sentences will be expected.
- If references are cited, a reference list must be included. Both in-text references and the reference list must follow the current APA 6th edition format. References are required to support any generalizations.
- For each heading, a paragraph discussion that is made up of at least 5 sentences is expected.

The following points highlight the course expectations for the content of your journal entries:

- Provide reaction to a topic presented in a handout/note page, textbook, or touched on in dialogue with your interviewee. Explain why this topic is of special interest to you. Considering your original perception on this topic, reflect on how your perception might be altered by new knowledge or new experiences.
- Provide an explanation of how the interview went this week with your older adult mentor and your feelings about it. Consider what you would do differently, if anything, at the next interview session. Describe any breakthrough moments you and/or your mentor experienced. Do not include a summary of questions and responses from the interview unless it illustrates a reaction to a topic you wish to explore.
- Describe your personal reflections, insights, or new ideas that resulted from the interviews (e.g., what you learned on a personal level about yourself, the older adult, or aging in general).

Twelve written journal entries (corresponding to four journal entries per module) are required. These will be submitted according to the dates listed in the course schedule under the Week to Week tab. NOTE: there is no closing time each week for the journal entry.
feature like there is for the discussion board entries. Students can skip a week of journaling and make it up later if pressed for time. However, do not rely on this and find yourself further behind.

**Investigation of a Community Service or Use of Assessment Tool**

After the initial interviews with your mentor are completed, consider what type of community service/resource might be beneficial to your mentor. Research this service and prepare a 1-2 page paper describing this service and specific details about how this service would help your mentor. Submit this paper under the assignment submission tab. You may or may not decide to introduce this community resource to your mentor - it’s up to you.

**OR**

After the initial interviews with your mentor are completed, consider using an assessment tool from the text (such as a fall risk, functional performance, or environmental assessment tool) with your mentor. Discuss the use of the tool with your mentor prior to implementation. Conduct the assessment and prepare a 1-2 page paper describing the use and the results of the tool. Submit this paper under the assignment submission tab.

**Discussion Board Entries and Responses**

The grading of discussion board participation will be based upon your contribution to meaningfully moving the discussion along. Merely stating “I agree” or “I agree with the above” or making on sentence comments does not move the discussion and will not achieve points. **NOTE:** Discussion board opportunities are time sensitive. Each week the discussion board will open on Monday morning and close on the following Sunday at NOON. Once that time frame is over, you will be UNABLE to enter discussion board postings for that week and those points will be irretrievably lost. It is important that you keep up with the discussion board postings as they can affect your grade a great deal.

**On Line Discussion Board Questions**

**Week #3 Discussion Board Questions**

Answer All Discussion Questions:

1. Describe a personal, cultural, or societal belief or perspective about aging that you possess.
2. How would you describe someone who is a healthy older adult?
3. At what age would you describe someone to be an older adult?

**Week #4 Discussion Board Questions**

Answer All Discussion Questions:

1. How does your mentor describe his/her health, mentally and physically?
2. What physiological/psychological or developmental influences are occurring in the health of your mentor?
**Week #5 Discussion Board Questions**

Answer All Discussion Questions:

1. Describe your contact with elders, besides your mentor, in your life by answering the following questions:
   Did you/do you have contact with older adult relatives and/or older adult non–relatives? If so, how often do you have such contact? If you have interactions with an older adult, how would you describe the quality of those interactions? If you have interactions with an older adult, are or were the interactions voluntary or required?

2. Are there any fears about aging that concern you? What interventions do you think would help decrease your anxiety or fear about aging?

**Week #6 Discussion Board Questions**

Answer All Discussion Questions:

1. Based upon your interactions with your elder mentor, what relational, socio-cultural, environmental, or spiritual influences are occurring in the health of your mentor?

2. Reflecting on your interactions with your mentor and course materials, has your perspective or your behaviors towards older people changed? Please describe those changes in your perspective or behaviors toward older people.

**Week #7 Discussion Board Questions**

Answer All Discussion Questions:

1. Based upon your interactions with your elder mentor, what kind of lifestyle changes, if any, do you think you should make to lead a healthy life in your senior years?

2. What experience has your mentor had with mobility issues (falls, driving, etc.)?

**Week #8 Discussion Board Questions**

Answer All Discussion Questions:

1. During your interactions with your mentor, what environmental problems did you see or hear about that could affect your mentor’s health (steps, rugs, location of phone, mailbox, etc.)?

2. Please describe any cultural differences that you might have noticed between you and your mentor during your interactions (e.g., greetings; maintaining eye contact; gender roles; foods; beliefs about relevant topics, such as expression of pain; deaths practices; or caregiving).

**Week #9 Discussion Board Questions**

Answer All Discussion Questions:

1. From your interactions with your elder mentor, how do you think your mentor has coped with any losses experienced in his/her life?
2. In your opinion, what kinds of labels, language, and behaviors would you consider ageist? Name an ageist stereotype, message, or behavior you have seen in other people around you.

Week #10 Discussion Board Questions
Answer All Discussion Questions:
1. From your interactions with your mentor, what lifestyle changes do you think your mentor should make related to grief and loss?
2. What kind of health promotion or health maintenance strategies would you like to see your mentor do?

Week #11 Discussion Board Questions
Answer All Discussion Questions:
1. What barriers to access of health care services does your mentor exhibit or experience?
2. What experience have your or your older family members had with community health-related services in the past year?

Week #12 Discussion Board Questions
Answer All Discussion Questions:
1. What suggestions do you have for educating others about aging and older adults?
2. From your interactions with your mentor, describe your mentor’s social interactions and connections.

Week #13 Discussion Board Questions
Answer All Discussion Questions:
1. From your interactions with your mentor, discuss the role that pain, diabetes, sleep, or shortness of breath has had on your mentor’s ability to do the tasks of daily living and to have a good quality of life.
2. From your experiences with your elder mentor, what have you learned from your mentor that you will incorporate into your daily life to be healthy?

Week #15 Discussion Board Questions
Answer All Discussion Questions:
1. What strategies/tools/methods from this course were most impactful for you and why?
2. Was the communication between you and the instructor satisfactory or unsatisfactory? Please explain.
3. What improvements to the course would you recommend (e.g., design, content, etc.)?
4. What was the most significant thing you learned from this course?
Guidelines for the Experience with an Elder Paper

Part 1
Must be typed, double-spaced, Font 12, Times New Roman. Must be in .doc or .docx format.

Describe in detail an encounter with an older adult (not your mentor) that you have experienced in your life. Preferably, the story will involve a non-relative older adult. During the description, please include the following information:
- Older adult’s name (make up a name to use, do not use real name)
- Location of encounter
- Context of encounter (events preceding or reason for encounter’s occurrence, what activity was the elder involved in doing, time of day etc.)
- Communication that occurred before, during and after the encounter (tone, length of communication, any details you learned about them during your encounter)
- Your thoughts about the older adult (appearance, mobility, social class, senses-hearing, seeing, clothing, language clarity, attitude, age, mental status etc.)
- Your behavior toward the older adult (turn away, helped elder, ignored elder, spoke unusually loudly, smiled, frowned, touched, didn’t know what to do, fearful, etc.)

There are no right or wrong thoughts or behaviors in this paper. Please be honest and detailed.

Part 2
Must be typed, double-spaced, Font 12, Times New Roman. Must be in .doc or .docx format.

Review the scenario you described when the course began. Prepare a paper that includes the following headings:
1. Part 1 Original Scenario. Copy and paste your original scenario from the beginning of the course.
2. Course Concepts. After you have reviewed the concepts discussed in the text, articles, your journal entries, discussion board discussions and experiences interviewing your older adult mentor, choose at least 8 concepts from the course that pertain to your original scenario.
3. Discuss each concept in at least two paragraphs, using a new heading labeled for each concept.
4. For each concept, describe how knowledge of each chosen concept has influenced how you now view the original scenario. Examples of course concepts are: cultural, societal or personal beliefs; health characteristics such as physiological, psychological/cognitive, developmental, relationship, socio-cultural, spiritual,
environmental, community involvement, experiences with the health care system, pain, mobility, sleep; health promotion/maintenance strategies, lack of use of health promotion/maintenance strategies; attitudes towards aging or health; and reflection on your own self and aging.

5. Include a Discussion heading of what you have learned from your mentor or how your mentor might have influenced your thoughts and views about aging.

6. Relate this to the encounter with an elder in the original scenario.

7. Discuss an aging theory that might have given you insights into the elder in your original scenario. See text and note pages to assist with this.

8. **Summary** is to include a description of how you might handle your original scenario encounter differently (or not) now than before the course.

9. Discuss any reflections or insights that you have discovered and how this might influence your thoughts and behaviors regarding older adults and your own aging in the future.

Be sure to address all the requested headings, concepts and items/questions listed above. Each one will have points attached during the grading process.

**Internet Specifics Regarding the Course**
This internet course consists of learning units listed as Module 1, 2, and 3. All of the information you will need and the assignments are in the Week to Week tab. *If you have problems with any aspect of the Blackboard system, it is your responsibility to contact the technical support listed in Blackboard. If you are a first time online student, there are issues on personal computers that may need to be addressed, such as JAVA or pop-up blockers etc. so that there are no problems when it comes time to either review material or post material. DO NOT BE CAUGHT SHORT... plan ahead.*

As an adult, you have determined that taking an online course suits both your lifestyle and your learning style. Therefore, the onus is on you to make sure you have the personal fortitude, self–motivation, computer skills and equipment to make this type of learning possible for you. Do not disregard announcements posted by the instructor during the course on the Home Page tab. If you see announcements from faculty and you do not read and adhere to the instructions in the announcement, the faculty will not be able to give you “grace” if you fail to meet a requirement given in the announcement. If you have questions about this now or in the future, you must contact the instructor. Also, please be aware that although this is an online course, faculty will only check emails several times each week and will usually be in the course on Sunday afternoons or on Mondays.

To access the course, you must use your UMKC email account username and password to log on. If you are having problems or have any questions, please contact the computer helpline. All course communications will be through the email system. If you have difficulties with your email, take steps to fix the issue.
**General Policies Statements**
Please be familiar with the rules related to Academic Conduct (such as plagiarism, abuse, theft, disorderly conduct etc.). Also, be familiar with resources such as the Writing Center, Academic Calendar, Sexual/Relationship Violence services, Disability services, Harassment/Discrimination services, and Technical/Computer assistance.

All written assignments submitted for grading must meet the following criteria and are to be submitted as either a Word document (.doc or .docx) or a PDF file.

1. All written assignments must follow APA 6th edition format for citations. Please get assistance in advance for your papers if you do not know how to use APA. In addition, there is a sample paper provided in the APA Manual that will help you see how to do this.
2. Assignments must be submitted by the assigned due date. The Instructor will not accept late work unless there are extreme and verifiable circumstances. Plan your work/assignments as if something WILL happen—because life is like that. Simply staying up due to an illness or a loved one’s illness, unless catastrophic, is not an excuse.
3. All references must be cited appropriately; plagiarism will result in an automatic “F” on the written assignment. If you are unaware about what is and what is not considered plagiarism, it is your responsibility to make sure you fully understand this concept before turning in a paper.
4. Assignments should be double-spaced and in Font size 12.

**The Core Rules of Netiquette**

Rule # 1: Remember the Human
Rule # 2: Adhere to the same standards of behavior online that you follow in real life
Rule # 3: Know where you are in cyberspace
Rule #4: Respect other people’s time and bandwidth
Rule #5: Make yourself look good online
Rule #6: Share expert knowledge
Rule #7: Help keep flame wars under control
Rule #8: Respect other people’s privacy
Rule #9: Don’t abuse your power
Rule #10: Be forgiving of other people’s mistakes.
Source:

**The Aging Course**

**Fall 2014**

**Graduate Student Information Page**

In addition to the syllabus above, graduate students will be submitting the following:

For each of the three modules, choose a peer reviewed research article that relates to the content covered in that particular module. When doing searches for the articles, be sure to check the box that says “peer-reviewed” when choosing your search criteria. There is no publication year limit on these articles.

Critically read the article.

Answer the following questions and include citations/support from the course text and other professional literature. Refer to the chosen article’s title and authors in the first few sentences of the paper.

1. Summarize the article in your own words. (5 points)
2. What are the strengths and weaknesses of the article? (5 points)
3. Does the course text or other professional literature (articles, other books) agree or disagree with the article and how so? (15 points)
4. In what ways is this article relevant/useful to your work or your personal experience with older adults? (15 points)

The write-ups should be in APA 6th edition format, approximately 3 pages in length. Keep the articles should the instructor request them.

In the Assignment Submission Tab:

- submit the Module 1 article write-up on or before **Sept. 15, 2014**
- submit the Module 2 article write-up on or before **Oct. 13, 2014**
- submit the Module 3 article write-up on or before **Nov. 10, 2014**

**Course Grading:**

A = 558 - 620
B = 496 - 557
C = 434 - 495
D = 372 – 433
F = below 372
APPENDIX B
JOURNAL ENTRY PROTOCOL

Journal Entries

In this course we will study three different course modules. Each module is four weeks in length. You will be expected to complete four journal entries or one journal entry each week per course module. Please submit your journal entries within the appropriate course folders labeled Week 3 through Week 14. For example: a journal entry that is due at week five will cover course content and interviews from week four. The journal entries will be an avenue for participants to narratively relate their experiences, reactions to course content on aging, and reflections on the interviewing process with your chosen elder mentor.

All journal entries submitted must meet the following requirements:

- You must refer to your older adult mentor with a fictitious name to protect his or her privacy. Identifying information must be excluded from journal entries except for age and gender.

- Entries must be organized with these headings: Reaction to Course Topic, Interviews, and Personal Reactions.

- For each heading, a paragraph with a minimum of five complete sentences will be expected.

- If references are cited, a reference list must be included. Both in–text references and the reference list must follow the current APA 6th edition format. References are required to support any generalizations.
• For each heading, a paragraph discussion that is made up of at least 5 sentences is expected.

The following points highlight the course expectations for the content of your journal entries:

• Provide reaction to a topic presented in a handout/note page, textbook, or touched on in dialogue with your interviewee. Explain why this topic is of special interest to you. Considering your original perception on this topic, reflect on how your perception might be altered by new knowledge or new experiences.

• Provide an explanation of how the interview went this week with your older adult mentor and your feelings about it. Consider what you would do differently, if anything, at the next interview session. Describe any breakthrough moments you and/or your mentor experienced. Do not include a summary of questions and responses from the interview unless it illustrates a reaction to a topic you wish to explore.

• Describe your personal reflections, insights, or new ideas that resulted from the interviews (e.g., what you learned on a personal level about yourself, the older adult, or aging in general).
APPENDIX C

DISCUSSION BOARD QUESTIONS

Week #3 Discussion Board Questions
Answer All Discussion Questions:

2. Describe a personal, cultural, or societal belief or perspective about aging that you possess.
2. How would you describe someone who is a healthy older adult?
3. At what age would you describe someone to be an older adult?

Week #4 Discussion Board Questions
Answer All Discussion Questions:

3. How does your mentor describe his/her health, mentally and physically?
4. What physiological/psychological or developmental influences are occurring in the health of your mentor?

Week #5 Discussion Board Questions
Answer All Discussion Questions:

3. Describe your contact with elders, besides your mentor, in your life by answering the following questions:
   Did you/do you have contact with older adult relatives and/or older adult non-relatives? If so, how often do you have such contact? If you have interactions with an older adult, how would you describe the quality of those interactions? If you have interactions with an older adult, are or were the interactions voluntary or required?
4. Are there any fears about aging that concern you? What interventions do you think would help decrease your anxiety or fear about aging?

Week #6 Discussion Board Questions
Answer All Discussion Questions:

3. Based upon your interactions with your elder mentor, what relational, socio-cultural, environmental, or spiritual influences are occurring in the health of your mentor?
4. Reflecting on your interactions with your mentor and course materials, has your perspective or your behaviors towards older people changed? Please describe those changes in your perspective or behaviors toward older people.

Week #7 Discussion Board Questions
Answer All Discussion Questions:

3. Based upon your interactions with your elder mentor, what kind of lifestyle changes, if any, do you think you should make to lead a healthy life in your senior years?
4. What experience has your mentor had with mobility issues (falls, driving, etc.)?

**Week # 8 Discussion Board Questions**
Answer All Discussion Questions:

3. During your interactions with your mentor, what environmental problems did you see or hear about that could affect your mentor’s health (steps, rugs, location of phone, mailbox, etc.)?

4. Please describe any cultural differences that you might have noticed between you and your mentor during your interactions (e.g., greetings; maintaining eye contact; gender roles; foods; beliefs about relevant topics, such as expression of pain; deaths practices; or caregiving).

**Week #9 Discussion Board Questions**
Answer All Discussion Questions:

3. From your interactions with your elder mentor, how do you think your mentor has coped with any losses experienced in his/her life?

4. In your opinion, what kinds of labels, language, and behaviors would you consider ageist? Name an ageist stereotype, message, or behavior you have seen in other people around you.

**Week #10 Discussion Board Questions**
Answer All Discussion Questions:

3. From your interactions with your mentor, what lifestyle changes do you think your mentor should make related to grief and loss?

4. What kind of health promotion or health maintenance strategies would you like to see your mentor do?
Week # 11 Discussion Board Questions
Answer All Discussion Questions:
3. What barriers to access of health care services does your mentor exhibit or experience?
4. What experience have your or your older family members had with community health-related services in the past year?

Week # 12 Discussion Board Questions
Answer All Discussion Questions:
3. What suggestions do you have for educating others about aging and older adults?
4. From your interactions with your mentor, describe your mentor’s social interactions and connections.

Week # 13 Discussion Board Questions
Answer All Discussion Questions:
3. From your interactions with your mentor, discuss the role that pain, diabetes, sleep, or shortness of breath has had on your mentor’s ability to do the tasks of daily living and to have a good quality of life.
4. From your experiences with your elder mentor, what have you learned from your mentor that you will incorporate into your daily life to be healthy?

Week# 15 Discussion Board Questions
Answer All Discussion Questions:
5. What strategies/tools/methods from this course were most impactful for you and why?
6. Was the communication between you and the instructor satisfactory or unsatisfactory? Please explain.
7. What improvements to the course would you recommend (e.g., design, content, etc.)?
8. What was the most significant thing you learned from this course?
APPENDIX D

STUDENT CONSENT FOR PARTICIPATION IN A RESEARCH STUDY FORM

Request to Participate
You are being asked to take part in a research study. This study is being conducted in the “A&S 490B/5501B Experience of Heath in Aging” course in which you are enrolled. I am conducting a narrative inquiry research study this semester for the purpose of my doctoral dissertation. I am asking you to take part in this research study because you are age 18 or over and you have enrolled in this online gerontology course.

Background and Purpose
The population of older adults in the United States is growing at a rapid rate. There is a need for members of society to be trained in gerontology to help with efforts to produce policies and services to address the needs of elders. The purpose of the study is to understand the experiences of college students with older adults and aging. I hope to learn about your experiences with older adults, including the elder mentor with whom you will interact during this course. Part of my dissertation study also includes a focus on me as the teacher and the teaching strategies and practices that I use. I hope that each of you will choose to participate in this study. As the course progresses, I may want to focus on 7 participants who represent diverse viewpoints, backgrounds and previous experiences with older adults.

Procedures
Participation in this study would include the collection of some of your demographic information such as age; gender; degree program enrolled in; reason for enrollment in this course; previous aging courses taken; experience with older adults; previous participation in projects/service learning with elders; and your thoughts about careers in aging. It would also include regular work that you will complete as a student who is enrolled in the course. In particular, I would like to examine your discussion board posts, journal entries, and any email communications that we sustain throughout the period of the course. Although you would not need to complete any additional work for participation in the study, if necessary I might communicate with you to request clarification on some of your work. If you agree to participate in my study, I would also make a copy of your journal entries, discussion board postings and any email communication so that I might examine them in detail.

Risks and Benefits
If you choose to participate in this study, there will be minimal to no risks to you. A possible risk might be potential identification of your characteristics and responses within the study. Another risk could be that you might alter your responses in some way from your original intent in order to please the instructor. A third possible risk might be disclosure of identifying information accidentally or deliberately. A possible benefit for participation in my study might be the addition of new knowledge to add to the discussion about how college students experience older adults and how you might think about aging.
Voluntary Participation and Alternatives to Study Participation
It is important for you to know that your participation in the study is voluntary. There is no penalty or loss of benefits if you choose not to participate. In addition, your grade will not be affected by your decision to participate, to decline participation, or to stop your participation in this study. If you choose to discontinue participation, you only need to email me at thurlowc@umkc.edu with a message stating that you wish to stop participation in the study. No explanations are required.

Fees/Expenses and Compensation
There are no fees, expenses or compensation related to this study.

Confidentiality
If you choose to participate in this study, I will not use your real name, the name of any institutions with which you might be connected, or any other information that might describe your identity. All names and locations will be replaced with fictional names. I will be assigning you a pseudonym and that name will be written on every journal and discussion board entry I copy from you. I will be analyzing all participants’ entries together. To avoid accidental disclosure of participant information, I will refrain from discussing the study outside of the research team. If I ever felt the need to disclose identifiable information because of a situation where you may be at harm or a victim of a crime, I will attempt to alert you by email for permission first.

Individuals from the University of Missouri-Kansas City Institutional Review Board, a committee that reviews and approves research studies, the Research Protections Program, and Federal regulatory agencies may look at records related to this study to make sure I am doing proper, safe research and protecting human subjects. The result of this research may be published or presented to others. You will not be named in any reports of the results. My research supervisor, Dr. Candace Schlein, and I will be the only people with access to your information. Your information and your responses to course work will be stored securely in a cabinet in my locked office. I will keep the data for seven years as I hope to develop an ongoing program of research where I might utilize the data in some way in the future.

Contacts for Questions about the Study
If you have questions about this upcoming study, your participation in it, your rights as a study participant, or if you feel you have been injured by participating in the study, please contact me at thurlowc@umkc.edu or by phone at 913-832-4642. You may also contact the Chair of my Doctoral Dissertation Supervisory Committee, Dr. Candace Schlein, at schleinc@umkc.edu with any questions or concerns. You can also contact the Office of UMKC’s Social Sciences Institutional Review Board at 816-235-5927 if you have any questions, concerns or complaints about your rights as a research participant.

By signing this consent form, you volunteer and consent to take part in this research study.
Please read the following statement and sign your first and last name in the space indicated.
Statement:
I understand the purpose of the study and the risks and benefits associated with participation. I am age 18 or over. I understand that I can stop my participation in the study at any time without penalty, without any impact to my course grade or without the loss of any potential benefits. I also give consent for the researcher to store the data for future data analysis and to publish the study findings in the future, provided that my identity remains hidden. I agree to participate in this study.

Participant’s full signature

Date

Please save this consent form in a Word document. Then edit the Word document to include your name and date. Save the edited document. Then send the edited document in an email attachment to thurlowc@umkc.edu.

Thank you!
Christie Thurlow
APPENDIX E

COLLEAGUE CONSENT FOR PARTICIPATION IN A RESEARCH STUDY FORM

Request to Participate
You are being asked to participate in a research study. I am conducting a narrative inquiry research study this semester for the purpose of my doctoral dissertation utilizing the “A&S 490B/5501B Experience of Health in Aging” course that I teach. The main purpose of my study is to understand the experiences of college students with older adults and aging. A component of my study includes the examination of my own practices related to gerontological teaching. I would like to ask you to take part in this research study because you have experience teaching gerontology courses.

Background
The population of older adults in the United States is growing at a rapid rate. There is a need for members of society to be trained in gerontology to help with efforts to produce policies and services to address the needs of elders. Teaching strategies in gerontology courses may influence students’ interest in aging and career choices in gerontology.

Purpose
I intend to gain further insight into the experiences of college students during their involvement with the gerontology course that I teach. I also aim to explore and reflect on my own teaching practices to enhance understanding about students’ experiences with gerontological education and how I might better serve their needs. As part of this focus, I will be interviewing colleagues who teach or who have taught gerontology courses online. I am asking you to participate in my study as an interviewee. Your insights and discussion of your experiences would be of much value so that I might have a fuller understanding of students’ experiences with courses on aging and older adults.

Procedures
Participation in this study involves one interview with semi-structured questions. We would meet for one 60 minute interview that will be scheduled at a date, time, and location that is convenient for you. I will tape-record the interview so that I can capture all of the information that we discuss. The tape will be transcribed into a Word file by a transcriber who has had CITI training.

Risks and Benefits
There are no major risks to participation in this study. Potential risks of participation in this inquiry might involve the recollection of memories that might be uncomfortable or upsetting. The benefits of participation might be the remembrance of stories of teaching or the discovery of something about yourself during the interview conversation. You will further have the opportunity to review a transcript of our interview together to verify information or to request that certain information not be included in my research text.
Fees/Expenses and Compensation
There are no fees, expenses, or compensation related to this study.

Confidentiality
During the interview, I will not use your real name but the name of any institutions with which you might be connected, or other faculty who teach gerontology courses may be included in the interview discussions. The transcriptionist would be exposed to the raw data. This transcriptionist will have had CITI training for handling sensitive data. Following transcription, all names and locations will be replaced with pseudonyms. I will be assigning you a pseudonym and will refer to that name throughout the study. All of the raw data from this research study will be kept confidential. My research supervisor, Dr. Candace Schlein, and I will be the only people with access to your information. Your information and your responses to the interview questions will be stored securely in a locked office. I will keep the data for 7 years as I hope to develop an ongoing program of research where I might utilize the data in some way in the future. Individuals from the University of Missouri-Kansas City Institutional Review Board, which is a committee that reviews and approves research studies, the Research Protections Program, and Federal regulatory agencies may look at records related to this study to make sure I am doing proper, safe research and protecting human subjects. The results of this research may be published or presented to others. You will not be named in any reports of the results.

Contacts for Questions about the Study
If you have questions about this upcoming study, your participation in it, your rights as a study participant, or if you feel you have been injured by participating in the study, please contact me at thurlowc@umkc.edu or by phone at 913-832-4642. You might also contact the Chair of my Doctoral Dissertation Supervisory Committee, Dr. Candace Schlein, at schleinc@umkc.edu. You can also contact the Office of UMKC’s Social Sciences Institutional Review Board at 816-235-5927 if you have any questions, concerns, or complaints about your rights as a research subject.

Voluntary Participation and Alternatives to Study Participation
It is important for you to know that your participation in the study is voluntary. There is no penalty or loss of benefits if you choose not to participate. If you choose to discontinue participation, you only need to email me at thurlowc@umkc.edu stating that you will stop participation in the study. No explanations are required.

By signing this consent form, you volunteer and consent to take part in this research study. Please read the following statement and sign your first and last name in the space indicated.

Statement:
I agree to participate in a study directed by Ms. Christie Thurlow. In signing below, I agree to take part in one 60-minute interview and to allow the contents of our interview to be
tape–recorded and transcribed. I further acknowledge that my name will be replaced by a pseudonym and that no identifying aspects of my professional or personal life will be included as public knowledge. I understand that participation in this inquiry is on a voluntary basis and that I can withdraw from the study at any time.

<table>
<thead>
<tr>
<th>Participant’s full signature</th>
<th>Date</th>
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If consenting to participate electronically, please follow these recommendations: Save this consent form in a Word document. Then edit the Word document to include your name and date. Save the edited document. Then send the edited document in an email attachment to thurlowc@umkc.edu.

Thank you!
Christie Thurlow
## APPENDIX F

SEMI-STRUCTURED COLLEAGUE PARTICIPANT INTERVIEW QUESTION LIST

<table>
<thead>
<tr>
<th>Participant Pseudonym:</th>
<th>Notes</th>
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<td>Time:</td>
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<td>Setting:</td>
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### Interview Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1. Why are you interested in gerontology?</td>
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<tr>
<td>2. Tell me about your experiences with teaching about gerontology.</td>
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<tr>
<td>3. How do you select the topics to be included in the gerontology courses that you teach?</td>
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<tr>
<td>4. What do you do to develop and improve your courses on gerontology?</td>
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</tbody>
</table>
5. How would you describe your relationships with students in face-to-face, blended and online gerontology courses?

6. What lessons have you learned about teaching gerontological education to students?

7. What do you think are the views of society about gerontological education?

8. What is your opinion about the value the university places on gerontological education?

9. Thinking through your own experiences with gerontological education, do you think that
there have been any changes or developments in terms of perspectives or values placed upon teaching and learning in this area? If so, what kinds of changes have you observed or experienced over the last few decades? How might you describe the current approach to and perspective on gerontological education?

10. Are there any other thoughts or points related to gerontological education and curriculum that you would like to make before we close the interview?
APPENDIX G

STUDENT DEMOGRAPHIC QUESTIONNAIRE

Please complete the questionnaire below by typing in words or writing an “X” next to the line that most matches your feelings or situation. Your responses will not affect your work in this course.

Name or Initials: ________________________________________________________
Age:_____  Gender: _________

**Degree in which you are currently enrolled:** _________________________________________

**Why did you enroll in this Experience of Health in Aging online course?** (please select as many answers as apply)

___ this course is a required course for my degree program
___ this is an optional course for my degree program
___ this course was online
___ I have no interest in aging- this course fit into my schedule
___ this course was focused on my interest area of gerontology
___ this course was part of the Gerontology Certificate Program
___ this course was recommended by a fellow student
___ this course was recommended by a teacher or advisor
___ other (please explain): _________________________________________________

**Have you previously taken a gerontology course in college?**

___ Yes
___ No

**What experience do you have with older adults?** (choose only one answer)

___ I have had no experience or **minimal** experience with older adults (e.g., infrequently visiting
elder relatives, neighbors, or family friends)
___ I have had **moderate** experience with older adults (e.g., caring for elder relatives or neighbors)
___ I have had **maximum** experience with older adults (e.g., caring for elder relatives or neighbors and work experience at a facility for older adults)

**What experience do you have with projects such as service learning or interviewing that involve older adults?** Please select as many answers as apply.

___ I have had no experience with projects such as service learning or interviewing involving older adults
___ I have had experience with service projects involving older adults who were **not relatives** where I chose the amount of interaction
___ I have had experience with service projects involving older adults who were **not relatives** that did **not** allow me to choose the amount of interaction

547
I have had experience with projects such as service learning or interviewing involving my older adult relatives.

For those of you who have worked on projects or service learning activities with older adults, please explain the nature and length of your interaction below:

For those of you who have worked on projects or service learning activities with older adults, how would you complete the following statement regarding the experience: I felt that the experience was…

Would you consider having a job/career where the majority of your work would be with older adults?

___ Yes
___ No
___ I do not know

For those of you who have had NO or MINIMAL experience with older adults:
From the list below, check which factors might influence you to choose a job where the majority of your work would be with older adults:

___ No factors would influence my choice of a job with older adults - I am not interested in working with older adults
___ Engaging in good relationships with older relatives
___ Experience taking care of older adult relatives
___ Coursework in gerontology
___ Contact with healthy older adults
___ Relatives or friends who have or had jobs/careers where they work with and/or for older adults
___ Service learning or interviewing project with older adults
___ Other (please describe): _______________________________________________

For those of you who have had MODERATE or MAXIMUM experience with older adults:
From the list below, check which factors might influence you to choose a job where the majority of your work would be with older adults:

___ No factors would influence my choice of a job with older adults - I am not interested in working with older adults
___ Engaging in good relationships with older relatives
___ Experience taking care of older adult relatives
___ Coursework in gerontology
___ Contact with healthy older adults
___ Relatives or friends who have or had jobs/careers where they work with and/or for older adults
___ Other (please describe): _______________________________________________
___ Service learning or interviewing project with older adults
___ Other (please describe): ___________________________________________________________________

Thank you!
Christie Thurlow
REFERENCES


doi:10.1300/J083v48n01 04


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Xie, K. (2013). What do the numbers say? The influence of motivation and peer feedback on
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a service–learning program on college students’ attitudes toward people with

New methods equal success. *Nursing Education Perspectives, 31*(4), 256-258.

10.1080/09518398.2013.805445

VITA

Christine Brunmeier Thurlow was born on December 19, 1957, in Lincoln, Nebraska. She was educated in the public schools and graduated from Southeast High School in 1976. She received a Diploma from Nebraska Methodist Hospital School of Nursing in 1979. She worked as a Registered Nurse in a nursing home while pursuing her Bachelor of Science in Nursing degree at the University of Nebraska-Lincoln, where she was a member of Kappa Delta Sorority. After graduation in 1982, she then worked as a staff nurse at University Hospital and Clinics in Omaha, Nebraska. She graduated in 1986 with a Master of Science in Nursing degree with a focus on community health and specialization as a clinical nurse specialist from University of Nebraska Medical Center in Omaha, Nebraska.

Upon graduation, Christie moved to Kansas City and worked at Research Medical Center as a Gerontological Clinical Nurse Specialist and in the Nursing Education department until she joined the Research College of Nursing/Rockhurst University faculty in 2003. She began her work toward the Interdisciplinary PhD in the areas of curriculum and instruction and sociology (aging) in 2008. She was a recipient of the Research Foundation’s doctoral scholarship. She has served as the Director of the Learning Resource Center as well as Assistant Professor at Research College of Nursing in Kansas City, Missouri. She also teaches gerontology courses at the University of Missouri–Kansas City (UMKC), where she was the recipient of the Linda Hood Talbot and Kathleen and Kelly Pinkham awards from the Women’s Council Graduate Assistance Fund in 2015. Upon completion of her degree requirements, Ms. Thurlow plans to continue her career at Research College of Nursing and hopes to continue teaching gerontology courses part–time at UMKC. Ms. Thurlow is a