




## Improving a Culture of Knowledge Transfer in a School of Nursing


Margareth S. Zanchetta, PhD

*Toronto Metropolitan University, Toronto, Ontario, Canada*

 <https://orcid.org/0000-0003-2321-9438>

Kateryna Metersky, PhD

*Toronto Metropolitan University, Toronto, Ontario, Canada*

 <https://orcid.org/0000-0003-3868-579X>

Bridget Miller, BScN

*Toronto Metropolitan University, Toronto, Ontario, Canada*

Danielle Strachan, BScN

*Toronto Metropolitan University, Toronto, Ontario, Canada*

Elena Blackwood, MN

*The Hospital for Sick Children, Toronto, Ontario, Canada*

Contact: [mzanchet@ryerson.ca](mailto:mzanchet@ryerson.ca)

### Abstract

**Introduction:** A series of 19 unfunded knowledge transfer hands-on workshops were implemented (2017–2019) and delivered by 22 facilitators from disciplines of nursing, business, communication, plastic arts, engineering, and community studies. The purpose of this paper is to report on the post-appraisal of the **workshops'** implementation; uncovering the **attendees'** new ideas and reflections on the content; and the process of expanding knowledge for practice.

**Methods:** The qualitative program evaluation approach, using the standards of utility, feasibility, accuracy, and propriety of a given program, inspired the design of the immediate appraisal of the workshops delivered within a Canadian school of nursing located in a major urban center. Workshop participants ( $n = 267$ ) included undergraduate and graduate nursing students, contract instructors, and nurses holding administrative positions.

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**Acknowledgements:** The authors acknowledge the contribution of the following collaborators who created and facilitated the KTr workshops: Dr. Ferzana Chaze, Dr. Jasna Schwind, Dr. Cheryl Sweetnam, Dr. Charlotte Lee, Dr. Steven Gedeon, Dr. Kristine Newman, Mrs. Selma Abreu, Mr. Jacky Au Duong, Mr. Mauricio Meza, Mr. Calen Blackwell, Mrs. Charmaine Sintos, and Mrs. Hannah Jeronimo (former MN student), as well as Sejal Patel, Maria Vasquez, Abelle Lumban, Xiao Ying Huang, Alana Saavedra, and Annette Oziel (former undergraduate Year 4 students). Special thanks go to Elena Blackwood who contributed to the planning of some workshops; to the Canadian Association of Nursing Students (Ryerson-Chapter) and Dr. Nancy Walton (former School Director) for their operational sponsorship; and to Pearson Canada, Elsevier Canada and Nelson Education Ltd., the publishing press sponsors that donated 86 academic books for attendees. Our sincere thanks to Dr. Simon Adam (York University) and another anonymous professor who reviewed the early draft of the manuscript. Our thanks to Michael LaPointe for the editing services.

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Results: Workshops with high attendance included: (a) Structuring Effective Teaching-Learning Encounters in Healthcare Education and Practice; (b) Cancer Pain; (c) Fetal Health Surveillance; and (d) Nurses as Educators in the Clinical Setting. Concerns were raised by the **attendees'** low attendance to the following workshops: (a) Mindfulness for Students; (b) Horizontal Violence; and (d) Self-Care for Nursing Students: Alleviating Anxiety. Workshops offered opportunities for attendees to reflect on content and process as related to their future incorporation of learned knowledge in their own education and practice.

Conclusions: High engagement in hands-on exercises, spontaneous construction of context, and relaxed moments shared by the attendees indicate a promising culture of sharing and receiving knowledge. A culture of collective, pleasurable learning among attendees was effective in mobilizing powerful forms of nursing knowledge.

Keywords: *extracurricular education, knowledge transfer, transformative learning, workshop*

Date Submitted: February 7, 2022 | Date Published: October 24, 2022

#### Recommended Citation

Zanchetta, M. S., Metersky, K., Miller, B., Strachan, D., & Blackwood, E. (2022). Improving a culture of knowledge transfer in a school of nursing. *Journal of Educational Research and Practice, 12*, 215–232. <https://doi.org/10.5590/JERAP.2022.12.1.16>

## Introduction

Nursing education involves disseminating knowledge through formal and planned educational activities in which students are guided, instructed, facilitated, and assisted in learning the art and science of nursing (Tsimane & Downing, 2020). There is a persistent challenge in educating nursing students for demanding and continuously evolving healthcare and education settings due to the need to increasingly infuse student-centered, interprofessional educational experiences into student learning environments. This may not be possible to achieve in a classroom setting, requiring innovative pedagogical approaches outside of this environment to build communities for learning and practice.

While nursing education programs are generally succeeding at formally educating nursing students, there is an appeal for more socially relevant and flexible programs (Tsimane & Downing, 2020). Inflexible learning methods (such as predominantly lecture-style, teacher-focused rather than student-focused approaches) prevent students from gaining the applied competence required to become highly competent professionals, change agents, policy developers and influencers, and members of interprofessional teams (Tsimane & Downing, 2020). The *State of the World's Nursing Report* by the World Health Organization (2020) discussed the need for nurses to be working to the fullest extent of their education and training, recognizing that advances made to nursing education can enhance **nurses'** professional roles. Furthermore, in the International Council of Nurses' (ICN) Strategic Plan for 2019–2023, one of the pillars of this plan is innovativeness in nursing education to produce creative, transformational, progressive, evidence-informed, and solution-focused nurses (ICN, 2019). Recently, ICN (2019) acknowledged the existence of new priorities for educator creativity because they are invited to redesign strategies for the creation of new intellectual mentoring initiatives. Nursing educators have the potential to tailor the collective meaning of building and sharing nursing knowledge.

This paper introduces an extracurricular initiative composed of educators, students, and practitioners aiming to create a new scholarly culture of knowledge transfer (KTr) extended to the entire School of Nursing's community, situated in Ontario, Canada. It details an experiential learning project to engage attendees in learning outside of traditional classroom educational boundaries. The series of KTr workshops was developed

and coordinated as part of the first **author's** mandate as the former associate director of the **school's** scholarly, research, and creative activity.

This project was conceived from a perspective of improving and transforming the climate of experiential learning by mobilizing experienced faculty, clinicians, and senior students as facilitators. Importantly, quality improvement brought forward the idea of a framework to improve quality of care through the measurement, analysis, improvement, and control of its characteristics (Harrison & Graham, 2021). In this educational project, only the analytical dimension was applied to the **workshops'** appraisal (as evidence of expressed quality) as perceived by the attendees. The **attendees'** relevant role in appraising the attained changes to improve quality of the KTr workshops corroborated Wong and **Headrick's** (2021) claims for a redefined understanding of quality in medical education. Such understanding is also applicable to nursing education. As Wong and Headrick (2021) stated, "The people who experience the change will say they have had a voice in the change" (p. 79).

## Literature Review

Transformational learning strategies have been cited as one of the gold standards of how nursing education should be delivered (Tsimane & Downing, 2020). These strategies are designed to focus on a learner-centered process that actively invites students to engage in critical reflection and dialogue to challenge existing assumptions, practices, and expectations (Tsimane & Downing, 2020). Opportunities outside of traditional educational environments lead to the construction/co-construction of knowledge that can enhance the embodiment of nursing knowledge (Mthembu & Mtshali, 2013; Tsimane & Downing, 2020). Transformative learning stimulates self-confidence and the desire to act out new roles and relationships, fostering change in the learning environments (Tsimane & Downing, 2020). Also, knowledge construction pairs existing knowledge with new knowledge to produce enhanced understanding (Mthembu & Mtshali, 2013).

Both the students and educators need to be willing and ready to embrace a new way of learning for change, thereby impacting and modifying the learning culture in nursing education (Tsimane & Downing, 2020). In knowledge construction (when nursing students engage in meaningful activities that supplement and enhance classroom teachings), learning becomes more applicable and transferable to real-life situations (Mthembu & Mtshali, 2013). Unlike cognitive scientists, constructivists focus on how nursing students build knowledge and believe that context is vital for the construction of individual knowledge (Lee et al., 2018). Thus, educators need to consider the social and cultural contexts in which students learn (Lee et al., 2018), as well as alter their teaching and learning strategies to reflect the needs of students as global citizens. Tapping into student interests and creating a culture that provides students with opportunities to build knowledge enables them to apply and bridge classroom learning with clinical practice (Lee et al., 2018).

## Purpose of the Study, Evaluative Questions, and Conceptual Framework

The **project's** main purposes were to (a) deliver the KTr workshops; (b) conduct an immediate post-appraisal of their impact on **attendees'** new ideas and reflections on the content, as well as the process of expanding knowledge for practice; and (c) ponder on a re-creation of an inclusive community of learning with rebuilt intellectual bonds to transform the practice of education for experiential learning. The project was guided by the following evaluative questions:

1. How did the workshops expand the **attendees'** understanding of the presented topics as related to their nursing practice?
2. Which **attendees'** attitudes, skills, motivations, or intended behaviors did the workshop influence?

An original framework was created, assembling concepts of KTr and transformative learning. KTr is an interactive and dynamic process consisting of synthesizing, exchanging, disseminating, and applying knowledge to make improvements in health and care delivery to strengthen the healthcare system (Straus et al., 2009).

**Mezirow's** Transformative Learning Theory (TLT; 1997) postulated that learners can identify self-limitations and, through reflection and discourse, liberate themselves, thereby becoming agents of self-change (Dirkx, 1998). Using TLT can lead to learner empowerment for the critical examination of values, knowledge, and beliefs to develop a reflective knowledge base, appreciate perspectives, and reach a sense of critical consciousness and agency. **Mezirow's** updated theory described 11 phases (see Table 1) through which personal transformation occurs (Kitchenham, 2008) and entailed three types of learning: instrumental learning, in which the learner asks how they can best learn the information; dialogic learning, in which learners ask when and where this learning could best take place; and self-reflective learning, in which learners ask why they are learning the information. Kitchenham (2008) stated that critical reflection is a tenet of transformative learning, because it is not simply a reflection of **one's** actions, but a reflection on the consequences of **one's** actions and the circumstances that surrounded them. Two types of critical reflection are *content reflection* and *process reflection*. Content reflection signifies learning with present meaning schemes. And process reflection signifies learning with new meaning schemes, such as the combination of concept, belief, judgment, and feelings shaping an interpretation (see Figure 1).

Table 1. *Mezirow's 11 Phases of Personal Transformation in Learning*

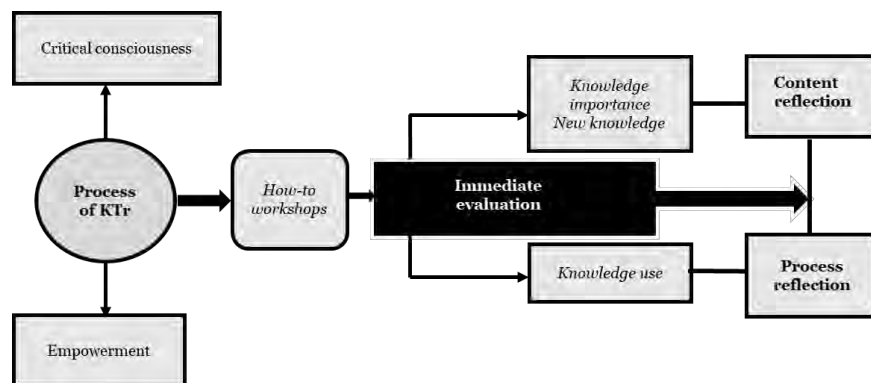
Phase	Features
Phase 1—A disorienting dilemma	A meaning structure does not match any previous experiences.
Phase 2—A self-examination with feelings of guilt or shame	A self-assessment of beliefs, feelings, and thinking around the disconnect between past experiences and new worldview.
Phase 3—A critical assessment of epistemic, sociocultural, or psychic assumptions	An assessment, critical reflection, and validity-check of past assumptions, thoughts, and experiences.
Phase 4—Recognition that <b>one's</b> discontent and the process of transformation are shared and that others have negotiated a similar change	Recognition that discontent in the transformation process is a relational discourse (shared among others requiring a similar change).
Phase 5—Exploration of options for new roles, relationships, and actions	Seeking out new roles and/or making new connections with others to assist in this. A relational discourse is used to discover alternative ways to move forward with other students/colleagues.
Phase 6—Planning a course of action	A plan to move forward in line with this expanding and developing worldview.

Phase 7—Acquisition of knowledge and skills for implementing <b>one's</b> plans	Engagement with different types of learning to gain the skills and knowledge required to meet the action plan.
Phase 8—Provisional trying of new roles	A trial of new roles, and adjustment and modification of such roles, as required.
Phase 9—Renegotiating relationships and negotiating new relationships	Incorporation and utilization of critical self-reflection around previous relationships and formulation of new relationships, as meaning exists within the person versus through external influences. Meaning becomes significant to the person through critical discourse with others.
Phase 10—Building of competence and self-confidence in new roles and relationships	A continuation of application of new roles with enhanced confidence and within a wider context.
Phase 11—Reintegration into <b>one's</b> life based on conditions dictated by <b>one's</b> perspective	The new worldview is now integrated as the norm, with the new skills and abilities.

For the nursing discipline, a proposed, theoretically updated definition of transformative learning is a “process that advances the development of metacognition and an autonomously thinking citizen with a transformed perspective, who is socially just and globally competitive” (Tsimane & Downing, 2020, p. 96). Therefore, TLT was chosen as the theoretical model to support the analysis of the evidence, as it challenges the traditional, hierarchical learning model (top-down, teacher to learner) and promotes the idea of multidirectional learning. The two main facets of the theory that were exemplified by the workshops were the Freirian concepts of critical consciousness and empowerment.

The design and implementation of the KTr workshops, as well as the analysis of the immediate appraisal completed by the attendees after the workshops, were framed by an original conceptual framework (Figure 1). The process of KTr was inspired by the goal to promote critical awareness and empowerment. The possible rationale for **attendees'** engagement in the workshops could be understood by the features highlighted in the TLT 1 and 2 phases. The **workshops'** implementation provided a rich learning context for the learning to unfold within the TLT 3, 4, 6, and 7 phases, while the appraisal exercises posited attendees on TLT 7 and 9 phases.

The immediate appraisal of the how-to workshops led to the review of knowledge importance, new knowledge, and knowledge use, which led to the reappraisal of gained knowledge through the content and process reflection. In the analysis of the written appraisal, the attendees were guided according to the dimensions of content reflection and process reflection as per the TLT. Noteworthy to say that the written comments did not cover any concrete actions due to the timing of the conducted appraisal (still in classroom) with no indicators of concrete actions and deeds. In sum, only reflected topics were disclosed by the attendees.

Figure 1. *Conceptual Framework*

## Methods

### Participants

The attendees represented the 2017–2019 population of approximately 1,800 undergraduate students, 120 graduate students, 45 faculty, 80 sessional instructors, and 20 nurses in administrative positions. Attendees portrayed the school of nursing's population: undergraduate students (94%;  $n = 251$ ); sessional instructors (2.2%;  $n = 6$ ); Master of Nursing (MN) students (1.5%;  $n = 4$ ); nursing faculty (1.5%;  $n = 4$ ); and registered nurses in administrative positions (0.75%;  $n = 2$ ). No other socio-demographic information was collected from the attendees at the moment of their registration in the workshops.

### Setting

The school where the workshops were implemented was one of the largest nursing schools in Canada, and its mission and vision focus on educating students to deliver care within a global context and become change agents. Its philosophical underpinnings were critical social theory and phenomenology. Educators (faculty, contract lecturers, and clinical instructors) utilized evidence-based pedagogical approaches to promote students' empowerment to become leaders in nursing, health policy, research, and education.

### Intervention Description

Seventeen multidisciplinary facilitators volunteered to create and deliver the 19 KTr workshops pro bono, each incorporating a hands-on learning activity. Workshops were conceived using critical education pathways, in which the learner plans to master the learning process (Freire, 1973). These pathways are useful to enact liberation and social change in the learner, stimulating a desire for action that addresses iniquities and oppression (Freire, 1973). They incorporate social justice, equality, freedom, and democracy into the learner's consciousness (Gibson, 1999). These ideas guided the workshop structure, content delivery method, learning objectives, and hands-on activities.

Nineteen workshops were delivered during 2017–2019 academic semesters on different days of the week: Saturday ( $n = 8$ ); Friday ( $n = 6$ ); Monday ( $n = 2$ ); Tuesday ( $n = 2$ ); and Wednesday ( $n = 1$ ). Most students were available to attend workshops on Saturdays, as there were no clinical placements scheduled on weekends. The workshops lasted 3 hours, including 1 hour of lectures on conceptual content and new evidence presentations, followed by a 15-minute break period and 110 minutes of hands-on activities. The facilitators comprised of 13 faculty, two graduate nursing students, and seven undergraduate nursing students. Three of the facilitators were alumni from the undergraduate program, two of whom had already earned their graduate degrees (MN and Master of Arts in Liberal Studies).

## Design

The qualitative program evaluation approach, using the evaluation standards of utility, feasibility, accuracy, and propriety of a given program (Greene, 2000), inspired the design of the **workshops'** immediate appraisal. The approach allowed for the collection of detailed, real-time information about a small number of individuals to produce an in-depth understanding of the **program's** outcomes, despite reducing the generalizability of its results (Rossi et al., 2004). The workshops' written feedback was the raw evidence.

## Collection of Evidence

The appraisal evidence was gathered from the attendees by having them anonymously complete—in handwriting—an immediate, hard-copy appraisal form. In the last 10 minutes of the workshops, attendees answered the following questions:

1. How did this workshop help you to learn about the topic?
2. How did this workshop help you to expand your ideas about the topic?
3. What ideas do you have now about your work with the topic?
4. How could this workshop have been more useful for you as a nursing professional?

The short narrative answers were compiled according to the aforementioned questions and subjected to extensive reading by the first and third authors to identify the core content for each question. The content per the questions was organized into three tables and one figure and underwent thematic analysis (Paillé & Mucchielli, 2016), which included the identification of emergent ideas after repetitive readings; reflections on these ideas; the tentative identification of categories; and the tentative creation of themes to respond to the inquiry question. The analysis unfolded according to the predefined themes: (a) workshop contribution to new learning; (b) expansion of ideas; (c) new ideas for work innovation; (d) suggestion for workshop improvement; (e) meaning of content reflections; and (f) meaning of process reflections. No confirmation or feedback of the **attendees'** evaluation was done.

## Ethical Considerations

The workshops were creative activities, the appraisal of which was part of an educational activity offered to a group of unidentified individuals. According to Article 2.5 of the *Tri-Council Policy Statement* (Government of Canada, 2018), as an educative evaluation activity, this series of workshops did not require approval from the University Research Ethics Board. Therefore, no signed informed consent or oral assent was sought.

## Results

Topics, dates, and numbers of attendees are presented in Table 2. Most of the topics were not part of the nursing curriculum. The workshops with the largest audience were: (a) Structuring Effective Teaching-Learning Encounters in Healthcare Education and Practice; (b) Cancer Pain; (c) Fetal Health Surveillance; and (d) Nurses as Educators in the Clinical Setting (see Table 2). Low attendance rates for some workshops could be explained mainly by conflicting schedules (class, midterms, and placements).

Table 2. *Workshops Overview*

Year	Workshop topic by chronological order of delivery	Facilitator discipline	Attendance
2017	Communicating in Plain Language	Linguistic	6.4% ( $n = 17$ )
	Horizontal Violence	Nursing	4.5% ( $n = 12$ )
	Tailoring Abstracts for Conferences Based Upon Clinical Experiences	Nursing	7% ( $n = 19$ )
	Teaching-Learning as Knowledge Translation	Nursing	7.5% ( $n = 20$ )
2018	Entrepreneurship for Nurses	Engineering and Business	6% ( $n = 16$ )
	Esthetic Knowledge With Colour in Movement	Arts	0.75% ( $n = 2$ )
	Fetal Health Surveillance	Nursing	9.4% ( $n = 25$ )
	Mindfulness for Students	Nursing	1.9% ( $n = 5$ )
	Nurses as Educators in the Clinical Setting: Knowledge Translation in Patient Education	Nursing	8.6% ( $n = 23$ )
	#NurseInnovate: Business Plan Writing 101 + Entrepreneurship for Emerging Nurse Innovators and Leaders	Nursing and Business	4.9% ( $n = 13$ )
	Reconceptualizing Knowledge Translation in the Online World—Part 1	Communication	4.9% ( $n = 13$ )
	Reconceptualizing Knowledge Translation in the Online World—Part 2	Communication	3.49% ( $n = 9$ )
	Self-Care for Nursing Students: Alleviating Anxiety	Nursing	2.6% ( $n = 7$ )
Structuring Effective Teaching-Learning Encounters in Healthcare Education and Practice	Nursing	10% ( $n = 27$ )	
2019	Cancer Pain	Nursing	10% ( $n = 27$ )
	Gerontological Nursing	Nursing and Communication	2.6% ( $n = 7$ )
	Mindfulness for Student	Nursing	3% ( $n = 8$ )
	Tailoring Abstracts for Conferences Based Upon Clinical Experiences	Nursing	1% ( $n = 3$ )
	#NurseInnovate: Business Plan Writing 101 + Entrepreneurship for Emerging Nurse Innovators and Leaders	Nursing	5.2% ( $n = 14$ )
Total			100% ( $n = 267$ )



The findings presented in this section highlight the importance attributed to the knowledge gathered in the workshops, the identification of new knowledge, and the immediate experience of using it. Description was supported by unidentified, verbatim examples (mostly one sentence long), because the appraisal form was anonymous and did not ask for **attendees'** identifying information. Some relevant outcomes identified as being evidence of positive transformation referred to **attendees'** disclosure about their expanded views, renewed thoughts, confirmation of intentions, envisioned possibilities, and discovered alternative pathways, to name a few characteristics. Outcomes of an educational intervention were not measured and controlled since quality should be appraised in its improvement characteristics (Harrison & Graham, 2021) but, instead, revealed unmeasurable features of awareness, awakening as grounded from emancipatory and transformative learning (Freire, 1973; Mezirow, 1997).

### The Expansion of Views as Related to New Learning and Expanded Ideas

Table 3 summarizes the evaluative evidence and indicates that 11 workshops ( $n = 59\%$ ) offered an expansion of learning and ideas. The first novelty was the topic of entrepreneurship, which provoked vivid interest among the attendees. The second related to high-complexity clinical skills, followed by workshops addressing the relational aspect of nursing intra-team interactions and teaching-/knowledge-sharing.

Table 3. *Evidence of Expansion of Views*

Workshop topic	Excerpts from the evaluation forms
Communication in plain language	Helped me to expand my ideas of plain language communication because before I thought using simple language is using simple vocabulary ... [but] it is also sentence structure.
Business plan writing	Business plan to me for the first time! I am now aware of how to transform my ideas into a tangible process.
Cancer pain	Case studies hit home with what I have experienced in my placements and work experience, reflecting back ... things I could have done differently and was very enriching for myself.
Entrepreneurship for nurses	We are really stuck in our nursing process—perhaps doing ourselves a disservice. Data collection is a super powerful, under-utilized strategy RNs can better leverage to make system change.
Fetal health	Bringing relevant research and explaining how IA is often used for healthy mothers and EFM used for those at risk for complications.
Horizontal violence	Expands the definition of incivility; I will be able to more easily identify it now. Engage in education to increase your psychological capital.
Knowledge mobilization in the online world	New possibilities to share knowledge on different kinds of platforms. I am familiar with knowledge mobilization, but I <b>didn't</b> have the strategies to utilize it in the online world.

Nurses as educators in the clinical setting	Instead of just focusing on the psychomotor and cognitive aspect ... the affect aspect to get patients interested and hopefully committed in learning.
Self-care for nursing students	I know now how huge and common of an issue that stress and anxiety is, especially among nursing students. It is important to educate about and deal with as well.
Tailoring abstracts	I was previously unaware of the multiple uses of creating an abstract. I now know that abstract development can be used not only as a means of knowledge development but as a way to showcase myself in the nursing world.
Teaching-learning	Use our creativity and be open minded, be patient, take time, and listen to who we are teaching, what we are teaching. To make sure we answer their question to the best of our ability and by listening.

### New Attitudes, Skills, and Motivation as Possibly Influenced by the Workshops

New attitudes, ideas, and motivation for practice emerged from 10 workshops (See Table 4). Topics grasped the **attendees'** attention for a future or redesigned career path, as vividly discussed among attendees and the facilitator. Some topics helped attendees revisit current practice, thus awakening novel thoughts.

Table 4. *Evidence of New Ideas for Work Innovation*

Workshop focus	Excerpts from the evaluation forms
Business plan writing	Always thinking of business plans—what works and what <b>doesn't</b> . Importance of social marketing and understanding the stakeholder and financial perspective. Doing SWOT and PESTEL analysis; thinking of how these factors affect business.
Cancer pain	Listen more to patients and observe body language to identify pain. Ask correct questions to get a better understanding of pain and not just surface questions. Have a role for cannabis in pain management.
Communication in plain language	Before I communicate with my clients. I will let my clients know if there is anything that he/she is confused about, <b>I'm</b> open to clarify.
Entrepreneurship for nurses	The understanding that many of the needs we observe as nurses can be solved through design thinking or entrepreneurial principles. Design Thinking ... will be helpful in my employment when determining the solution for keeping the elderly active in their home.
Horizontal violence	Building a strong voice first and foremost. Being able to stand up for myself and confronting the horizontal violence head on. Speaking out about it is the most important thing.
Knowledge mobilization in the online world	I will be capable of developing a digital communication plan and sharing the information in digital media.

Nurses as educators in clinical settings	Inspired me to improve my patient teaching related to breastfeeding and post-op care, as required in my postpartum clinical placement; will be less generalized and more individual.
Self-care for nursing students	I am learning about modeling caring and presence and inviting behaviors to make students feel more comfortable in approaching me.
Tailoring abstracts	I would like to further explore instruction methodologies and processes to facilitate the development of critical thinking in students. Increase knowledge of alternative instructional methods for faculty and students.
Teaching–learning	Using the crafting of a teaching–learning encounter to implement into practice. To effectively engage the audience, having the <b>learner’s</b> objectives rather than just a teaching objective.

### Intended New Behaviors Influenced by the Workshops

Most of the reported intentions indicated behavior reinforcement, acknowledgment of new possibility, and motivation to facilitate KTr in their practice. Verbatim corroborated the impact provoked by new knowledge and reinforced the feasibility of such transfer (see Table 5).

Table 5. *Evidence About Intentions to Transfer New Knowledge to Practice*

Workshop focus	Excerpts from the evaluation forms
Cancer pain	Learned that my values and perception may not align with <b>others’</b> and how it can impact decision making harder for cancer pain management.
Communicating in plain language	I can use diagrams to transfer information. I can use less words to communicate. I can use words that the patient can easily understand.
Tailoring abstracts	Increases my knowledge and provides strategies and also confidence for participating in research within my workplace.
Entrepreneurship	In moments where <b>I’m</b> helping find a solution to a complex problem, I think I would follow the Design Thinking process. So many problems we look to solve have so many variables. I can help students understand the steps towards completing a business plan. I want to be a CEO! This was an important 1st step. <b>I’ll</b> know how to fundraise.
Fetal health	My current clinical placement is in OB. As such, the information provided during this workshop will reinforce my existing knowledge of fetal health surveillance and monitoring.
Horizontal violence	Build a strong voice; stand up for myself and confront horizontal violence head on. Potential initiatives from my nursing work and practice as it relates to nursing research, practice, education, policy, and leadership.

	Allows me to build strategies to deal with horizontal violence that I encounter. Strengthening my self-care skills and implementing them into my practice when dealing with the incivility.
Knowledge mobilization in the online world	Planning who my audience is from the beginning of the project. It helped me identify audiences at different levels, profiling them and telling my content accordingly.
Mindfulness	Creating presence with patients, coworkers, and myself. I will be kinder, gentler to myself and others. <b>I'll</b> continue doing breathing exercises, which help me be aware of myself, others, and my environment.
Nurses as educators in clinical settings	I will highly likely implement taught lessons into my clinical setting. And also when I am given to become an educator myself, I will utilize the learned information to my teaching curriculum.
Self-care for nursing students	Clinical <b>instructors'</b> skills of alleviating stress from nursing students. Nursing <b>students'</b> confidence level of transitioning into the real work field.
Teaching–learning	I will utilize these skills in discharge teaching. I would like to further explore instruction methodologies and processes to facilitate the development of critical thinking in students. Modeling caring, presence, and inviting behaviors to make students feel more comfortable approaching me.

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### Suggestion for Workshop Improvement

The provided suggestions were compiled and classified into new contents and new methodologies. Some suggestions concerning the topic/approaches already presented in the series of workshops corroborated the **attendees'** interest in these topics and reinforced their appropriateness in terms of timing and instrumental knowledge to succeed in practice. Suggestions of content ( $n = 12$ ; 60%) were (a) Conflict resolution in the workplace (horizontal violence); (b) Entrepreneurship in nursing, developing business plans, and networking; (c) Include all practice areas; do not just focus on acute or community settings; (d) Interdisciplinary communication with other healthcare providers; non-clinical nursing opportunities (e.g., research, administration, and education); (e) Management/leadership roles in hospitals; (f) Mental health for nursing students and different patient populations; (g) **Nurses'** role in clinical research; (h) Patient education specific to populations and demographics, age, special needs, resistant ones; (i) Promote health literacy and self-care for youth and non-medical workers; (j) Teach about difficult topics (cancer, mental health); (k) Technology of care; and, (l) Time management in an acute-care setting/over a shift.

Suggestions about the methodologies (40%) included: (a) Deliver topics in three levels, so attendees can attend based on their level of knowledge on the topic (beginner, intermediate, and advanced); (b) Include examples of documents/activities discussed/worked through in the workshop, such as crafted abstracts, education plans, etc.; (c) Include lab—or simulation-based learning—to allow for hands-on learning of skills and technology; (d) Incorporate solidifying learning activities (role playing, case studies, and real-world examples), opportunities to critique and provide feedback to peers, mindfulness exercises, more visuals, handouts, videos, and application of the topic to a wider population; (e) Longer duration (or in two parts) to

get more in-depth on the topic; (f) More time for facilitation of interactive activities with peers; (g) Providing constructive feedback on each group work is preferred, as opposed to overall general feedback; and, (h) Timing to parallel where the learning is occurring in the curriculum/classroom for the attendees.

### Meaning of Content Reflections

The workshops provided attendees the opportunity to receive and share knowledge with educators, peers, and facilitators, allowing them to see themselves as co-constructors of knowledge. The embedded meaning in the content reflections revealed that attendees identified the usefulness of the new content and pondered their future application to practice. By doing so, the attendees discovered new opportunities for their future careers or future projects with the mobilization of personal interest and talents for the achievement of many other goals. By reflecting on possible future strategies in partnership, collaboration, or even independent practice, attendees considered how to try and act on new professional roles. The new content responded to their intellectual curiosity about the **workshops'** topics, which explained their drive to actively engage in the hands-on activities. The workshops launched the basis for the socialization of new content, as allowing participation in collective learning in a landscape of practice can overcome boundaries to create a specific body of knowledge (Pyrko et al., 2019).

### Meaning of Process Reflections

The short time period of appraisal only allowed us to consider transformative learning as it unfolded in TLT Phase 1, ignited by attendee curiosity about the topic or acknowledgment of existing knowledge gaps about it. Evidence also included recognizing a possible, collective, transformative process in a shared context when others similarly acknowledge the need for a change (Phase 4); seeing new roles while establishing new relationships for action in nursing practice (Phase 5); and expressing new gathered knowledge and information to operationalize it in the future (Phase 7).

Despite the low attendance by nursing faculty, MN students, RNs, and sessional instructors, the large majority of attendees—undergraduate students—had the opportunity to perform learning exercises with nurses holding distinctive levels of professional knowledge. This socialization within small groups in an informal atmosphere—having conversations, chats, and laughs—promoted a distinguishing nearness and an opportunity for students to ask questions. The process of unfolding the **workshops'** components facilitated a sense of integration and joint learning among peers, making their interactions and mutual learning more substantial.

Pedagogical workshops are a staple of academic development in which different knowledge networks are accessed to connect individuals and key ideas across institutional silos (Felten et al., 2019). Inviting learners to play a role in the design and facilitation of workshops allowed them to have a distinct voice that can share their evolving professional expertise and personal perspectives. A collaborative student–faculty pedagogical partnership is a process in which, through collaboration and reciprocity, all individuals can contribute equally to pedagogical decision-making, conceptualization, and implementation.

### Re-Creating an Inclusive Community of Learning With Rebuilt Intellectual Bonds to Transform the Practice of Education for Experiential Learning.

The collective context of experiential learning opportunities shared with intellectual partners (even in an extracurricular context) has proved to be a transformational growth process for undergraduate students (Pepin et al., 2017), including raising awareness about **one's** inner talents/potential (Zanchetta et al., 2017). Transformative pedagogy has the ability to transfer learning into social action outside of the learned environment and into nursing work by empowering students to enact change in practice (Dyson, 2018). This extends to students not only being able to execute change but to critically question nursing knowledge in all of its forms, as well as the theories on which practice is based (Dyson, 2018). In addition, the process of think-

debate-deconstruct-rebuild in multidisciplinary knowledge allowed nursing students and professionals to master the particularities of nursing-based practice, which has been documented as a remaining difficulty in practice (Lam & Schubert, 2019).

Consequently, this initiative planted seeds for a new initiative focusing on the implementation of a research assistant training program grounded in undergraduate nursing **students'** career plans and their research capacity-building. A team of 16 facilitators successfully delivered the program with 60 students (2020–2021), which included a research practicum component (Zanchetta et al., 2021). As a result of this program, students went on to become paired with School of Nursing faculty members on a number of research studies in which they received hands-on experience in applying learning from the training program. This initiative is an example of how the culture of excellence that privileges the participation of a restricted group of knowledge producers has been extended. The established context from the original workshops provided the ability to create and deliver creative initiatives, such as the volunteer research assistant training program.

## Discussion

The KTr structured workshops appeared to have good characteristics that provoked rich reflections by the attendees regarding themselves. Moreover, **attendees'** constructive feedback and suggestions for workshop improvements and redevelopment resulted from the stimulating intellectual context. The appraisal indicated that to do so, one should acknowledge that the starting and the final product may differ and be welcoming to the evolution of original thought and ideas (Wong & Headrick, 2021).

The appraisal comments illustrated the varied positionality of the attendees in the journey of transformative learning, according to the non-directional TLT phases (Kitchenham, 2008). Due to the nature of the immediate, short-term appraisal, attendees expressed an initial awareness of the essence of the transferred knowledge, and identified its value to their own learning plan, a sign of progressive empowerment. Comments provided clues of emerging critical consciousness because knowledge exploration happened in the workshops, allowing for self-reflection for increased self-efficacy. Comments corroborated how transformative pedagogy could offer tools for developing extracurricular learning into real-world social action (Dyson, 2018). The evidence disclosed that a constructivist approach, even in its preliminary level of consciousness and critical discourse, supported attendees by preparing them for the realities of nursing practice, which in turn helps them understand nursing practice and enact change in practice (Dyson, 2018).

## Integration Into the Current Literature

Transformative learning allows learners to obtain practical knowledge while also reflecting on their experiences and evaluating their reasons for learning and restructuring their perceptions (Dirkx, 1998). This process evokes **Mezirow's** (1985) three types of learning, which allow learners to ask how they can best learn the information they require (instrumental); the time and place of this learning (dialogic); and why this learning is needed (self-reflective). The **workshops'** approach harmonized with the theoretical premises of transformative learning and its implied structural shift in the premises of actions, thoughts, and feelings (University of Toronto, 2016), which was confirmed by attendee accounts in the classroom and appraisal forms.

Concerns were raised by low attendance to the workshops, namely Mindfulness for Students, Horizontal Violence, and Self-Care for Nursing Students: Alleviating Anxiety. These sensitive topics relate to issues of consciousness for empowerment, revealing the low valorization of non-technical knowledge to be acquired and mastered, knowledge that is required to build professional resilience to succeed as a practitioner (Walsh et al., 2020). **O'Keefe** et al. (2021) documented inadequate violence management skills (including vertical violence) among nursing students. Thus, it was learned that some of these sensitive topics should be present in the dialogues held in the classroom and clinical practice contexts to better equip students to expand specific

conceptual knowledge while building and learning through experiential knowledge forms with their educators, mentors, and peers.

## Strengths and Limitations

One of the key strengths of this project was undoubtedly the response to the **attendees'** quest for knowledge through the use of participatory learning approaches and collaborative exercises. Another strength was the open channel to learn about new non-health-related content that aligned well with attendee career interests. Limitations include the narrow analysis of the evaluative comments due to the non-collection of socio-demographic information, and a lack of information about the preexisting knowledge of the topic, which curtailed the exploration of the impact on **attendees'** intentions and new ideas.

## Implications for Practice and Education

Implications for practice include a positive influence on the delivery of learning sessions in healthcare settings. Specifically, subject matter experts (SMEs) can collaborate with staff to obtain lived experience, which can contribute to the creation of a multidisciplinary learning environment. The limited internal funding available for teaching/learning experiments was overcome with the implementation of low-cost initiatives, the investment in existing resources, and collaborations with the **university's** community and alumni. Replication can target in-service education for frontline workers, students from other disciplines, and nurses who intend to explore new career pathways or enhance current practice (e.g., artificial intelligence, digital academic entrepreneurship, heritage of cultural knowledge, knowledge networking, health of linguistic minorities, and internationalization of education).

Furthermore, low-cost, informal intellectual partnerships in the clinical setting can lead to the cocreation of knowledge among the broader nursing teams with dissemination of information in smaller departmental groups. The possibilities for knowledge networking were expanded within clinical practice as space was created for the more equitable sharing of information between those with expertise and those providing frontline care. Leveraging expertise with hands-on workshop activities in clinical practice directly engages learners and allows for transformative learning at the point of care.

Implications for curriculum development refer to recognizing extracurricular learning hours, respecting student autonomy to explore more suitable forms of learning to their own plan of education or granting partial course credits for attendance in workshops that cover complementary topics to those covered in a course. Key recommendations for replication include the use of live simulation actors and flipped classroom methodology (face-to-face, partially in-person, and mixed-way) for practicing personal development toward leadership–entrepreneurship skills (Navarro et al., 2020), and a team project exercise including hypothetical, short-term plans of knowledge translation grounded in the pedagogical approach of challenge-based learning. Therefore, transversal competencies, knowledge of sociotechnical problems, and collaboration with industry and community actors would be experienced (Leijon et al., 2021).

## Conclusion

A number of facilitators and attendees underwent and provided a simple solution for the complex issue of establishing and working within nursing educator–student intellectual partnerships. The high engagement in hands-on exercises, the spontaneous construction of a cheerful context, and the relaxed moments shared by the attendees indicated a promising culture of sharing and receiving knowledge. A culture of collective, pleasurable learning with undergraduate/graduate students and novice and proficient nurses is effective in mobilizing powerful forms of nursing knowledge.

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