

**TRYING SOMETHING NEW: UNDERSTANDING THE COMMON  
PRACTICES OF REFORMING NURSING EDUCATION**

by

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# A dissertation entitled

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University of Wisconsin-Madison  
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### Approval Signatures of Dissertation Committee



## Abstract

# TRYING SOMETHING NEW: UNDERSTANDING THE COMMON PRACTICES OF REFORMING NURSING EDUCATION

Martha M. Scheckel

What are the common reforming practices of teachers when they reform nursing education? How is *cultivating thinking* an important reforming practice in nursing education that moves beyond teaching “critical thinking?” Do the Concernful Practices of Schooling Learning Teaching reveal reforming practices that illuminate *engendering community* as central to creating and sustaining innovation? This interpretive phenomenological and Heideggerian hermeneutical study describes two themes (common practices) of reforming nursing education: *Cultivating Thinking* and *Enacting the Concernful Practices: Making Visible How Innovation Arises*. A pattern, *Unlearning and Becoming*, one of the Concernful Practices, was of central importance in this study. It describes how teachers and students seek experiences where they unlearn past pedagogical practices and explore new ways of thinking and creating egalitarian communities in reforming nursing education.

This study was part of a larger multi-media distance desktop faculty development study in the interpretive pedagogies conducted by Dr. Nancy Diekelmann at the University of Wisconsin-Madison School of Nursing. In the Diekelmann study, “trying something new” emerged as a common practice describing pedagogical reform. In my dissertation research, I extend Diekelmann’s research by investigating “trying something new” through interviewing

15 teachers and 9 students in nursing education for their experiences of reforming in nursing education. The data I collected and hermeneutically analyzed revealed the two themes, and the pattern described in this study, and proffer reforming practices that teachers and students can extend, enhance, and sustain. Conversely, my study offers new understandings of reforming practices teachers and students should abolish because they are oppressive, disparaging, and impede reform.

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## Chapter 1

### The Call for Reform in Nursing Education

At the dawn of the 21<sup>st</sup> century, health care and education have *both* undergone substantive changes that are disquieting to the traditional ethos of nursing education. Preparing nursing students for managed care, the shift from hospital-centered to community-based nursing, the proliferation of techno-medicine, and the influence of educational technology present nursing educators with neoteric challenges. Recent evidence shows that mainstay teacher-centered pedagogies and hospital-based curricula that have sustained nursing education for decades are no longer sufficient for preparing students for contemporary health care environments (Diekelmann, 2003b; Diekelmann & Scheckel, 2004; Heller, Oros, & Durney-Crowley, 2000; Ironside, 2001; Oros, Johantgen, Antol, Heller, & Ravella, 2001). These changes along with shortages of both nurses and nursing faculty, diminishing economic resources for education and research, and an increasingly diverse and part-time student population call for new pedagogies in nursing education (Diekelmann, 2001; Diekelmann & Lampe, 2004; Ironside, 2001; National League for Nursing [NLN], 2002; NLN, 2003; Young, 2004).

In my study I address these contemporary challenges by investigating the experiences of teachers and students who are attempting reform by “trying something new” in nursing education. The impetus for my study arose from my participation as a research assistant in the Dieklemann distance desktop faculty development study (2003a) in which teachers and students tried new ways of reforming their teaching and learning practices by learning and enacting Narrative Pedagogy. Narrative Pedagogy is the first nursing pedagogy—a pedagogy

that is from nursing research for nursing education (Diekelmann, 2001). What follows is the background of my study that describes the Diekelmann study and how one theme she identified, “trying something new,” is the subject for my dissertation research.

### *Background to the Study*

From 2001 to 2003, 51 faculty and 30 students from six schools of nursing in the United States participated in a Helene Fuld Trust-funded distance desktop faculty development study (N. Diekelmann, principal investigator) to learn Narrative Pedagogy. Narrative Pedagogy is an approach to schooling, learning, and teaching that is enacted when teachers, students, and clinicians collectively share and interpret narratives of their experiences in nursing practice and nursing education (Diekelmann, 2001). Central to Narrative Pedagogy is its inclusion of the interpretive pedagogies (critical, feminist, phenomenological, and postmodern) (Ironsides, 2001). The distance desktop study was the first study of its kind designed to increase faculty literacy in the interpretive pedagogies all the while creating a new (at-a-distance) community spirit that facilitated, fostered, and supported reform in nursing education (Diekelmann, 2003a). The study was especially timely given the nursing faculty shortage—a shortage so significant that it is limiting teachers’ ability to travel to attend faculty development workshops.

The distance desktop faculty development study described ways Narrative Pedagogy facilitates reform through increasing understanding of the contributions and limitations of conventional pedagogy (outcomes and competency-based nursing education) and highlighting the ways teachers and students collaborate in reform. This Diekelmann study adds to the growing body of nursing research that is providing an evidence base for enacting Narrative

Pedagogy. For example, recent studies describe how Narrative Pedagogy assist students in learning the thinking and caring practices of contemporary nursing (Andrews et al., 2001; Ironside, 1999, 2004; Young, 2004) and learning how to re-envision care for chronically ill populations (Ironside et al., 2003). Other studies describe how Narrative Pedagogy provides new ways to reform lectures (Young & Diekelmann, 2002) and prepares nurses to confront contemporary ethical and genetic issues (N. Diekelmann & J. Diekelmann, 2000). In all of these studies, Narrative Pedagogy creates reform through community interpretive scholarship<sup>1</sup> (Dahlberg et al., 2003) whereby teachers and students “put their heads together,” recounting their common experiences, interpreting stories, and envisioning new possibilities for nursing education and practice. Through this kind of scholarship, students, teachers, and clinicians gather their collective and communal wisdom and expertise to experience new ways of thinking about teaching and learning that are contextual and site specific (specific to particular schools of nursing).

Using Narrative Pedagogy in distance education as an approach to faculty development broadens the dissemination and applicability of Narrative Pedagogy. During the distance desktop study teachers could access four asynchronous online educational modules describing feminist, critical, postmodern, and phenomenological pedagogies, as well as a module on conventional pedagogy (outcomes education). Within each module Diekelmann described the

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<sup>1</sup> In previous studies by Diekelmann and colleagues, the phrase “community reflective scholarship” was used to describe the curriculum as dialogue where teachers and students enhance their learning through reflecting on their experiences of schooling, learning, and teaching (Andrews et al., 2001; Diekelmann, 1988, 1990, 2001). However, during the course of this study, N. Diekelmann and M. Scheckel changed the phrase “community reflective scholarship” to the phrase “community interpretive scholarship” because it more accurately reflects one foci of Narrative Pedagogy that emphasizes the centrality of communal dialogue and interpretive thinking in the context of schooling, learning, and teaching. A full description of the phrase, “community interpretive scholarship” is described in Chapter 5 of this study.

various pedagogies and provided stories that described nursing educators enacting each pedagogy. Diekelmann designed the modules in a way that emphasized Narrative Pedagogy as a gathering of all the pedagogies into the participants teaching practices. Links to relevant web sites, full text literature, and a series of questions provided teachers with additional support and instruction from both nursing education and higher education that guided their application of the various pedagogies. Teacher Talk, another online component of the study, provided additional guidance because it served as a “hot line” for teachers to ask immediate questions about applying the interpretive pedagogies. An expert panel experienced in the interpretive pedagogies provided teachers using the “hot line” with answers to their questions within 12 hours of posting (in by 6 PM, out by 6 AM). In addition, Diekelmann used Narrative Pedagogy for group Teacher Teleconferences to assist faculty in interpreting their ongoing experiences of day-to-day life in the classroom and their experiences trying the new pedagogies in their teaching practice.

Teachers responded positively to all components of the study: the online modules, Teacher Talk, and Teacher Teleconferences. For instance, teachers commonly described how participation in the study assisted them in recognizing how and when they were already using the interpretive pedagogies. In other words, the study provided them with a language for pedagogies they were already trying, which encouraged them to learn more about the interpretive pedagogies to extend how they were using them. Other teachers commonly told of times when the study helped them begin to try something new by revising a conventional pedagogical approach. In attempting to change their approach, teachers not only improved their traditional teaching methods, but also gained insights into bringing the interpretive

pedagogies to bear on their new approaches. Additionally, when teachers began learning more about Narrative Pedagogy, they in turn learned more about and began increasing their use of the interpretive pedagogies.

As teachers began to enact Narrative Pedagogy, they recognized how Narrative Pedagogy proffered new ways thinking about teaching that provided themselves and students with new thinking experiences and a new sense of community. For instance, some teachers reported that they enacted Narrative Pedagogy by inviting individuals with chronic illnesses into classrooms to share their insights and practical wisdom. Listening to and interpreting stories of those with chronic illnesses allowed teachers and students to reconsider together how they were thinking about what it means to live with a chronic illness within didactic content on chronic illnesses. These thinking experiences helped students reconsider their assumptions of chronic illness and provided them with new lenses through which to care for those with chronic illness. Other teachers changed the way they thought about testing and used group testing where students collaborated to answer questions. Teachers reported that new ways of thinking about testing engendered community as students engaged in dialogue about test questions. Students learned, through collaborative testing experiences, how some situations nurses encounter in practice have no “correct” answers. Through all of the new experiences, students noted how their teachers were “trying new things” in ways that shifted the educational milieu from one centered only on content and skill acquisition to one centered on the practices of teaching and learning. These new learning environments decreased students’ sense of isolation and helped them develop new insights into nursing practice that they “had not thought about” when their teachers solely used lectures to convey content.

In addition to Narrative Pedagogy's influence on reforming the thinking and community experiences of teachers and students, the Diekelmann study also played a role in underscoring the meaning and significance of engendering community among faculty. The online modules and ongoing dialogue through both Teacher Talk and Teacher Teleconferences created new partnerships among faculty from schools of nursing across the country. Teachers reported these partnerships encouraged them to take a risk to challenge and change their current teaching and learning practices. For example, some teachers who used Teacher Talk reported the answers they received from the expert panel were instrumental in facilitating immediate changes in their classrooms and clinical settings—changes they may not have pursued without the experts' encouragement and support. Other teachers reported they “could not wait” for their weekly teleconference, often “saving up” thoughts, ideas, and new experiences to gain additional insight from fellow colleagues across the country to increase their pedagogical literacy and to extend and enhance the changes they were making in their teaching practice.

Through interviews and dialogues with teachers and students enrolled in the distance desktop faculty development study, Diekelmann initially identified the following themes:

- *It's New for Me: Innovation Arising Within Outcomes Education*
- *She's the Kind of Teacher Who Is Always Trying Something New: Students' Participation in Reforming Classroom and Clinical Education in Nursing*
- *Trying Something New: Common Practices of Students and Teachers*

These themes arose from Heideggerian hermeneutical analyses of student and teacher interviews and reflected how “trying something new” is a common experience. In my dissertation I seek to further explicate the theme, “*trying something new.*” While Diekelmann

did identify this theme, as a research assistant conducting interviews with participants in the distance desktop study, I frequently listened as teachers and students described their experience of “trying something new.” Commonly, they recounted that “trying something new” for them was any change in pedagogical practices that reformed teaching and learning. Even though teachers and students I interviewed were participants in the distance desktop faculty development study, it was apparent that changes they made in their teaching and learning practices were often either within conventional pedagogy and/or within the interpretive pedagogies. Thus, to encompass the full breadth of the experiences of “trying something new” in nursing education, while the Diekelmann study provided the context for my study, I do not limit my study to only those experiences of “trying something new” within Narrative Pedagogy. “Trying something new” as a practice is common to reforming teaching and learning irrespective of the pedagogies employed. That is, in my study I am not analyzing teachers’ and students’ experiences of specifically enacting Narrative Pedagogy. Rather I am exploring the specific reforming practice of “trying something new.”

My interest in further explicating this theme within this encompassing foreground (i.e., including any experiences of “trying something new”) comes from studying Narrative Pedagogy first with Dr. Pamela Ironside at Clarke College in Dubuque, Iowa, and then with Dr. Nancy Diekelmann, at the University of Wisconsin-Madison School of Nursing. The expertise I gained as a student immersed in learning Narrative Pedagogy and the expertise I continue to gain as a new teacher enacting Narrative Pedagogy has prepared me well to interpret the experiences of teachers and students “trying something new.” Based on my experiences (as both a student and a teacher), I understand that anytime a teacher or student

tries something new, whether it be within the context of Narrative Pedagogy or any other pedagogy, the very practice of “trying something new” calls teachers and students (often through new teacher and student partnerships) to change their *familiar* ways of teaching and learning. I use the word familiar in the sense of teaching and learning practices that teachers and students are most at home in or most comfortable with—pedagogical practices that often reflect conventional pedagogies. In the midst of the moving out of the familiar and encountering the unfamiliar, it is not always the case that teachers and students can claim that indeed they are using a specific pedagogy because pedagogies often co-occur. What is therefore most salient in my study is that in seeking to understand reforming nursing education, I create a clearing or a space for understanding more about how all the pedagogies show up during reform and in the practices that teachers and students engage in towards reforming nursing education. Learning more about “trying something new” is the beginning of entering into new understandings of the reforming practices in nursing education. It is within the nexus of the Diekelmann distance desktop study, my experiences with Narrative Pedagogy, and my experiences as a student and new teacher that I situate my study to investigate the experiences of “trying something new” in nursing education.

### *Problem Statement*

The nursing education literature reflects the use of the interpretive pedagogies for teaching and learning in nursing education (Doane, 2002a, 2002b; Duchscher, 2000; Falk-Rafael, Chinn, Anderson, Laschinger, & Rubotzky, 2004; Huntington & Gilmour, 2001; Ironside, 2001, 2003a; Ironside, Diekelmann, & Hirschman, 2005; Koenig & Zorn, 2002). Narrative Pedagogy, an interpretive phenomenological pedagogy that gathers all the pedagogies, offers

the nursing profession ways for substantively reforming teaching and learning. By learning and enacting Narrative Pedagogy, teachers enrolled in the distance desktop faculty development study provided evidence for a new faculty development model that increased the pedagogical literacy in the new interpretive pedagogies (Diekelmann & Lampe, 2004; Diekelmann & Scheckel, 2003; Diekelmann & Smythe, 2004). However, regardless of what provides teachers and students with the impetus to try something new (e.g., participation in a study, attending a workshop, reading a research article), little is known about the common *practices (experiences)* of students and teachers who try something new in nursing education.

In my dissertation, I use interpretive phenomenology and Heideggerian hermeneutics to describe the common practices (experiences) of teachers and students who try something new. In my study, it is important to use the language of my participants in describing common practices. Therefore, I am using the phrase “trying something new” because, in the Diekelmann study, it became apparent that teachers often use this phrase to describe change or innovation that reforms their teaching practices. Likewise, students often discuss times when their teachers “tried something new” or when they themselves, in the context of a course “tried something new.” Descriptions of the common experiences of “trying something new” can provide insights into practices that encourage reform and should be continued or extended as well as practices that impede reform and should be discouraged. In the following chapters, I will describe a) a review of literature that supports the rationale for my study [Chapter 2], b) the methodology that I use to investigate the common experiences (reforming practices) of teachers and students “trying something new” in nursing education [Chapter 3], c) the

findings of my study [Chapters 4 and 5], and d) the contributions, limitations and future research that I identified in my study [Chapter 6].

## Chapter 2

### Literature Review:

#### Exploring Reform in Higher Education and Nursing Education

To situate the need for this study, I reviewed literature in nursing education and higher education specific to faculty development and reform. I searched computerized databases such as the Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, the Educational Resources Information Center (ERIC), and Academic Search Elite. To identify literature on faculty development, I used keywords such as *faculty development*, *continuing education*, and *professional development*. To identify literature on reform, I used keywords such as *reform*, *change*, and *innovation*. I coupled keywords with other terms such as *nursing*, *education*, *teaching*, and *learning*. I also used an ancestry approach to gather other significant literature. Based on my review of literature, for the purposes of this study, I define reform as any new pedagogical activity teachers engage in that leads to changes in their teaching and learning practices.

To describe the findings of my literature search, this review of literature begins with a hermeneutical analysis of studies reflecting common themes from higher education and nursing education related to faculty development. From there I continue my literature review by providing a brief hermeneutical analysis where I identify themes from the literature in higher education and nursing education related to reform. Following this, I discuss the development of Narrative Pedagogy and how it advances reform in nursing education. Including both a review of literature on faculty development and reform along with Narrative Pedagogy elucidates research priorities supporting the need for my study.

*Faculty Development in Higher Education and Nursing Education: Assessing and Addressing Faculty Development Needs*

My hermeneutical analysis of the literature in higher education related to faculty development reveals two themes that reflect a) *assessing faculty development needs* and b) *evaluating the efficacy of faculty development programs and strategies*. In the theme assessing faculty development needs, researchers frequently conduct surveys and often conclude that faculty need more preparation in instructional skills (Baldor, Brooks, Erickson, & O'Shea, 2001; Dee, 2004; Gottlieb, Rogers, & Rainey, 2002; Grunwald & Peterson, 2003; Lasser, 2002; Sabatini et al., 2000; Wallin, 2003) and more preparation for web-based teaching (Blignaut & Trollip, 2003; Feist, 2003; Lan, 2001; Yorke, 2004). When evaluating programs and strategies, the purpose of many studies is to investigate the efficacy of faculty development programs aimed at improving instructional skills (Arnold, 2002; Camblin, Lanthan, & Steger, 2000; Davis et al., 2003; Hewson, Copeland, & Fishleder, 2001; Ireh & Bell, 2002; Nellis, Hosman, King, & Armstead, 2002; Poglinco & Bach, 2004; Porter, Garet, Desimone, Yoon, & Birman, 2000; Sherer, Shea, & Kristensen, 2003) and investigate strategies that help teachers address their own faculty development needs (Alterio, 2004; Camblin et al., 2000; Wallin & Smith, 2005). Among these studies, faculty collaboration is cited as one of the most beneficial outcomes of faculty development programs (Arnold, 2002; Camblin et al., 2000; Wallin & Smith, 2005) and web-based programs as one of the most efficient and economical means to conduct faculty development programs (Nellis et al., 2002; Sherer et al., 2003).

Like the research in higher education related to faculty development, the research in nursing education emphasizes assessing faculty development needs by conducting surveys (Bernstein, Rieber, Stoltz, Shapiro, & K.M., 2004; Foley et al., 2003; Riner & Billings, 1999; Smolen, 1993) and evaluating the efficacy of particular faculty development programs and strategies (Catalano, 1997; Dunkley, 1994; Eisen, 2001; Skrabut, 2000). However, the number of studies in these areas of faculty development is sparse, which mirrors a National League for Nursing report that indicates only 8% of nursing education research studies include specific faculty development studies (Scheckel, 2002). More studies in nursing education are devoted to assessing and addressing competencies faculty need in nursing education. For example, nursing education research describes teacher behavior and characteristics needed for effective clinical instruction (Benor & Levinyof, 1997; Fong & McCauley, 1993; Gignac-Caille & Oermann, 2001; Shelton, 2003; Wolf, Bender, Beitz, Wieland, & Vito, 2004), the needs of clinical preceptors (Allen, 2002; Byrd, Hood, & Youtsey, 1997; Coates & Gormley, 1997; Kaviani & Stillwell, 2000; Myrick & Yonge, 2004; Nehls, Rather, & Guyette, 1997; Speers, Strzyzewski, & Ziolkowski, 2004; Yonge, Krahn, Tojan, Reid, & Haase, 2002), and the need for nursing educators to obtain specific competencies, e.g., understanding issues of cultural diversity, (Canales & Bowers, 2001; Nairn, Hardy, Parumal, & Williams, 2004) and knowing how to accommodate students with disabilities (Kolanko, 2003; Maheady, 1999; Sowers & Smith, 2004).

Both the research in higher education and nursing education reflects that research is often done within single media and outcomes education. For instance, most distance faculty development programs include only web-based offerings in conventional pedagogy (outcomes

education) (Diekelmann, 2003a). Diekelmann's study was the first of its kind to evaluate faculty development using multi-media (web-based modules, Teacher Talk, and Teacher Teleconferences) and interpretive pedagogies (i.e., feminist, critical, postmodern, and phenomenological). Diekelmann's multi-media and multi-pedagogical approach to faculty development extends and expands the context in which I situate my study. That is, teachers involved in the teacher teleconferences and Teacher Talk partook in and co-created thinking experiences about "trying something new" (e.g., trying interpretive pedagogies) that they may not have if they were only part of a single media and single pedagogical study. The multiple components of the Diekelmann study encouraged dialogues about various teaching approaches that opened new avenues for exploring the experiences of "trying something new" in nursing education. This literature review continues with a review of the literature on reform in higher education and nursing education.

### *Reform in Higher Education*

Based on a hermeneutical analysis of the literature in higher education, common themes representing studies of reform include a) *reforming as implementing models or programs to change teaching practice* (Golez, 1996; Heard, 1999; Hoppey, Yendol, & Pullen, 2004; Johnson & Harris, 1998; Phillippi, 1998; Pultorak, 1999; Rasmussen & King, 2000; Simons, Kushner, Jones, & James, 2003; Valli & Arieu, 2002) and b) *reforming as implementing singular teaching strategies or methods to change teaching practice* (i.e., inquiry-based learning) (Cottrell & Jones, 2003; Falconer, Wyckoff, Joshua, & Sawada, 2001; Flick & et al., 1997; Silver, 1999; Soderberg & Price, 2003). The meaning and significance of such studies is that they provide evidence for the effects (outcomes) of reform, that is, the effect new

models or programs and strategies have on teachers and teaching practices. For example, the studies commonly reflect how teachers felt about or react to change, how particular programs help teachers design lesson plans, or how reform changes teaching practices over time.

Within the themes identified above, two sub themes emerge: a) *reforming as a mandate* and b) *reforming as volunteering to participate in change*. The research literature reveals that often the impetus for changes teachers make in their teaching practice commonly stems from either mandates initiated by site specific (i.e., college or university), or state and national (Hoppey et al., 2004; Phillippi, 1998; Pultorak, 1999; Valli & Arieiev, 2002; Whitworth, 1996) calls for reform. These mandates are often established to help teachers assist students to achieve pre-determined educational outcomes (Price, 2003). Conversely, teachers also make changes when they voluntarily participate in research to improve their teaching practice (Boggs, 1996; Falconer et al., 2001; Simons et al., 2003). The meaning and significance of reforming as mandate is that teachers often resist change because they believe these changes will not improve student learning (Phillippi, 1998; Silin & Schwartz, 2003), or perhaps the changes involve misguided attempts to create successful educational outcomes for students (Apple, 2001; Lowell, 2004). In contrast to mandated studies, the meaning and significance of reforming as volunteering participation is that studies show how voluntary participation leads to more successful reform. Some studies even describe core requirements (e.g., specific teacher or group traits, specific methods or plans) needed for teachers to be effective reformers who can help students accomplish educational outcomes (Knapp, Bamberg, Ferguson, & Hill, 1998; Little, 2001; Sarason, 2002).

### *Reform in Nursing Education*

Based on a hermeneutical analysis of the literature in nursing education, common themes representing reform in nursing education include a) *reforming as identifying and changing “essential content”* (Chalmers, Bramadat, & Andrusyszyn, 1998; Jordan, Philpin, Davies, & Andrade, 2000; Seed & Higgins, 2003; Twycross, 2001) or *adding “essential” content* (Bowen, Lyons, & Young, 2000; Brzytwa, Copeland, & Hewson, 2000; Iweze & Imogie, 2001; Jenkins, Dimond, & Steinberg, 2001; Lea & Lawson, 2000; McEwen, 2004; Smith-Pittman, Richardson, Plichta, & Lin, 1998; Zisberg, Bar-Tal, & Krulik, 2003) and b) *reforming as implementing specific curricular processes*, which includes a vast range of topics. For example, researchers ask questions such as how does an educational partnership curriculum model influence preparation for community-based health care (Huang, 2002; Jacobs & Koehn, 2004; Thompson & Feeney, 2004) and specific student leadership and caring competencies (Nelson, Howell, Larson, & Karpiuk, 2001)? What is the effect on students’ thinking when problem based learning (Papastrat & Wallace, 2003; Suhre & Harskamp, 2001; Uys, Gwele, McInerney, van Rhyn, & Tanga, 2004; Walker, Bailey, Brasell-Brian, & Gould, 2001) or other critical thinking (Cleverly, 2003; Hicks, Merritt, & Elstein, 2003; Phillips & Duke, 2001) protocols are infused into the curriculum?<sup>2</sup>

The meaning and significance of the before mentioned studies in nursing education is they emphasize that the predominant way to reform nursing education is to identify, change and add/change the order of content, and test and describe the effects of implemented changes.

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<sup>2</sup> The reader will note that *Cultivating Thinking* is the first theme of this study that I describe in Chapter 4. In a Heideggerian interpretive phenomenological study, the investigator often brings literature related to the findings (themes) of a study to bear on analysis of the data. For this reason, to affirm, extend, and challenge my analysis, I include much of the literature on critical thinking in the context of reform in Chapter 4. The reader may refer to Chapter 3 for further understanding of data analysis in a Heideggerian interpretive phenomenological study.

This kind of reform can offer evidence for “best practice.” For instance, many researchers give rationale for increasing content on tobacco use (Kraatz, Dudas, Frerichs, Paice, & Swenson, 1998; Wewers, Kidd, Armbruster, & Sarna, 2004) while other researchers similarly contend that there needs to be more content in areas such as ethics (Doane, Pauly, Brown, & McPherson, 2004; Martin, Yarbrough, & Alfred, 2003) and domestic violence (Keeling & Birch, 2002; Protheroe, Green, & Spiby, 2004; Woodtli, 2000). Adding these content areas helps teachers practice teaching in ways that address important contemporary issues in nursing education that students need to know by the end of their course of study. The meaning of this theme, however, is that it can lead to the additive curricula (Ironsides, 2004).

*Reform in Higher Education and Nursing Education: Supporting and Challenging Outcomes Education*

The themes in the higher education and nursing education research literature reveal that commonly researchers conduct reform studies in ways that embrace outcomes education. Outcomes education, the most common approach to teaching and learning (Reilly, 2000; Sather, 2002), centers on the characteristics or qualities teachers desire or expect from students during and upon completion of a particular course of study (Diekelmann, 2001). In the case of reform, researchers that investigate particular research based models, new teaching strategies, and “essential” content, not only conduct their research within outcomes education, but also translate the results of their study into outcomes. For example, the implications of many studies I described in this literature review include informing teachers how to revise instruction (including either methods or content) to reflect new or different outcomes for the

students. The tenets of outcomes education therefore shape the way in which reform occurs and is evaluated.

Outcomes education evolved at the turn of the twentieth century. At this time, educational leaders acknowledged that if educational practice was to keep pace with teaching individuals to live in an increasingly complex society (i.e., prepare individuals to become adults who can respond to social complexities), then curriculum must be designed to train thought and judgment to correspond with actual life situations (Bobbitt, 1918/1997). To many educational leaders this meant creating a scientific curriculum (Kliebard, 1992, 1995; Reilly, 2000; Tyler, 1949). This kind of curriculum involves using the scientific method (i.e., analyzing data and drawing conclusions to determine the best educational approach) to direct, control, and develop an educational language that reflects objectives. Teachers use objectives to describe and predict what the learner should know by the end of the educational process (Kliebard, 1995; Popham, 1997).

Since the turn of the 20<sup>th</sup> century, outcomes education has served as the predominant model for curriculum and instruction (Apple, 2000; Aronowitz, 2000; Smylie, Bay, & Tozer, 1999). Accompanying this model is the proliferation and incorporation of contemporary behavioral and cognitive learning theories. These theories lend themselves to assumptions that teachers can predict educational outcomes. For example, educators using behavioral theories use educational activities that elicit predictable learning outcomes from students (stimulus-response) (Billings & Halstead, 2005; Omrod, 1990; Reed, 1997). On the other hand, educators using cognitive theories use educational activities that presuppose students use particular cognitive processes (e.g., information processing) in learning (Billings & Halstead,

2005; Omrod, 1990; Reed, 1997). Based on cognitive learning theory, teachers can use also use assumed knowledge of these processes to predict educational outcomes.

Historically, the assumptions generated from outcomes education reflect empirical-rational traditions. That is, behavioral and cognitive learning theories are centered in observable behavior changes (empirics) or assumed psychological processes (rationality). As previously described, research and subsequent pedagogical practices that originate within the empirical-rational paradigm convey particular meanings. For instance, some reform studies situated in outcomes education describe core competencies teachers need to demonstrate to be effective reformers. Teachers who demonstrate core competencies are thought to have an increased ability to enhance pedagogical changes they make in the classroom (Sarason, 2002)—changes that are also situated in outcomes education.

Despite the common meanings generated from such paradigms and the utility of an empirical-rational approach to studying reform, research in higher education has generated other paradigms—paradigms (i.e., critical and feminist theory, postmodernism, and phenomenology), that offer alternative approaches. These paradigms critique the predominant pedagogy and research approaches (those situated in empirical-rational traditions) and go on to use interpretive research paradigms that offer alternatives (e.g., critical and feminist pedagogies, rather than pedagogies situated in outcomes education) for reforming higher education and nursing education.

For instance, Richardson (1999) in using a critical theory approach to inquiry provides a different interpretation of the predominant empirical-rational approach to reform when she states:

The perception of teachers among change agents, policy makers, and educators in general is that teachers are the recipients of research and practice. Someone outside the classroom decides that teachers should employ research-based practices, ways of thinking, assessment systems, and so forth. Teachers are told about the change, it is demonstrated to them, and the expectation is that teachers as rational human beings will employ the new practices in their classrooms. (p. 150)

Similarly, other educational theorists, who espouse a critical perspective, contend that the empirical-rational traditions that help teachers create reform is the prototype for teaching. Teachers use knowledge generated from others as official canons to guide their teaching practice. Apple and Beane (1995) especially point out that within educational systems teachers rely on dominant cultures to inform them of what parts of canonical knowledge are important for students to know, as well as how they need to teach students to learn to use this knowledge. Teachers are greatly influenced by outcomes education where dominant cultures decide for teachers the way the world should be and consequentially how they “should” teach particular worldviews to students (M. W. Apple, personal communication, October 15, 2002). In turn, teachers take for granted that the hegemony of outcomes education *is* the way in which they are granted professional status (Kliebard, 1992).

When teachers engage in reforming practices where empirical-rational traditions are central, the interpretive approaches to inquiry illuminate how often (albeit indirectly and perhaps inadvertently) teachers exclusively embrace research where investigators study only the characteristics of teaching practices, or the messages rather than the structure from which messages emanate (Bernstein, 1990). For example, empirical-rational research that reports

“effects” of models reflect the messages rather than the structures, such as processes of change, that may arise through using phenomenological approaches to investigate how community interpretive scholarship (Diekelmann, 2002a) or informal dialogue (Richardson, 1999) helps teachers understand their teaching practices in new ways. Investigating change processes often reveals important reforming practices where practical knowledge is made visible. However, because practical knowledge is often classified as unofficial, “off the record,” or informal (Bishop, 1999; Black & Halliwell, 2000; Duchscher, 2003; Edgerton, 1993; Hutchings, 1993a, 1993b; Meijer, 2001), knowledge that might be gained from considering practical knowledge generated from investigating processes is marginalized. Practical knowledge, for instance, is considered less rigorous and less professional than scientific knowledge (Polkinghorne, 2004; Schön, 1983) and incongruent with the language of outcomes education.

Without the interpretive paradigms, pedagogies that reflect outcomes education are maintained because research preserves their messages rather than exposing their structures. However, research in the interpretive paradigms and the interpretive pedagogies in both nursing education and higher education challenges outcomes education, and contributes to a re-envisioning of contemporary pedagogical practices (Darder, Baltodano, & Torres, 2003; Trifonas, 2000). This research in turn encourages teachers to use the interpretive pedagogies and conduct further research on these teaching approaches. For example, critical and feminist research supports critical and feminist pedagogies that are committed to empowering students and de-centering the teacher’s authority in the classroom; these kinds of classrooms create cooperative learning communities (Apple, 2003; Brickhouse, 2001; Doane, 2002a; Falk-

Rafael et al., 2004; Grumet & Stone, 2000; hooks, 2003; Ironside, 2001; Myrick, 2004).

Postmodern research and subsequent postmodern pedagogy is committed, through the process of deconstruction (critique), to preventing grand narratives (taken-for-granted assumptions, practices, and ways of thinking) from becoming universal knowledge, which opens up new ways of teaching how to think about various issues (Atkinson, 2004; Huntington & Gilmour, 2001; Ironside, 2001; King, 2004). Phenomenological research and pedagogies call attention to the experiences (common practices) of teaching and learning, which illuminate new pedagogical possibilities (Diekelmann, 2001; Ironside, 2004; Ironside et al., 2003; Robley, Farnsworth, Flynn, & Horne, 2004; Sloan & Swenson, 2003; van Manen, 1991).

Although the interpretive research paradigms and the subsequent interpretive pedagogies are much different from outcomes education, it is important to note their limitations. For example, critical and feminist pedagogies can parallel teacher-centered pedagogies (outcomes education) when the power to empower resides with the teacher (Gore, 2003). Postmodern pedagogy can end in nihilism because, through the process of continual critique, new pedagogical possibilities can be obscured (Tubbs, 2003). Phenomenological pedagogy privileges individuals who can freely dialogue with others to describe their experiences, which means language and narrative is privileged over silence (Ironside, 2001). Yet, despite these limitations, research on these pedagogies is instrumental in extending and enhancing teaching practices in ways that help teachers embrace a spirit of caution (Spivak, 1993) where they avoid an over reliance on canonical knowledge (Apple, 2000). In other words, research on the interpretive pedagogies illustrates how these approaches permit a multi-perspective

view of and practice of pedagogy that offers new inclusive possibilities for education not encompassed in one pedagogy alone.

Despite the emergence of and new opportunities for teaching and learning involving the interpretive paradigms, based on my review of the research literature in higher education and nursing education, there is a paucity of studies describing the common experiences (practices) teachers engage in when they implement reform (reforming practices) within the context of outcomes education *or* the interpretive pedagogies. To date, one prevalent research program in nursing education that does analyze the common practices of teaching and learning in nursing education is Diekelmann's Narrative Pedagogy (Diekelmann, 2001). Diekelmann's research contributes substantially to reform in nursing education by providing teachers and students in nursing with a new research-based pedagogy and a new language—the Concernful Practices of Schooling Learning Teaching described in the forthcoming paragraphs—that reflects their common experiences of teaching and learning. To extend her research, as described in Chapter 1, she conducted a study where teachers learned the interpretive pedagogies at-a-distance (Diekelmann, 2003a). Because my study arises from Diekelmann's distance desktop faculty development study using Narrative Pedagogy, I conclude this review of literature with a historical overview of Narrative Pedagogy and an exemplar of a teacher enacting Narrative Pedagogy. This part of my literature review describes how Diekelmann's research methodology (which is the same that I use in my study) brings the interpretive pedagogies to nursing education in ways that substantially contribute to reforming nursing education and our understanding of the common experiences involved in reforming, i.e., the common practices of “trying something new.”

*Reform in Nursing Education: Enacting Narrative Pedagogy*

In 1978 N. Diekelmann, nursing professor at the University of Wisconsin-Madison, began a study to advance and simultaneously challenge the epistemological development of nursing education. Her research was greatly influenced by her doctoral studies with revisionists such as Michael W. Apple and Herbert A. Kliebard, both noted professors in the discipline of education at the University of Wisconsin-Madison and by her postdoctoral studies with Patricia Benner from the University of California, San Francisco. After her postdoctoral studies, Diekelmann began using a research approach informed by continental philosophy, particularly the work of phenomenologists such as Martin Heidegger, Hans-Georg Gadamer, and M. Merleau-Ponty to philosophically situate her study, using Heideggerian hermeneutics, to investigate the common practices of students, teachers, and clinicians in nursing education (N. Diekelmann, personal communication, November, 2002).

Through her studies, Diekelmann began to document how the predominant pedagogy in nursing reflected decades of nursing education's use of outcomes education. Her early studies showed how many teachers in nursing had inadvertently transposed the disciplinary knowledge of nursing into simplified outcomes. For instance, in interpreting the stories of teachers, she found that teachers commonly recounted using behavioral approaches to teaching by predominantly employing lectures to deliver content to students. Students became proficient at memorizing this content to produce scores on examinations. For many teachers, students' examination scores reflected the change in student behavior they sought and they considered test scores evidence that students were learning. Likewise, students in their accounts often conflated or simply equated learning nursing with scores on examinations

(Diekelmann, 1989, 1992, 1993). In other words, some teachers and students felt that an absence of testing meant an absence of proof of learning.

Diekelmann studied how outcomes education had served the profession well in terms of providing teachers and students with an effective and efficient model of education (Diekelmann, 1993) all the while identifying the limitations of this pedagogy. Lectures and testing, for instance, are efficient educational activities. However, her studies revealed an increasing concern that outcomes education had thrust nursing pedagogy into the perils of a mechanical and procedural (Bevis, 1990; Diekelmann, 1988) form of education.

Interpretations of students' narratives described how they were skilled at taking examinations; however, they were less skilled at critically interpreting the multiple and often complex dimensions of actual patient and family situations (Diekelmann, 1992; Ironside, 1999). In addition, nursing faculty commonly described "feeling at a loss" about what to do to address contemporary challenges in nursing education by continuing innovation solely within outcomes education. With further hermeneutical analyses of interpretive data, Diekelmann's research revealed that possibilities for substantive reform *within* outcomes education were exhausted and that future reform would require new pedagogies (Diekelmann, 1995).

Diekelmann's recognition and documentation of the limitations of outcomes education and her desire to explore the common experiences of teachers, students, and clinicians in nursing education was a catalyst for selecting interpretive phenomenology as her research method. Interpretive phenomenology offered an alternative to empirical-rational modes of inquiry that researchers frequently used to evaluate outcomes education. By using interpretive phenomenology, she sought to overcome the risk of perpetuating empirical-rational research

that could reproduce the assumptions on which outcomes education was based without challenging and bringing to light these assumptions. Early on, for example, a groundbreaking insight emerged: Diekelmann documented that *students, teachers, and clinicians are more alike than different in how they experience nursing education*. She challenged and revealed how outcomes education and empirical-rational research silently assumes that since the roles of the teacher and students are very different, their experiences would be very different. Using interpretive phenomenology to identify students and teachers common or recurring themes (experiences), however, revealed that students and teachers were more alike than different. For example, both teachers and students commonly experience the Concernful Practices in similar though not identical ways. Interpreting students' and teachers' stories showed how through describing their similar concerns new understandings and possibilities for reforming nursing education emerged. Diekelmann subsequently continues to describe these common practices or experiences (the Concernful Practices) in ways that offer new insights that often include "what stands in front of us and is invisible"— or the nearness of the near (J. Diekelmann & N. Diekelmann, in preparation). That is to say, her scholarship often identifies new ways of understanding the "taken for granted" common experiences or practices of students, teachers, and clinicians.

For example, her research explores common practices such as how teachers gather students when they introduce the course and students to each another. These common practices are always contextual and what matters is how they are experienced. Teachers can be cold and threatening in orienting students to a course with rules where they create highly structured courses with no room for any student input, or conversely, teachers can welcome

students through presenting the course as “up for negotiation” in ways that call out participation and are respectful of the diverse needs of students. With an emphasis on studying and unveiling practices rather than addressing instructional strategies (i.e., changing from lectures to discussion), through interpretive phenomenology, Diekelmann awakens phenomena that have been taken for granted in students’, teachers’, and clinicians’ everyday ways of being-in-the-world. These practices reveal new possibilities for thinking about common, everyday pedagogical practices that students and teachers can extend, affirm, or overcome towards reforming nursing education.

Since the beginning of Diekelmann’s study in 1978, she and other members of her research team have interviewed over 500 students, teachers, and clinicians in all levels of nursing. Participants in the study were interviewed and asked to tell of times that reminded them of what it meant to be a teacher, student, or clinician in nursing education (Diekelmann, 2001). They reported day-to-day experiences as well as experiences or narratives of times that were particularly noteworthy. As Diekelmann and her research team analyzed interview texts, patterns began emerging. In a hermeneutical study, patterns are the highest level of analysis where recurring characteristics of the phenomenon being studied are present in all interview texts (Diekelmann & Ironside, 1998).

Diekelmann named the patterns, The Concernful Practices of Schooling, Learning, and Teaching.<sup>3</sup> “Concernful” is used in the Heideggerian sense to describe what matters or what is

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<sup>3</sup> The reader will note that *Enacting the Concernful Practices: Making Visible How Innovation Arises* is the second theme of this study that I describe in Chapter 4. In this theme, I describe *how* teachers enact the Concernful Practices when “trying something new” reflects a focus on improving community and on creating places for community interpretive scholarship. In either case, because the literature in higher education and nursing education reviewed in this chapter reflects what to reform rather than how reforming arises from shared

of common interest to students, teachers, and clinicians in nursing education (Dahlberg et al., 2003). Concern in the case of the Concernful Practices is not intended to convey worry or what others worry about, but rather those practices that are of common interest and have meanings and significances (Dahlberg et al., 2003, p. 26). Diekelmann emphasizes that the Concernful Practices are always emerging and need to be kept open, problematic, and subject to continual cycles of multiple interpretations (Diekelmann, 2001). Keeping the Concernful Practices open to critique avoids criticisms that using Heidegger's philosophy in educational contexts ends in a grand theory rather than praxis (Margolis, 1986). Theory can create boundaries that can obscure other important experiences that fall outside a particular conceptual boundary (Flaming, 2003). Diekelmann understands the need for moving beyond applying theory and focuses on increasing understanding through cycles of interpretations. That is, she understands the centrality of openness in persistently challenging the Concernful Practices. She is aware of the dangers of who decides what is shared or common and how commonness is explicated using various interpretive paradigms (i.e., critical, feminist, postmodern, and phenomenological).

In keeping the Concernful Practices open and problematic Diekelmann is practicing her research in ways consistent with the philosophical tenets of interpretive phenomenology and Heideggerian hermeneutics. Gadamer (1997), for instance, relates that the test of hermeneutics is a kind of circular interpretation where there is a concealing and an unconcealing. What is uncovered, is also, at the same time, covered over. Any Concernful Practice that emerges is an appearance that at the same time keeps another Concernful

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and common practices, I use the literature related to improving community and creating places for community interpretive scholarship in Chapter 4 to affirm, extend, and challenge my interpretations.

Practice invisible and at bay. In this way, within interpretive phenomenology there is always an infinite surplus of meanings and significances to be revealed (J. Diekelmann, in press). As these meanings and significances come forward, the Concernful Practices change, coalesce, and separate.

The tension, however, in interpretive phenomenology is that there are no answers, discrete concepts or theories to test—there are only more interpretations. On the one hand, though Gadamer (1997) relates that it is through understanding concealing and unconcealing that we do not become entrapped in concepts. On the other hand, the stance that there are no answers, can lead to relativism. Rather than viewing the task of hermeneutics as relativism, if viewed as an experience, where one has learned a bit of modesty through understanding that no one can know everything, then there is no higher principle than holding oneself open to what a conversation (e.g., continued interviews [conversations] with students and teachers in nursing education) can illuminate (Gadamer, 1997). Diekelmann and others who conduct interpretive phenomenological and Heideggerian hermeneutical studies (Dickerson, Stone, Panchura, & Usiak, 2002; Draucker & Madsen, 1999; Ironside et al., 2003; Kerr & Fothergill-Bourbonnais, 2002) are open to what reveals itself in an experience rather than only proving or disproving what a researcher intends through logic or supporting arguments.

Viewed in this way Diekelmann understands, as Gadamer (2001) relates, *that and how* the horizons (processes of understanding) are always changing. Diekelmann's uncovering of the Concernful Practices are therefore not a practical theory that has become rigid and immobile as Flaming (2003) contends. Rather, Diekelmann and colleagues (Andrews et al., 2001; Ironside et al., 2003; Young, 2004) investigate *what is* and through their research approach

they are always open to describing other interpretations and practices that reflect common and shared meaning. These practices are contextual, temporally situated, neutral, and can be experienced in positive and emancipatory ways, or experienced in oppressive ways. For example, one extant Concernful Practice is *Staying: Knowing and Connecting*. When teachers and students gather together, teaching strategies and practices can either help everyone “connect” and feel safe and respected or can create isolation, anxiety, hostility, fear, and loathing.

The Concernful Practices provide new foci—new ways for students and teachers to focus on and explore the meaning and significance of their common experiences. It is *how* teachers enact the Concernful Practices that matters. As well, the Concernful Practices provide teachers with a new language for the experiences of teaching and learning. Language shapes and is shaped by thinking. As such, the Concernful Practices draw students, teachers, and clinicians into new kinds of thinking about their experiences in nursing education. In Diekelmann’s recent distance desktop faculty development study, teachers described using the Concernful Practices as foci in their classroom and clinical courses (Diekelmann, 2001). Teachers reported that reflecting on and thinking about the Concernful Practices freed them for new kinds of innovation—innovation that overcame the rigid pedagogical language (e.g., emphasis on content and cognitive gain) of factory model education (Aronowitz, 2000) upon which outcomes education rests. The Concernful Practices to date are as follows:

**Concernful Practices of Schooling, Learning, Teaching**

Gathering: Bringing in and calling forth  
 Creating Places: Keeping open a future of possibilities  
 Assembling: Constructing and cultivating  
 Staying: Knowing and connecting  
 Caring: Engendering community  
 Interpreting: Unlearning and becoming  
 Presencing: Attending and being open  
 Preserving: Reading, writing, thinking and dialogue  
 Questioning: Meaning and making visible  
 Inviting: Waiting and letting be

Diekelmann's delineation of the Concernful Practices was original, providing nursing teachers, students, and clinicians with a new language for teaching and learning experiences where a new pedagogy, Narrative Pedagogy, could take shape. Narrative Pedagogy is an approach to schooling, learning, and teaching that is enacted when teachers, students, and clinicians collectively share and interpret from many perspectives (i.e., feminist, critical, postmodern, and phenomenological) narratives of their experiences in nursing and nursing education (Diekelmann, 2001). Narrative Pedagogy is the first nursing pedagogy; it is *from* nursing research *for* nursing education (Andrews et al, 2001; Diekelmann, 1995, 2001). The Concernful Practices that emanate from Narrative Pedagogy provide a language that shows "*what is*" -- not what *could be or should be* (N. Diekelmann, personal communication October 1, 2002) as is the case of pedagogies derived from outcomes education (e.g., pedagogies designed to predict an idealized notion of how teaching and learning encounters should occur).

Narrative Pedagogy began to take shape when Diekelmann started disseminating the findings from her study. She discovered that public storytelling and "all school" meetings

(Voices Day) at seven U.S. schools and three international pilot schools of nursing were creating profound changes in these schools as reported by both teachers and students. In disseminating her research and continuing her longitudinal study, she publicly shared stories from interviews she conducted with teachers and encouraged attendees (primarily students and clinicians) of Voices Day to in turn publicly share their common experiences as students, teachers, and clinicians in nursing education. Through the dialogue that flourished from those who attended Voices Days and dialogues from students in her courses, teachers and students reported their academic community life was improved. Diekelmann documented Narrative Pedagogy as the curriculum-as-dialogue, which is in contrast to the curriculum-as-road-map associated with outcomes education. In addition, Narrative Pedagogy research revealed that high-risk students began matriculating at increasingly higher rates, NCLEX scores improved, and student retention rates increased (Diekelmann, 1991b).

Specifically, students, teachers, and clinicians recounted how, when interpreting their narratives, Diekelmann's Concernful Practices helped them form new understandings of themselves and others in the context of nursing education (Dahlberg et al., 2003). For example, teachers reported that fostering Concernful Practices such as *questioning* and *interpreting* were just as important to students as learning content from lectures. In other words, students reported that *how* they learned something was equally as important as *what* they learned.

The understandings forged during Voices Days and in Diekelmann's studies and interviews with teachers and students revealed themes that displayed the central role for engendering community and creating new partnerships among students, teachers, and

clinicians. Diekelmann documented that when teachers, students, and clinicians shared their narratives and attended to the Concernful Practices they simultaneously learned new ways of thinking and overcame isolation in nursing education that emanated from outcomes education. The focus of nursing education in the pilot schools was shifting from one where teachers exclusively spoke the language of outcomes education (e.g, learning objectives) to the Concernful Practices whereby teachers began to understand how words shaped their teaching practices and the meanings words generate. Both students and teachers began to show in their experiences their concerns about the limitations of focusing only on learning as change in behavior and they began to focus more on the Concernful Practices and the learning experiences they were co-creating. In addition, teachers discovered that attending to the Concernful Practices mirrored the practices they engaged in when providing nursing care. They described losing some of these practices when they used outcomes education. For example, pre-specifying learning objectives (instead of letting attention to the Concernful Practices be a focus for post-hoc conversations of clinical experiences) seemed to erode the common way that nursing care actually occurs. That is, learning objectives do not encompass the rich and complex nature of day-to-day nursing practice. One teacher said:

Clinical objectives never did work in trying to teach students nursing. Nursing practice does not always reflect what I've written in the objectives. Sometimes, the students can be so focused on objectives that I think they don't really see what is significant for the patient.

Practicing nurses and teachers in nursing understand that what shows up in the experiences of caring for patients cannot often be predicted within the constraints of clinical objectives.

Although objectives are helpful guidelines, they do not adequately reflect nursing practices, such as how nurses read and interpret situations, or how nurses are always questioning and holding situations open and problematic. These kinds of nursing practices are ultimately more important for providing quality and safe care than strictly following learning objectives.

The ways of thinking generated from enacting Narrative Pedagogy and attending to the Concernful Practices re-envisioned and opened new paths for reforming teaching and learning in nursing education. For example, when teachers' interpret their narratives, they glean new possibilities for teaching that reflect their practical wisdom both as practitioners and as teachers in nursing. Like the research methodology within which Narrative Pedagogy emerged, teachers are learning to enact Narrative Pedagogy in ways that create converging conversations between and among teachers, students, and clinicians in which they interpret their experiences through critical, feminist, postmodern, and phenomenological lenses. Enacting Narrative Pedagogy is an inclusive process where teachers, students, and clinicians interpret narratives by gathering and practicing many pedagogies and many perspectives in the act of interpreting.

Distinct from pedagogies that stem from outcomes education, in Narrative Pedagogy the Concernful Practices of Schooling, Learning, Teaching are common practices. These practices reveal practical nursing knowledge and ways of being in nursing when students, teachers, and clinicians gather in community interpretive scholarship. Narrative Pedagogy is a grassroots approach (community inclusive-interpretive phenomenological) that in its attempt to show "what is" (the practices) reveals previously hidden dangers of outcomes education. To better describe Narrative Pedagogy, the following narrative interpretation describes how one teacher

shifted from a pedagogy that is exclusively based in outcomes education to one that embraces the multiple perspectives of Narrative Pedagogy. In this narrative, Sonja, a new teacher but experienced family nurse clinician, describes how adhering to a widely accepted theoretical model to guide teaching limits students' understanding of family nursing care. This narrative is from a teacher I interviewed as part of my pilot study of "trying something new" (interview, summer 2002).

... there was a particular model that they [other faculty] were teaching for them [their students] to use as a guideline for conducting interviews with families... the whole way that the course was set up, it just didn't fit. I mean the questions that troubled me a whole lot, [were personal ones like], "Why are they assessing? And what are they assessing for? And what are they gonna [*sic*] do with the data that they collect in an assessment?"... [then I got to thinking as a nurse] if I were to take up a framework, as a framework, and apply it without really kind of connecting with a family or having a relationship with the family then I might for example begin by asking about communication [in the family]. So I might start having conversations about, "What do you do with feelings in your family? Do you talk about emotions in your family? What do you do with anger in your family?"... [As a clinician I know] you provoke a whole cascade of thinking. Some of those questions may be very helpful to clients, but the very same questions may be very un-helpful. I really wanted the students to get a sense that questions are not innocuous. They have meanings. So even when you're conducting an assessment, then you are intervening in a way that you are complicit in, you are responsible for, to some extent. If it's helpful, that's great. But if it's not helpful, that of course is not good.

And, we need to be thoughtful, about what is the impact of our questioning. Assessment is intrusive. Assessment can be violating. For the most part, the students were not gonna [sic] do a whole lot, with the kind of information that they were gathering... And so, I really kind of abandoned the model. It was much more about having conversations about whaddya [sic] think about what's happened with this particular family? So as the students were assigned, or found families they were gonna [sic] visit, part of the preparation for that visiting was to have conversations about what do you know about cancer in families? Or for one family I remember who had a little boy with pretty severe disabilities, physical disabilities what do you know about...? So we [the teacher and the students] would have a conversation about what do they know about, and what do they think about? And then we would pull in everything from literature to stories, to the personal experiences ... it was not about helping them to apply and learn and memorize the model. It was about using themselves to think about how do I go into this relationship with this family, in a respectful, human sort of way, where the intent is to stay *connected* to the family, so that I will hear, what it is that is most important to the family to talk about. So the agenda's in the background—they needed to know it [the model], and they learned a lot about it in their lecture pieces... I don't dismiss those kinds of frameworks, cuz [sic] I do think they're helpful as background... we can teach these frameworks but it's how we use them or not use them that really matters. I think they are valuable as an organizing way in a lecture to show what all can be done and to help students prepare in a general way, but not using models in clinical where students are learning how to *get connected and stay connected* with a family. Here models have no place.

To overcome the limitations of teaching students to use a model as a “guideline” for interviewing families, Sonja tries something new when she transforms outcomes education, the most commonly practiced model of education in nursing, to a nursing pedagogy, Narrative Pedagogy (Andrews et al., 2001; Diekelmann, 2001). Using Narrative Pedagogy, Sonja readily engages in the Concernful Practices (listed below and italicized throughout this narrative interpretation) all the while gathering many pedagogies (critical, feminist, postmodern and phenomenological) as well as content, theory, and the application of models as she teaches students to think and learn about family nursing care.

**Concernful Practices of Schooling, Learning, Teaching**

Gathering: Bringing in and calling forth  
 Creating Places: Keeping open a future of possibilities  
 Assembling: Constructing and cultivating  
 Staying: Knowing and connecting  
 Caring: Engendering community  
 Interpreting: Unlearning and becoming  
 Presencing: Attending and being open  
 Preserving: Reading, writing, thinking and dialogue  
 Questioning: Meaning and making visible  
 Inviting: Waiting and letting be

In Sonja’s narrative, the Concernful Practices reflect both the content that she is attempting to impart to students and the processes she practices as she describes and interprets this learning situation. For example, in reflecting on what “troubled me a whole lot” Sonja *thinks* and *gathers* ideas that *call forth* how a particular guideline will encourage or discourage a particular kind of learning. As she *questions* using a guideline to teach students family nursing, she inherently challenges the assumptions of outcomes education where

teachers often *assemble* courses using guidelines to *cultivate* skills in students. In *questioning* the guidelines, she equally challenges assumptions that guidelines are helpful for structuring learning for new nurses by understanding that when nurses only follow rules, routine questions can be invasive. For instance, she explores the meaning of the kind of skills that teachers *cultivate* and the values and assumptions that arrive along with the framework, namely that collecting data and questioning clients is not "innocuous" and "assessment can be intrusive."

Her concerns also reflect the *staying* practices of teachers as they *attend* to ways that *invite* and facilitate *knowing and connecting* practices in students. In this instance, Sonja reflects on how the guideline influences students' *knowing and connecting* with patients as they learn physical assessment skills addressing her concern that "questions have meanings." In attending to *knowing and connecting* practices, Sonja gathers critical and feminist pedagogies to uphold the meaning and significance of how teaching students nurse-centered questions from a model can serve as a mechanism for power and control over patients and families.

Sonja further engages in the Concernful Practices as she attends to preserving *thinking* as a practice when she raises the issue of the "impact of questioning" and calls for thinking as she reflects, "we need to be thoughtful." She is deeply concerned about the how the practice of *questioning* can call for a lack of thoughtfulness and how important it is for students to begin thinking about how asking families' questions from a guideline can "provoke" for the family a "whole cascade of thinking." She understands that encouraging students to think

about what they ask families will help them understand those questions that are “helpful” and those questions that are “unhelpful.”

Another Concernful Practice, *presencing* is reflected both in how Sonja attempts as a teacher to presence herself and understand the experience of using guidelines in interviewing families from the family’s perspective. Through *presencing* she describes how students need assistance in “using themselves to think about, how do I go into this relationship with this family in a respectful, human sort of way, where the intent is to stay connected to the family?” Using a critical pedagogical perspective, Sonja teaches students nursing care in ways that includes rather than excludes the voices of families and offers insights that call into question: *Whose interests are served by asking students to be data gathers and asking patients and families questions from prescribed guidelines?*

Finally, Sonja shows how *caring as engendering community* is necessary to engage students in compelling and meaningful learning communities, rather than caring as engendering communities where they just “apply, learn, and memorize a model.” Even though Sonja’s *interpreting* practices help her understand how important it is to not dismiss “those kinds frameworks cuz [*sic*] I do think they are helpful as background,” she illuminates how interpreting practices *invite* students to engage in conversations with her about other interpretations outside of models such as “what’s happened to this particular family?” Interpreting practices assists her in *keeping open a future of possibilities* for teaching and learning nursing care in which “we pull in everything from literature to stories, to the personal experiences.” In this way Sonja uses a postmodern pedagogical perspective to keep open and problematic the grand narrative that teachers must use models to teach beginning students the

"accepted way" of practicing nursing. That is, first the student learns the accepted canons (nursing models that the discipline of nursing has accepted) and then the student is free to develop a personal model.

While the Concernful Practices are always present in schooling, learning, and teaching co-occurring and co-founding one another (N. Diekelmann & J. Diekelmann, 2000), each situation emphasizes some practices of teaching over others and some interpretations over others. For Sonja the context of the situation gave rise to new pedagogical practices. For the students, the teaching practices made manifest from the context of this teacher's narrative reshapes their experiences as students. No longer were they subject to the teacher's application of only outcomes education. The context that they were now learning within was replete with experiencing learning from a teacher who attended to the Concernful Practices while enacting Narrative Pedagogy, an interpretive phenomenological pedagogical approach. In doing so she offered students a new pedagogy where many pedagogies and subsequently many perspectives converged (Ironsides, 2001) to transform how she might have taught family nursing if she had centered only on the model. Through re-envisioning her teaching practice within a nursing pedagogy in ways that attended to her experiences from nursing practice, practical knowledge, and multiple perspectives, students learned nursing within the context of the discipline of nursing. This kind of reform in nursing education shapes the kind of thinking students' may engage in as nurses as well as how they might, within their nursing careers, shape the knowledge of the discipline.

Narrative Pedagogy is providing substantial evidence for how a revolutionary pedagogy can advance reform in nursing education. Further study of Narrative Pedagogy (specifically

how teachers enact Narrative Pedagogy in “trying something new”) is needed to bridge gaps in nursing education and higher education literature by testing “research-based” educational pedagogies, models, and theories and investigating how teachers’ experiences (practical knowledge and wisdom) can provide important insights into reforming nursing education. This new knowledge (i.e., the convergence of theoretical knowledge and practical knowledge) will contribute substantially to creating a science for nursing education upon which nursing educators can practice “evidence based” teaching. I continue my dissertation research with Chapter 3 where I describe my pilot study and the methodology for my study.

## Chapter 3

### Methodology: Investigating “Trying Something New” in Nursing Education

In this chapter, I divide the design and methodology of my study into seven sections. In the first section, I describe my pilot study and how the themes that arose from Diekelmann’s study were affirmed during my pilot and thus support my inquiry into the phenomenon of “trying something new” in nursing education. In the second section I provide background understandings for my research by situating my study in a philosophy of science. The third section includes a general description of the philosophical framework for my study, interpretive phenomenology, and the method for my study, hermeneutics. Finally, in the last three sections, I describe the sample for my study and how I collect and hermeneutically analyze the data

### Pilot Study

In preparation for my dissertation research, based on the theme, “trying something new” that emerged from Diekelmann’s distance desktop study, I conducted a pilot study [fall semester 2002], *Trying Something New: The Experiences of Teachers and Students*. I recruited and interviewed 5 students and 5 teachers who were participating in the distance desktop study using the methodology described below. During my data collection I discovered that EndNote 5 software was an effective resource for organizing the transcribed interview texts into broad categories that I later hermeneutically analyzed. Thus, my pilot study provided me with the opportunity to develop my interviewing and interpretive skills, hermeneutically analyze narrative texts, and use EndNote 5 as an alternative way for managing the data. Through my pilot study I affirmed that Diekelmann’s original theme

“trying something new” is a phenomenon in nursing education that warrants further interpretive investigation. This phenomenon appeared when I analyzed the data and further explicated this theme into sub-themes:

- *Trying Something New AS Collegial Dialogue: “Bouncing Ideas Off of One Another,”* was a common sub-theme (experience) of teachers “trying something new.” One teacher remarked, “I know that it's been my experience to "bounce" ideas off of other educators before “trying something new”... I do this all the time with my colleagues in the courses I teach—those wonderings [the ideas] that we talk about with each other helps me at least "think" I'm more prepared to be successful when I try something new.”

This sub-theme revealed the need to continue exploring the role of teachers talking with one another about teaching. My pilot study showed the meaning and significance collegial dialogue might have for reform in nursing education.

- *Trying Something New AS Overcoming Boredom and Staying Connected to Students,* was another common sub-theme (experience). Teachers made comments such as: “... to stay fresh, engaged, and enthused... I need to add a little something else each time I teach a course. Part of this is because I'm responding to the students, who give me feedback that helps shape me and what works best for them... if I don't have anything "new" to try, I'm not as eager to head into class or clinical.”

This sub-theme revealed the need to continue exploring the meaning and significance of boredom and routine familiar activities in terms of engagement (staying connected to students and one's practice of teaching). Exploring how teacher's engagement with

students influences “trying something new” appeared as an important area for further investigation.

*Trying Something New AS Familiar and At-Hand*, was a sub-theme that this teacher clearly articulated: “I think this [“trying something new”] has always been part of nursing's history. Clearly Florence [Nightingale] was committed to finding new and better ways to do things... actually almost all of the early leaders could be said to be trying something new, which usually showed up as an innovative practice idea or environment. I think it could also be argued that the quest for a "place" in higher education was “trying something new” and, in fact, is very similar to our struggles now trying to argue for the importance of nursing and hence the need for a highly educated nursing staff. So it seems that we are very used to trying something new –it is what we do.”

This sub-theme revealed the need to continue exploring how “trying something new” is an important common experience and practice in nursing. Understanding how “trying something new” influences the desirability and meaning and significance of reform itself is an area of concern calling out for further investigation.

- *Trying Something New AS Taking a Risk* was apparent by teachers who said things such as: “We [nursing faculty] aren't confident in our ability to prepare the next generation of nurses in a responsible and accountable way. We have tended to drift (perhaps sprint would be a better word) towards "core curricula," standards.... We want assurances that what we are doing is what everyone else is doing and that it is guaranteed of success. This mitigates AGAINST “trying something new” in that we

assume that to do so risks lowering some idealized standard of nursing education all the while we teach for a health care system that isn't around here anymore.”

This sub-theme revealed a need to continue exploring the ways in which any innovation or being different is risky as I describe the meanings of reforming at this particular time in nursing history.

- *Trying Something New: A Student Call for Reform in Nursing Education* was the central theme in students' interviews. Students often talked about their experiences of “trying something new” and described new teaching and learning ideas they thought their teachers could try. For example, commonly students commented about repetition in their experiences in nursing education. Students recounted times when they felt the fundamentals of nursing was something that could be “skipped” or at least shortened because “after you learn the basics” repetition in the lab was “a waste of time because every hospital or unit does things different anyway, so why learn just the teacher's way.”

In times of tremendous challenges in the health care system, my pilot study revealed the need to hear the voices of students and include their experiences towards understanding reform in nursing education. In my pilot study, their insights illuminated the meaning and significance of including students as perhaps co-equal partners when teachers “try something new” in reforming nursing education.

Following my pilot study and explication of the above sub-themes, I presented my pilot study in part at the 2002 National League for Nursing Summit in Anaheim, California. I have also co-authored a portion of my pilot study with Professor Nancy Diekelmann in two articles,

one titled “Teaching Students to Apply Nursing Theories and Models: Trying something new,” and the other titled “Leaving the Safe Harbor of Competency-Based and Outcomes Education: Re-Thinking Practice Education.” These articles appeared in the May 2003 and September 2004 issues of the *Journal of Nursing Education* in the featured column, “Teacher Talk.”

Through my pilot study, I affirmed that “trying something new” is a theme that supports further interpretive investigation. Therefore, the purpose of my study is to extend and expand my pilot study by exploring and hermeneutically analyzing this particular theme of teachers and students experiences of “trying something new.” As I described in Chapter 1, this theme is not unique to teachers’ and students’ participation in the distance desktop study. The distance desktop study revealed that “trying something new” is a common experience and as such reflects *any* reform or change (i.e., changes that reflect the processes of enacting Narrative Pedagogy and changes teachers make in conventional pedagogy). Descriptions of the common experiences of “trying something new” can provide insights into practices that encourage reform and can be enhanced, sustained, or extended. Alternatively, descriptions of common practices of “trying something new” can reveal practices that may impede reform and should be discouraged.

### Philosophy of Science

As I described in my review of literature, reform in higher education and nursing education is predominantly associated with outcomes education (conventional pedagogies) situated in empirical-rational traditions. Empirical thought reflects how humans gain knowledge through the senses (such as observations), whereas rational thought reflects how

humans gain knowledge through reason or mental constructions. These traditions are the philosophical underpinnings of outcomes education, and they differ markedly from the traditions that underlie the interpretive pedagogies. Because the interpretive pedagogies are philosophically different from pedagogies that originate in outcomes education, in this philosophy of science section, I provide a brief overview of the philosophical underpinnings of both empirical-rational and interpretive traditions in the context of education. In addition, I also explicate the utility of using the interpretive traditions in research and pedagogical development.

The tradition from which outcomes education stems originates in the early philosophical texts of the Greek philosopher Plato (*c.* 428-347 BC) and his student Aristotle (384-322 BC). Plato put forth the Theory of Forms (also referred to as the Theory of Ideas) (Kenny, 1998) in which he asserts the world is ordered through forms (ideas) that are particular abstract objects (matter). These forms are independent of the mind, but through the use of reason, are only intelligible by the mind (Pojman, 2003). Plato contends forms *are* the objects of knowledge (Matthews, 1972), or are what we know, and that these forms are constructed in the mind.

Plato's Theory of Ideas later result in idealism whereby philosophers such as Immanuel Kant (1724-1804) and George Hegel (1770-1831) purport that reality is acquired through or by the mind. Psychological and psychoanalytic theories, as well as cognitive theories are idealisms because they manifest themselves as "world-views"(J. Diekelmann & N. Diekelmann, in preparation). For example, Freud's psychoanalytic theories lead to understandings that all behavioral or psychological problems are caused by mental processes

that are unconscious (Nye, 1999). In outcomes education, various psychological and cognitive theories (Edwards, Gandini, & Forman, 1998) provide teachers with frameworks for understanding and constructing learning experiences based on propositions that students' ability to mentally perceive, process, and construct ideas results in learning. Teachers using these psychological and cognitive theories equate learning with students' acquisition of mentally constructed knowledge.

In contrast to the philosophical underpinnings of idealism, Aristotle contends that knowledge can only come to humans objectively from the senses or sense experiences rather than mental constructions. The concrete particular rather than the abstract form (Pojman, 2003) becomes the objects (matter) of intellectual knowledge (Kenny, 1998). What humans' sense or understand is therefore not a "Theory of Forms" because our senses tell us what is real. Aristotle further contends that humans use their mind to order the objects they sense. They do this through logic, which provides an explanation for the world as it comes to us through the senses.

Aristotle's philosophy later results in realism whereby philosophers such as Thomas Hobbes (1588-1679), John Locke (1632-1704), and David Hume (1711-1776), also assert that reality is acquired through the senses. The physical sciences and behavioral theories stem from a view of the universe as a complex of discrete measurable phenomenon (J. Diekelmann & N. Diekelmann, in preparation). For example, physical scientists such as chemists are realists. They set up experiments to observe particular reactions or results. In outcomes education, behavioral learning theories, and more recent brain-based learning theories (Ashby & Spiering, 2004; Christoff, Ream, & Gabrieli, 2004; Damasio, 2003; Slavkin, 2004) provide

teachers with a framework for constructing learning experiences where they can observe changes in student behavior. Teachers shape learning through the stimulus-response mechanisms with the assumption that particular interventions, such as reinforcing positive behavior, results in observable gains in learning (Bastable, 2003).

The thinking supporting idealism and realism differ because one is based in variants of rationalism (idealisms) and the other in empirics (realisms). Commonly, teachers utilize a polyglot of these philosophical traditions in their pedagogical practice. Regardless of which approach (realist or idealist), or combination of both approaches teachers use, each offers teachers a way to predict learning outcomes (Reilly, 2000). Cognitive theories, as idealisms for example, are often psychological and developmental (Charbonneau & Reider, 1995) providing teachers a way to predict how learning occurs (e.g., lowering students' test anxiety increases cognitive gain and problem-solving skills). Behavioral learning theories, on the other hand, purport to help teachers predict how particular stimuli will elicit responses (e.g., sequencing content identified in pre-specified objectives from simple to complex involves the basal ganglia of the brain and results in increased cognitive gain as measured on criterion referenced tests).

In contrast to idealism and realism as "world views," the interpretive turn (J. Diekelmann & N. Diekelmann, in preparation; Heidegger, 1977; Palmer, 1969), an alternative way of thinking about teaching and learning, is increasingly influencing contemporary education (Diekelmann, 2002b; Ironside, 2003a; Ironside et al., 2003; Sloan & Swenson, 2003; Swenson & Sims, 2000). Unlike idealism and realism where truth only reveals itself in the sense of cognitive knowledge or the propositions from which knowledge arises

(Heidegger, 1967/1999), the interpretive turn (in the context of education) emphasizes the meanings and significances of teaching and learning experiences. With an emphasis on meanings and significances, the interpretive turn shifts away from idealisms and realisms that reveal ways of explaining pedagogy only from the perspective of a Cartesian subject, i.e., exploring *what* there is to know about teaching and learning from the perspective of the "I" who is certain.

The interpretive turn extends what educators understand as the "truth" of pedagogical principles beyond that of the Western philosophies (idealisms and realisms) need to know (Glazebrook, 2000). Specifically, via phenomenology, in *Being and Time* (1927/1962), Heidegger turns to descriptions of the significant features of being human (what it means to be human) (Pojman, 2003); those understandings that humans receive and can describe by attending to and interpreting the familiarity of everydayness as lived out (experienced) by humans as their historical givenness. For Heidegger, Dasein as that entity whose being is always of issue for it, is thrownness, understanding, and language. Humans are thrown into the world. That is, they do not choose such things as their parents, ethnicity, or date of birth. As such, humans are already here (Dahlstrom, 2001; King, 1964) or are already involved in the world as they are and can be (Heidegger, 1927/1962). Thrownness discloses primordial or pre-reflective historicity of understanding (Palmer, 1969). That is, humans' ownmost understanding of being in the world involves temporality or experience as experienced—the past is in front of us, the present is always a presence-to, with the future existing in the present as a projecting of possibilities or possibilizing. True time is the nearness of the near—or presencing out of alreadiness-presence to-and becoming (J. Diekelmann, in press). In

addition, primordial understanding always has the character of interpretation (Kockelmans, 1985) and it is through interpretation that salient meanings of being unfold. This unfolding occurs through language. Language is a saying whereby the correlation between thrownness and understanding reveals itself (Heidegger, 1987/2001). Thrownness, understanding, and language are the structural features of what it means to be human.

When viewing teaching and learning within interpretive phenomenology, the “truth” about education has a different meaning. There can be no such phenomenon as an eternal truth to be taught and learned. The truth of teaching and learning is not something attainable by testing and proving, for example, a new cognitive learning strategy via the scientific method. In interpretive phenomenology truth as unconcealment is the intertwining of openness and concealment (Wiehl, 1990). Using interpretive phenomenology as a philosophical background, Narrative Pedagogy embraces new possibilities for thinking about schooling, learning, and teaching.

Schooling AS Thrownness and Building

Learning AS Understanding and Dwelling

Teaching AS Language and Thinking

(J. Diekelmann & N. Diekelmann, in preparation)

The Diekelmann Concernful Practices,<sup>4</sup> which arose from the Heideggerian interpretive phenomenological study of Narrative Pedagogy, provide an excellent understanding of the significance of Heidegger’s philosophy when the phenomena of schooling, learning, and teaching are explored from this philosophical perspective in the

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<sup>4</sup> See Chapter 2, pages 22-28 for the historical development and description of the Concernful Practices.

context of the everyday experiences of students, teachers, and clinicians in nursing education.

It is through Diekelmann's interpretive phenomenological study that she identifies and describes the common Concernful Practices, and it is through pedagogies teachers use that these practices appear. The Concernful Practices, such as *reading, writing, thinking and dialogue*, for example, reflect the common concerns of teachers, students, and clinicians in nursing education as they describe their experiences of schooling, learning, and teaching. These practices are present regardless of the pedagogies teachers are using. The Concernful Practices provide a language for the experiences of teaching and learning not apparent through idealist and realist explanations (though they can include idealist and realist pedagogical approaches). These practices illuminate the *how* of teaching and learning from the perspective of understanding the meanings and significances of schooling experiences. This perspective (which emphasizes language, narratives, and interpretive thinking) is in contrast to idealisms and realisms that emphasize knowledge acquisition, an evidence-based approach toward certainty about what the best approach (strategy) is for teachers to use to teach students what they need to know.

What follows is a discussion of the methodology that I use for my study. I predominantly use the philosophical texts of Heidegger and Gadamer who offer new ways of thinking about method. For Heidegger, method is not a particular approach to research. Rather, according to Heidegger, method is a path or way towards (Heidegger, 1987/2001). Thus, my study presents *a way towards* reforming nursing education by studying the common practices of teachers and students who try something new in nursing education. Illuminating

these common practices provides insights into ways that encourage reform and should be continued or extended as well as practices that impede reform and should be discouraged.

### Philosophical Background

Interpretive phenomenology is the philosophical background for this study.

Specifically, my research is predominantly informed by the interpretive phenomenology of Martin Heidegger and his student Hans-Georg Gadamer. Phenomenology is derived from the Greek words *phainomenon*, meaning that which shows itself, and *logos*, meaning the linguistic and discursive practices in which humans interpret the world around them.

Hermeneutics is the method of my study and is derived from the Greek word *hermēneia*, which means interpretation. According to Palmer (1969) *hermēneia* originates with the Greek god Hermes who translates what is beyond human understanding into messages humans can understand. The Greeks credit Hermes with discovering language and writing—the tools which human understanding uses to grasp meaning and communicate it to others. Thus, hermeneutics is known as the process of coming (through interpretation) to understand. In the following paragraphs, I describe interpretive phenomenology, its purpose, and the use of hermeneutics as a method.

Interpretive phenomenology assumes humans are self-interpreting, social, dialogical beings with presupposed background understandings that are shared or common (Plagar, 1994). These understandings are historical—constitutive of the culture we live in and are an integral part of our everyday experiences such that they are taken for granted, unnoticed, or hidden from view. Yet, these understandings reveal what we find meaningful, influencing the lens through which we interpret and are involved in the world around us. For example, in

every situation humans engage in common practices or ways of being-with one another. Our common ways of being-with one another are shaped by background understandings that are beset with meanings that cannot be completely exhausted. However, humans continually interpret background understandings for what matters and does not matter.

It is through interpretive phenomenology that I am able, in my study, to bring background understandings forth in ways that encourage new ways of thinking. These new insights proffer novel or different interpretations of reform in nursing education by describing common experiences. That is, rather than using the presupposing language (Benner, 1994) of the scientific method (e.g., formulating a hypothesis), this approach to inquiry does not seek to explain and predict. Rather it centers on the relevance of looking at our everyday, common experiences, offering multiple interpretations toward increasing the already present understandings of the reader. Understanding in interpretive phenomenology creates pathways that awaken phenomena that otherwise might be invisible and lie slumbering, covered over, or concealed (University of Wisconsin-Madison School of Nursing Diekelmann research team, personal communication, March 5, 2002) in the everyday taken-for-granted ways of “trying something new” in nursing education.

With interpretive phenomenology as the philosophical background, hermeneutics provides the method for researchers to interpret narrative accounts of participants’ experiences. Hermeneutics is well known in disciplines such as theology, philosophy, law, literature, and the social sciences. Though hermeneutics has a long and complex history (Gallagher, 1992), over the years it has evolved from a scientific method of interpreting texts to the art of understanding texts (Gadamer, 1960/1975). Researchers using hermeneutics

analyze narratives for themes and patterns (Benner, 1994). Themes are variously defined in the literature (DeSaints & Ugarriza, 2000), but in a Heideggerian hermeneutical study, themes are recurring or common practices (i.e., experiences) that are present in some, but not all, narrative accounts and are situated in a particular culture or context. Patterns are different from themes because they are present in *all* narratives rather than only selected narratives and they convey the relationships of the themes (Diekelmann & Ironside, 1998). Patterns are the highest level of interpretation, shifting the level of interpretations from specific contexts to meanings embedded in all human practices. The Concernful Practices of Schooling Learning Teaching are all patterns. Thus, themes and patterns “emphasize the complexity of human life in efforts to apprehend meanings and occurrences as they are contextualized in given times and places” (Kavanagh, 2002, p. 56).

Researchers using hermeneutics illuminate themes and patterns through excerpts, exemplars, and paradigm cases.<sup>5</sup> Excerpts are meaningful phrases or sentences that describe significant ways of thinking that reflect the phenomenon of interest. In my study, I use excerpts to describe the themes that arose from the pilot data. For instance, on page 41, I describe *Trying Something New AS Familiar and At-Hand*, a sub-theme of my pilot study, by using an interview text from a teacher who related “trying something new” as part of nursing’s history and how innovative practice ideas shows up through the practice of “trying something new.” A brief interpretation of this excerpt illustrates and describes how this teacher (and others who made similar comments) revealed the need to understand how “trying something new” influences the desirability and the meaning and significance of reform itself.

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<sup>5</sup> The reader will note that all excerpts, exemplars, and paradigm cases reflect interpretive acts by the investigator and are always considered to do violence to the narrative as it is originally recounted. Every excerpt, exemplar, and paradigm case is accordingly held open and problematic, even before it is interpreted.

Exemplars are longer than excerpts and reflect an actual, entire story a participant told of “trying something new.” Exemplars are edited for length and redundancy, but every attempt is made to preserve voice, context, and meaning. According to Benner (1994), exemplars allow the interpretive researcher to describe the range of concerns within particular contexts. This range conveys qualitative distinctions to establish a field of relationships that are not mutually exclusive categories with nothing in common (Benner, 1994). Rather, the field of relationships is the range of common meanings that illuminate understandings. For example, in Chapter 5 of my study, I use exemplars to describe the varied ways (qualitative distinctions) in which the theme engendering community shows up (i.e., as either liberating or oppressive). These exemplars, although cast in two opposing lights, reflect common meanings of engendering community.

Like exemplars, paradigm cases are stories recounted by participants. However, paradigm cases go further than exemplars because a paradigm case offers a rich, complex, and compelling account of the phenomenon of interest not captured in exemplars. Paradigms stand out for many reasons. They can be puzzling or unsettling, or they can offer multi-perspective accounts that “say it all” and challenge taken for granted ways of thinking (Benner, 1994). The hermeneutic analyses of paradigm cases are often complex and multifaceted and their worth in interpretive research comes from their complexity as well as the new and insightful understandings they offer readers. According to Benner (1994), paradigm cases often are the compelling gateways to entering into dialogue with the text. Researchers often bring exemplars into conversation with paradigms to fill out the qualitative distinctions offered by the interpretation of paradigms. In my study, after reading the

interview texts, the paradigm cases were those that provide deep and extended accounts of “trying something new.” For instance, in Chapter 4, Dakota, Meredith, and Odessa’s narratives are paradigm cases. In Chapter 5, Tim and Kyoko’s narratives are paradigm cases.

A central practice of hermeneutics involves including other readers in interpreting study data. Researchers invite potential readers (some familiar with the method and others not familiar with the method) to challenge, affirm, and extend interpretations. The excerpts, exemplars, and paradigm cases presented by the interpretive researcher to the reader should be clearly warranted; that is, the researcher’s interpretations need to show the reader where the theme(s) presented arose in the text. Often the researcher uses welded quotes or very short excerpts as a way of including the reader in the identification of the theme(s) and its interpretations (descriptions of the meanings and significances). In this way, the reader may not agree with the interpretations, but she understands where the interpretations arose. For example, in my study, I presented my interpretations to those whom the study addressed (i.e., participants in the study), teachers and students in nursing education, members of a research team, as well as scientific researchers (non-hermeneutical) and laypersons. When my interpretations reflected common experiences (recurring themes), the readers acknowledged or recognized these experiences as possible or familiar. Conversely, when readers described my interpretations as vague or unclear to a reader, I a) returned to the original interview text and my interpretation of that text for clarification to be sure my interpretation was warranted and b) extended my descriptions of the interpretations to provide more clarity.

Researchers using hermeneutics hold their interpretations as well as those of others open and problematic by continually conducting cycles of interpretations. The cycles of

interpretation are often a critique of hermeneutics because this mode of data analysis does not result in an end point or an assertion that can be addressed by problem solving. Gadamer (1981) recognizes and addresses this issue (that interpretation is not problem solving) when he describes interpretation as always on its way (p. x). A decisive or final interpretation is not possible (Annells, 1996) because experience includes an inexhaustibility in relation to understanding and determining meaning (Gadamer, 1960/1975). There are always more understandings and meanings to uncover. In other words, hermeneutics is not boundary-less. Johnson (2000) especially relates that conducting hermeneutic interviews and using hermeneutics to analyze data is fraught with boundaries imposed by the very questions the researcher poses. The researcher always attempts in hermeneutic interviewing to be open in calling out accounts (stories or narratives) of experiences so that the participants are free to select those that stand out as most meaningful. However, the questions the researcher explores with the participants take the researcher and participant on a certain pathway. As such, there is always a road the researcher and interviewee do not take, which consequentially eliminates potentially enlightening understandings. Though the researcher in interpreting narratives using hermeneutics is committed and diligent in including a plurality of perspectives, she recognizes that it is not possible for every perspective to be present.

While the inability to be finite (yield answers, knowledge, or contribute to understanding causality) in hermeneutical research can be a limitation, it is also a contribution. Specifically, a contribution of hermeneutics *is its never-ending cycles of interpretation*. There may never be answers in hermeneutics, but there is also minimal risk of freezing something (i.e., an observation or concept) that presences itself in time

(J. Diekelmann, in press). Stasis is not an issue in hermeneutics, which renders it perhaps a higher form of truth because it continually holds meanings and significances open and problematic as they are interpreted within the horizons of one's own interpretation (J. Diekelmann, in press; Gadamer, 1967/1976). Viewed in this way, those using hermeneutics as a research method recognize the best they can do is describe common meanings (those meanings that traverse the narratives) and show interpretations to the reader leaving it up to them to equally interpret as a way of gaining new insights and understandings (J. and N. Diekelmann, personal communication, January 14, 2005). In using hermeneutics in my study, the interpretations uncovered neoteric and different understandings of the common experiences of "trying something new" in nursing education.

## Method

### *Sample and Setting*

Fifteen teachers that participated in the Dieklemann desktop faculty development study (described in Chapter 1) participated in this study. I recruited teachers through face-to-face meetings, by telephone, or through e-mail communication. At the point of contact, I informed teacher participants about the specific study I was undertaking as part of the Diekelmann study and invited them to participate in my study. I sent teacher participants who agreed to be in my study a follow-up letter explaining the study (Appendix A) along with two copies of a consent form (Appendix B). Teachers who agreed to be in the study signed the consent forms, keeping one copy and returning one copy to me. Nine students recruited by teacher participants in the Diekelmann study also participated in my study. The site director of the schools participating in the Diekelmann study joined the participating teacher's classroom

or clinical group, explained my study, and reviewed the consent form (the same consent form used for teachers). If students agreed to be in my study, the site director and participating teacher asked them to sign two copies of the consent form, keeping one copy and placing the other copy in an 8.5 x 11 envelope that they returned to me. The site director and participating teacher provided participating students a follow-up letter welcoming them to the study (Appendix C).

As stated in the consent form, participants could withdraw from the study at anytime or decline the use of their interview. No participants withdrew from the study or refused permission to use their interviews. Participants were also told, as outlined in the consent form, that I might contact them for clarification or review of the text. Participants were given an opportunity to decline re-contact; however, none of the participants declined. I did re-contact one participant during the study to review a portion of the text for clarification. The distance desktop study is part of an ongoing Narrative Pedagogy study that the Institutional Review Board at the University of Wisconsin-Madison annually renews and has consistently approved (HSC #1991-026 and HSC #1995-204).

#### *Data Collection*

Data collection in this study began during the fall of 2001, and I utilized seven of these interviews as pilot data. I used the pilot data in my dissertation study and I further collected data via non-structured, audiotaped interviews in person and by telephone. I conducted each interview at an agreed upon place and time. Each interview lasted approximately 60 minutes and was terminated when the participant indicated that he or she had nothing more to share or the agreed upon length of time (60 minutes) had elapsed.

During the interviews with teacher participants I asked:

Teachers in the distance desktop study often talk of “trying something new” in their classroom or clinical courses. I am interested in hearing about times when you tried something new. Could you describe a time, one that stands out because it shows what it means to be a teacher in nursing “trying something new?”

During the interviews with student participants, I asked:

Your school of nursing has been involved in a study in which your teachers are learning new ways of teaching in nursing education. You currently have a teacher who is enrolled in this study. I am interested in a time when you had a teacher who tried something new or you think might have tried something new in his or her classroom or clinical course. Can you tell me of a recent time, one that stands out to you because it shows what it means to you when a teacher may be “trying something new” with teaching?

Because some students did not know if their teachers were “trying something new,” when necessary, I asked other questions such as, “Can you tell me of a time during this past year when a teacher really did things differently?” “Can you tell me of any courses you have had when a teacher seemed to be teaching the course in a different way than she usually teaches?”

Each question (teacher and student initial question as listed above) began a conversation where participants told of times that had meaning for them. If further prompting was needed during the interview, I asked other questions such as, “Can you give me a for instance?” “What did that mean to you?” and “Can you describe or tell me more about... (e.g., a particular experience)?” These kinds of questions preserved the conversational nature

of the interview in such a way that participants were not constrained by pointed questions that could have limited the contextual nature of their narratives (Benner, 1994). Open questions such as those listed above provide participants with a certain kind of freedom to select meaningful and significant experiences for them rather than answering a list of questions pre-specified by the researcher.

After I completed the interviews, I gave each audiotape an identification number and submitted each audiotape to a transcriptionist experienced in transcribing interpretive research data. Following transcription, I reviewed the transcribed text for accuracy by listening to the audiotape. At this time, I removed identifying information from the text and replaced particular information with pseudonyms. After the interviews were transcribed and verified for accuracy, I destroyed each audiotape and securely stored their corresponding consent forms.

### *Data Analysis*

I was the principal investigator for the study with a research team that included four nurse researchers who all had five or more years experience in conducting research using Heideggerian interpretive phenomenology and hermeneutics. The hermeneutical analysis of the interview texts began when myself and each member of the team individually read each text to gain an overall understanding of the narratives and wrote an interpretation. Research team members and I shared our understandings of each text, our written interpretations, and any themes and/or paradigm cases we identified with members of the team. As previously described, identifying themes or paradigms is one way in which interpretive researchers describe what stands out for them. Frequently, interpretive researchers describe and reflect on

excerpts, exemplars, and paradigms they commonly identify; although with multiple interpretations, the exact wording of the themes among the researchers varies. Each member of the research team and I supported our interpretations with excerpts from the text. We clarified vague or unclear meanings through dialogue, debate, and referring back to the text, and when necessary, re-interviewing participants. During data analysis, I re-interviewed one participant to clarify ambiguities that were within that specific text. As principal investigator, I used EndNote 5 to code themes and paradigms, synthesize interpretations, store interpretations, and search across data for common themes. EndNote performs similar to the MARTIN computer program that was designed for hermeneutical research (Diekelmann, Schuster, & Lam, 1994).

As the research team and I continued to analyze the data, we explored recurring themes in more detail and challenged, affirmed, and extended interpretations using critical, feminist, postmodern, and phenomenological literature related to nursing education and higher education as well as texts from continental philosophy. Bringing this variety of literature to bear on the interpretations and emerging themes was not just to challenge an interpretation, it was also to create converging conversations. These conversations extended and affirmed the interpretations thus assuring the interpretations were warranted *and* reflected the richness and complexity of multiple perspectives (Diekelmann & Ironside, 1998).

Although there is no one correct interpretation when conducting a hermeneutical study (only warranted interpretations), the research team evaluates the scholarliness of the interpretations according to G.B. Madison's (1988) principles: coherence, comprehensiveness, penetration, thoroughness, appropriateness, contextuality, agreement,

suggestiveness, and potential (p. 29-30). Madison developed these principles from interpretive phenomenological texts, particularly those of H-G Gadamer. Madison contends, although Gadamer had little to say about methodological criteria for interpretation, he did provide norms for assessing interpretations in interpretive phenomenological research. Madison relates that these principles constitute these norms and can be used as a method for ensuring “*good judgment*” (p. 28). Further, according to Madison, these principles are akin to ethical norms whereby the one interpreting the text uses the principles contextually and with appropriate ethical decision making rather than applying them like a set of rules to “test” or validate findings. The latter approach, which reflects the scientific method, is not the appropriate method for evaluating scholarliness in interpretive research. What follows is a description of Madison’s principles (p. 29-30) and how the research team and I used his principles to ensure the scholarliness of this study.

In citing Gadamer (1960/1975), Madison describes that *coherence* in interpretive scholarship means that understanding comes from the harmony of details with the whole. In other words, the interpretation must present a unified picture and not contradict itself even when the text has contradictions of its own. In my study, the research team and I harmonized the details of each interview text by interpreting the texts using multiple lenses (critical, feminist, postmodern, phenomenological, idealism, realism, etc.). We related each interpretation to the whole (the experiences of “trying something new”) so that understandings of reforming nursing education did not arise from any single perspective, but rather our interpretations arose from multiple perspectives. Additionally, I maintained coherence by presenting a fluency of details within a particular story and within the study

from the beginning to the end—all of which presented a coherent “story” of “trying something new.” This story began with the Diekelmann study and its relationship to my study; a literature review that presented the many facets of reforming nursing education; a sound and comprehensive philosophy of science; two prominent and well-articulated themes; and a concluding chapter that reflected contributions, limitations, and needs for future research that corresponded to the entire study. Without this degree of harmony, understandings of “trying something new” would have remained fragmented, potentially conflicted, and contradictory.

Also citing Gadamer (1960/1975), Madison describes *comprehensiveness* as taking into account an author’s thought as a whole and not disregarding works of his that need to be brought to bear on the issue. The thought of any author, according to Madison, is worth interpreting. Taking into account the “whole” of thoughts constitutes the “fore-conception of completion” (p. 29) which is a condition for understanding. An incomplete account or a text that is not intelligible cannot present a unity of meaning, and without such a unity, there can be no understanding. In my study I maintained comprehensiveness by returning to participants when an account seemed incomplete and by avoiding coding the data too reductively. For example, when a participant told of a time “trying something new,” I excerpted the entire story, rather than only pieces of it that stood out to me at the time. By preserving the entire story, as much as possible, I established the possibility for interpretive scholarship where the meanings arising from the interpretation were situated in the “whole” of the interviewee’s thoughts. In this way, the themes arising from this study and the interpretation of these themes

contribute to the presentation of a comprehensive account of the experiences of “trying something new.”

Madison also describes a good interpretation as *penetrating* “because it brings out a guiding and underlying intention in the work, in this way making an author’s various works or statements intelligible by seeing them as attempts to resolve a central problematic” (p. 29). Intention here is not used in the sense of aiming to resolve a mentally constructed problem by devising a hypothesis and then attempting to prove a theory. Rather, in the case of hermeneutics, resolving the central concern or problematic is an interpreter’s adherence to the philosophical underpinnings of the study (i.e., Heideggerian interpretive phenomenology) as a guide to construct and address the research question(s) through hermeneutics. For example, the philosophical underpinnings of my study (interpretive phenomenology) guided how I constructed the research questions (stated on pages 56-57) and the questions following participants’ responses. These questions opened possibilities for a penetrating account of “trying something new” aimed at resolving (or addressing) through multi-perspective interpretations of the experiences (central concerns or problematic) of teachers that try something new and students’ experiences with teachers that try something new.

A good interpretation according to Madison also has *thoroughness* because it tries to deal with all the questions an interpretation poses to the interpreted text. In my study it was often the case that questions did arise during interpretation sessions and in explicating written interpretations. I stated these questions as part of the interpretation and addressed them by challenging and extending or affirming what they meant or conveyed in the context of “trying something new.” Many of these questions illuminated the contributions of this study so that

the interpretations revealed new possibilities for reforming nursing education. For example, a central question that arose from the interpretations in Chapter 4 was how a nursing educator's cultivation of only analytical thinking inadvertently closes down on cultivating other ways of thinking (e.g., embodied and reflective thinking). Further interpretation of interview texts revealed that a significant contribution of this study is describing the meaning and significance of teaching thinking as a gathering of many ways thinking (i.e., analytical, embodied, and reflective) towards improving the care nurses provide to patients.

As an extension of thoroughness, Madison also relates that the questions raised must reflect *appropriateness*. Appropriateness involves addressing the questions the text raises rather than using the text as "an occasion for dealing with questions of one's own having nothing to do with the questions the original author was concerned with (p. 30)." In an interpretive phenomenological study, the aim is to uncover the familiarity of everydayness or common experiences of the participants rather than develop a prediction to explain a phenomenon. In this way, the rigor of hermeneutics is maintained not by imposing questions upon the data and extracting answers from the data. In my study my initial research questions arose from Diekelmann's interpretive phenomenological study where one theme (common experience of participants) "trying something new" arose from the interpretation of interview texts. My research question and the questions that arose as part of data interpretation reflect appropriateness because they involved no presuppositions.

According to Madison, a principle related to appropriateness is *contextuality*. Madison describes contextuality as reading the work of an author in context. In other words, the participants account must always be contextual. My study maintains contextuality by

interpreting the text with consideration of many varied contexts from which the participants reported their experiences. For example, the interpretations describe such things as whether the teacher interviewed was new or experienced, what level of student they were teaching, or what course or content they were teaching. My study overall is also situated in the context of reform, which means the review of literature and other literature used to challenge, affirm, and extend the themes were read in the context of reforming nursing education.

Two forms of *agreement* are included in Madison's principles. The first form states that an interpretation must agree with the "real" meaning of what the author says. The second form states that an interpretation should be in accordance with the traditional and accredited interpretations of the author. However, this is not to say that an interpretation can break away from tradition to open new perspectives. I addressed the first form of agreement by working with a research team experienced in Heideggerian hermeneutics. This research team taught me the importance of "staying close to the text" when making interpretations. I learned to support my interpretations with welded quotes and create converging conversations with extant literature. As well, on many occasions, I shared my interpretations with those involved (participants) and those not involved in my study (scientific researchers and laypersons). If others challenged interpretations they thought did not reflect the 'real' meaning of the interviewee's account, I returned to the text for clarification and revised my interpretations accordingly.

In maintaining the first form of agreement, I also maintained the second form. However, in my interpretations of the data, it was common to break with the traditional and accredited interpretations of the author to illuminate a warranted interpretation that the participants may

not have seen themselves. For instance, in Chapter 5, I describe a teacher who interprets engendering community in libratory ways as forcing students to participate in “trying something new.” My interpretation breaks away from her interpretation by describing, using feminist theory, how forcing participation can be a form of power over students that can be an oppressive experience for students. In this way, my study maintains agreement in a way that is consistent with Gadamer (2001) who relates that “in all understanding an application occurs, such that the person who is understanding is himself or herself *right there* in the understood meaning” (p. 47). In other words, my interpretation, though perhaps contrary to the understandings of the participant, provides a “new take” that can overturn the participant’s previous assumptions in ways that provide new understandings of engendering community.

According to Madison, a principle related to the second form of agreement is *suggestiveness*. Suggestiveness is how a hermeneutic study often makes its most significant contributions. Madison contends in interpretive work, suggestiveness comes from a good understanding that is “fertile” because it raises questions that provoke further research and interpretation (p. 30). In citing (Gadamer, 1976b), Madison writes that suggestiveness involves Gadamer’s notion of imagination. Imagination is the decisive function of the scholar in interpretive work and it serves to expose productive questions (p. 30). I maintain the principle of suggestiveness throughout Chapters 4 and 5 by asking questions. The questions I raise in Chapters 4 and 5 come together in Chapter 6 (the concluding chapter of my study) to show the many contributions of my study and the needs for future research. For instance, the questions that emerged from the text in Chapter 4 about the continued use of the nursing process in cultivating thinking in Chapter 6 illuminate the meaning and significance of

envisioning the nursing process anew by bringing interpretive pedagogies to bear on its use.

Suggestions for further research (also in Chapter 6) include reminding the reader of how my study describes how the nursing process influences thinking and that nursing education needs more interpretive research that describes students' thinking experiences.

Madison's final principle is *potential*. Potential means that the "ultimate validation of an interpretation lies in its future" (p. 30). Potential involves how or if an interpretation is capable of being extended. As a member of Diekelmann's research team, I have experienced the circular nature of interpretative research. It is common that the findings of one study are enhanced or extended by the findings of another study. No hermeneutic study done well is finite. Rather, the studies are always underway and on their way. As a study ends, a beginning of new possibilities for further exploration arrives. In my study potential lies in how I extended Dieklemann and colleagues research on the Concernful Practices and Narrative Pedagogy (Andrews et al., 2001; Diekelmann, 2001, 2003b) in the context of "trying something new;" the Ironside studies on thinking in nursing education (Ironside, 1999, 2003a, 2004); and the Young study on "trying something new" in nursing education (Young, 2004). Potential also lies in how I unearthed the results of my study toward cultivating interpretive research as outlined in Chapter 6.

I continue my dissertation research with Chapters 4 and 5 where I describe the findings of my study. Chapter 4 describes the first theme of my study: *Cultivating Thinking* and Chapter 5 describes the second theme of my study: *Enacting the Concernful Practices: Making Visible How Innovation Arises*.

## Chapter 4

## Cultivating Thinking

The purpose of this interpretive phenomenological study is to describe and to analyze the common practices of teachers who “try something new” and students’ experiences with teachers who try something new. For the purpose of this study, “trying something new” means the everyday reforming practices of teachers and students. In this study, though the theme “trying something new” arose from Diekelmann’s distance desktop study in the interpretive pedagogies, the changes teachers make in their teaching/learning practices include both the interpretive pedagogies as well as conventional pedagogies.

Two themes, *Cultivating Thinking* and *Enacting the Concernful Practices: Making Visible How Innovation Arises* emerged as common practices of “trying something new.”

Four sub-themes arose from *Cultivating Thinking*:

1. *Cultivating Analytical Thinking Skills: Varying the Nursing Process*
2. *Cultivating Embodied Thinking: Teaching Respect for Embodied Thinking AS<sup>6</sup>  
Intuition*
3. *Cultivating Reflective Thinking: Teaching How to Develop Practical Knowledge*
4. *Cultivating Interpretive Thinking: Gathering Thinking*

Two sub-themes arose from *Enacting the Concernful Practices: Making Visible How*

*Innovation Arises*:

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<sup>6</sup> In my study “AS” reflects the hermeneutic AS, meaning the human mode of understanding. Taking something as something is the human way of being in the world. For example, humans understand a highway AS shortcut or doorway AS passageway (Dahlstrom, 2001, p. 190). The AS structure is not predicative (something based on facts), but rather is the primary manner of understanding. For further reading, see also *Being and Time* (Heidegger, 1927/1962, section 32) and *Zollikon Seminars: Protocols-Conversations-Letters* (Heidegger, 1987/2001, pp. 130-131).

1. *Enacting the Concernful Practices: Engendering Community*
2. *Enacting Narrative Pedagogy: Creating Places for Community Interpretive Scholarship*

The identification of these common practices describes the previously untold stories of “trying something new.” A pattern arising from this analysis, *Interpreting: Unlearning and Becoming* describes how teachers and students “trying something new” are unlearning past pedagogical practices. Through learning new approaches to teaching and learning, teachers and students experience new possibilities for thinking and creating egalitarian communities in nursing education. Identifying practices offers teachers, students, and clinicians in nursing education new ways of thinking about reforming nursing education.

Chapter 4 begins with the background of the Heideggerian hermeneutical analysis of *Cultivating Thinking*. This interpretive summary situates this theme and its accompanying sub-themes and their implications in extant research and a philosophy of science. This chapter continues with an analysis of the four sub-themes that arose from *Cultivating Thinking*. Chapter 5 begins with the background of the Heideggerian hermeneutical analysis of *Enacting the Concernful Practices: Making Visible How Innovation Arises*, and like Chapter 4, continues with an analysis of its sub-themes.

#### Background: Cultivating Thinking

My study reveals that when teachers try something new they are often responding to contemporary trends in nursing education to cultivate students’ critical thinking skills. As teachers respond to this trend, they describe concerns that the emphasis on covering content of conventional pedagogy inadvertently de-emphasizes thinking thus limiting the progress they

can make cultivating critical thinking skills (Ironside, 2004). To address their concerns, teachers describe either revising conventional pedagogy or using the interpretive pedagogies to construct new student-centered assignments (i.e., concept mapping, reflective journals, classroom discussions) to engage students in thinking.

As teachers attempt to cultivate thinking, they often label thinking critical thinking, intuitive thinking, or reflective thinking. Their categories of thinking are most often synonymous with what I call analytical thinking and define as an autonomous, logical, rational process that seeks predictions and explanations.<sup>7</sup> Analytical thinking has great utility for nursing practice because it assists teachers, students, and clinicians in using explanations and predictions to solve health care problems. Students who learn analytical thinking well, skillfully use explanations and predictions to make clinical judgments and discern differences between warranted and unwarranted analyses of patient data. That is, they learn to base clinical practice on careful and thoughtful analyses, which involves an ability to consider and weigh particular theoretical truths, assumptions, and expectations in the context of clinical situations. In this study when teachers try something new and attempt to extend and enhance students' thinking skills, they often use variations of the nursing process. The sub-theme, *Cultivating Analytical Thinking Skills: Varying the Nursing Process*, arose as a common practice of teachers who are cultivating analytical thinking.

In contrast to cultivating analytical thinking, this study reveals teachers understand cultivating intuition and reflection as teaching “special” kinds of thinking. Teachers' descriptions of intuitive thinking reflect an emphasis on embodied thinking. For the purpose

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<sup>7</sup> The readers will note that analytical thinking reflects the philosophical commitments of idealism and realism as described in Chapter 3.

of this study, embodied thinking is defined as immediate, synthetic, pre-understandings of clinical situations that are habitual and remain in the background of one's understanding. Embodied thinking may or may not be ably recalled or captured in analytical descriptions of clinical experiences. A common practice of teachers in this study is cultivating a respect for embodied thinking by teaching it AS intuition or "gut feeling." During analysis of the narratives, the sub-theme, *Cultivating Embodied Thinking: Teaching Respect for Embodied Thinking AS Intuition* arose as the primary way teachers are cultivating a respect for the embodied nature of thinking.

Teachers in this study also describe cultivating students' reflective thinking. Following the trend that began with Schön (1983; 1987) who explicated the reflective practitioner, reflective thinking is often defined as generating practical knowledge through returning to and pondering on past or current experiences. Often teachers in this study describe teaching reflection by asking students to think back on the efficacy of the nursing process in solving health care problems. Reflective thinking in this case generates practical knowledge based on experience with success or lack of success solving health care problems as outlined by the nursing process. This analysis gave rise to the sub-theme, *Cultivating Reflective Thinking: Teaching How to Develop Practical Knowledge*.

In addition to describing these sub-themes, this study reveals how one of the problems teachers experience in cultivating thinking is becoming mired in how to label the various kinds of thinking. Naming thinking problem solving, intuition or reflection encourages definitions and comparisons of thinking that privileges one kind of thinking over the other. There is of course important utility in identifying and explicating different ways of thinking.

What is obscured, however, in this explication is how humans experience thinking as a gathering of many kinds of thinking. I call this experience of gathering thinking interpretive thinking. Interpretive thinking is defined as reflective, embodied, multi-perspective, contextual, circular, and communal thinking that seeks to reveal explanations and predictions as well as meanings and significances. Interpretive thinking includes some shared aspects with analytical thinking as much as interpreting can include making logical, rational, and warranted analyses of clinical situations. However, interpretive thinking also includes thinking that seeks understanding or the meanings and significances of particular situations. The sub-theme, *Cultivating Interpretive Thinking: Gathering Thinking* describes interpretive thinking and its significance for reforming nursing education. As teachers focus their attention on cultivating thinking as gathering thinking, they become less concerned with the “kind” of thinking they are encouraging. They put their efforts instead into encouraging many kinds of thinking with an emphasis on increasing complex thought by garnering multiple perspectives. What follows is a full analysis of these sub-themes.

#### *Cultivating Analytical Thinking: Varying the Nursing Process*

This study found that teachers “trying something new” often work to cultivate students’ analytical thinking skills by using the nursing process. However, because there is little evidence that the traditional nursing process (nursing care plans) increases students’ analytical thinking skills (Cody, 2002; Daly, 2001; Tanner, 1996, 2000a), teachers express skepticism concerning it. Many teachers in this study describe times when they use variations of the nursing process, such as “concept maps” (All, Huycke, & Fisher, 2003; Daley, Shaw, Balistrieri, Glasenapp, & Piacentine, 1999; Schuster, 2000; Wheeler & Collins, 2003),

problem based learning strategies (Papastrat & Wallace, 2003; Walker et al., 2001; Williams, 2001, 2004), clinical decision making models (Bolan, 2003; Botti & Reeve, 2003; Robinson, 2004), and inquiry based learning strategies (Lehna & Tholcken, 2001; Morris & Turnbull, 2004), to cultivate analytical thinking. They try these new methods for teaching thinking in response to research studies indicating that the traditional nursing process does not cultivate analytical thinking.

I found, however, that in important ways, these innovations reproduce the traditional nursing process. For instance, concept mapping allows students to use the nursing process in a different way by constructing a nursing care plan using a pictorial diagram. Nevertheless, concept mapping still requires that students compile and report assessment data, formulate a nursing diagnosis, and analyze patient data to plan and evaluate nursing care interventions. Viewed in this way, when teachers vary the nursing process they simply ask students to reorder their compiled patient data within these new formats, which basically replicates the traditional nursing process.

My analysis illuminates how teachers, in varying the nursing process, may be using a model of thinking that is necessary, but inadequate for cultivating thinking. Jaylyn, a junior nursing student, relates a common story of learning analytical thinking skills by employing concept mapping as a process for analyzing a patient's "condition."

We started this semester with concept mapping. Last night after we [she and other students] did all the pre-clinical—we [for example] get the pathophysiology, we get the condition, we get the labs and the medications and then we choose pre-nursing diagnoses that we think are highly relevant to our patient. And then on the back of that

sheet we do concept mapping in which we actually start with a circle and you put their main diagnosis and then you can go off of it. You can make boxes or however you want to do it; it doesn't really matter and then things that kind of tie into that. So, my patient today had adenocarcinoma of the colon and so the things that tied off of that were anxiety, pain, risk for infection, fluid volume deficit, just in general those types of things. And then off of those things we would put the labs maybe that were abnormal or the medications that were being used for each of the conditions. So that really helps you tie it together... And so by tying it together I guess what I mean is beginning to understand why this medication is being used or why this lab value is low or why is it high. As freshman and sophomores you don't think about those things you don't really necessarily know what lab values mean... you know, whether they are high or low but you don't really understand the pertinence of them to the condition. Whereas now by tying them together what I mean is I'm beginning to get the pieces and put them together. And that's a lot what the concept mapping tool helps you do. And that's one thing, I will tell you what, it helped me last night. And that's something that is very new. We've never done that before.

The model that Jaylyn is using (concept mapping based on the nursing process) to learn thinking, is effective for planning and providing nursing care. Jaylyn describes for example how the nursing process helps her collect data to devise nursing diagnoses such as anxiety, pain, fluid volume deficit, and risk for infection to care for a patient with cancer. In using nursing diagnosis, Jaylyn describes how she can “go off of that” to identify psychological and physiological “pieces” of a patient’s problem. This process helps her

predict and explain “pathophysiology” of and interventions for a patient suffering from cancer. To Jaylyn, compared to “freshman” or “sophomore” nursing students, who don’t know how to “think about those things,” learning analytical thinking by demonstrating use of the nursing process meant becoming an autonomous thinker. Her thinking is an individual experience of independently compiling, analyzing, and reporting patient data and selecting corresponding nursing care interventions.

Despite Jaylyn’s positive experience learning analytical thinking using the nursing process, it is questionable whether Jaylyn is learning more complex analytical skills necessary for nursing practice. For instance, in her efficient prioritization of nursing care (i.e., listing nursing diagnoses and diagramming nursing care) how does her prediction that a patient with adenocarcinoma will be anxious influence her thinking if in fact, the patient may instead be depressed or anxious and depressed? How does her use of the nursing process help her think through if or when the patient is neither anxious nor depressed, but rather portraying a deeply idiosyncratic behavior that reflects interest in his care? Thought of in this way, it is doubtful that the nursing process helps Jaylyn learn how and when to examine competing explanations or exclude an explanation based on the particular situation.

Nursing educators and practicing nurses understand that nursing care is more than devising nursing diagnostic schemes to isolate, name, and then map clinical situations into an explanatory framework (SmithBattle & Diekemper, 2001). Nurses do not experience providing nursing care as a discrete, packaged, linear process where everything follows a plan. Nursing care is complex, uncertain, and unpredictable and, as such, requires that students learn how to have conversations with theories and models (Benner, 1984;

Diekelmann & Scheckel, 2003) that offer varied ways of thinking about and providing nursing care. Embedded in these conversations lie new possibilities for understanding how use of the nursing process *alone* may discourage students' development of analytical thinking skills.

My analysis of narratives in this study identify how varying the nursing process offers only limited development of analytical thinking skills often foreclosing other important analytical thinking skills. For example, how often do teachers teach students to identify what might be wrong with using the nursing process to plan care? Daly (2001) for instance writes that argument is a fundamental component of many critical thinking models. By models, Daly means critical thinking theories developed by experts in the field of critical thinking such as Watson and Glaser (1964), Paul (1995), Ennis (1962; 1987), Facione (1997; 1990), and Siegel (1988; 1997). These critical thinking theorists describe critical thinking skills that exceed those encompassed in the nursing process. For example, Watson and Glaser's instrument (1987) measures inference, recognition of assumptions, deduction, interpretations, and evaluation of arguments. Jaylyn could "pre-clinically" infer, deduce, and interpret propositions using a concept map. However, concept mapping may not help her evaluate whether standardized care reflects her patient's experience.

Researchers have attempted to demonstrate that new strategies for teaching thinking using the nursing process, like the one Jaylyn describes, increases students' critical thinking skills. However, to date, none of these studies show how these new strategies increase students' critical thinking skills (Angel, Duffey, & Belyea, 2000; Chau et al., 2001; Magnussen, Ishida, & Itano, 2000; Wheeler & Collins, 2003). This lack of evidence is

disconcerting. While most of the investigators of these studies attempt to associate disappointing results with confounding variables, results of these studies do indeed call into question the efficacy of using these new strategies to cultivate analytical thinking skills (Tanner, 2005). To explain these results, some investigators suggested that perhaps critical thinking instruments do not adequately reflect nursing practice because most instruments measure cognitive rather than important affective thinking skills such as caring (Allen, Rubenfeld, & Scheffer, 2004; Scheffer & Rubenfeld, 2000). However, none of the investigators question if the nursing process, as teachers currently teach it, by itself is inadequate for cultivating analytical thinking skills.

According to Daly (2001), perhaps the danger in using any variation of the nursing process to cultivate thinking is that it assumes an absolutist epistemology:

... participants who reason from this [absolutist] epistemological perspective characteristically construct my-side or single theory structure arguments. These responses do not include the search for or generation of alternatives in the form of other views, or possibilities where their claims or assertions could be inaccurate or ambiguous in the face of additional evidence or perspectives. (p. 126)

Daly's comments are consistent with a study done by Profetto-McGrath (2003), which measures students' critical thinking disposition scores using the *California Critical Thinking Disposition Inventory* (Facione & Facione, 1992) during all four years of a baccalaureate-nursing program. Results of this study indicates that students have low "truth seeking" scores and high "systematicity" scores. Low truth seeking scores indicate little desire for the best knowledge. Low systematicity scores indicate adherence to organized, focused, and diligent

problem solving efforts. Because the discourse of the nursing process is based on instrumental knowledge, whereby students learn to apply a formula to nursing care (Powers, 2002), is it not surprising students learn to privilege *application* of the nursing process over *thinking beyond* this process? Is the nursing process a safe, but simplistic way to teach critical thinking in a health care environment that seems so daunting and complex that ordering thinking is necessary, but no longer sufficient for providing nursing care? Jaylyn was clearly excited about what concept mapping “helps you do.” Designing a concept map was an exciting way of learning how to organize nursing actions (i.e., giving medications, reviewing lab findings, devising nursing diagnoses). Nonetheless, how might this formulaic approach limit students’ analytical thinking skills to that of carrying out nursing actions that are safe, but may not be within the “best knowledge” nursing has to offer?

The findings of this study, when brought into conversation with extant research on critical thinking in nursing education, reflect the need to revisit how teachers are cultivating analytical thinking through reforming how they teach the nursing process. Apple (2003) contends that a danger of reforming an approach is becoming caught up in tendencies and tensions of reform itself, whereby action is pushed aside until the moment when there is certainty about “correct” theoretical positions (p. 223). Does continuing the reproduction of the nursing process, (even in its new variations), reflect tendencies and tensions of both attempting to reform the process, yet paradoxically, accepting the process as the universal language supporting our profession? Does the nursing process forestall further “action” or reforming practices that embrace openness to other new possibilities? For example, if nursing educators did not have the nursing process as a tool for teaching thinking, how would they

cultivate analytical thinking? Would they draw more on practical knowledge or a wider variety of theories suited to clinical situations as well as their ethical know-how? Apple (2003) in citing Stillbrass and White (1986) provides insights that reveal dangers and possibilities for reforming cultivating thinking in nursing education:

This one [danger of reform] is reminiscent of Bakhtin's discussion of the functions of balconies during carnival in Europe hundreds of years ago. The affluent were both attracted to and repelled by the cultural, political, and bodily transgressions that accompanied carnival. The smells, the noise, the possibility of loss of control, the undercurrent of the danger, all of this was fascinating. But the bourgeoisie could not let go of their safe havens. The balcony was the creative solution. The carnival of the streets could be experienced—vicariously. The sights and smells and sounds could be safely lived—and commented upon, which also had its own politics of pleasure—from the balcony overhanging the street. One could be in and out, almost participant but mostly observer at the same time. (p. 223)

Is it possible that the nursing process offers teachers a way to help students safely experience nursing practice? Has the nursing process been the “creative solution” for cultivating thinking that helps students experience nursing vicariously? On the other hand, this study reveals how teachers, in “trying something new,” are attempting to better cultivate analytical thinking by varying the nursing process. Nonetheless, does varying the nursing process reveal how teachers and students are both attracted to and frustrated by the nursing process? The nursing process does streamline nursing care, particularly for the novice nurse. Yet at the same time the nursing process interferes with nursing care by poorly reflecting the complexity and

demands of nursing practice. How then does an attraction to the nursing process as the tried and true, familiar, and successful approach to cultivating thinking discourage teachers from helping students experience the “carnival” or nursing practice? That is, how does the nursing process help students experience thinking through the challenges and uncertainties of day-to-day clinical practice?

Further analysis of data from this study reveals that in addition to cultivating thinking as varying the nursing process, teachers commonly focus on cultivating intuition and reflection. What follows are the results of this study describing the next two sub-themes:

*Cultivating Embodied Thinking: Teaching Respect for Embodied Thinking AS Intuition and*

*Cultivating Reflective Thinking: Teaching How to Develop Practical Knowledge.*

*Cultivating Embodied Thinking: Teaching Respect for Embodied Thinking AS Intuition*

As described earlier, in this study, I define embodied thinking as immediate, synthetic, pre-understandings of clinical situations that are habitual and remain in the background of one’s understanding. Embodied thinking may or may not be ably recalled or captured in analytical descriptions of clinical experiences. This definition is drawn from the works of Merleau-Ponty (1962), a 20<sup>th</sup> century phenomenologist, who is known for his philosophy of the body as a mode of knowledge. Within the context of this definition, embodied thinking is a rapid and taken-for-granted experience of the body. It can include, though is not limited to, recognizing the meaning of facial expressions (Benner & Wruble, 1989) without being able to analytically describe these expressions or experiencing embodied know how in performing psychomotor skills such as the “feel” of inserting an intravenous catheter through a vein wall.

It can also include experiencing the meaning of bodily sensations (e.g., gut feelings) that are signals for further assessing and describing a patient's condition.

In "trying something new," another way teachers attempt to cultivate thinking is by calling attention to and recognizing embodied thinking. However, teachers describe their attempts to cultivate embodied thinking as encouraging intuition. Definitions from the nursing literature describe intuition as a direct apprehension and response to clinical situations without reliance on reason or logic that is a practice of the expert nurse (Benner, Kyriakidis, & Stannard, 1999; Benner, Tanner, & Chesla, 1996; Hicks et al., 2003; King & Clark, 2002; Kowalski & Louis, 2000; Rew, 2000; Truman, 2003). This study reveals that cultivating embodied thinking by teaching it under the rubric of intuition mitigates against the meaning and significance of cultivating embodied thinking that students (novices) experience. Recognizing intuition as an experience of both expert nurses *and* nursing students can assist teachers in considering students' embodied thinking as a thinking experience they can help cultivate.

Nawel, an experienced maternal-child teacher, tells a familiar story of teachers who try something new by acknowledging embodied thinking as intuition, but only cultivating this way of thinking by teaching students how it is "gut feeling" or intuition that occurs "at a certain point."

I go up to labor and delivery, and there was a patient that they were triaging... This student takes me aside and she said "I'm so afraid up here. Don't leave me alone."

And I thought well this patient is being triaged, so I don't know what's going on. So, I said, "okay [name], I'll stay up here as much as I can with you," thinking well I got

*[sic]* all these other students downstairs in mother-baby, but I'll do what I can.

Sometimes we [nurses] develop these gut feelings about things, and we, just do things for some reason. So, I reassure her that I'll be there and I'll see what's going on. Well, for some reason, I went and got a pair a gloves on... the resident left the room, the nurse left the room, all the nurses were gone, so I'm left in the room with the two students and the patient. Well, all of a sudden the patient just seemed to get like, "Whoa, she's getting really, really active. Y' know?" And she had just been real calm and quiet. And she's like, all of a sudden gets this pushing noise, so I picked up the sheet, and I had gloves on, and I see the baby's delivering. So I'm delivering the baby, and I'm calling, you know this is just in a triage room, so there's no equipment in there. So I'm just calling out we need a bulb syringe in this room. So the doctor and the nurses come back in. Well, by the time they came back in, I just about had the baby delivered. These students were amazed, you know, I think that it went so fast, plus, [they stated] "our instructor didn't panic, he just calmly delivered the baby." This student was like "Oh, [name of instructor] I was so glad we were with you, because we would not have known what to do." And I'm thinking it would have been very possible that they would have been in the room, with this delivering patient... I tell students at a certain point, you [nurses] develop gut feelings, and it [gut feelings] saves you so many times. It's gut feeling, it's what protects us so much of the time.

Perhaps the issue in cultivating embodied thinking is how teachers, in understanding intuition as it is described in the literature, cultivate this way of thinking by teaching students it is only an experience of veteran nurses. This way of cultivating embodied thinking conceals

how teaching embodied thinking to students is a kind of thinking that all humans experience. Cultivating embodied thinking, even in the novice nurse, holds promising new possibilities for cultivating thinking in nursing education. For instance, Nawel told students following this experience that “gut feeling” “protected” him so that he could provide safe, competent nursing care for a mother delivering a newborn. Benner, Tanner, and Chesla (1996) would describe Nawel’s experience as an immediate clinical grasp or intuition experienced by the expert nurse that guides practice. However, viewed in the context of common definitions of intuitive thinking, it is difficult for Nawel to describe to the students just how this “gut feeling” protects him. He only teaches students this experience occurs at a “certain point” in nursing practice and it is “what saves” nurses.

Perhaps it is important for nursing educators to become mindful of how intuition may in fact reflect embodied thinking and when discussed with students, this insight would provide students ways to access a clinical situation with greater sensitivity to signs and patterns (Benner & Wruble, 1989). For instance, what might it mean to students if Nawel describes to them the experience of his body upon hearing the obstetric patient is being “triaged?” Describing his thinking behind “for some reason” donning a pair of gloves, might create a place for students to learn how this experience reflects embodied thinking heightening nurses’ perceptions in ways that engage them in “future think” and prepares them for unfolding clinical scenarios (Benner et al., 1999). These perceptions can also include analytical accounts such as what assessing the patient for “what is going on” includes, or perceptions that Nawel can and cannot describe analytically. For example, how might students learn embodied thinking if Nawel describes clinical events (i.e., “becoming really

active”) in ways that capture and do not capture analytical accounts of clinical assessments?

Merleau-Ponty (1962) writes:

The senses intercommunicate by opening on to the structure of the thing. One sees the hardness and brittleness of the glass, and when with a tinkling sound, it breaks, this sound is conveyed by the visible glass. One sees the springiness of steel, the ductility of red-hot steel, the hardness of the plane blade, the softness of shavings. The form of objects is not their geometrical shape: it stands in a certain relation to their specific nature, and appeals to our other senses as well as sight. The form of a fold of linen or cotton shows the resilience or dryness of the fibre, the coldness or warmth of the material. Furthermore, the movement of visible objects is not the mere transference from place to place of coloured patches which, in the visual field correspond to those objects. In the jerk of the twig from which a bird has just flown, we read its flexibility or elasticity, and it is thus that a branch of an apple-tree or a birch are immediately distinguishable. One sees the weight of a block of cast iron which sinks in the sand, the fluidity of water and viscosity of syrup. In the same way, I hear the hardness and unevenness of cobbles in the rattle of the carriage, and we speak appropriately of a ‘soft’, ‘dull’ or ‘sharp’ sound. Though one may doubt whether the sense of hearing brings us genuine ‘things’, it is at least certain that it presents us, beyond the sounds in space, with something which ‘murmurs’, and in this way communicates with the other senses. Finally, if, with my eyes closed I bend a steel bar and a lime branch, I perceive in my hands the most essential texture of the metal and the wood. If, then, taken as incomparable qualities, the ‘data of the different senses’ belong to so many separate

worlds, each one in its particular essence being a manner of modulating the thing, they all communicate through their significant core. (pp. 229-230)

Merleau-Ponty provides a poignant description of how teachers might begin to communicate what their senses are telling them even when they cannot analytically describe them. According to Gadow (1982), language embodies thought, and contemporary thinking about embodiment is impoverished by a lack of language for embodied ways of being. What would it mean for nursing educators to create a place for a language of the body that sounds un-scientific? Can embodied thinking awaken an approach to cultivating thinking? Would teachers who teach students what embodied thinking is, how to respect it as a legitimate thinking experience, and how they can develop it, help students learn clinical nuances that belie textbook descriptions of such things as labor and delivery? Would embodied thinking help students learn how to better analyze ambiguous, uncertain, and unpredictable clinical situations? Merleau-Ponty (1962) in describing the knowledge of the body also writes:

It is because we are through and through compounded of relationships with the world that for us the only way to become aware of the fact is to suspend the resultant activity, to refuse it our complicity (to look at it *ohne mitzumachen*, as Husserl often says), or yet again, to put it 'out of play.' Not because we reject the certainties of common sense and a natural attitude to things—they are, on the contrary, the constant theme of philosophy— but because, being the presupposed basis of any thought, they are taken for granted, and go unnoticed, and because in order to arouse them and bring them into view, we have to suspend for a moment our recognition of them. (p. xiii)

For Merleau-Ponty, to refuse or ‘put out of play’ our involvement in our complex relationships is to “put into view” a kind of schooling that suspends the thinking practices that nurses are “accustomed to.” Suspending taken-for-granted ways of thinking in nursing brings into view how “presupposed” familiar ways of thinking can help students learn about the unspoken and unheard experiences of embodied thinking.

To date, the nursing education literature attempts to describe how teachers can teach embodied thinking as intuition using the nursing process. According to Ruth-Sahd (2003a):

When students are encouraged to use intuition while developing nursing diagnoses, goals, and interventions, they will arrive at a more holistic and individualized plan of care. Intuition may also inform the evaluation and modification process and help define why the patient met or did not meet the goal. (p. 133)

Nursing education scholars suggest that students use intuition while developing the nursing process by recalling concrete examples of knowledge embedded in clinical situations (Price, 2004; Ruth-Sahd, 2003b) or by listening to experienced nurses’ exemplars of practice experiences involving intuitive thinking (Beck, 1998; Hams, 2000). Their recommendations are helpful but may inadvertently create an impasse for learning embodied thinking when learning intuition means asking students to draw on “concrete” knowledge. This way of cultivating embodied thinking implies intuition is an epistemological process rather than an ontological experience of the body, which inadvertently and erroneously translates and re-contextualizes embodied thinking into analytical thinking frameworks.

What is of issue in this study, is how students, in accessing embodied thinking to “inform” analytical thinking (the nursing process), leave out opportunities to expose

embodied thinking not captured in the nursing process. For instance, Nawel describes how the students told him how much they were “afraid” to be alone with the patient. According to McClelland, Dahlberg, and Plihal (1996), the embodied experience of fear signifies a problematic learning situation where students recognize their lack of knowledge. If Nawel and his students discuss fear as an embodied experience, how might this teach students to attend to their embodied thinking? For many students fear is a signal that they should ask for help and seek out learning from an experience. Moreover, if teachers help students make visible their embodied thinking by restraining their use of the pathway they know best (the nursing process) (Tanner, 1993b) for cultivating thinking, how might this teach students to recognize embodied thinking? How might they learn how important it is to act on embodied thinking as much as they do analytical thinking (the nursing process)? On the other hand, what might be gained if students, like the teacher, reveal how they “know” something is wrong, but there is no way to analytically describe their experience (Liehr et al., 2002)? Viewed in this way perhaps less reliance on the nursing process creates a place for students to explore embodied thinking before framing it in the nursing process (Tanner, 2000b) while simultaneously freeing teachers to learn more about their own embodied thinking.

Additionally, if in fact teachers and students understand intuition as a practice of expert nurses, what might hearing expert nurses’ exemplars mean to students? Would it mean, as Nawel implied, that intuition is a ubiquitous practice of only expert nurses unattainable by the novice nurse? For example, if graduate nurses share with students a particular clinical situation involving intuition where they tell student they “just knew,” how helpful is that to students in cultivating embodied thinking? If, on the other hand, graduate nurses and students

engage in thinking together more about what “just knowing” means, how might these thinking experiences yield rich but non-analytical accounts of nursing practice that reflect embodied thinking? Students can learn through collective wisdom that—even as novices—embodied thinking is an experience they should participate in, legitimize, pay attention to, and honor as part of becoming a nurse. Paley (2004) in fact suggests that teaching embodied thinking can be “fast tracked” rather than thought of as the end point of the novice to expert developmental journey.

In addition to cultivating analytical and embodied thinking, the literature in nursing education, as well as narratives from this study reflect a common practice of teachers “trying something new” is cultivating reflective thinking. What follows is an explication of the way in which teachers are cultivating reflective thinking.

*Cultivating Reflective Thinking: Teaching How to Develop Practical Knowledge*

Narratives from this study reveal that a common practice of teachers “trying something new” is that of cultivating reflective thinking. As previously described, for the purpose of this study, I define reflective thinking as generating practical knowledge through returning to and pondering on past or current experiences. Clinicians use practical knowledge to shape practice rather than exclusively letting concrete, acontextual, theoretical concepts influence their practice. Sydney, an experienced teacher, tells a common story of how many teachers in this study cultivate reflective thinking by encouraging students to think back on experiences that evolve in the context of using the nursing process.

One of the things I had them [students] do, that they do over a 10 week period in this spring semester is they develop a health promotion project for themselves. They do an

assessment, just the rudimentary assessment you know, health habits. But also like, psychologically and physiologically and so on. And then they pick one [health habit] they can work on throughout the semester and I help them come up with some interventions and have them get into the literature about you know, a lot of them want to lose weight, for example. Or improve their sleeping habits, or deal with their anxiety better, manage time better. Those kind of things that they are dealing with. And so, then every week for 10 weeks they address the goals that they set and how the interventions worked and how they are feeling about things. And what they thought worked really well and what they might do differently. And so, its kind of, its an evolving process over that 10 weeks and so they don't get a grade on the outcome, like you know, maybe they wanted to be sleeping 7 to 8 hours but they weren't yet. But at least they were able to recognize what some of the things were that were infringing on that. And that they have some strategies that they could use when they were ready to make choices not to go out at night or whatever. And that self-reflection they really did in a log or journal each week about the progress or lack of progress that they were making. How they were feeling about things and I told them, their grade at the end was not dependent on the outcome.

For Sydni, cultivating reflective thinking includes asking students to complete a “self-reflection” assignment whereby students reflect on the efficacy of the nursing process as they apply it to solving a personal health problem. Sydni finds that the reflective assignment encourages students to “recognize” problems that might be preventing them from accomplishing goals they outline in the nursing process. Through reflection students

illuminate what worked well and what they might “do different.” Sydni’s reflective assignment mirrors descriptions of the growing body of literature in nursing education, which describes the benefits of cultivating reflective thinking (Bush, 1999; Duke & Appleton, 2000; Glaze, 2001; Price, 2004; Schaefer, 2002).

Schön (1983) first coined the phrase *Reflection-in-action* to denote how professionals do not always draw on rational and logical ways of thinking in their professional practice, but rather they engage in professional artistry. Professional artistry is the type of competence practitioners display in uncertain and conflicted practice situations when they reflect back on a practice situation to adjust their responses and improve the situation (Schön, 1986). When viewed in the context of Sydni’s narrative, Schön’s description of reflection reveals how the students initially draw on familiar analytical thinking skills to construct their own personal nursing care plans. They complete a basic assessment of health habits and design goals and interventions to address particular health habits. However, in implementing their own personal care plan, students gain experience using the nursing process and can reflect on that experience to adjust their care plan.

Benner, Hooper-Kyriakidis, and Stannard (1999) would contend that Sydni’s students experience reflection as experiential learning. They write that experiential learning “always requires engagement in the situation and involves a ‘turning around’ of preconceptions, recognition of patterns, or sensing something disquieting or puzzling that generates a problem search” (p. 9). When through reflective thinking students learn from experience what works or does not work, they could “turn around” previous notions of how their plan would or would not work, and focus on making changes based on their experiences. Benner, Hooper-

Kyriakidis, and Stannard claim that learning through reflective thinking and problem searching while experiencing a clinical situation is more helpful than learning nursing practice from afar through static case studies. Case studies only focus on acontextual and generalizable aspects of care. In other words, Sydni's reflective assignment enhances and extends thinking beyond what students would have learned by constructing a personal health plan alone without reflecting on their experiences implementing it.

Despite Sydni's positive experience with this new reflective assignment, her use of the nursing process raises questions about the breadth, depth, and possible drawbacks of teaching reflective thinking within this structure. As explicated in the prior two sub-themes, the nursing process may limit students' development of analytical thinking skills, and may require students to fit any thinking—even non-analytical thinking such as embodied thinking—into the nursing process.

In relation to developing students' analytical thinking skills, Lunney (2003) contends that epistemological descriptions of human responses contained within the nursing process will be flawed unless nursing educators spend time improving nurses' thinking skills. In particular, she writes that interpreting patient data towards making accurate nursing diagnoses is challenging because patient signs and symptoms overlap and because human responses are often unique. Poor thinking skills, such as an inability to reflect on such things as weighing assessment data against particular theories, can lead to diagnostic error and undesirable patient outcomes. Lunney's research as well as other similar research (Ferrario, 2003; Lunney, 2001; Potter et al., 2004) calls into question whether Sydni's students learn reflective thinking in a way that supports the development of analytical thinking skills needed for

contemporary clinical practice. For example, in completing their own personal health care plan using the nursing process, to what extent did students reflect on evaluating and critiquing the merits of weight loss, stress, anxiety, or time management theories with the assessment data they gathered?

In relation to using the nursing process as a thinking framework, perhaps the issue in cultivating reflective thinking is asking students to reflect on the efficacy of the nursing process and on how students reflect on the nursing process. In other words, in addition to Sydni asking students to reflect on the success of interventions, what might Sydni and the students learn from reflecting on the meaning and significance of using the nursing process to solve a health care problem? What ways of thinking might arise using this type of reflection that reflection on the efficacy of the nursing process will not address? For instance, how might the emphasis on reflection as problem searching overlook what the nursing process might mean to students? What might it mean for a student to assess her weight, sleep or stress and assign a nursing diagnosis? How might students reflect on how a “rudimentary” assessment may or may not account for the complexity in their lives?

Perhaps an additional dimension of carefully examining how nursing educators are cultivating reflective thinking might also reveal the paradigms and paradoxes of teaching reflection itself. Haregreaves' (2004) warns of the dangers teaching reflective thinking when she argues that reflection assignments (narratives students tell about their reflections) are valedictory, condemnatory, or redemptive. Each type of narrative emphasizes the heretics and heroisms of learning nursing and can be as liberating as they can be oppressive. Valedictory reflections are those in which students can report they “saved the day” or rescued a patient

from their problems. Condemnatory stories, on the other hand, may do harm to students because they are stories of failure, times when their problem solving failed them and they may feel “guilty.” Redemptive stories, however, help students who, feeling downtrodden from condemnatory stories, have a forum for redeeming themselves by constructing legitimate solutions to inappropriate beliefs/behavior. For example, if a teacher identifies a student made an error in judgment, they will redeem the student if the student writes a plan of correction as part of their reflection on their experience. The teacher considers this plan of correction a legitimate solution to the problem because it reflects how the student will improve her practice. If the plan of correction includes, in the teacher’s judgment, an inappropriate response, the teacher may not redeem the student.

Students, according to Hargreaves, strive to make each type of reflection valuable because they know their grade depends on it. Illegitimate reflections are not acceptable and may remain hidden. For example, it is not known what reflections Sydni’s students did not disclose. She only accounts for reflection on what students “thought worked really well and what they might do differently.” Hargreaves’ point is that avoiding disclosure might leave important and perhaps controversial subjects in nursing practice unexamined. Thus, Sydni is safeguarding students by asking them to report, rather than discuss, lack of “outcomes.” This way of safeguarding misses opportunities to improve reflective thinking through examining the efficacy of the nursing process and the use of the nursing process itself in clinical practice. For example, would examination of poor outcomes help students more closely scrutinize their own analysis of their health promotion problem? Attending to poor outcomes can provide a platform for revealing the meaning and significance of the nursing process, or nursing care for

that matter, or the extent to which problems like weight loss is a problem at all. Students who learn reflective thinking as exploring uncommon questions may discover, for example, the advantages of or the protection offered by obesity.

This study illuminates how cultivating thinking is a common practice of teachers “trying something new.” Hermeneutical analysis of narratives in my study challenge longstanding assumptions of the omnipotence of the nursing process (Henderson, 1982) for cultivating thinking. The nursing process, as teachers currently use it to cultivate thinking, may simplify thinking needed in contemporary nursing practice. In addition, based on narratives told by teachers who try something new and students’ experiences with teachers who try something new, the embodied thinking sub theme describes how teachers commonly overlook cultivating embodied thinking. The recognition that thinking is an experience of the body that is familiar to everybody (not just expert nurses), can assist teachers in helping students respect their embodied thinking. Cultivating embodied thinking can enhance the nursing care students provide. The narratives analyzed in this study also reveal that a common practice of teachers “trying something new” is cultivating reflective thinking. However, much of how teachers describe cultivating reflective thinking is within the context of the nursing process. Cultivating reflective thinking within the nursing process is sufficient, but can be extended by teachers helping students to generate practical knowledge by reflecting on the meaning and significance of clinical experiences. This is in contrast to generating practical knowledge only through problem searching/problem solving models like that of the nursing process.

What follows are findings from this study that describe how teachers experiences of “trying something new,” and students’ experiences of teachers who try something also reflect interpretive thinking. Through cultivating interpretive thinking, teachers attend to gathering thinking that reveals the meaning and significance of avoiding labeling thinking. Interpretive thinking attends to the call for thoughts or a learning to think that is receptive to listening and responding to what things convey to teachers and students (Gray, 1968). This common practice of cultivating thinking is in contrast to asking students to think within such structures as that of the nursing process

*Cultivating Interpretive Thinking: Gathering Thinking*

In contrast to teachers cultivating analytical, intuitive, or reflective thinking, other participants in this study describe how, in “trying something new,” they cultivate interpretive thinking. As previously described, for the purpose of this study, interpretive thinking is defined as reflective, embodied, multi-perspective, contextual, circular, and communal thinking that seeks to reveal explanations and predictions as well as meanings and significances. Interpretive thinking includes some shared aspects with analytical thinking skills in as much as interpreting can include making logical, rational, and warranted analyses of clinical situations. However, interpretive thinking also includes thinking that seeks understanding or the meanings and significances of particular situations. During hermeneutical analyses of data, the sub-theme, *Cultivating Interpretive Thinking: Gathering Thinking* arose as teachers used the interpretive pedagogies to construct assignments where many students in this study participated in interpretive thinking. Dakota, a junior nursing

student, describes interpretive thinking when her teacher tries something new by inviting students in her clinical group to make their own clinical assignment.

Our OB instructor usually would go up on the floor and then she would assign us different patients to take care of. And toward the end of the semester she started, instead of [her] going up to the floor, we would have to go up there the day before to see who we had and look over their chart and see what was going on with them. She would just say, "Well why don't you just go up and choose a patient that you would like to do." And actually it was really nice because I would notice various things on the floor with the regular nurses who worked on the maternity floor. They just didn't seem to give a lot of time to single parent mothers who had their children. I don't know what it was. But I would just notice that it seems like they would spend a lot more time if the mother was married or if the child was going to go to an adoptive parent and it just seemed like the single moms, you know, they did the basic stuff but, you know, I just kind of had a feeling like it was almost, well they should know better, they shouldn't have gotten pregnant so early. You know, you kind of get those feelings. So because of that I intentionally—when our instructor started saying well go up there and choose a mom. I intentionally started choosing these single mothers because I felt like they were the ones who really needed the teaching and they're the ones that you really needed to explain things to and they almost seemed to be just more thankful for, if you spent a little time with them. I don't know if that was something new that our instructor had never done before... It [choosing our own patient] was different than being assigned, and you weren't sure who you were going

to get and you weren't sure what the situation was, and for me, you know, seeing that up on the maternity floor with the regular nurses and how they were, that just really stuck with me and I really felt like the single moms needed someone to go in there [their hospital room] and spend a little more time with them and I felt like, well, as a nursing student I probably had a little more time to give them than some of the other nurses who may have two or three patients up on the floor that they are taking care of at one time...

There was [for example] a single mom who, that even though it was her second child, I really felt like she was a very good parent. It was around Halloween and I remember when I was in the room taking care of her, her mother had called and this young mother was instructing her mother what outfit she had picked out for her daughter, her three-year-old, who was at home, to wear for Halloween. And, you know, it was chilly that night and "mom be sure to put the boots on her and make sure she has her coat on." You know, it just really, even though she was in the hospital with her second child and she was still a single parent mom, she was so concerned about what was going on with her three year old and wanting to make sure she got out to go trick-or-treating that night and they made sure she was warm and being taken care of. I just had a real good morning with that patient.

She [the mother] was real receptive to things and even though this was her second child, there were still a lot of things she really wasn't sure about and she didn't understand a lot about and she was real concerned about what type of birth control to get on because with this second child she had been on a certain type of contraceptive

and had ended up getting pregnant. That's how she had this one. So, that was a real concern to her. So I had spent a lot of time doing patient teaching with this particular patient. And when I left that morning to go because I have classes in the afternoon she came up to me and she said, "Thank you so much for spending so much time with me and answering my questions," and she said "You know you have been the best nurse I've had since I was up here." So, you know, when you hear stuff like that you think, you know, it just kind of spurs you on. You think, yeah, that's why I'm going into this field. You know, because you want to be able to touch people like that who people just assume, well she is a single parent mom, but this is her second child, so she should understand everything going on and she didn't. She still had a lot of questions about things...

I think [speaking about the meaning of picking her own patient] our teacher was giving us that option to kind of go where we felt like we needed to go and chose the patient we felt more comfortable with. That we felt like we could do a better job with or just felt more comfortable being around and just giving us that opportunity to make our own choice, as far as what patient we got to be with... there were a couple times that there were twins up on the floor and some of the other nursing students took those. And I don't know if the teacher, if she would have assigned, one of the students, you know, a mother who had just had twins, maybe that would have been too much for them to do, you know, if they had to do assessments on the babies and assessments on the mother. But, they took them every time there were twins on the floor and she allowed us the opportunity to go up and pick our patients, they were always chosen by

a nursing student... I think they [the students] would know [how to pick a patient] as soon as you started looking at the chart and seeing, you know, what happened during labor, you know, was it a pretty typical labor, did it go real well or were there complications, and I think just looking at the chart and seeing that, if you got someone who you just knew there are a lot of complications during labor and you might be up against some stuff when you go in there and take care of them. I think the majority of students would go, "uhh, I don't know if I'm ready for this." And they probably wouldn't chose that particular patient... I felt like our instructor maybe knows our class well enough that we would pick patients that we felt comfortable with.

As Dakota tells this story, she describes interpretive thinking as gathering thinking. She tells of how selecting a patient includes analytical thinking or making logical, rational, and warranted interpretations of patient data. For example, she recognizes that analyzing patient data in the chart was important to identifying if a mother had complications during labor. This analysis helps her decide whether she was "ready" to care for a patient. She also, when caring for a patient, uses her analytical thinking skills to assess what "she [the mother] really wasn't sure about and she didn't understand a lot about" so that she could provide common nursing interventions such as "patient teaching" about birth control. Within analytical thinking paradigms, these ways of thinking are important in learning to think like a nurse (Nehls et al., 1997). In addition to analytical thinking, as Dakota began describing her concerns or what she "notices" about nurses working on the unit, she describes thinking that reflects concern about the meanings and significances of the care she observes nurses providing and the care she wants to provide to the patient. That is, her focus on patient concerns and her interaction with

a patient reflects contextual, reflective, embodied, and multi-perspective (includes feminist, critical, postmodern, and phenomenological perspectives) thinking.

For example, from a feminist perspective, Dakota attends to the voice of marginalized populations by giving voice to the experiences of single mothers. She reveals how she has an immediate or embodied grasp—“you know you kind of get those feelings,” on the possible experiences of single parents. Dakota challenges the assumption that single parents are not “good parents” by noticing and reflecting on all the ways this mother is caring for her three-year-old child. That is, she notices how, even at a distance, this mother makes sure her child will be dressed warm for Halloween. By giving voice to this mother’s experience, she preserves a place for woman-centered care that is responsive to possible injustices inflicted by stereotypical evaluations of single parents (Giarratano, 2003). These evaluations often deny and conceal the context and meaning of parenting for single parents (SmithBattle, 2003).

From a critical social theory perspective, Dakota identifies possible prejudice from dominant groups and considers the mother’s cultural safety (Spence, 2004). She describes how nurses seem to give single mothers only “basic” care and reflects how it seems nurses thought “they [single mothers] should have known better” than to become pregnant again. In Dakota’s narrative, “they” depicts otherness, in which nurses’ embodied thinking reflects dominant cultural meanings that entail what constitutes notions of the good mother. In these cases, nurses may inadvertently reproduce these notions through their relationships with patients (Boler & Zembylas, 2003). Assuming that motherhood includes making *good* life choices, such as being married before becoming pregnant, may give way to oppressive and discriminatory nursing care for single parents. Dakota recognizes the power these hegemonic

practices have and challenges language labels that sometimes accompany caring for single parents. For example, nursing diagnosis handbooks list single parenting as a “risk factor” for developing “impaired parenting” (Ackley & Ladwig, 2002; Carpenito, 2004). Thinking interpretively, Dakota raises questions about the language of nursing diagnoses that might have misled her thinking about single parenting through a labeling practice that inadvertently causes harm or suffering to the patient (Diekelmann, 2002b; Mitchell, 1991).

From a postmodern perspective, Dakota raises questions about the need to re-think truths embedded in teaching particular health care practices, such as birth control methods. Her thinking is in contrast to analytical thinking, where patient teaching focuses on prescribed and often prepared content that includes teaching the various types of birth control and their “success/failure” rates. Dakota recognizes the need for content because “even though this is the mother’s second child,” the mother still has a number of concerns about birth control. However, she also recognizes the need to avoid pre-packaged birth control education and “spent a lot of time teaching,” particularly since a “certain type” of contraception had not prevented this pregnancy. Giarratano, Bustamante-Forest, & Pollock (1999) describe how students who recognize the rituals of routine practices, such as standard patient education, avoid assuming any kind of teaching is predictive of improving patient outcomes. That is, Dakota understands the limitations of providing patient education in standardized contexts. In recognizing these limitations, she set up the possibility for understanding the meaning and significance of labeling patients as noncompliant (Murphy & Canales, 2001) when teaching results in poor patient outcomes.

From a phenomenological point of view, Dakota reflects on what it must be like to be a single parent and not receive the same care as other mothers on the unit. She describes how she “started choosing these single mothers” because she felt they “really needed the teaching and they’re the ones that you really needed to explain things to...” She notes what it means to the patient that she personalizes her teaching and spends so much time providing patient education when she describes how the mother graciously thanks her for her care and attention. She also describes indirectly, the meaning and significance of reciprocity of caring when she comments how this experience “just kind of spurs you on.” Noddings (1984/2003) notes that genuine reciprocity occurs when the “cared-for” responds directly to the “one-caring” in personal delight (p. 74). This kind of response maintains relations and prevents caring from turning back on the one caring in anguish or concern for self (p. 74). For Dakota, the mother’s response means “touching” someone in a way that makes a difference to her as a nursing student. It also increases her clinical confidence, while her anguish and concern for inadequate nursing care persists.

Dakota’s narrative reveals the meaning and significance interpretive thinking has for challenging the legacy of conventional pedagogy. In conventional pedagogy, teachers engage in educational practices in which they predetermine learning experiences and match outcomes to these learning experiences. However, it is precisely because of this practice that this pedagogy often creates a place for teachers and students to be open for something new (J. Diekelmann & N. Diekelmann, in preparation). For example, when Dakota’s teacher decides to try something new she uses an interpretive pedagogy by turning over control of making clinical assignments to the students. Through this new pedagogical experience, Dakota

becomes free for disclosing all the interpretive thinking she engages in as part of co-creating her own learning experiences. In this case, “trying something new” illuminates how students experience the interpretive pedagogies as gathering their thinking. It also illuminates how interpretive thinking challenges the critical thinking movement in nursing education, especially its historical emphasis on analytical thinking.

In contrast to Dakota’s narrative, many teachers in this study describe times when “trying something new” by using the interpretive pedagogies is a deliberate attempt to overcome cultivating *only* analytical thinking. Meredith, a teacher in an advanced psychiatric nursing program, tries something new by “redoing” her syllabus, which includes asking students to journal their clinical experiences during class time. As part of this assignment, Meredith asks students for what they “were thinking,” rather than for what “they did.” Inviting students to journal in this way is different from asking students to reflect on analytical thinking skills as might be expected in conventional reflective assignments. Through this assignment, Meredith discovers that students learn and practice interpretive thinking and begin to understand its meaning for practice. Meredith describes how Sherry, one of the students in her class, exemplifies learning and practicing interpretive thinking.

I'm in Psychiatric Nursing, and I work with graduate psychiatric nursing students. So these are all students who I expect to have leadership skills, and autonomy in their practice when they graduate and to be able to really evolve from that staff nurse level to a more independent place in their career... I redid my syllabus. I included reflective journaling. I did away with some of the more tedious assignments that really came down to paperwork for me and for the students. And I incorporated 15-to-20 minutes

of reflective time into each class... I've tried journaling in the past, and they always write what they did. And so what I did [this time], was I talked to them about, that all I wanted in their journal was their emotional response to the patient. So it wasn't to be what they did, or what they said, or what the patient said. But, emotionally how were they feeling towards the patient when they were interacting with the patient. And basically to write down everything they couldn't say, but were thinking... It [the journal] was not to be a timetable, or a list of the activities or content of things that happened that week but more of their emotional responses to what was going on. And what it did is it forced their emotions up to a place where they had to evaluate them and think about them. And then they were able to alter their interactions with patients because they understood that they shouldn't necessarily respond to their emotions. Through that experience [thinking experience] students were no longer responding to patients the way they responded to similar situations in the past. They developed more self-awareness, an awareness of other and were able to respond to the patient's current needs, and their unique needs, and really see the patient. And it makes all the difference.

For instance, one of my students was working with a woman who had been battered by her husband. As she interviewed this woman [the student described how], I mean, here this woman was just covered with bruises, and Oh, my gosh cuts and scrapes, and she went and got her record, and I mean, this is a woman who's been in there [the ER] four or five times in the past and keeps going back? And she's going to die if she doesn't stop this repeated pattern. And the student was really frustrated, and

wanted to say things like: "Well what do you think is going to happen if you go back into the home?" Or "And what makes you think this isn't going happen again?" And this woman was, at the time was very distraught, and needed a lot of empathy and support... And really wasn't in a place where she could respond to a lot of cognitive feedback...

And so what she [the student] was able to do, is write all those things down and process those on paper. And then she was able to NOT say those things to the patient. But what she wanted to say to the patient is things like, "You ARE a worthwhile human being, and I care about you, and I care what happens to you. And I know that you're going to be able to get yourself out of this situation when the time is right. And we can help you with enough support, and strengths to make that decision. And I believe in you."... And these women have very little self-esteem; they need nurses and health care providers to build self-efficacy in them... And that doesn't happen by saying "You've gone back to him seven times, you know?" Here this is what you need to do... but what you have to do, is sort of build the self-efficacy with them. And that comes through a much more supportive approach versus a cognitive behavioral thing of "now let's think about this, look at what's happened in the past. Look at what is probably going to happen in the future, now what should you do?" It's like "don't you get it?"...

So what the student was able to talk about [in class] was her frustration and this woman's behavior of going back, over and over again and wanting to do interventions that did more cognitive behavioral interventions with the patient. Just to

talk, to be able to reflect on her husband's pattern of behavior, and that how past behavior is the best predictor of future behavior and those kind of things. And so, what the student was able to do was to be empathic to the woman, provide her with a safe environment for the present time, and give her temporarily at least somewhere to go until she was more emotionally in control and could do that work. And the student then, was able to contain herself and not inappropriately intervene with the patient. Through the reflective journaling, it gave her an outlet for her emotions and her feelings and for her to process. The student told me that she felt really angry at this woman for going back to this man time and time again, and putting herself in this situation, over and over again and that she didn't want that anger and frustration to come across in her interaction with the patient. And so it made her more effective with the patient. That was pretty powerful. I think it made her more mindful... The student said, "You know, what I realized is it's okay for me to be angry at this woman, and it's okay for me to have these emotions. But when I really take time to know this woman, and know her experience, and understand her, then I'm not so angry with her anymore."... And that's the transformation that does go on.

Within conventional pedagogy, Meredith's narrative reveals how journaling is a familiar strategy for assisting students to become better analytical thinkers. By examining particular idealisms (mental constructs) that include their emotions and becoming more "self-aware," students can more effectively analyze the clinical situation. Journaling, for example, offers students a pathway for expressing psychological responses such as "anger and frustration" in patient care situations, while examining the use of analytical approaches to

patient care such as cognitive behavioral therapy. Using this assignment, Meredith hopes to develop students' problem solving abilities so that they might become more "autonomous" and "independent" practitioners.

Embedded in Meredith's narrative is how attempting to try something new helps students learn and practice thinking that reflects more than the intended analytical thinking. That is, when teachers like Meredith use interpretive pedagogies they deconstruct assignments in ways that challenge "more tedious assignments" that only mean "paperwork" for themselves and students. And, through these kinds of deconstructing assignments, teachers learn how sometimes small changes in assignments cultivate interpretive thinking. For example, by shifting from journals focused on interventions ("tell me what you did") to journals focused on what students were thinking, Meredith learns how students reframe their thinking about common nursing interventions. Sherry, for instance, learns how cognitive behavioral therapy, a form of analytical thinking, discourages her from other ways of thinking that help her "really see the patient." By journaling her experiences and then engaging in dialogue with her teacher and classmates, Sherry learns to critique her exclusive use of analytical thinking and begins experiencing interpretive thinking when she brings analytical thinking together with other perspectives.

For instance, journaling her concerns and dialoguing with Meredith and other students in the class, Sherry learns to think from phenomenological and postmodern perspectives. Thinking from these perspectives, Sherry recognizes what a taken-for-granted, familiar, rational intervention such as eliciting "cognitive feedback" means for the patient (phenomenological). Learning to question the grand narrative that cognitive behavioral

therapy is the treatment of choice for a particular health care problem, Sherry envisions new possibilities and comes to new understandings of caring for abuse victims (postmodern). Through thinking interpretively, Sherry recognizes that she cannot help the battered women by only thinking analytically. Rather, Sherry can best care for the woman by “taking time to know and understand her,”—understanding what it means to “support” her, and making transparent for her “self efficacy” as a “someday possibility.” Sherry realizes through thinking from a phenomenological and postmodern perspective that what the patient needed most “at the present time” was a “safe environment” until she was “ready” for cognitive behavioral therapy.

Through learning to think interpretively, Sherry gains insights into new ways of thinking about the meaning of caring that reflects Heidegger’s (1927/1962) notion of caring as *leaping in* versus *leaping ahead*. Sherry learns how cognitive behavioral therapy can reflect caring as *leaping in*, which takes care away from the other by taking over for the other. In some cases, such as cardiac arrest, *leaping in* is necessary nursing care. In many other cases, *leaping in* consists of nurses giving primacy to providing patients with an array of nursing interventions derived from analytical thinking. These interventions include nurses using the nursing process to draw on psychological and physiological theories to decide what care to give, how to give care, and how to evaluate patient responses to care. Viewed in this way, caring persists in analytical thinking that centers on theory assumed to be generalizable (useful in any context) and required for solving problems.

In contrast to *leaping in*, Sherry experiences through the journaling assignment, how interpretive thinking lends itself to *leaping ahead* as a possibility for providing care.

Heidegger describes *leaping ahead* as giving care back to the other. In this sense, nurses who leap ahead work in partnership with patients discerning how much or how little patients can care for themselves by attending to and being open for when, how, and under what circumstances patients can take over care of themselves. When Meredith creates a place for students to describe and dialogue about their thinking, leaving behind the need to analyze the situation only in the context of “cognitive behavioral interventions,” the students begin understanding how their thinking influences the care they provide. This small change in a common and familiar assignment reveals profoundly different thinking experiences for the students. The shift from journaling as a strategy to extend analytical thinking to one that opens up the assignment to also include practicing interpretive thinking extends the clinical thinking students bring to their nursing practice.

Perhaps the issue in cultivating thinking is recognizing how Meredith’s narrative reflects the way analytical thinking claims the nursing profession and inadvertently thwarts other ways of cultivating thinking. Morse (1992) reflects on how analytical thinking, particularly in the context of adopting theories as the way to thinking, can be problematic:

Nursing is in big trouble, and it is not the only health care discipline—or social science—to find itself in this predicament. Theories, theoretical frameworks, and models have been taught to students as *fact*, as correct, and as dogma. Students have been examined on the material, graded, and instructed to somehow use these theories in practice. What they have *not* been taught is that theories are only *tools*; that theories are a means of organizing data, for making sense of and explaining reality, so that confusion is rendered comprehensible and predictable. Students have not been taught

that theories are merely someone's best guess about the nature of reality—given the available information—and as such, they must then be tested, modified and tested again. And as more is learned about reality, or as reality changes, so must theories be changed to accommodate the new information. When a theory is considered *right* and becomes fact, then by definition, it is no longer a theory.... Once one embraces a theoretical perspective, one loses the ability to see things another way, to bracket, and to work in that area inductively. Creativity is lost. And, in the worst case, one may even become a discipline with tunnel vision... (pp. 259-260)

Echoing this premise, Diekelmann and Scheckel (2003) explicate how a teachers' use of theories and models can be limiting, particularly when teachers use them in the absence of interpretive thinking. For instance, because a model such as the nursing process is constructed from science, teachers inadvertently assume it can be substituted for knowledge and experience in a novice situation and therefore is an effective teaching guide (Powers, 2002). Moreover, linear process oriented strategies are often easier to teach because they are generalizable and more predictable than interpretive thinking (because interpretive thinking is always situation specific). Nursing educators have therefore long revered the scientific process as the way to think in and about nursing practice. Nonetheless, Diekelmann and Scheckel assert that reflecting on particular teaching practices, including those where teachers question the use of taken-for-granted models and theories, creates a clearing for teachers to explore the meaning and significance of using models and theories to begin with. Through exploring the meaning of using models and theories, teachers and students recognize the

primacy of analytical thinking and understand how cultivating analytical thinking *only* can stifle the nature of thinking. According to Heidegger (1964/1993a):

We are so filled with “logic” that anything that disturbs the habitual somnolence of prevailing opinion is automatically registered as a despicable contradiction. We pitch everything that does not stay close to the familiar and beloved positive into the previously excavated pit of pure negation, which negates everything, ends in nothing, and so consummates nihilism. Following this logical course we let everything expire in a nihilism we invented for ourselves with the aid of logic. (p. 250)

To overcome privileging analytical thinking, Heidegger contends that we must “free ourselves from the technical interpretation of thinking” (p. 218). To think in the presence of, but *also* [italics added] the absence of technical (analytical) thinking is to think anew or free oneself from the conditions of metaphysics (p. 226). Heidegger’s work assists teachers to call into question how analytical thinking, like that offered by models and theories, while important, can create a disconnection from efficacious nursing care when nurses use theoretical thinking in the wrong context or at the wrong time. For example, Sherry knew how at risk for further abuse and possible death the patient was, but initially could think only in relation to drawing on cognitive behavioral theory to solve the patient’s problem. Noddings (1984/2003) illuminates how easy it is for nurses such as Sherry, who are most familiar using analytical thinking, to passively enact analytical thinking as an inevitable insight. Consequentially, students like Sherry submit to this kind of technical or “instrumental” thinking as if there is no other alternative for thinking about and providing nursing care.

Instrumental [analytical] thinking may, of course, enhance caring; that is, I may use my reasoning powers to figure out what to do once I have committed myself to doing something. But clearly, rationality (in its objective form) does not of necessity mark either the initial impulse or the action that is undertaken. If I care enough, I may do something wild and desperate in behalf of the other—something that has only the tiniest probability of success, and that only in my own subjective view. Hence, in caring, my rational powers are not diminished but they are enrolled in the service of my engrossment in the other. What I will do is subordinate to my commitment to do something. (Noddings, pp. 35-36)

Perhaps Meredith's narrative reveals how analytical thinking becomes a rush to intervene or do something "wild and desperate" in service of the patient that eliminates the gathering of other important thinking experiences. Would de-emphasizing analytical thinking help students recognize that their commitment to do interventions may not be helpful to patients in the absence of interpretive thinking? Enacting interventions derived solely from analytical thinking may help students feel as if they have done something for the patient. However, interpretive thinking can help students recognize when doing something can mean doing little to help the patient. For example, how is initially not intervening—doing nothing—as meaningful or more meaningful than rushing to identify and analyze a problem and then intervening?

Noddings (1984/2003) emphasizes that in caring one must be cautious to not care for the problem instead of the person. Interpretive thinking overcomes the limitations of analytical thinking in service of the patient. Sherry, for instance, recognizes how thinking

only from an analytical perspective is a barricade to practicing nursing beyond cognitive behavioral therapy. Interpretive thinking encourages her to “understand” and tear away pretenses (Gadamer, 1967/1976a, p. 32) in ways that hold her thinking open and problematic. She experiences new possibilities for gathering other ways of thinking about and understanding nursing practice. Through journaling, she experiences interpretive thinking as challenging taken-for-granted, prescribed nursing interventions and is able to “contain herself and not inappropriately intervene.” An inappropriate intervention, in this case, is the very thing (cognitive behavioral therapy) that initially and impulsively, Sherry thought, using analytical thinking, was appropriate.

Experiencing the shift from analytical thinking to interpretive thinking is not to say that analytical thinking is somehow inappropriate (Gadamer, 1960/1975) for patient care. Nurses who use cognitive behavioral therapy are not thinking inappropriately when they use these analytical approaches to nursing care. The issue is how teachers and students honor what it means to experience thinking as a gathering of thinking (Heidegger, 1954/1968). To create a place for interpretive thinking is often to unlearn exclusively cultivating analytical thinking (Heidegger, 1954/1968). For example, Meredith’s new approach to journaling helps her cultivate interpretive thinking to the extent that Sherry can unlearn using analytical thinking exclusively and instead learn interpretive thinking to navigate and orchestrate nursing care within as well as beyond theories.

When “trying something new,” constructing assignments, like that described by Meredith, provides teachers and students with opportunities to interpret their many thinking experiences. What is most significant about this study is how nursing educators can learn

from teachers like Meredith, who, at a grassroots level, are reforming nursing education by using the interpretive pedagogies to gather thinking. These efforts illuminate new possibilities for better preparing students, who express concerns about being ill prepared for practice, to think in contemporary health care environments (Delaney, 2003; Duchscher, 2003).

This theme concludes with findings that reveal how questioning is a common practice of teachers who try something new using the interpretive pedagogies. Odessa is an experienced teacher who teaches family assessment. In a previous interview, Odessa tells of her experiences enacting Narrative Pedagogy. In this narrative Odessa describes trying to improve Narrative Pedagogy through the practice of questioning that began when she tries writing course objectives as “practices.”

Part of what I wrote in the syllabus was to talk a lot more about practices. The idea of practices is something that suggests to students that what you are going to be learning in this course is not something linear, doing things to or with families... I have it written [in the syllabus] as family relational practices that will be explored include listening, receiving, questioning, commending, witnessing, storytelling, and problem solving... They're practices in the sense that there are things that evolve in the context of the situation. And so they are not predictable. One of the things I found useful in working with families [as a clinician] is asking good questions. And you don't always know what's that right question to ask. And so the way that questioning has been taught to me in the past, its always been these are [for example] the four different kinds of questions and these are the forms for those questions [what and how to ask questions] and there are, you know, multiple ways of formulating the questions given

a particular context. But they ["kinds" of questions] are very sort of procedural. Very technical, and I would always get this from students, well how do you know when to ask what question? And of course I can only ever answer that you don't. You never do know when to ask what question. But what you do get experienced in, I think over time, is an experience of being in a situation and out of that situation a question emerges. So it is not predictable, it's not procedural, there is no recipe for it. And it's not right or wrong. It may be more or less useful at that point in time, but it's not predictable because it is something that happens in the relationship. And the relationship is at least partly dependent on the family. I mean there are certain forms and practices around questioning that make them more or less useful, but it is not the form of the question that it is. And so one of the things that I did to try and introduce more, well I guess part of what I did throughout was to introduce more uncertainty. I think if students can continue to recognize that there is no clear right or wrong answers about families, either in terms of assessment data and what it means, because there are multiple ways of interpreting things--or in terms of what are the right or wrong "interventions" then they start to depend more on their own ability to think in situations, to reflect.

In conventional pedagogy, teachers often write objectives using words such as identify, describe, or evaluate, and then expect students to demonstrate such things as their use of "four different kinds of questions" for conducting family assessment. This approach reflects attention to procedural questions that Odessa points out are "recipes" or ways of analytical thinking that center on collecting data and finding "answers" to address clinical

problems. Though as Odessa describes, writing objectives as practices does not mean she discounts the need for students to know the “form” or types of questions. Rather, through enacting Narrative Pedagogy, she wants to shift the focus from analytical thinking to interpretive thinking. Narrative Pedagogy helps Odessa begin cultivating interpretive thinking by teaching students to think “from being in a situation and out of that situation a question emerges.” Odessa’s attention to helping students learn to “formulate” questions in the context of what “happens in the relationship” with the family invites students to remain *open* for interpretive thinking or “multiple ways of interpreting” the family’s situation. Odessa contends that students who learn how to be open for questions that emerge from the dialogue between themselves and the family unlearn the notion that they will in advance “know what question to ask.”

Odessa’s understanding of questioning reflects Gadamer’s (1960/1975) hermeneutic priority of the question or the logical structure of openness that typifies interpretive thinking. For Gadamer, the logical structure of openness means recognizing that logically one cannot have experiences without asking questions. Gadamer writes:

The essence of the question is to have sense. Now sense involves sense of direction. Hence, the sense of the question is the only direction from which the answer can be given if it is to make sense. A question places what is questioned in a particular perspective. When a question arises, it breaks open the being of the object, as it were. Hence the logos that explicates this opened-up being is an answer. Its sense lies in the sense of the question. (p. 362)

Gadamer illuminates how teachers who help students understand that assessment questions are unpredictable help students begin to depend on, as Odessa relates, “their own ability to think.” That is, students learn by listening and witnessing, how to conduct an assessment in ways that reflect openness or letting questions emerge that give their assessment a “sense of direction.” This is in contrast to letting a pre-planned assessment or a list of questions give direction to the assessment. For Odessa the meaning and significance of teaching students to remain open and attentive and to let questions emerge from the situation is that students will learn how questions “place what is questioned in a particular perspective.” Thought of in this way, students engage in interpretive thinking when they are free to gather thinking by asking not only questions that illuminate analytical thinking perspectives, but also questions that are responsive to the call to think from other perspectives.

For example, during family assessment the relationship between the student and the family may reflect the need for the student to ask a question where it would make sense to obtain and analyze facts about a health problem. Conversely, the relationship might be such that it makes more sense for the student to respond to the family’s concerns of particular situations where the family felt health care providers ignored their voice in health care decisions. Perhaps the relationship was such that it required the student to listen and respond to a situation where a health care provider acted in an oppressive manner due to prejudice or bias. On the other hand, maybe the student needed to attend and respond to what the experience of illness means to a family.

Diekelmann (2001) describes the Concernful Practice *Questioning: Meaning and Making Visible* as conveying the difference between questions that call for concrete answers

or explanations and questioning as a practice that makes visible the meaning and significance of a question in particular clinical situations. Richardson (1963) similarly, philosophically reflects on the difference between asking a question to obtain an answer and questioning as a way of thinking that retains openness for interpreting what shows itself in the clinical situation:

But any answer lets us comprehend better the Question-able as such and therefore devolves into an ever more penetrating interrogation. The way that thought must follow, then, (and here we change the metaphor of “spring” but remain faithful to its sense) is not a well-traveled road, already laid out before us as a mere entity which the thinker need only traverse in his turn. Rather it is a path that every thinker must step by step break for himself, and these steps along the way are successive stages of questioning... The tentativeness of thought, thus understood, crystallizes in the relentlessness of the questioning. (pp. 615-616)

What Diekelmann and Richardson suggest that is so salient in Odessa’s narrative is how cultivating interpretive thinking as gathering thinking, rather than this or that kind of thinking (i.e., analytical, embodied, or reflective), calls out in students an approach to understanding that is not “laid out” before them. Though assessment forms that lay out questions whereby students seek answers are effective, efficient, and helpful guides, they can too easily become the sole focus for cultivating thinking. Prescribed assessment forms can ignore other perspectives that can make a difference in the care students provide. Meredith’s narrative exemplifies the downside of cultivating only analytical thinking. Perhaps Odessa’s narrative reveals how focusing on questioning as a practice of interpretive thinking might help

students learn questioning as a way of thinking (Ironside, 2003a). This is in contrast to thinking that emerges from a “step by step” process of asking one analytically focused clinical question after another (Phillips & Duke, 2001; Profetto-McGrath, Bulmer Smith, Day, & Yonge, 2004). Odessa further describes the practice of questioning as cultivating interpretive thinking by sharing a story of how she approaches the topic of family violence.

One of the issues that is always a hot topic for students is the issue of violence in families. There are a couple things that I’m trying to teach all the way through the course. One is the way in which language shapes reality. So how is experience shaped by the way we language about it. So students often come... people often have a lot of fairly strong beliefs about something like family violence. They believe certain things, they hold certain biases... And so it doesn’t matter to me what those beliefs are, I want to try to unseat them. Because family violence is something that has no clear black and white answers except when somebody’s life is at risk... And there are a few places where there are boundaries and we talk about those and I am really clear about them. Because there are safety issues. But the whole question about, you know, should women leave their partners when they are being physically abused or not? And so we have a lot of conversations about what does it mean for someone to leave their life partner? And when it might be a reasonable thing to do and when might it not be a reasonable thing to do? And so we get into the conversations and situations. And I present situations to them and we have a conversation about what might this person want to do in that situation and what do you think about what they might want to do?

So I'm always telling stories about situations I'm living in my [nursing] practice. But they also tell stories because stories beget stories and so we have stories about what we have experienced about family violence. And what do we know about this. And so I will tell them stories and they will come up with ideas about what do you think this person is going through? What do you think their experience is? You know, this person made that decision, and what do you think about that decision? And so sometimes they will say, "Well I don't think it was a good decision, I think she should have left, I think it would have been better for the kids." And so then we will start to have a conversation down that path. So play that out, let's play it out a little further. So she leaves, where would she go? How would she support herself? What would the experience be for her children? Is she living in poverty? Is that [living in poverty] better than being hit? Is it [living in poverty] better than being hit once a month?... So its just sort of weighing out of these ideas. So there are two kinds of points you get to. One, is that there is not a right or wrong answers about this. That our role in facilitating, in helping families is to help them get to where they want to go. And where they want to go makes perfect sense if only we can understand well enough what they are thinking. And so I try to help people [students] develop a very healthy respect for not knowing, as a nurse, what's the right or wrong thing to do.

For Odessa, cultivating interpretive thinking through "conversation" is an alternative experience that includes alerting students to how thinking is a constitutively linguistic communal experience. In other words, thinking is a "we" language that shapes and is shaped by experiences. Odessa attempts to cultivate interpretive thinking by questioning students in

ways that will “unseat” their current understandings or “biases” and “beliefs” about family violence. By teaching students the meaning and significance of how language shapes and is shaped by experiences, she begins cultivating thinking in ways that de-centers the nurse and attends to what arises from “what they [families] are thinking.” By posing questions to students that engender “conversation,” she further cultivates interpretive thinking by encouraging students to “play” those questions “out further.”

In conventional pedagogy, teachers often view conversation as discussion geared towards concept clarification and problem solving (Billings & Halstead, 2005) or as “getting off the topic” and away from the content at hand. In using conventional pedagogy, teachers assume the best kind of thinking to cultivate is analytical thinking. Conversation in conventional pedagogy is therefore something that teachers need to facilitate, guide, and direct to attain desired objectives. Odessa, however, calls into question through enacting Narrative Pedagogy, how an emphasis on questioning can be a practice of interpretive thinking that includes analytical thinking all the while attending to cultivating other ways of thinking.

For example, when Odessa asks students the question, “what do we know about this?” (i.e., family violence) and tells a story about family violence, she encourages students to reflect on what they know and do not know about family violence (this is analytical thinking). But the way in which she cultivates thinking does not stop here as it may have in conventional pedagogy. By continuing the conversation through asking questions reflective of other perspectives, Odessa challenges students to think interpretively about the topic of family violence. Students learn through questioning in the context of feminist, critical,

phenomenological, and postmodern perspectives that analytical thinking is inadequate against a background of issues such as oppression (feminist), socioeconomic constraints (critical), the meaning and significance of violence (phenomenological), and assumptions that the best and only true recovery from violence is to leave the situation (postmodern). For Odessa questioning invites conversations layered with respectful listening, openness, reflection, and attention to contextual, multi-perspective thinking. Questioning is a communal practice of orchestrating conversation as interpretive thinking. According to Gadamer (1960/1975):

To conduct a conversation means to allow oneself to be conducted by the subject matter to which the partners in the dialogue are oriented. It requires that one does not try to argue the other person down but that one really considers the weight of the other's opinion. Hence it is the art of testing. But the art of testing is the art of questioning. For we have seen that to question means to lay open, to place in the open. As against the fixity of opinions, questioning makes the object and all its possibilities fluid. A person skilled in the "art" of questioning is a person who can prevent questions from being suppressed by the dominant opinion. A person who possesses this art will himself [*sic*] search for everything in favor of an opinion. Dialectic consists not in trying to discover the weakness of what is said, but in bringing out its real strength. It is not the art of arguing (which can make a strong case out of a weak one) but the art of thinking (which can strengthen objections by referring to the subject matter). (p. 367)

For Odessa, questioning means inviting students to partake in thinking in which debate or opinion could initially preside (beliefs and biases), but thinking is quickly taken

over by “just sort of weighing out of these ideas.” The quest for knowledge, which is privileged in conventional pedagogy, is extended to a quest for understanding that includes the subject matter and its meanings and significances. The “art of testing,” as described by Gadamer, involves the “unseating” of opinion or universalizing way of thinking about family violence (i.e., just leave) through the art of questioning, rather than a test of knowledge acquisition. Viewed in this way, Odessa overcomes competition. Competition can occur with a conventional pedagogy that makes knowledge acquisition a source of personal power and an individual goal rather than a public or communal endeavor. She invites students into a kind of thinking that offers no unnecessary boundaries, illusions, or idealistic ways of thinking. Rather she assists students in capturing thinking that holds onto the ethical quagmires, the conundrums, and the uncertainties that accompany thinking and acting in nursing practice. Thinking this way embraces analysis and analytic thinking in exploring interventions, but it also persists in avoiding answers or coming up with explanations. For students, seeking answers/explanations becomes an opportunity to experience interpretive thinking.

In cultivating students’ interpretive thinking, Odessa illuminates the difference between directing students’ thinking by creating exclusively analytic thinking experiences and calling or inviting them to think. Heidegger (1954/1968) relates that the verb to “call” means to give this or that a name. When we ask the question, what is called thinking? we name thinking something or call it into presence in a particular way. Heidegger further relates that to name something is to coordinate it with an object one can conceive or sense. Thought of in this way, to name “thinking” is to make it an idealism or *whatness*—what we conceive thinking to be (object of the mind), or a realism or *thatness*—that which we sense thinking to

be (object of senses). These ways of thinking (idealism and realism) are embedded in analytical thinking and are helpful for developing students' knowledge; however, this kind of thinking does name thinking as an object of the mind or senses. It is through these paradigms that Heidegger calls us to ask *is there another way to consider what is called thinking?*

In posing this question, Heidegger contends we do more than make thinking an object of the mind or senses when in addition to asking "what is called thinking?" we ask *what calls for thinking?* When we ask what calls for thinking, we first and foremost ask what calls for thought, rather than what to call thought. In the context of Odessa's narrative, this means that she does more than cultivate thinking that entails idealisms and realisms. That is, in cultivating interpretive thinking, she is most interested in what calls for thought about family violence. Thus, she does not construct assignments fully derived from idealism or realism in which she teaches family violence theory and/or particular kinds of family assessment. Rather, she asks students such interpretive questions as: How would she support herself [if she leaves her husband]? (critical perspective) What would the experience mean for her children? (phenomenological perspective) Is she living in poverty? (critical and feminist perspectives) Is it [her life] better not living in poverty and being hit once a month (i.e., verses living in poverty and not being hit)? (postmodern perspective). Odessa's questions are in contrast to idealism and realism, but this is not to say that her questions are superior to idealism and realism. By asking students questions centered in critical, feminist, phenomenological and postmodern thought, Odessa is simply revealing how a teacher who persists in questioning invites students' to think the as-yet-un-thought. For example, interpretive thinking helps students consider what being "hit once a month" means for a

battered person (e.g., that she will not live in poverty). In cultivating interpretive thinking, Odessa gathers thinking (multi-perspective) experiences that offer students no specific destination (Heidegger, 1954/1968). Thought of in this way, learning takes the form of “ah ha’s” (Hartrick, 2000) so that students can recognize, consider, and challenge issues and concerns important to providing thoughtful nursing care.

This study illuminates how the practice of questioning as cultivating interpretive thinking gives voice to thinking that teachers may not address using exclusively conventional pedagogy. It also illuminates how institutional control over content, teaching, and evaluation discourages teachers from teaching multi-perspective thinking that is inclusive of analytical thinking (Apple, 2001). Apple (2001) contends conservatives derive control over how teachers cultivate thinking by veering from controversial subjects. It is easier and safer for teachers to deliver non-controversial knowledge than to risk their jobs for stimulating intellectual thinking about such subjects. For example, social issues embedded in Odessa’s questioning practices, such as that of experiencing poverty as the alternative to family violence, may not be exposed or thought about in a personal and complex way had Odessa delivered content on family violence and its relation to poverty. For Apple, to ignore social knowledge is to contribute to the disenfranchisement of knowledge. Similarly, Aronowitz (2000) contends that while “critical thinking” is common rhetoric of curriculum planners, it is rarely practiced in the classroom. He maintains that teachers, such as Odessa, who opens students’ eyes or provokes intellectual excitement by helping students think interpretively to, as Odessa commented, “come up with ideas about what do you think,” are rare.

Perhaps it is timely to consider how reforming practices such as those described by Odessa expose the limits of continuing to cultivate thinking using predominantly analytical thinking protocols embedded in conventional pedagogies. Diekelmann (1995) contends that while the accomplishments of conventional pedagogy are significant, conventional pedagogy has perhaps reached completion by exhausting its possibilities. Diekelmann poses that the boundaries of conventional pedagogies call for reawakening thinking about nursing pedagogies. She contends that the interpretive pedagogies, such as Narrative Pedagogy enacted by Odessa, that focus on interpretive thinking, are preparatory to new ways of understanding that are outside of conventional pedagogy. In her discussion of reawakening interpretive thinking, she also calls forth thinking on the nature of nursing scholarship itself. She writes:

The call to think the unthought is not a critique of current nursing scholarship. Rather, it is nursing scholarship that is committed to keeping open the possibilities for anything to emerge and being open to everything present and absent in our thinking.  
(p. 195)

Odessa's narrative reveals that questioning as public or communal and interpretive practice encourages openness for insight into the thinking that is present and absent for a teacher who ponders new ways to envision nursing education. In practicing the "art" of questioning and letting that shape content, Odessa's narrative reveals the meaning and significance Narrative Pedagogy and its commitment to interpretive thinking has for shaping and being shaped by nursing practice. Students and teachers who depart from the safe harbors

of conventional pedagogy (Diekelmann & Scheckel, 2004) open new and substantive possibilities for reforming how teachers cultivate thinking in nursing education.

## Chapter 5

## Enacting the Concernful Practices: Making Visible How Innovation Arises

In addition to *Cultivating Thinking*, a second theme, *Enacting the Concernful Practices: Making Visible How Innovation Arises* also emerged as a theme of “trying something new.”

This theme emerged in two contexts:

1. *Enacting the Concernful Practices: Engendering Community*
2. *Enacting Narrative Pedagogy: Creating Places for Community Interpretive Scholarship*

The Concernful Practice, *Interpreting: Unlearning and Becoming*, a pattern arising from this Heideggerian hermeneutical analysis, describes how teachers and students seek, as part of “trying something new,” pedagogies where they re-interpret their communal practices and their ways of interacting with one another. In particular, this analysis reveals that when “trying something new,” teachers and students often attempt to revise conventional pedagogy or use the interpretive pedagogies to shift from teacher-centered to student-centered pedagogies. In either case, when teachers try something new, how they enact the Concernful Practices<sup>8</sup> reflects a focus on engendering community and on creating places for community interpretive scholarship. These accounts offer new and helpful insights into the common experiences of *how* teachers and students, at a grassroots level, are reforming nursing education. This chapter begins with the background of the Heideggerian hermeneutical

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<sup>8</sup> The Concernful Practices are a language that reflects the common experiences of students, teachers, and clinicians in nursing education that occur in the stories of everyday schooling, learning, and teaching. The Concernful Practices are present regardless of the pedagogy teachers use; they can be as liberating as they can be oppressive. To make explicit how teachers enact these practices when “trying something new,” throughout the analysis of this theme, the Concernful Practices are italicized.

analysis of the theme, *Enacting the Concernful Practices: Making Visible How Innovation Arises*.

### Background

Enacting the Concernful Practices: Making Visible How Innovation Arises

*Conventional pedagogy eliminates the visibility and gathering of the in between—the immeasurable such as the relationship between friends or between birth and death—*

*J. Diekelmann (in press)*

The findings of this study reveal that when teachers try something new they are often responding to contemporary trends in nursing education to enact student-centered, rather than teacher-centered, pedagogies. As teachers respond to this trend, they seek to overcome pedagogical practices where teaching and learning as well as the teacher and the learner are separate, discrete, polarizing entities, each with its own predetermined roles, functions, and expected responsibilities. Analysis of narratives describes the influence of the Concernful Practices and the interpretive pedagogies whereby teachers actively seek to overcome the polarizing nature of teacher and student relationships by trying student-centered approaches to learning. *Enacting the Concernful Practices: Engendering Community* and *Enacting Narrative Pedagogy: Creating Places for Community Interpretive Scholarship* arose as common practices overcoming the traditional divisions between students and teachers.

For the purpose of this study, I define engendering community as a practice where teachers and students co-create learning communities. These communities can be alienating, isolating, and oppressive, or they can be meaningful, safe, fair, respectful and egalitarian. Working together to engender community in egalitarian and emancipatory ways encourages

teachers and students to be open to one another in exploring the meaning and significance of learning in community. In this way, the experience of engendering community is in contrast to learning communities that are isolating, competitive, and individualistic. I define community interpretive scholarship as a foci of Narrative Pedagogy where teachers and students seek to improve courses and clinical experiences together by engaging in public and communal dialogue, “putting their heads together,” sharing, and interpreting nursing education experiences for their meanings and significances (Andrews et al., 2001; Dahlberg et al., 2003; Diekelmann, 2002a). Though “putting their heads together” can include problem solving, in community interpretive scholarship it is much more than that. As explicated in *Cultivating Thinking*, the first theme of this study, community interpretive scholarship is a practice of interpretive thinking.<sup>9</sup> The practices, engendering community and creating places for community interpretive scholarship, document and make visible how innovation arises when teachers try new pedagogies. This theme extends Diekelmann’s research on the Concernful Practices and Narrative Pedagogy by describing two prominent practices when “trying something new.” Through interpreting these common reforming practices, new insights into the long continuing revolution in nursing education are illuminated.

#### *Enacting the Concernful Practices: Engendering Community*

Reforming nursing education often begins when teachers start *questioning* conventional pedagogical approaches (Ironside, 2004). In “trying something new,” teachers

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<sup>9</sup> As described in Chapter 4 interpretive thinking is defined as reflective, embodied, multi-perspective, contextual, circular, and communal thinking that seeks to reveal explanations and predictions as well as meanings and significances. Interpretive thinking includes some shared aspects with analytical thinking skills because interpreting can include making logical, rational, and warranted analyses of clinical situations. However, interpretive thinking also includes thinking that seeks understanding or the meanings and significances of particular situations.

describe times when they begin to recognize the meaning and significance of shifting from conventional pedagogy's emphasis on "I" the teacher, who creates new learning experiences, to that of how the teacher *invites* students to co-create new learning experiences. Tim, an experienced teacher, teaching in the psychomotor skills lab describes using the interpretive pedagogies when he *invites* students to try a "group test out." How Tim invites students to try the new approach *makes visible* the meaning and significance of *engendering community* as an important reforming practice.

I think my favorite experience ["trying something new"] was actually in the psychomotor lab. This was the second semester group and we were doing somewhat more complex skills. This class was on trache [tracheostomy] care suctioning [and] changing the trache dressing. I had a group of 10 students. And because I had spent the previous week with the first semester students, they were doing Foley catheter insertion. And I had watched 11 Foley catheter insertions in three days and kind of like [thought], you know this doesn't make any sense to me, because I know how to do this, and they don't. So why am I the one that's seeing it 11 times? And they're [students] so nervous about performing appropriately that they don't even know what they're doing... So I came up with this kind of wild and crazy idea, that I would have a group test out. I talked with one of the other faculty who teaches that lab, and I put forth this idea that I wanted to have everybody there, and so we could just rotate stations, and then each person could demonstrate. And she said, "Oh no, no, no, you can't do that. You know you're making them perform in front of the others, and they'll be embarrassed if they mess up, and I don't know if that's a good idea." And I thought

about that briefly, and I thought you know I'm not worried about that. But I did check it out with the students. I went to the students and I said, "This is what I'm proposing. This is our last test-out. For one thing, we could use the two hours that was designated for our class time, and we wouldn't have to schedule an out-of-class time for everybody to come in to do this performance eval [evaluation]. And secondly, I told them exactly, I said I just watched 11 Foley catheters, and I know how to do this already. It seems to me that you're the one that needs the repetition. So, I'm asking you to work with me and try this out." So, I laid it out. "What we're going to do—we'll have two beds right next to each other, we're in two groups of five, and you're to follow the technique very carefully. I will watch the key points for each of you. You'll be working simultaneously, but I expect all of the four who are watching, to also be paying attention. And to be coaching. It's like sterile technique—did you remember? And, you know don't talk them through it, but do watch and give them feedback, if there's a problem. And so, you need to practice, you need to be good at it." I'm always saying the expectations of what we're changing is how we're doing it. And I said, "Would that bother you? Is that a concern to you? If you have a problem with doing the performance eval in front of the other students you need to tell me." [the students stated] "Oh, no, no, no, no problem—fine, fine, sure, we can do that. No problem." Well, during the week is the only time I remember seeing all of them in there practicing... Because I'm around. And I go in and out of the lab, and I'd go through the lab, and there's the whole group practicing. And I'd say, "Oh hi, how're you guys

doing?” [the students stated] “Oh great—fine, fine, okay.” Well, it's like I don't remember seeing this before, but this is good.

We got to the appointed times for the performance eval, and I walked in the room and all 10 of them were gathered around the two beds and you could feel the energy in the room. I could feel the energy. It was just like night and day. And, they said, “Okay, we're ready.” And, I mean there was excitement, and we're challenged, and this is fun, and they said, “Are you ready?” And I said, “Sure thing.” So they got the equipment, and we started in, and they did exactly what I had asked. They watched each other carefully. I said they all had to stay until everyone was done. “You couldn't finish yours and run.” Everybody had to stay the entire time, no matter how long it took. And [I said], “We're all going to be here. And we're all going to watch all of them.” So we watched all of them. They rotated through, we have one station for the trache care, one does ambu [*sic*] while the other's doing the trache, suctioning, and then changing the dressing and all of that. And so we went through all the steps, and I knew by that time, which students were not as strong in the skills as others, and tended to come not prepared. So I knew which ones I wanted to watch very carefully, and I was able to do that. And they gave each other very good feedback.

As Tim *interprets* the meaning and significance of teacher-centered evaluation and challenges it by asking, “So why am I the one seeing this 11 times?” He is *open* to sharing with students how this conventional evaluation approach creates repetition for him and inconveniences students with the need to schedule “out-of-class” time to complete evaluations. To address his concerns about the time consuming and redundant nature of this

approach, he reaches out to students and *invites* or solicits their involvement by proposing a new approach. As part of proposing this new approach, he offers them the opportunity to provide feedback. Tim quickly learns how *inviting* students to try something new, *engenders community* as he witnesses, for the first time, how students are coming together to practice in the lab and seem energized and excited when given the chance to practice skills with one another. In recognizing the meaning and significance of this new approach, Tim maintains the momentum of this experience for students during the evaluation by encouraging them to be responsible and caring as they work together, or to “be there” and *stay* together until everyone completes the evaluation.

Tim’s narrative describes the significance of including students in reform in ways that are in contrast to reform within conventional pedagogy. In conventional pedagogy, teachers often must curtail their desire to involve students in reform because of requirements to pre-plan course changes. Thus teachers often reform courses by themselves and in advance of the first class day of a course (Diekelmann & Lampe, 2004). This approach reflects teachers’ and students’ common understandings that it is the teacher’s role and responsibility to develop and implement course changes. What arrives along with this kind of reform are assumptions that students lack knowledge and expertise in curriculum and instructional design, and cannot and do not want to be involved in reform (Diekelmann & Lampe, 2004). Consequently, teachers seek out and consider student input, but they often limit opportunities for input to formal comments students make on written end of course evaluations, informal verbal comments students make to teachers about courses, and student representation on curriculum

committees. In these cases, too often reform is an individual and controlled experience where students are bystanders and minimal participants in teacher-centered reform efforts.

Tim's narrative, however, reveals how teachers are engaging in grassroots reforming efforts that begin when they involve students as co-participants in reform. By presenting new possibilities for learning to students and giving them opportunities to offer feedback and actively shape change, teachers like Tim initiate reform by helping students *think* through the meanings and significances of current pedagogies to awaken an interest in "trying something new." For example, when Tim tells students of his concern that repeating psychomotor skills is more meaningful to them than to him, students reflect back to him a shared commitment to his concern by *being open* and eager to participate in shared practice sessions and a single, shared evaluation time.

As students gather together to try new pedagogies for learning psychomotor skills, what becomes immediately evident is how new ways of *engendering community* challenges the time-consuming and inefficient nature of conventional pedagogy. The new approach to learning psychomotor skills reveals how the conventional approach to psychomotor evaluation may preclude students from learning situations where they might learn skills better or more expertly. For instance, in *engendering community* teachers like Tim challenge "the way we have always done it." As he challenges the status quo, *how* he invites students to work together increases students' engagement in the course. *Engendering community* helps students become more interested in practicing nursing skills together and practicing skills more often in the lab prior to the formal evaluation. Though recent research describes the importance of and strategies for active and collaborative learning (Hayek & Kuh, 2004;

McKeachie & Hofer, 2001; Zhao & Kuh, 2004), the practice of engendering community uncovers *how* teachers commonly create engaging classroom environments.

Curiously, as teachers engender community when “trying something new,” other kinds of innovation serendipitously arise. In Tim’s narrative, a student-centered approach to learning nursing skills *gathers* experiences that parallel the patient-centered teaching-coaching functions of nursing practice (Benner, 1984). That is, as students experience teaching practices such as watching, paying attention, and coaching, they can have other experiences that help them learn the importance of such things as capturing readiness to learn, understanding an individual’s interpretation of what she knows, and relating the rationale to an individual for procedures (Benner, p. 79). In this way, the teaching-coaching function is unlike the teacher-centered or the nurse-centered teaching approach that is often situated in “drill and practice” routines (Peladeau, Forget, & Gagne, 2003) or formal, planned teaching-learning sessions (Benner, p. 79). This kind of experience can open pathways for students to become teachers who do not necessarily “teach as they were taught,” using teacher-centered approaches. Rather, students can begin to understand the teaching-coaching function and its meaning and significance for teaching and learning in nursing education and nursing practice.

Similar to Tim’s narrative, other teachers in this study describe times of engendering community by trying group learning activities. However, these teachers’ descriptions of trying something reveal how teachers can inadvertently engender community in oppressive ways that require or “expect participation.” Expecting students to be involved in change, rather than *inviting* them to participate, precludes co-creating meaningful, safe, fair, respectful, and

egalitarian learning communities. Colette, an experienced teacher, describes trying a new strategy for helping students learn care planning.

... the feedback that I consistently get when I do it [analyzing care plans as a group] is they really like it a lot because it's helpful to hear the input from other students. But I set some parameters. And one of those is that they all must participate. And I even say that, because everyone is expected to participate, because, "This is your assignment that you're doing as a group. And therefore you don't have to take it home and do it on your own." And then I'll say, "So what do you feel is a contributing factor in this care plan?" or whatever the answer is—and if I see that there's a student that I don't feel is participating, I will address them by name. I just want them to realize that they have to do this. They have to contribute. This is part of group process. And they usually get it.

... I would like them [the students] to be team players when they get out in practice. And so that's why, if they're performing as a group, if they're doing a care plan as a group, I don't want to see two students, or three students, doing the majority of the work, where others are just sitting there, not contributing. Because they're not part of a team. And I really feel that to be successful in nursing, you need to be a team player. And that's what I usually talk to them about at that time. I usually talk to them about what makes a successful nurse? In that, it's a nurse that other people can trust to help them when they need help. And likewise, when they need help, they'll get the help that they need. They'll receive that help—that it's a two way street. That no nurse is an island. That they really work with each other and help one another out. Because there will come a time in practice when they can't get it all done by themselves. I

think to some degree they might be thinking, “Oh, I can handle whatever comes at me.” But you know the way I see it, in teaching, I plant seeds. And there may not be anything that comes from the seed when I’m with them, or even by graduation. But I’m sure that when they get out there to practice, they’ll say, “Ah (name of teacher) said this [about teamwork]. Maybe she was right.”

When Colette tries this group approach to teaching care planning, she attempts *engendering community* by *inviting* students to think along with her—“So what do you feel is a contributing factor in this care plan?” or whatever the answer is...” Because she assumes there is a direct and corresponding link between activities where teachers encourage public *thinking* and *dialogue*, and teaching students the skills of being part of a nursing team, she uses a teacher-centered approach where she forcefully structures student participation (“I just want them to realize that they have to do this. They have to contribute”). Her rationale for requiring participation addresses the worth and importance of developing students’ group skills so they will be successful in nursing (“and I really feel that to be successful in nursing, you need to be a team player...no nurse is an island”).

Colette relates students feel the new group approach is “helpful,” but this causal approach to engendering community is consistent with behaviorally based conventional pedagogy. Using this pedagogy, teachers assume *assembling* group projects that require participation will elicit changes in the future behavioral patterns of students (Billings & Halstead, 2005; Kliebard, 1995). The meaning and significance of engendering community for Colette is that group activities will condition students or get them “used to participating” and will subsequently result in “teamwork” like behavior. She also draws parallels or

causality between participation in this class group activity and future behaviors such as becoming a trustworthy, helpful colleague to other nurses. Further, if students follow her directives for participation, Colette assumes they will be rewarded (“you don’t have to take it home and do it on your own”) for trying the new approach or penalized (addressing students by name) for not participating in the new activity.

Colette’s narrative illuminates how well meaning teachers, who think they are engendering community in liberatory ways, are actually preserving authoritative educational approaches, which students may experience as alienating and oppressive. In other words, Colette’s narrative reveals that teachers who *construct* projects aimed at encouraging teamwork are more complicated than they seem and can have unanticipated consequences (Weyenberg, 1998). For example, Colette’s narrative raises questions about how expecting participation is more about an us/them dichotomy (Gore, 2003), where the teacher maintains power and control, than it is about working together. This view assumes that the teacher knows the rules for, purposes of, and what constitutes participation in every case, and they reward students who follow these rules. In this case, *engendering community* becomes an experience of *knowing and connecting* with a teacher by complying with teacher-granted “parameters” for participation. Colette grants students the power to provide input, but that power is unreflexive (Gore, 2003). That is, Colette assumes she can require students to participate—“they *have* to do this,” and if they do not, she will achieve her desired aims by—“I will address them by name,” to command participation so they learn teamwork. Coupling this with a possible indifference to issues that may impede or influence participation such as race, class, gender, verbal skills, or even peer pressure to avoid making mistakes, sets up the

possibility that some students might experience teamwork as oppressive and be marginalized by a process assumed to promote inclusiveness (hooks, 1994; Mayberry & Rose, 1999).

Colette's teacher-centered approach is in contrast to the more student-centered, interpretive pedagogies where teachers begin to engender community by providing students opportunities (much like Tim did) to discuss the meaning and significance of participation and how and whether non-participation is an issue. Viewed this way, the interpretive pedagogies assist teachers in avoiding teacher-centered approaches that can foster dependence and become oppressive. For example, as Tim engenders community, he uses feminist pedagogy to *invite* students to be equal partners in making pedagogical decisions. He also uses a phenomenological pedagogy when he reflects with students on the meaning and significance of completing independent performance evaluation (e.g., repetitious performance evaluations can be meaningful for students, but not for teachers). These new pedagogical approaches illuminate new possibilities for communal pedagogical experiences—experiences where new ideas for teaching and learning arise, flourish, and overcome divisions between teachers and students, which addresses the concerns of critical pedagogies.

In Colette's defense, however, perhaps her efforts at using group projects to engender community reflect larger sociopolitical aims in nursing education where teachers are equally "expected" or required to participate in or reproduce conventional pedagogy in their classroom and clinical courses. For example, conventional pedagogy's emphasis on individual learning outcomes guides how teachers make decisions about *assembling* courses. Forcing students to participate provides teachers with a way to achieve course outcomes congruent with particular guidelines such as documenting student proficiency in groups skills or

problem solving methods (AACN, 1998; McEwen & Brown, 2002; NLNAC, 2003). Viewed in this way, it is possible that *how* Colette engenders community is influenced by either the explicit historical constructions of conventional pedagogy (outcomes education) and/or dominant social regulation discourses (Apple, 2000; Gore, 2003; Kliebard, 1992).

This study also captures the common experiences of students as their teachers try something new. Narratives from students describe what it is like for them when teachers attempt engendering community by using new teaching strategies. Levente, a senior nursing student, describes how “scary” it is when his teacher tries something new.

To me when a teacher tries something new they're trying to get us to learn it, although—it's hard. I mean they're trying to get us to work in teams, they're trying to do a lot, but it doesn't always work for everyone. When they [the teachers] have students teach that's not always helpful because not a lot of students learn by that. Like if we have students in front of the class, and they're teaching something they basically have went home [*sic*] and they try to like memorize the information. And so basically they're just reading off, and they can't really elaborate on it. It's just different, and I think it's hard too. Because just to listen to other classmates—I think teachers are a lot easier to listen to, because you are used to them. I'm definitely wanting to learn the information but I'm more concerned about being graded on it. You always have that in the back of your head. And that's scary... I'm not a big one on speaking in front of people. Although with our nursing class we have the same [enrollment number] students, so now that we're senior nursing students we've come to know each other and it's been a lot easier. But you know, it's just hard to get up there and you want to talk

slow, and you want to talk clear but you also want them to know the information at the same time. So I guess, of course, I want to know the information, because I want to be able to talk about it and explain it to other people in different ways, but definitely I am in the back of my mind thinking, “Am I doing it okay? Did I do good up there?”...

Some people are very—you know—able to explain things. Now on the other hand I think it's hard for me to explain what I'm thinking right now, you know? And so for me, to get up in front and try to teach OTHER people information, considering we're going to be tested on it later, you kind of feel liable for other people, because, you know they have to learn from you.

In this narrative, Levente recounts how “trying something new” can be frightening and isolating, rather than empowering and helpful in learning teamwork and learning “it” (the content) for the course. Levente’s primary concern when participating in something new is how he can effectively teach content in a way that safeguards his student colleagues that he cares about. Levente describes how as “senior nursing students” they (the students) have “come to know each other,” which one might assume would make “trying something new” by taking responsibility for teaching easier. However, not being able to explain the content, as the teacher would, means he may put the grades of his fellow classmates at risk if he cannot “do okay” or “do good” explaining course content.

Levente’s grasp on the meaning and significance of “trying something new” reveals how his experience is not one of learning in community. Rather, his experience only serves to reproduce the isolating and competitive aspects of learning associated with conventional pedagogy (e.g., content delivery, memorization, and testing). Discouraging, rather than

facilitating teamwork, this group strategy detracts from teaching and learning content and reduces collaborative learning among students to an individual experience where students have sole responsibility for teaching the content. Understood in this context, the teacher's new approach thwarts possibilities for creating an egalitarian community where there is shared power and responsibility for teaching and learning. Moreover, trying a strategy aimed at encouraging students to work together overlooks the community that students have already formed. This oversight marginalizes the meaning and significance of teachers' understanding how students may already know how to learn in community. For Levente, teaching his fellow colleagues is a "meaning-less" experience; it does little for his learning other than help him recognize the teacher's misinformed assumption that asking students to assume teaching responsibilities might lead to teamwork.

In both Levente and Colette's narrative, it is important to be mindful of how teachers, in engendering community in oppressive ways, can inappropriately abdicate authority. Relinquishing teaching responsibilities can increase students' sense of isolation and reproduce competition rather than encourage collaboration. When the teacher excludes student voices in *assembling: constructing and cultivating* new strategies, students such as Levente describe how he struggles alone to decide how to model effective pedagogical practices. Helping students learn how to explain rather than just "memorize the information (content)," to handle a difficult group member, or to help one another through "trying something new" makes visible libratory ways of engendering community.

As teachers try something new, all the narratives disclose how engendering community shapes and is shaped by the Concernful Practice *staying: knowing and connecting*.

Teachers who enact *staying: knowing and connecting* in libratory ways encourage meaningful learning experiences with students by attending to the importance of creating egalitarian learning communities. Tim, for example, in “going to the students” to discuss the old approach, asking students for feedback on the new approach, and encouraging collaborative practice, engenders egalitarian communities. In this kind of community, the learning environment is such that students have a greater chance of experiencing reform as safe, fair, and respectful. This is in contrast to Colette and Levente’s teacher where, through *staying: knowing and connecting*, these teachers aim *only* to involve students in new approaches to achieve pedagogical outcomes (e.g., answers to care plans, content delivery, and change of behavior to reflect teamwork).

According to Dillabough (2000) conventional pedagogy’s emphasis on outcomes reflects masculine conceptions of identity that focuses on individualism and autonomy. Viewed in this way, when teachers such as Colette attempt to engender community, they inadvertently encourage independence, which can imply little need to know and connect with others. For example, because Colette contends, “there will come a time in practice when they (nurses) can't get it all done by themselves,” she suggests that most of the time students will care for patients by practicing alone. Thus, paradoxically, while Levente’s teacher and Colette wish to promote teamwork, they perhaps only promote the notion that teamwork is something that nurses draw on infrequently in clinical practice.

In addition to *staying: knowing and connecting*, engendering community is also influenced by the Concernful Practice *attending: presencing and being open*. Tim attends and is present to students by being open for changing pedagogical practices by collaborating *with*

students. Viewed this way, Tim does not abdicate his roles and responsibilities for student learning, but rather de-centers and shares his power as he works together with students to enhance learning. Conversely, when Levente's teacher and Colette try something new, they *attend* and are *present and open* in ways that preserve teacher-centered power and control in ways that discourage community.

The Heideggerian hermeneutical analyses of data in this study describe that what is most significant in engendering community is *how* students and teachers are with one another as they try something new. How we are with one another shapes the many possibilities of community and society (Dahlstrom, 2001). When teachers assume students are capable of making course changes with them to enhance the learning situation, this understanding of student and teacher relations reflects care and respect for one another. As Tim's narrative shows, the more that teachers involve students in reform, the more they engage in partnerships with students, which illuminates many new possibilities for reform. On the other hand, when teachers try something new in the way that Levente's teacher and Colette do, reform can become a form of domination (Dahlstrom, 2001) where there is little or no opportunity for students to take an active part in shaping and participating in reform. In the former, the experience of "trying something new" is liberating and frees students to learn together in new ways. In the latter, the experience of "trying something new" becomes one of subordination to what the teacher thinks is best for the students.

The second sub theme of this hermeneutical analysis reveals another common experience of teachers in this study: *Enacting Narrative Pedagogy: Creating Places for Community Interpretive Scholarship*. As previously described, community interpretive

scholarship is a foci of Narrative Pedagogy where teachers and students seek to improve courses and clinical experiences by engaging in public and communal dialogue that is narrative and interpretive. Through sharing and interpreting nursing education experiences for their meanings and significances, the dichotomy between teachers and students fades into the background as teachers' and students' common interest in learning and only learning emerges. In this way, reform is always on its way as teachers and students are learners together.

Heidegger (1954/1968) provides an eloquent segue to this sub theme by describing how the real teacher is one who lets nothing else be learned than—learning. According to Heidegger:

Teaching is even more difficult than learning. We know that; but we rarely think about it. And why is teaching more difficult than learning? Not because the teacher must have a larger store of information, and have it always ready. Teaching is more difficult than learning because what teaching calls for is this: to let learn. The real teacher, in fact, lets nothing else be learned than—learning. His conduct, therefore, often produces the impression that we properly learn nothing from him, if by “learning” we now suddenly understand merely the procurement of useful information. The teacher is ahead of his apprentices in this alone, that he has still far more to learn than they—he has to learn to let them learn. The teacher is far less assured of his ground than those who learn are of theirs. If the relation between the teacher and the taught is genuine, therefore, there is never a place in it for the know-it-all or the authoritative sway of the official. It still is an exalted matter, then, to become a teacher—which is something else entirely than becoming a famous professor. (p. 15)

In this sub theme, I describe how teachers reflect Heidegger's insights by joining the students as a co-equal partner in learning as they enact Narrative Pedagogy.

*Enacting Narrative Pedagogy: Creating Places for Community Interpretive Scholarship*

Many teachers in this study describe times when co-creating meaningful learning experiences with students begins when they try something new by enacting Narrative Pedagogy. As explicated in Chapter 1, Narrative Pedagogy is an approach to schooling, learning, and teaching that is enacted when teachers, students, and clinicians consider how the Concernful Practices shape experiences and the participation in community interpretive scholarship. Kyoko, a teacher who, in a previous interview, describes how she used to teach using only conventional pedagogy, tells of a time when she first began "trying something new" by enacting Narrative Pedagogy. Kyoko describes how the Concernful Practices and community interpretive scholarship are a foci for her when enacting Narrative Pedagogy with a group of registered nurses who are returning to school for a masters degree in nursing.

In the early days of the course, it was probably like any other, where you did the typical nursing theory overviews of theorists and part of the student responsibility was to do some concept analysis, and then in groups present information and critique selected theorists. But I've moved the course more to look at nursing science and nursing knowledge and nursing practice as a whole, and the textbooks sometimes weren't up-to-date... One [cohort group of nurses] was the [from the city] department of health a few years ago [and they] had a textbook [on nursing theory] that really didn't speak much to community health and public health at all. And so, on the first class meeting or so, the students are looking at the materials, and reading it—you

know [how] indecipherable some of that can be at first when you've been away from formal schooling and [always] learning to write in chart format that that sorta [*sic*] thing. So we were looking through it [the textbook] and decided that there really is not much that pertains to community health and public health in there, so maybe what we would do was try to discern what is centrally important about public health nursing and what is hidden in public health nursing practice that needs to be revealed. And so students worked in groups sharing their narratives of an experience that stood out for them, and then three or four of them [were to work on] and try to interpret [narratives] over the course and come up with some meaningful themes at the end. And for the most part, they were very excited about it.

... I recall that one of the things I did was for each of their assignments, I sorta [*sic*] did it the week ahead—like they started off interpreting—just one narrative. I think their own, or, by then they had selected some I guess. And then they would read across two, and then across three, or however. And I try to do that, because this was all so new to them, and they were new to school. And they really didn't have a text to follow on this, so I would do an interpretation of a story first, and then two, and then three. I was like a week ahead of them, and posted it [her interpretation] on the course website. One of the things that did was show them HOW important the work that they do is. This was at a time, as I'm remembering now, where there were some very contentious union negotiations going on. In that class there were both managers and bargaining representatives and they felt as a whole, everybody, even those who were in management, were feeling very devalued, as if the employer didn't think that

nursing made much of a contribution, and that the physicians and some of the other professionals were getting much more recognition than they were. And by looking at their own work, and interpreting those narratives, it really made a change for them in terms of valuing themselves, their work, and nursing in a different way.

As Kyoko enacts Narrative Pedagogy, she *gathers* students and engenders community interpretive scholarship through *reading, interpreting, thinking, and dialoging* together about how the course materials reflect or do not reflect students' public health nursing practice. As Kyoko and the students share their interpretations of course materials, Kyoko is *open to questioning* with students what is important and needs to be uncovered about public health nursing. To explore these questions, Kyoko *invites* students to share and *interpret* narratives of their experiences of public health nursing practice. In trying this new approach, she *attends* to the anxiety students may experience with the new interpretive assignments by joining them in completing the assignments. Kyoko describes how by enacting Narrative Pedagogy students are, "for the most part," "excited" and find *constructing* and *cultivating* the interpretive assignments to be a meaningful learning experience. For example, through this assignment, Kyoko and the students challenge how by interpreting narratives of their practice, nurses can find "different ways" of thinking about experiences of oppression (e.g., being "devalued"). *Making visible* new ways of viewing their practice helps the students gain a renewed appreciation for the nursing profession by *gathering and calling forth* what they value about "themselves, their work, and nursing."

Kyoko's narrative reflects how in engendering community interpretive scholarship she enters the course primarily as the learner-as-teacher, rather than only the teacher-as-learner

(Diekelmann, 1991a). The teacher-as-learner is most often associated with conventional pedagogy. In this role, the teacher retains expertise in course content, but holds this expertise fallible by learning incidentally from the knowledge students bring to the course. As Kyoko *interprets* students' narratives, she is the teacher-as-learner when the students teach her about contemporary public health nursing practice. Conversely, teachers who are the learner-as-teacher *unlearn* their role as expert and become a co-equal learner with students. By *gathering* students and their narratives together, Kyoko considers the students co-experts in the course as she and the students *co-construct* course content through narrative interpretations. In a sense, Kyoko and the students create their own textbook for the course. Kyoko cannot know in advance what will be created so in this way, she is the learner-as-teacher. Through this experience, everyone learns new ways of thinking about public health nursing practice that arise from the interpretations.

However, not all teachers in this study describe successful experiences enacting Narrative Pedagogy. Ava, when teaching an undergraduate pediatric nursing course, illuminates how Narrative Pedagogy breaks down when she attempts to use students' narratives to "cover" content and "achieve" course outcomes.

I teach pediatrics and of course we teach growth and development theory, and all those pieces that fit together but also diseases and a lot of physiological processes and that kind of thing. And I can do that well. I like physiology and pathophysiology and I like to connect behavior and psychopathology and all of those kind of things. But it's hard for me to make connections with the students through that and it is also hard for them to remember sometimes what it was like to be a kid and to remember what it

might be like to be a child in an illness situation if they have not been there recently themselves. So, one of the things I did last year was to reorganize the evaluative criteria of my course a little bit and I had them write, throughout the semester—they responded in a written narrative fashion to a situation.

The first one [narrative assignment] was describe, or tell a story, about a time when you were a child when you connected with a health care professional or [were] in a health experience. And those were rich, rich stories. They really pulled together things. And so then I used those stories throughout the semester. Like if I was talking about cardiac I would read a cardiac story. So that was the first one [narrative assignment] and the second one was respond to this clinical situation. I showed a video tape, I had this clinical situation, and describe how you might approach this family. That one was boring. It was very nursely [*sic*]. They kind of did an outline of their nursing diagnosis or whatever. And so, it really wasn't from their experience, it was really kind of more a judgment so that didn't have as much impact. Then the last one that I did was tell me your thoughts about the vulnerability of the child through the experience of this course. And that was meaningful. Actually, I kept the last one, the vulnerability of the child, because they really pulled together the big pieces of the course in that they talked about physiological vulnerability and they really understood the idea of vulnerability from having done that exercise it seemed.

What I found hard about that [narrative assignments] is that I couldn't read everyone's story. And I felt badly about that. I really did. You know I have 45 students and my reality is that I can't read that many [narratives]... I just have them do a two

page written narrative which is reasonable but, I just can't read that many. I can't read that many and teach full time. So I pulled it back this year. I'm just doing the vulnerability of the child narrative. And this year what I did was, and I got permission from the students last year who wrote the stories about their illnesses to use them again this year. And so I'm just using last year's student stories. And I saved the most poignant ones. And I will probably do it again next year; who knows?

Faced with the difficulty of trying to engage students in course content, Ava tries something new by *constructing* new course evaluation criteria by *inviting* students to *write* narrative responses to “situations.” Ava learns by *gathering* and *interpreting* narratives that the narratives *cultivate* students’ analytical *thinking* by helping them “pull together things.” She relates how the students are able to synthesize the course content in ways that reflect such things as “physiological processes” and “behavior and psychopathology.” However, when she cannot *read* and *interpret* all the narratives herself, she is dismayed and subsequently *creates a place* for only the vulnerability narratives and narratives from a past class because those narratives best reflect course content.

Ava’s narrative shows how enacting Narrative Pedagogy co-occurs with conventional pedagogy because it *creates a place* to *gather* all the pedagogies. In *gathering* narratives Ava sets up the possibility to use conventional pedagogy and other pedagogies (critical, feminist, postmodern, and phenomenological) to interpret the narratives with students. However, Narrative Pedagogy brings along with it all the assets and limitations of each pedagogy. In Ava’s narrative, the limitation of conventional pedagogy becomes preeminent when she integrates into the course only content from narratives congruent with predetermined content.

Directing the content in this way emphasizes conventional pedagogy and closes down on community interpretive scholarship, the foci of Narrative Pedagogy, where in gathering many pedagogies Ava could *invite* students to collectively share and *interpret* narratives from many perspectives (critical, feminist, postmodern, and phenomenological). Focusing on conventional pedagogy, in the midst of enacting Narrative Pedagogy, Ava inadvertently perpetuates the additive curricula and teacher-as-expert using teacher-centered approaches (Diekelmann, 1992; Ironside, 2004).

In contrast to Ava, Kyoko's narrative illuminates how enacting Narrative Pedagogy makes visible innovation in nursing education that overcomes the additive curricula of conventional pedagogy. Through Narrative Pedagogy, Kyoko omits meaningless content and *gathers* many pedagogies to reveal issues, concerns, and compelling content that she and the students would not learn within conventional pedagogy alone. For example, Kyoko uses critical pedagogy when she challenges the status quo that a course is not complete without the use of a textbook or pre-selected content that promotes particular forms of knowledge. In doing so, she provides a viable alternative for ways of overcoming apathy students may experience if she uses content from textbooks that she recognizes is not "up-to-date" and not compelling and meaningful to this group of students. Feminist pedagogy is reflected as Kyoko and the students interpret narratives in ways that illuminate how similar the students are as public health nurses and how their voices are just as valid and powerful as the authors of textbooks. Postmodern pedagogy arises as Kyoko and the students de-center the tyranny of knowledge acquisition from the textbook as the only legitimate form of knowledge. They learn that learning can also show up in their practical knowledge and in how one thinks about

certain issues. Finally, Narrative Pedagogy, as a phenomenological pedagogy, calls the students, through narrative interpretations and community interpretive scholarship, to come up with “meaningful themes.” These themes really make a “change” (i.e., valuing themselves and their work) for them when they experience renewed understandings of meanings and significance of their nursing practice.

Kyoko’s narrative does not indicate that in enacting Narrative Pedagogy teachers should abandon using conventional pedagogy. All of the pedagogies are necessary and no one is sufficient (J. Diekelmann & N. Diekelmann, in preparation). Teachers’ use of conventional pedagogy to formulate objectives and select appropriate course content that corresponds to objectives is still important. Kyoko describes attending to the objectives as a way of following the “system” (i.e., academic policies and accreditation guidelines). However, *how* she follows this system is what matters. She gives equal time to pre-selected content and, as Kyoko relates, the “practices of scholarship” all the while still meeting course objectives. Kyoko continues:

I follow the system to the extent that I do make a genuine effort to meet the course objectives. But I tell the students that's my problem to make sure that they have the information and the learning that they need to make the course objectives. I do build in the essential bits of knowledge development and theory, and philosophy, and so on. I'm putting much more of that on the website, so that we don't have to spend a lot of class time with it. And then later in the class we move on to the interpretive work that they we're doing. And I gave them time in the class to work in groups, because there's simply no way they could've done it otherwise. But that is something I've not resolved is: What to do

about these objectives? I have tried to make my objectives much more consistent with Narrative Pedagogy in terms of building in, not just content per se, but the practices of scholarship for example. So I build in things like *reading, writing, thinking, and dialogue* into the objectives. For the most part they [students] learn it more and better [when content is put on the web] because in addition to being on the web, there are discussions, and they question each other. And I hear them using some of that peculiar terminology of nursing theory in class, more than I had before. And I found that they worry about that too. They want to make sure that they have the knowledge that they can converse with others, like students from other masters programs, and so on.

As Kyoko engages students in “trying something new” by enacting Narrative Pedagogy, she reassures them that it is “my [the teacher’s] problem” to meet course objectives as required by conventional pedagogy. For Kyoko, the meaning and significance of reassuring students is that it helps them de-emphasize this familiar pedagogy and the risk of “trying something new.” Kyoko makes clear to students the role conventional pedagogy’s objectives and corresponding content plays in learning content. However, at the same time, through using the interpretive pedagogies, students also begin to understand the centrality that practices such as “*reading, writing, thinking, dialogue*” have for learning. By putting course content on the website, Kyoko uses conventional pedagogy and leaves content as an important expectation for her and the students to use in “discussions” and through “questioning” one another. However, she uses class time for “interpretive work” and learning the “practices of scholarship.” The “essential bits of knowledge development, and theory, and philosophy” become part of the interpretations. Viewed in this way, Kyoko does not make content the sole

responsibility of the students. Paradoxically, through this experience, Kyoko *makes visible* that by reassuring students they will meet objectives, she receives from students reassurances they want to take responsibility for content knowledge, the central focus of conventional pedagogy. “They want to make sure they have the knowledge (content) to converse with others.” In “worrying about that (content) too,” Kyoko recognizes how Narrative Pedagogy’s attention to the practices of reading, writing, thinking, and dialogue help students learn content knowledge “more and better.”

Kyoko’s description of enacting Narrative Pedagogy is in contrast to Ava whose practice of enacting Narrative Pedagogy does not extend learning beyond using narratives as a learning strategy to glean from them pathophysiology and psychopathology content towards fulfilling course objectives. Tanner (2004) contends that teachers, in giving conventional pedagogy primacy by maintaining allegiance to objectives, develop a compulsion for covering content. This compulsion leaves out other pedagogies and the worth of claiming socially embedded knowledge or practical knowledge that arises from narratives. Eisner (1997) emphasizes the importance of maintaining objectives all the while emphasizing the centrality of interactions that take up learning through what arises in a course:

Educational objectives are typically derived from curriculum theory, which assumes that it is possible to predict with a fair degree of accuracy what the outcomes of instruction will be. In a general way this is possible. If you set about to teach a student algebra, there is no reason to assume he [*sic*] will learn to construct sonnets instead. Yet, the outcomes of instruction are far more numerous and complex for educational objectives to encompass. The amount, type, and quality of learning that occurs in a

classroom, *especially when there is interaction among students* [italics added], are only in small part predictable. (p. 71)

In Narrative Pedagogy, interactions are *dialogues* or conversations between and among teachers and students that *gather* learning. Kyoko, in *constructing* and *cultivating* students' *writing, reading, and interpreting* of narratives for themes, invites a *dialogue*. This dialogue de-emphasizes what she could or would teach using only conventional pedagogy. Yet, Kyoko never loses track of course objectives as path marks or learning guides. As Kyoko describes, she and the students have an unmodified conversation that starts with her reassuring students they will learn what the course objectives specify. However, their learning will not arise in the typical and predictable way through lectures and pre-determined discussions, but rather, through dialogue and conversation. Gadamer (1960/1975) writes:

... the more genuine a conversation is, the less its conduct lies within the will of either partner. Thus a genuine conversation is never the one we wanted to conduct. Rather, it is generally more correct to say that we fall into conversation, or even that we become involved in it. The way one word follows another, within the conversation taking its own twists and reaching its own conclusion, may well be conducted in some way, but the partners conversing are far less the leaders of it than the led. No one knows in advance what will "come out" of the conversation. (p. 383)

As Kyoko tries something new by enacting Narrative Pedagogy, the conversations that arise from *reading, writing, and interpreting* narratives she and the students *assemble* deepens her own and the students' communal learning and engagement in the course. She knows that she can assure students they will learn the required content as she "makes sure" students have

the “information and the learning that they need.” She keeps track of learning through listening to the dialogue to “hear them [students] using terminology” or listening for what students learn out of the content arising from the narrative assignments. *In these conversations, she learns that students have the same commitment to learning content that she has.* The students interests, concerns, and their engagement in the course guides the conversations or dialogue so that they learn the content as a matter of course. They engage in converging conversations lead by, with, and along side their increasing understanding of theory, scholarship, and the nature of their practices in public health nursing.

Kyoko’s narrative illuminates new understandings for how enacting Narrative Pedagogy offers nursing educators an alternative to an exclusive use of conventional pedagogies. In particular by attending to how students’ experience the Concernful Practices, Kyoko learns the meaning of co-creating learning experiences amidst unplanned and unpredictable educational experiences. In other words, in working with students to write and interpret narratives of their practice, what arises from narratives cannot be planned or placed in the framework of objectives, effectively organized or achieve a predetermined purpose. Both Kyoko and the students cannot predict what will arise from stories until they collectively and publicly share and interpret them. This is how Narrative Pedagogy arises from and co-occurs with conventional pedagogy *and* gathers all the pedagogies to extend and enrich content through multi-perspective interpretations.

Kyoko’s narrative reveals how as an interpretive phenomenological pedagogy, Narrative Pedagogy calls attention to how learning that is limited to the breadth and depth of the teacher’s knowledge leaves no place for discovery of new knowledge that dances with

traditional knowledge (Intrator, 2003). For instance, linking traditional didactic content—“essential bits of knowledge development, theory, and philosophy”—with content arising from narratives helps students *generate* practical knowledge and content, rather receive content from the teacher only. Freire in a conversation with Shor, in *A Pedagogy for Liberation: What Is The ‘Dialogical Method’ Of Teaching* (1987), emphasizes the worth community interpretive scholarship has for learning when enacting pedagogies such as Narrative Pedagogy:

Dialogue must be understood as something taking part in the very historical nature of human beings. That is, dialogue is a kind of necessary posture to the extent that humans have become more and more critically communicative beings. Dialogue is a moment where humans meet to reflect on their reality as they make and remake it.

Something else: To the extent that we are communicative beings who communicate to each other as we become more able to transform our reality, we are able to *know that we know*, which is something *more* than just knowing. In a certain manner, for example, the birds *know* the trees. They even communicate to each other. They use a kind of oral and symbolic language, but they do not use written language. And they do not know that they know. At least scientifically up to now, we are not sure whether they know that they know. On the other hand, *we* know that we know, and we human beings know also that *we don't know*. Through dialogue, reflecting together on what we know and don't know, we can then act critically to transform reality. (pp. 98-99)

Freire emphasizes the significance of community practices in generating knowledge to transform experiences. This emphasis is congruent with Narrative Pedagogy where

community interpretive scholarship is a central focus and thus is committed to generating knowledge where students and teachers have new communal learning experiences. He speaks as well to the contributions of critical pedagogies by highlighting how critical dialogue makes visible the difference between what we know and do not know. The reader learns from Ava how using narratives from past students discourages the teacher and students from generating their own practical knowledge. Moreover, Ava's narrative elucidates how this teacher privileges her voice over that of the students by selecting narrative interpretations she determines appropriate for the content and objectives she wants to achieve. Viewed in this way, Ava cannot capture new knowledge and understanding arising from bringing many perspectives to bear on clinical situations. Instead, in emphasizing conventional pedagogy, she obscures dialogue that reflects and honors the originality and perspectives of student and teacher voices (Maher & Tetreault, 2001). Conversely, Kyoko's narrative illuminates what nursing education and the discipline of nursing may gain from reforming nursing education by enacting Narrative Pedagogy to create a place for teachers and students to learn through practical knowledge *and* generate new knowledge (generating content) for the discipline.

The analysis of data in this study offers a way of reforming nursing education by creating a co-equal place for learning content and generating content. It reveals how enacting Narrative Pedagogy creates a place to return teachers to becoming a learner and to learning (N. Diekelmann, personal communication, April 30, 2004). Kyoko is as much a learner as the students are, and in this way, she emulates Heidegger's contention that for learning to occur, the teacher must be more teachable than students. However, for teachers to engage fully in the Concernful Practices, there must be a freeing of themselves from the totalizing effects of

conventional pedagogy. In inviting students to co-equally learn with them, teachers co-generate new knowledge with students.

## Chapter 6

## Trying Something New: Uncovering New Possibilities for Reforming Nursing Education

In 1987, the first conference on the curriculum revolution titled *Curriculum Revolution: Mandate for Change* was held at the National League for Nursing's Fourth Annual Nursing Education Conference in Philadelphia. This conference called for reforming curriculum models in nursing education that did not support a caring curriculum, were not responsive to changing health care trends (e.g., DRG's and managed care), and did not address issues impacting the nursing workforce (e.g., nursing shortages and socio-cultural trends) (NLN, 1988). At the center of this endorsement was the imperative need to "abolish" the Tyler curriculum model as the basis for curriculum development in nursing education (Bevis, 1988; Diekelmann, 1988). Up until the 1980's Tyler's Rationale (Tyler, 1949) had dominated nursing curricula for nearly half a century. The simplistic and systematic means to educating outlined in Tyler's work captivated nursing educators as they sought to find a pedagogical approach that would raise the quality of nursing education (Bevis, 1988). Over time, however, the Tyler approach concerned many nursing educators because they recognized that preparing future nurses included more than constructing curriculum that incited observable behavioral changes. Preparing future nurses meant developing curricula that could support preparing nurses to practice in complex, unpredictable, and evolving health care environments.

Since the curriculum revolution, nursing educators have made several advances in reforming the nursing curricula. For instance, nursing education scholars have and are continuing to increase research in nursing education to build an inclusive science for the

practice of nursing education (Diekelmann & Ironside, 2002; Tanner, 2003). Through this process, nursing scholars are calling for a new mandate that bases curriculum development on the best available nursing education research (evidence). With evidence based practice as a teaching platform, some nursing educators have begun changing curriculum at the instructional level using non-behaviorist paradigms for nursing education (i.e., critical, feminist, postmodern, and phenomenological pedagogical paradigms). These paradigms are responsive to rapidly changing nursing education and nursing practice environments (Ironside, 2001). Despite these advances in reforming nursing curricula, nursing educators continue to struggle to make radical changes in curricula because the basic premise of Tyler's curriculum has not been abolished, but rather it has become more sophisticated and taken for granted.

Today, the language for Tyler's rationale has changed from behaviorism to outcomes or competency based education. In my study, I use the term conventional pedagogy to reflect this change in language. Though many nursing educators think that conventional pedagogy reflects a shift away from behaviorism, in some instances, it is merely a reproduction of Tyler's model (Tanner, 2001). For example, Tyler's model, which suggests that schools should a) define their educational purposes, b) design educational experiences to attain these purposes, and c) effectively organize and measure these purposes (Tyler, 1949), is the foci of outcomes education. Schools of nursing use outcomes education by defining competencies, which are outcomes they want students to achieve (e.g., specific or desired critical thinking, leadership, and psychomotor skills). They design educational experiences to help students achieve these competencies, and they measure (using various "objective" evaluation

instruments) to what degree students can demonstrate particular competencies. Viewed in this way, competency based education is much like Tyler's rationale.

Tyler's rationale offers an effective and efficient way to prepare students for nursing practice. When it comes to reforming the curriculum, because changing nursing education is no easy task, Tyler's rationale continues to be a reliable and familiar method for re-structuring curriculum. It is more comfortable for nursing educators to make changes in nursing education by reconceptualizing the curriculum within recognizable structures than it is to challenge, revision, or at times abandon pedagogies nursing educators find most familiar. Nursing educators who make changes in courses or curricula within a familiar pedagogy, like conventional pedagogy, may make some progress insofar as preparing nurses who are responsive to changes in health care. For instance, as the immigrant population in U.S. increases, many schools of nursing are changing curriculum to reflect outcomes that describe preparing culturally sensitive nurses (Kleiman, Frederickson, & Lundy, 2004; Matzo et al., 2002; Rew, Becker, Cookston, Khosropour, & Martinez, 2003). Course objectives and corresponding content on cultural diversity are a direct result of these changes. Unfortunately, these kinds of changes in content, though important, are not pedagogically substantive. Rather, these kinds of curriculum alterations only add to a content laden curriculum that overwhelms even the most seasoned nursing educators. Bevis (1988) relates the problem nursing education has had in *substantially* reforming curriculum:

I often cynically think that curriculum development is something one does to keep from getting bored with teaching the same way every time and something administration uses to keep the faculty busy. I feel this way because most curriculum

development results in minimal changes of substance. Usually we negotiate a new philosophy or polish up an old one; we reconceptualize, theorize, and agonize some concepts and theories we want to emphasize; we integrate, irritate, or deteriorate our program objectives; we switch, swap, and slide content around; we realign, malign, and design a new program of studies; we refine and realign our course outlines; and we develop evaluation tools to assess whether or not students have met the designated behaviors. Then we open the champagne and celebrate that it is over—over, that is, until a new curriculum coordinator or dean is hired and we start again. Sometimes I feel much as the great Roman philosopher/orator Seneca wrote in his *Epistles* almost 2000 years ago: “I was shipwrecked before I got aboard.” (p. 27)

Despite the difficulties in making substantive changes using Tyler’s rationale, I think Bevis would be pleased to know that, although reshuffling the conventional pedagogical curriculum still occurs in many schools of nursing, my study describes how reform, using the interpretive pedagogies, is occurring in nursing. Teachers and students describe this reform through their common practices (experiences) of “trying something new.” A summary of my study follows, as well as its contributions to reform, the limitations of my study, and the identified needs for future research.

#### Summary: An Interpretive Research Paradigm for Understanding Reform

My study arises from one theme (“trying something new”) that Diekelmann identified in her distance desktop faculty development study (Diekelmann, 2003a), and like the Diekelmann study, is situated in the research paradigm interpretive phenomenology and Heideggerian hermeneutics. This research approach is aimed at increasing understanding and

describing the meanings and significances of experiences. This research methodology differs markedly from scientific research that uses an epistemological approach to inquiry.

Epistemological research (e.g., quantitative studies that use the scientific method) provides descriptions, predictions, and explanations of reform. However, in my study, through using an ontological lens, I investigate and describe the meanings and significances of the experiences of “trying something new” in nursing education. I use the phrase “trying something new” because it reflects the language teachers and students use to describe changes in their pedagogical practices that reform the way in which they teach and learn. Through an ontological approach to studying reform, my study describes *how* the reforming practices of teachers and students gather new understandings, generate new questions, and illuminate new possibilities for reforming nursing education that are practical and at-hand. Through this study, readers of the research literature and the nursing profession gain a “new take” on reforming nursing education—a new take that simultaneously influences nursing practice and illuminates future research needs that originate in the classroom or clinical setting with teachers and students themselves.

I began my study by interviewing 15 nursing faculty and 9 nursing students for their experiences of “trying something new.” With the assistance of a research team (consisting of four experienced interpretive phenomenologist), we interpreted transcribed interviews of teachers’ and students’ experiences (stories) of “trying something new” for common meanings. We challenged, affirmed, and extended the interpretations using the philosophical works of the renowned phenomenologists Martin Heidegger, Hans-George Gadamer, and

Maurice Merleau-Ponty as well as literature from nursing education, higher education, critical social theory, feminism, postmodernism, and phenomenology.

Through explicating the common meanings of “trying something new,” my study is consistent with the findings of the Diekelmann study that described how teachers, when trying new pedagogies, provided themselves and students with new thinking experiences and a new sense of community. The practices, *Cultivating Thinking* and *Enacting the Concernful Practices: Making Visible How Innovation Arises*,<sup>10</sup> that I uncover in my study mirror and extend the Diekelmann study by describing how new thinking experiences and the practices embedded in new community experiences influence reforming nursing education. For example, in this study, many teachers tell of times when they make simple but profound changes in their pedagogical approaches by consciously enacting the Concernful Practices where engendering community in libratory ways is a central practice of “trying something new.” These teachers’ narratives are in contrast to teachers who identify problems with a particular pedagogy and are making no pedagogical changes or are making changes by engendering community in often inadvertently oppressive ways. The implications of engendering community in libratory ways (in the context of trying something) far exceed repetitive attempts to remodel curriculum using Tyler’s rationale and its contemporary variations. By describing how reform is occurring in the day-to-day practice of teachers “trying something new,” this study reveals new ways to understand reform. These new understandings can address the original “mandate for change” (NLN, 1988) in nursing education. In the following section, I describe the contributions of this study in uncovering the

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<sup>10</sup> The reader may refer to Chapter 2, pages 22-28 for a full description of Diekelmann’s Concernful Practices and their association with Diekelmann’s new pedagogy, Narrative Pedagogy.

practices *Cultivating Thinking and Enacting the Concernful Practices: Making Visible How Innovation Arises*.

Contributions: Re-envisioning Teaching and Learning Thinking in Nursing

The findings of this study reveal that a common practice of teachers in nursing education “trying something new” is cultivating thinking. My study uncovers how this reforming practice is occurring in four ways a) cultivating analytical thinking by varying the nursing process, b) cultivating embodied thinking by teaching embodied thinking as intuition, c) cultivating reflective thinking as teaching the generating of practical knowledge, and d) cultivating interpretive thinking as gathering thinking. The definitions of these various ways of thinking, as described in Chapter 4, are as follows:

**Analytical Thinking:** An autonomous, logical, rational process that seeks predictions and explanations. Analytical thinking has great utility for nursing practice because it assists teachers, students, and clinicians in using explanations and predictions to solve health care problems. Students who learn analytical thinking well skillfully use explanations and predictions to make clinical judgments and discern differences between warranted and unwarranted analyses of patient data. That is, they learn to base clinical practice on careful and thoughtful analyses, which involves an ability to consider and weigh particular theoretical truths, assumptions, and expectations in the context of clinical situations.

**Embodied Thinking:** Immediate, synthetic, pre-understandings of clinical situations that are habitual and remain in the background of one’s understanding. Embodied thinking may or may not be ably recalled or captured in analytical descriptions of clinical experiences.

**Reflective Thinking:** Generating practical knowledge through returning to and pondering on past or current experiences.

**Interpretive Thinking:** Reflective, embodied, multi-perspective, contextual, circular, and communal thinking that seeks to reveal explanations and predictions as well as meanings and significances. Interpretive thinking includes some shared aspects with analytical thinking as much as interpreting can include making logical, rational, and warranted analyses of clinical situations. However, interpretive thinking also includes thinking that seeks understanding or the meanings and significances of particular situations.

In the following paragraphs, I summarize how teachers are cultivating analytical, embodied, and reflective thinking within the nursing process. Understanding how teachers use the nursing process to cultivate thinking illuminates how teachers can envision the nursing process anew to better cultivate students' thinking. Following this summary, I describe how my analysis of data suggests substantive new ways teachers can listen to and invite analytical, reflective, and embodied thinking by understanding cultivating thinking as gathering thinking (interpretive thinking). The meaning and significance of interpretive thinking is that it can help teachers re-envision how they can cultivate students' thinking by understanding how students' experience thinking. This new way of understanding cultivating thinking avoids the need for teachers to reduce, label, and direct only particular thinking experiences (i.e., analytical, reflective, or embodied thinking) and instead cultivate thinking as a gathering of many thoughts. I conclude the contributions of the theme cultivating thinking by describing the implications of my research for creating an inclusive science for nursing education.

*Cultivating Thinking Within the Nursing Process: Envisioning the Nursing Process Anew*

My study contributes to the research literature by creating a converging conversation between the critics' and the proponents' views of critical thinking in the context of the nursing process. By using Heideggerian hermeneutics to analyze the data in this study, I provide nursing educators and nursing clinicians with new understandings of how the nursing process is used, inadvertently misused, and can be viewed anew to better cultivate students' thinking.

My study extends the critics' claims that the nursing process is insufficient for cultivating thinking (Mitchell, 1991; Powers, 2002; Tanner, 1986, 1993a, 1994, 1996). For example, Tanner (2000a) has for several years contended that nursing faculty have both

“reified and deified” the nursing process (p. 338) and equated it with critical thinking. Tanner (1997; 2000a) cites the work of Virginia Henderson (1982) who most notably criticizes the evolution of the nursing process from a way of considering nurse-patient relationships to a scientific process devoid of the relational aspects of nursing. Henderson (1982) asserts that the nursing process should be neither *the* nursing process—meaning the same as nursing, nor the *nursing* process—meaning a process especially for nursing. Henderson argues this point because she views nurses’ contemporary use of the nursing process as synonymous with problem solving (i.e., nursing as only a problem solving process). She also views the nursing process as an activity that marginalizes the need for interdisciplinary involvement in patient care. In other words, for Henderson there is more to nursing than problem solving, and nurses would be remiss in the scope of their practice to eliminate the voices of others (patients, families, physicians, social workers, etc.) when providing nursing care.

Recent research and scholarship emphasizes the need for interdisciplinary nursing care (Aiken, 2003; Martinen & Freundl, 2004; McCallin, 2003; Thomassy & McShea, 2001), which addresses Henderson’s latter claim. However, my study extends the critics’ concerns about the nursing process as a mere problem solving activity. I describe how the nursing process, in any version (e.g., concept maps, problem based learning, etc.), though a helpful guide for novice nurses, can ill prepare new nurses for the complex, multi-perspective thinking needed in nursing practice. For instance, when Jaylyn, a junior nursing student (Chapter 4, p. 71), describes constructing a concept map (one variation of the nursing process), her narrative depicts her adherence to a standardized care plan to care for a patient with colon cancer. What is unclear is how, within the “typical” (expected) care of a colon

cancer patient, Jaylyn can gather many perspectives in thinking through nursing care in actual and evolving situations. Likewise, when teachers such as Sydni (Chapter 4, p. 85), ask students to practice reflective thinking by reflecting on their use of the nursing process to solve a health care problem, students can easily reduce this experience to evaluating what interventions worked and what did not work. As Sydni's narrative reveals, students' evaluation and teachers' expectations of what students evaluate often does not include reflecting on the validity of particular theories or perspectives when implementing interventions. This approach to reflective thinking also does not include reflecting on the experiences for both nurses and patients in implementing interventions. The former only evaluates efficacy of interventions, while the latter helps generate practical knowledge about the interventions.

The evidence from my study extends the critics' conjectures about the nursing process by illuminating the need for nursing educators and even nursing clinicians to revisit proponents' views of the appropriate use of the nursing process. Proponents of the nursing process have long averred that the nursing process involves the need for "intelligence" (Lunney, 2001) in making clinical decisions. The nursing process, for the proponents, is more than problem solving and when nurses use the nursing process as it was designed, it *is* critical thinking. This means that when nurses use the nursing process "intelligently" they develop nursing diagnoses after *weighing* particular patient data against actual clinical evidence. That is, to make appropriate nursing diagnoses, nurses must bring to the clinical situation many possible causes for patient problems. Nurses assess various causes of problems by synthesizing subjective and objective patient data, consulting with others (e.g., family

members, physicians, social workers, etc), and using multi-disciplinary theories and research evidence. Without thoughtfully constructed nursing diagnoses, patients might receive nursing care that is sub-standard given the context of their situation.

In relation to the proponents' claims, my study challenges nursing educators to call attention to *how* teachers and students adhere to or depart from the tenets of the nursing process. For example, when Jaylyn takes for granted that a patient with colon cancer will be anxious, if she uses the nursing process as it is designed, she will weigh actual patient data against the evidence, consider interdisciplinary concerns, and use evidence based practice as she cares for the patient. In utilizing the nursing process correctly, Jaylyn will learn to question standardized assumptions about care of colon cancer patients. In other words, my study calls teachers and students to beware of how standardization can preclude thinking amid actual and evolving clinical situations (i.e., not allow standardization to think for them) (Alfaro-LeFevre, 2004).

In addition to reclaiming the nursing process as it is designed, my study highlights using the interpretive pedagogies as part of cultivating thinking within the nursing process. Teachers can enhance and extend how they are cultivating thinking in nursing education by helping students bring critical, feminist, postmodern, and phenomenological perspectives to bear when constructing, using, and evaluating the nursing process. For example, by asking students to think about the nursing process within critical pedagogies, students can learn who the nursing process best serves (e.g., themselves, health care systems, patients, and their families). From a feminist perspective, students can learn how the nursing process can be a form of authority over patients that can disregard the patient's involvement in their care. From

a postmodern perspective, students can challenge how the nursing process has become a grand narrative, which opens students up for thinking about other ways of caring for patients (e.g., considering the significance of embodied thinking). Within a phenomenological perspective, students can learn the meaning and significance of involving patients in care planning (e.g., what particular treatment approaches means to the patient). In each case, students learn that part of thinking in nursing is gathering many ways of thinking.

The findings of this study illuminate how teachers can envision the nursing process anew by cultivating students' thinking through encouraging students to use the nursing process as it is designed. In addition, my study grants new possibilities for teachers and students to experience the interpretive pedagogies as a significant contribution to improving and extending the nursing process. Viewed this way, my study unites both critics' and proponents' understandings of the nursing process towards improving its utility in cultivating thinking.

#### *Cultivating Thinking Beyond the Nursing Process: Listening to and Inviting Thinking*

Another contribution of my study includes supporting calls in nursing education to increase teachers' and students' literacy in the interpretive pedagogies (Diekelmann & Scheckel, 2004; Doane, 2002a; Ironside, 2001, 2003a; NLN, 2003). Teachers and students who learn nursing practices within interpretive pedagogies (beyond using them in the context of the nursing process) begin to listen to their thinking in different ways and can invite one another to think in ways not encompassed in any single approach to thinking (i.e., analytical, embodied, or reflective thinking). My study encourages teachers and students to learn the interpretive pedagogies (critical, feminist, postmodern, and phenomenological pedagogies) as

a way of listening to and inviting interpretive thinking. Cultivating interpretive thinking helps teachers and students understand the meaning and significance of thinking as a communal gathering of thoughts.

Three paradigm stories in Chapter 4 (Dakota, p. 92, Meredith p. 98, and Odessa p. 109) call for increasing teachers' and students' understanding of the meaning and significance of *how* the interpretive pedagogies, in the context of "trying something new," cultivates interpretive thinking. When Dakota's teacher tries something new by turning over power and control of making clinical assignments to students, she uses critical and feminist pedagogies. These pedagogies make visible students' interpretive thinking. For instance, when reflecting on how much she enjoys participating in making her own clinical assignment, Dakota describes the interpretive thinking she experiences when providing nursing care to a single mother. Dakota's narrative is especially striking because it reveals how students think *before* teachers ask them to think analytically via nursing process protocols. The meaning and significance of this paradigm is that it calls teachers to increase their pedagogical literacy to recognize the interpretive pedagogies as ways of listening and responding to students' interpretive thinking. Recognizing interpretive thinking can promote a rich dialogue between teachers and students to extend the interpretive thinking students are already experiencing.

Meredith's narrative encourages teachers to learn the interpretive pedagogies to reconsider how they are constructing assignments that emphasize only analytical thinking. The literature on critical thinking in nursing education most often emphasizes that teachers construct assignments aimed at cultivating students' analytical thinking skills (Staib, 2003). Constructing assignments for improving students' analytical thinking reflects Heidegger's

(1954/1968) assertion that analytical thinking has taken center stage as a gathering of “special knowledge concerning a special kind of thinking” (p. 21). However, Meredith describes how the interpretive pedagogies help her make small changes in the *language* she uses in a familiar assignment. Language both shapes and is shaped by thinking. Thus, a small change in the words teachers use in assignments can often dramatically alter students’ thinking experiences towards emphasizing interpretive thinking.

When Meredith invites students to complete a journaling assignment by *describing their thinking rather than explaining what they did* during a clinical encounter, students ably make their thinking visible. As students disclose their thinking, Meredith uses the interpretive pedagogies to help students interpret their many thinking experiences. For instance, when one student shares a journal entry about how she was thinking only analytically when caring for a battered woman, Meredith interprets and helps the student interpret (using postmodern and phenomenological pedagogies) how analytical thinking has become a grand narrative (postmodern) and how to understand what only thinking analytically means for patients (phenomenological). Through this interpretive assignment, Meredith’s students experience a way of thinking previously unavailable to them when completing assignments that only emphasize analytical thinking skills. Using the interpretive pedagogies to change the language of assignments (e.g., using feminist, critical, postmodern and phenomenological approaches to creating assignments) changes thinking experiences. New thinking experiences have implications for helping students practice more “thought-full” nursing care by understanding clinical situations and patient experiences in new ways.

Finally, the last paradigm in Chapter 4 describes a teacher (Odessa) who cultivates students' thinking when she tries something new by writing objectives as practices. For Odessa, examples of practices include witnessing, listening, and questioning. Practices emphasize *how* students are learning, rather than only *what* students are learning. Through this emphasis, Odessa enacts Narrative Pedagogy by helping students learn new ways of understanding patient care situations. Though she does not abandon teaching students what to know (e.g., family theories), with an emphasis on practices, she and the students become engaged in interpretive thinking. For example, through the practice of questioning Odessa cultivates thinking *AS*<sup>11</sup> questioning (Ironside, 2003). When Odessa invites students to ask questions that arise for them and enacts Narrative Pedagogy by posing multi-perspective questions for them to consider, she augments students' interpretive thinking. Gadamer (1960/1975) writes that one cannot have experiences without asking questions because learning something new always presupposes questioning. Questions open new possibilities for learning. When Odessa asks questions that reflect multiple perspectives, she helps students experience thinking in ways that open new learning experiences—experiences that extend beyond learning what a family theory is and how it can be applied.

The meaning and significance of Odessa's paradigm for reform in nursing education is it extends the research on Narrative Pedagogy (Diekelmann, 2001; Ironside, 2003b; Nehls, 1995; Swenson & Sims, 2000; Swenson & Sims, 2003; Young, 2004). That is, through

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<sup>11</sup> In my study "AS" reflects the hermeneutic AS, meaning the human mode of understanding. Taking something as something is the human way of being in the world. For example, humans understand a highway AS shortcut or doorway AS passageway (Dahlstrom, 2001, p. 190). The AS structure is not predicative (something based on facts), but rather is the primary manner of understanding. For further reading, see also *Being and Time* (Heidegger, 1962, section 32) and *Zollikon Seminars: Protocols-Conversations-Letters* (Heidegger, 2001, pp. 130-131).

analyzing the experiences of teachers who try something new by enacting Narrative Pedagogy, *my study illuminates thinking as a communal experience rather than only a process, practice, or skill*. In other words, teachers who enact Narrative Pedagogy make visible how they do not have to reduce thinking into categories (i.e., thinking as: the nursing process, critical thinking concepts, reflective, embodied or intuitive) in order to cultivate thinking. Rather, thinking is best cultivated when teachers gather thinking as it arises through practices that call forth thinking. The Concernful Practices such as *Questioning: Meaning and Making Visible*, *Presencing: Attending and Being Open*, and *Interpreting: Unlearning and Becoming* are just a few of the Concernful Practices teachers can consider as they cultivate thinking. Thus, this study, in important ways, underscores the need for teachers to increase their pedagogical literacy by enacting Narrative Pedagogy towards re-envisioning thinking as it is experienced in nursing.

*Re-Thinking Research as Only a Method: A Call for an Inclusive Science of Nursing Education*

By documenting how teachers learn new ways of cultivating thinking within and beyond the nursing process, this study contributes to an inclusive science for nursing education. An inclusive science is multi-paradigmatic, multi-pedagogical, and multi-method. Multi-paradigmatic means the researcher philosophically situates her study in multiple perspectives (feminist, critical, postmodern, and phenomenological). Similarly, multi-pedagogical means the researcher brings conventional, feminist, critical, postmodern, and phenomenological pedagogies to bear on research. Multi-method includes the researcher using research designs that include varied methods (e.g., many quantitative and/or qualitative

methods). For example, my study is inclusive because I use critical, feminist, postmodern, and phenomenological paradigms as part of the philosophical framework of my study and similar lenses to analyze the narrative data within multiple pedagogical perspectives. My study is multi-method because, though my primary method is phenomenological, I use many varied qualitative paradigms to analyze the data (e.g., critical, feminist, and postmodern hermeneutics).

A limitation of my study is that it does not include any quantitative paradigms (i.e., I never use an instrument to measure students' thinking). Nonetheless, in my varied approach to this study, it is through the first theme, Cultivating Thinking (Chapter 4), that the need for an inclusive science becomes very apparent. In Chapter 4, I describe how a researcher's use of only one method to measure students' critical thinking is precarious and inconclusive. As described in Chapter 4, nursing education continues using predominantly quantitative studies to attempt documenting students' critical thinking skills as they progress through their nursing programs. However, all too often, nursing educators are dismayed by study findings that show either no improvement in students' critical thinking skills, or worse yet, a decline in students' critical thinking skills (Ironside, 2003a). In their attempt to address these study findings, researchers are designing and testing (using quantitative approaches) new strategies for teaching critical thinking (e.g., measuring critical thinking by testing the relationship between concept mapping and critical thinking). However, to date no studies show how these new strategies improve students' critical thinking skills (Angel et al., 2000; Magnussen et al., 2000; Wheeler & Collins, 2003). As a result, nursing scholars are conducting *more* quantitative studies to develop new "discipline specific" critical thinking instruments (Allen et

al., 2004; Scheffer & Rubenfeld, 2000), which they predict will measure discipline specific critical thinking skills. These studies, however, will continue to create a myopic knowledge base of thinking because researchers are only using one approach to studying thinking.

My study exemplifies how an inclusive science can assist nursing scholars to address poor study findings from critical thinking studies (and other studies in general) potentially discovering novel and significant findings. For instance, a researcher using an inclusive science can begin to improve how they study thinking by designing multi-paradigmatic, multi-pedagogical, and multi-method evaluation studies. Also, my study illuminates how a similar research approach can assist researchers to conduct intervention studies aimed at providing evidence for how to improve students' critical thinking. For example, in my study, through using an inclusive science, I argue that many students are thinking in standardized contexts (using standardized nursing process protocols). Feminist, critical, postmodern, and phenomenological analysis of data points to how students who adhere to standardized ways of thinking about patient care are ill equipped to argue or critique this care in actual and evolving situations. As a result, I contend that these students will most likely continue to have poor critical thinking scores as reflected by instruments that measure this variable (i.e., ability to critique). Using an inclusive science to evaluate students' thinking can assist researchers in establishing some initial understandings of interpretive thinking. From this starting point, researchers can begin to make comparisons between the results of both quantitative studies designed using multiple paradigms and multi-paradigmatic qualitative studies. These contrasting studies can help researchers better define (because they are using a more inclusive

approach) and henceforth measure critical thinking attributes that they can compare to new understandings of thinking gleaned from qualitative methods.

The findings of inclusive science evaluation studies have implications for designing intervention studies using an inclusive science. For instance, the findings of my study indicate that teachers using multiple pedagogies cultivate interpretive thinking. Interpretive thinking captures ways of thinking not encompassed when teachers use only one pedagogical approach to cultivate thinking. For example, conventional pedagogy cultivates predominantly analytical thinking. An intervention study using an inclusive science can provide evidence for how the interpretive pedagogies cultivate interpretive thinking. Following a course in which teachers use the interpretive pedagogies, researchers could collect quantitative data (using instruments designed from multi-paradigmatic perspectives) to measure the effect of the interpretive pedagogies on critical thinking. Qualitative methods situated in multiple paradigms could concomitantly address how students experience thinking following a course in which teachers use the interpretive pedagogies. Viewed this way, an inclusive science is not like triangulation where researchers assume mixed methods converge to illuminate *a* (one) particular truth (Polit & Beck, 2004). Rather, an inclusive science recognizes the incommensurability of research methods by using multiple paradigms, pedagogies, and methods to extend, affirm, and illuminate their own findings. Viewed in this way, it is not the case that the weakness of one method is addressed by the strength of another method as is so common in the thinking of those who espouse mixed methods (triangulation) research (Polit & Beck, 2004).

### Contributions: Unraveling the Practices of Innovation

The findings of my study extend Diekelmann's interpretive phenomenological research on the Concernful Practices (Diekelmann, 2001) by revealing *how* teachers are enacting the Concernful Practices in the context of "trying something new." As described in Chapter 2, the Concernful Practices are patterns that arise from Diekelmann's research as she explores the common experiences of teachers, students, and clinicians in nursing education (J. Diekelmann & N. Diekelmann, in preparation; Diekelmann, 2001). In an interpretive phenomenological study, patterns are the highest level of analysis where recurring characteristics of the phenomenon being studied are present in all interview texts. Diekelmann uses the word "Concernful" in the Heideggerian sense to describe what matters or what is of concern to students, teachers, and clinicians in nursing education (Dahlberg et al., 2003). The Concernful Practices are neutral and can be experienced in positive or oppressive ways. The Concernful Practices to date are as follows:

#### **Concernful Practices of Schooling, Learning, Teaching**

Gathering: Bringing in and calling forth  
Creating Places: Keeping open a future of possibilities  
Assembling: Constructing and cultivating  
Staying: Knowing and connecting  
Caring: Engendering community  
Interpreting: Unlearning and becoming  
Presencing: Attending and being open  
Preserving: Reading, writing, thinking and dialogue  
Questioning: Meaning and making visible  
Inviting: Waiting and letting be

In my study when teachers try something new, how they enact the Concernful Practices reflects a common focus on engendering community and on creating places for community interpretive scholarship. I define these practices in Chapter 5 as follows:

**Engendering Community:** A practice where teachers and students co-create learning communities. These communities can be alienating, isolating, or oppressive, or they can be meaningful, safe, fair, respectful and egalitarian. Working together to engender community in egalitarian and emancipatory ways encourages teachers and students to be open to one another in exploring the meaning and significance of learning in community. This experience of engendering community is in contrast to learning communities that are isolating, competitive, and individualistic.

**Creating Places for Community Interpretive Scholarship:** A practice that is a foci of Narrative Pedagogy where teachers and students seek to improve courses and clinical experiences together by engaging in public and communal dialogue, “putting their heads together,” sharing, and interpreting nursing education experiences for their meanings and significances (Andrews et al., 2001; Dahlberg, Ekebergh, & Ironside, 2003; Diekmann, 2002a, 2003b; Heller et al., 2000; Ironside, 2003b; Oros et al., 2001). Though “putting their heads together” can include problem solving, in community interpretive scholarship it is much more than that. As explicated in *Cultivating Thinking*, the first theme of this study, community interpretive scholarship is a practice of interpretive thinking.

It is through understanding how teachers enact the Concernful Practices in the context of “trying something new” that teachers and students can pay heed to the meaning and significance of innovation that arises in learning communities—innovation that has implications for substantively reforming nursing education. What follows are the contributions of the second theme of this study, *Enacting the Concernful Practices: Making Visible How Innovation Arises*.

*Enacting the Concernful Practices: Recognizing Practices as the Passageways of Reform:*

My study illuminates how teachers who try something new enact the Concernful Practices in ways that co-occur with and enhance engendering community. In this study, engendering community is one prominent practice of teachers who try something new. As

described in Chapter 5, teachers' narratives illuminate how teachers who try something new enact the Concernful Practices in liberatory ways or in oppressive ways. My study describes how the former creates a passageway to innovation that arises from the Concernful Practices. The latter, however, closes down on pathways by reproducing the downside of conventional pedagogy (e.g., teachers teaching as they were taught).

Tim's paradigm case especially reflects the meaning and significance of enacting the Concernful Practices in liberatory ways. When Tim tries a new approach to evaluation that is public and reciprocal (i.e., a group approach to evaluation), rather than a private event between a student and the teacher, the Concernful Practices become passageways for him and the students to *unlearn* dichotomous student-teacher interactions. How Tim enacts the Concernful Practices such as *inviting*, *attending*, and *knowing and connecting*, to name a few, *engenders community* and gives rise to reform where he and the students co-create new learning experiences. Through these new experiences, Tim and the students challenge the conventional commitment to teaching and learning skills in ways that can valorize independent skill acquisition (Kavanagh, 2003). That is, when Tim and the students depart from the "rules" of conventional pedagogy they shift evaluation from independent performance evaluations to gathering interpretive pedagogies. The interpretive pedagogies encourage communal pedagogical experiences where Tim and the students discover how a group approach to evaluation helps them collegially teach one another psychomotor skills.

I contrast Tim's narrative with Colette, a clinical teacher, who tries a new group approach to teaching care plans, and Levente, a student, who tries a teacher's new approach where students teach course content. Both Levente's teacher and Colette enact the Concernful

Practices in oppressive ways. For instance, Colette inadvertently enacts the Concernful Practices such as *inviting, knowing and connecting*, and *attending* among others, in ways that close down on *engendering community* where innovation can arise. Any innovation that could occur from a group approach to care planning is stifled when Colette forces rather than invites students to participate in the new approach. Had Colette enacted the Concernful Practices in libratory ways by asking students how they could share in *assembling* new care planning strategies, she would use new pedagogies that make visible innovation—innovation that originates from the collective efforts of teachers and students. Likewise, if Levente’s teacher had spent time *knowing and connecting* with students about the new approach in libratory ways, she might have understood how in abdicating her authority she was inadvertently perpetuating conventional pedagogy by emphasizing content delivery, memorization, and testing. With an emphasis on conventional pedagogy, the students could envision nothing beyond giving their fellow colleagues what they needed to know to pass an examination.

My study thus contributes to the research literature by describing how teachers, students, and clinicians can enact the Concernful Practices (in libratory ways) with an emphasis on engendering community towards socially constructing innovation (hooks, 1994). That is, attention to enacting the Concernful Practices in libratory ways when “trying something new” engenders community in ways that assist teachers, students, and clinicians to listen and respond to their common concerns of teaching and learning. Through listening to one another’s concerns about the meaning of such things as group process or care planning itself, it is possible that teachers like Colette can generate *with* students new ways of learning together that makes visible new possibilities for reforming nursing education.

*Enacting Narrative Pedagogy: Returning Learning to the Teacher AS Collectively Generating Knowledge*

In addition to the implications described above, my study describes how teachers who try something new are embracing interpretive pedagogical approaches. These approaches are responsive to the calls to create new pedagogies (Ironside, 2001; NLN, 2003) that prepare nurses to practice in new and rapidly changing health care environments. My study affirms that enacting Narrative Pedagogy, one interpretive pedagogical approach, is a common practice of teachers who try something new. A significant contribution of this study is that it highlights and extends previous research (Diekelmann, 1991a, 2000; Diekelmann & Rather, 1993; Young & Diekelmann, 2002) that describes how, through enacting Narrative Pedagogy, teachers become learners-as-teachers. As described in Chapter 5, teachers who are learners-as-teachers unlearn their role as experts and become co-equal learners with students (i.e., partners in learning). Learners-as-teachers does not mean that teachers abdicate authority or responsibility for teaching important content knowledge. Rather, I describe how learning in partnership with students creates a place to return teachers to learning. Teachers who enact Narrative Pedagogy when “trying something new” reclaim learning practices they have long since abandoned as they struggle to keep up with the additive curricula (Diekelmann, 1992; Ironside, 2004). They also overcome the risk that boredom plays in disengaging them from innovation and reform because a teacher who is a learner is continually renewed through learning (J. Diekelmann & N. Diekelmann, in preparation; Heidegger, 1959; Young, 2004).

In Chapter 5, I describe the learner-as-teacher phenomenon that occurs while teachers enact Narrative Pedagogy by hermeneutically analyzing Kyoko’s narrative, a paradigm case

in this study. Kyoko is an experienced teacher who describes her experience of becoming the learner-as-teacher as she enacts Narrative Pedagogy when constructing a public health nursing course *with* students. Kyoko begins the course with a concern that she shares with students regarding how the textbook for the course does not reflect contemporary public health nursing practice. The content in the textbook is outdated and irrelevant to the students' experiences with public health nursing. To address their concerns, Kyoko and the students begin the course by discerning what matters in public health nursing and what they can learn by interpreting stories of the students' public health nursing practice. This enactment of Narrative Pedagogy calls forth the Concernful Practices (in libratory ways) and community interpretive scholarship such that Kyoko is a learner with students whereby pre-planned content becomes co-equal with generating content.

For example, through the act of interpreting students' narratives of public health nursing practice, Kyoko is inherently a learner when she gathers students and their narratives together. She learns new ways of thinking about public health nursing with students through enacting the Concernful Practices such as, *interpreting, reading, writing, thinking, and dialogue*. Though Kyoko does not discard the pre-planned content for the course (i.e., she still requires that students be responsible for content she posts on a web site), she and the students bring the web based content into conversation with their narrative interpretations. Once teachers, like Kyoko, enact Narrative Pedagogy, they make room for students, as Kyoko relates, to learn "more and better." Enacting Narrative Pedagogy frees teachers and students from the ties of conventional pedagogy that make teaching content a central concern. That is, Kyoko and the students do not unquestionably adopt ready-made nursing theory materials.

Rather, they create their own knowledge through converging conversations where they bring content from existing materials into conversation with narrative knowing that arises from their interpretations.

I present Kyoko's narrative in contrast to Ava's narrative who eliminates possibilities for the learner-as-teacher (and consequentially for innovation) when she cannot use Narrative Pedagogy to shape the narratives told by students in class to fit the pediatric nursing content *she wants to teach*. Ava has difficulty when "trying something new," leaving a teacher-centered pedagogy (pedagogy where teachers determine what content students will learn and how they will learn it) behind so that she can become the learner-as-teacher. Ava, like many teachers in this study, persist in retaining roles as content experts thereby retaining full responsibility for keeping up with the latest knowledge, choosing which bits of knowledge are "essential," and communicating this knowledge to students. In an era where technological advances have created an abundance model for learning (e.g., readily accessible educational materials) (Detweiler, 2004), Ava's narrative brings to the fore how teachers might be diminishing what students can learn by being the sole and complete authority over content. Paradoxically, as teachers retain their role as expert, they close themselves to communal learning with students. Their pedagogical practices only involve teaching. Viewed in this way, this study underscores the meaning and significance of teachers and students moving away from emphasizing teaching to emphasizing learning (Young & Diekelmann, 2002) thereby departing from the scarcity model (i.e., the unavailability of educational resources) (Detweiler, 2004) of education. Teachers that teach within the scarcity model marginalize

what community interpretive scholarship means to both teachers and students for learning nursing practice, particularly the meaning of generating knowledge for the discipline.

#### Limitations of the Study

I conducted my study using a sample of 15 teachers and 9 students. This sample size is sufficient for an interpretive phenomenological study (Polit & Beck, 2004). However, the lesser number of students meant that I coded fewer student narratives for interpretation. Increasing the number of student interviews in future studies is important to avoid an emphasis on teachers' experiences and teacher-centered implications that might arise from interpreting more teacher narratives than student narratives. Moreover, the sample of students only included undergraduate students. Future studies should include graduate students. Understanding graduate students' experiences with teachers who try something new using the interpretive pedagogies has implications for extending the results of this study so that, from the students' perspectives, the important reforming practices in graduate education are understood.

Additionally, including more dyads (samples that include a teacher/student pairs) in future studies lends itself to richer texts from interviews because both sides of an experience (teacher and student) are presented for analysis. Dyads also lessen the chance of making unwarranted interpretations because the voices of both teachers and students are open to interpretation. As well, group interviews would enhance the data set because they encourage ordinary conversation between subjects, provide a context for more than one listener to understand stories told, and enrich meanings of stories by allowing for counter and contrasting exemplars (Benner, 1994, p. 109).

Another limitation of this study is my sole use of telephone interviews to conduct this investigation. Telephone interviews provide an efficient way of collecting data particularly in a multi-site study. Nonetheless, more face-to-face interviews would have allowed me to better interpret and document the bodily expressions not available in a telephone interview (e.g., facial expressions and hand gestures). Moreover, observations of teachers teaching and students learning could have filled out the narrative data I obtained. According to Benner, Tanner, and Chesla (1996), direct observation provides a temporal immediacy and proximity to the exigencies of a practice (e.g., teaching practice) that is potentially missing from narrative data.

Last, because my study is an interpretive phenomenological study, I am committed to describing the common experiences and shared meanings of “trying something new.” Because qualitative studies are largely descriptive in nature, the findings of my study do not prove or disprove any specific intervention. For instance, one contribution of my study is illuminating the need for nursing educators to revisit the nursing process and bring the interpretive pedagogies to bear on its use. However, my research methodology did not allow for empirically testing a new method for teaching the nursing process. Interpretive phenomenology can only be used to challenge, extend, or affirm quantitative studies where the investigator may choose to design an intervention study related to new approaches to teaching the nursing process.

#### Future Research

This study supports the findings of the Diekleman desktop study that describe how new pedagogies foster thinking and engender community. However, as much as this

dissertation research uncovers reforming practices that enrich what the discipline of nursing understands about reforming nursing education, it also illuminates needs for future research. This study points to a need to conduct a replication study related to the first theme of this study (cultivating thinking) and conduct faculty development studies in the interpretive pedagogies to extend both the first and second themes (enacting the Concernful Practices) of this study. More studies on cultivating thinking and the interpretive pedagogies will continue to move reforming efforts in nursing education forward as nursing educators seek the best research has to offer them in preparing future nurses.

Describing the common practice cultivating thinking uncovers the need to conduct more studies to explore students' thinking experiences. My study describes both how the nursing process influences students' thinking and how students experience thinking before teachers ask them to describe and document their thinking within the nursing process. More interpretive research where investigators ask students, teachers, and even patients for times—stories that stand out to them—that describe when students' were thinking (or not thinking) when learning and providing nursing care could extend the findings of this study. Further interpretive research can also affirm, challenge, or extend findings that describe the implications of interpretive thinking as gathering thinking.

Additionally, it became very apparent during my hermeneutical analysis of data, that teachers “trying something new,” who engage in the interpretive pedagogies, cultivate interpretive thinking. My analyses of teachers' stories reveal the interpretive pedagogies co-occur with conventional pedagogy. That is, teachers began “trying something new” by revising conventional pedagogies wherein they start using feminist, critical,

phenomenological, and postmodern pedagogies (and in some cases Narrative Pedagogy). However, it is apparent that teachers do not always know or understand when or exactly how they are using the interpretive pedagogies. Research using an inclusive science, as previously described, is needed to widen teachers' understanding and use of the interpretive pedagogies in the context of cultivating thinking. For instance, using an inclusive science approach, investigators could design multi-site intervention studies (e.g., like the recent Diekelmann study [2003a], and the current Ironside study [2004b]) where teachers use interpretive pedagogies to learn to what extent and how consistently the interpretive pedagogies cultivate interpretive thinking. This kind of research, as described in the contributions section of this study, also has implications for instrument development to measure thinking.

Future interpretive research on reform in nursing education should also include further investigation into how teachers enact the Concernful Practices when “trying something new.” I describe how teachers who enact the Concernful Practices in libratory ways foster two central practices: *Engendering community* and *Creating places for community interpretive scholarship*. Both of these practices are passageways for reforming nursing education—passageways that make innovation visible. But, with every interpretation there is more to learn, more to uncover, and more to describe. There could be new Concernful Practices central to reforming that nursing educators have yet to discover. Further understanding how teachers enact the Concernful Practices in shaping reform at the grassroots level has implications for reforming practices that to date have remained largely invisible. More interpretive research will mediate horizons that have emerged in this study (engendering

community and creating places for community interpretive scholarship) so that new horizons (Gadamer, 2001) can emerge in the context of reforming nursing education.

Heidegger (1951/1993b) writes that a boundary is where something begins its essential unfolding. This study reveals that common practices of “trying something new” are the curriculum revolution—a revolution that is unfolding at the margins of conventional pedagogy. Teachers are traversing many pedagogies as they reform nursing education. Nursing educators, practitioners, and researchers are heeding the call of reforming nursing education that Heidegger (1927/1962; 1967/1999) writes is the nearness of the near. That is, reforming practices are visible by getting nearer to understanding or recognizing “trying something new” as always unlearning and becoming. Through understanding “trying something new” in this way nursing educators can capture and act on new insights towards reforming nursing education.

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## Appendix A

Dear \_\_\_\_\_ (name of teacher)

Thank you for agreeing to be interviewed. Your participation in the distance desktop faculty development study is most welcomed! In this study, *Trying Something New: Reforming Nursing Education Enacting Narrative Pedagogy Using Distance Desktop Faculty Development*, I am investigating the experiences of teachers “trying something new” as they learn the new interpretive pedagogies. This study is a subset of the Narrative Pedagogy project at the University of Wisconsin-Madison that is exploring alternative approaches to nursing education.

I will be contacting you as soon as possible to arrange a mutual time for a telephone interview. If you have not already done so, please fill out the enclosed consent form at your earliest convenience. In anticipation of your interview, please reflect on a time or times when you tried something new since the time you have been enrolled in the distance desktop study. I am particularly interested in a time, one that stands out because it shows what it means to be a teacher in nursing “trying something new.” Please include as much detail as possible and stay in the telling of your story, rather than analyzing or explaining it. After you have told your particular story, please describe why this story is important to you, that is what does it mean to you?

These are exciting times in nursing education! I look forward to interviewing you. If you have any questions, please do not hesitate to contact me at the above address, by phone (██████████) or by e-mail at ██████████. I am most appreciative of your participation in this study.

Sincerely,

Martha M. Scheckel RN, MSN  
Doctoral Student/Research Assistant.

## Appendix B

## Research Subject Information and Consent Form

YOU ARE INVITED TO PARTICIPATE IN A RESEARCH PROJECT DESIGNED TO EXPLORE THE NATURE OF NURSING EDUCATION AND RESEARCH THROUGH THE EYES OF STUDENTS, TEACHERS, AND CLINICIANS. PARTICIAPTION IS COMPLETELY VOLUNTARY.

What does this study consists of?

The study consist of one audiotaped interview, lasting about 90 minutes OR your own written or self-taped story. Interviews will be conducted by either the principal investigator or her associate researcher (s). You will be asked to relate stories about what it is like to be a [researcher/teacher of nursing students] [nursing student]. It is possible that you would be contacted by phone following the interview for clarification or review of the text. If so, you will receive no more than one additional call. If you would prefer not to be recontacted, please indicate by placing your initials here \_\_\_\_\_.

Are there any risks?

It is possible through discussion and recollection of your story, painful memories or thoughts could occur. Although we will take steps to make sure no one other than the research staff knows you took part in this study and has access to your answers, there is a slight chance that this information could become known to others.

Are there any benefits?

It is possible that you could experience some enhanced sense of well-being or sense of satisfaction as a result of telling your story, but otherwise there is no direct personal benefit to you.

When and where will the interview be done?

The interview will be scheduled at a time and place that are convenient for you. Interviews can be done in person, or over the telephone.

Who will have access to the interview material?

The audiotaped interviews and the written stories will be transcribed by the associate researcher(s) or a trained secretary and then destroyed. Any identifying information from the interview will be removed or altered on the written transcript. Should you choose to write or audiotape your story, we will likewise remove identifying information. The transcripts will be shared with a research team consisting of the principal investigator, three faculty members

involved in the interpretive research and associate researcher(s). Transcripts will be identified anonymously with numbered codes. No individuals identities will be detectable in any reports or publications resulting from the study.

What if you change your mind?

You are free to withdraw from this study or refuse permission for the use of your interview at any time.

YOU MAY TAKE AS MUCH TIME AS YOU WISH TO THINK THIS OVER. BEFORE YOU SIGN THIS FORM PLEASE ASK ANY QUESTIONS ON ASPECTS OF THE STUDY THAT ARE UNCLEAR. WE WILL ATTEMPT TO ANSWER ANY QUESTIONS YOU MAY HAVE PRIOR TO, DURING, OR FOLLOWING THE STUDY.

AUTHORIZATION: I, \_\_\_\_\_, have read and decide to

Participate in the research project described above. My signature indicates that I give my permission for information I provide in the interview or transcript to be used for publication in research articles, books, and/or teaching materials, as well as for presentation at research symposia and/or nursing education workshops. Additionally, my signature indicates that I have received a copy of this consent form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

If you need further assistance, please contact the principal investigator:

Nancy Diekelmann, PhD, RN, FAAN  
 Helen Denne Schulte Professor  
 University of WI-Madison  
 School of Nursing, H6/246  
 600 Highland Ave.  
 Madison, WI 53792-2455

Please retain one of these copies for your records and return the signed copy in the enclosed envelope. If you do not wish to participate, kindly return both copies unsigned.

Thank you. If you have any questions about the rights of research subjects, please contact the University of Wisconsin Hospital and Clinics Patient Relations Representative at \_\_\_\_\_

## Appendix C

Dear \_\_\_\_\_ (name of student)

Thank you for your participation in a research project designed to explore the nature of changing nursing education through the eyes of students! Your participation in the distance desktop faculty development study is most welcomed! In this study, Trying Something New: Reforming Nursing Education Through Enacting Narrative Pedagogy Using Distance Desktop Faculty Development, I am investigating the experiences of students who have teachers that are "trying something new" in their teaching practice. This study is a subset of the Narrative Pedagogy project at the University of Wisconsin-Madison that is exploring alternative approaches to nursing education.

I will be contacting you as soon as possible to arrange a mutual time for a telephone interview. If you have not already done so, please fill out the enclosed consent form at your earliest convenience. In anticipation of your interview, please reflect on a time or times during the past year when you had a teacher that "tried something new" in his or her class or clinical and what that experience was like for you. I am particularly interested in what it means to you when a teacher tries something new and teaches the course differently. When you tell your story to me try to provide as much detail as you can as if you were in that experience again rather than stepping back and analyzing it or describing it from afar. After you tell your story, please describe how this story is important to you and what it means to you.

These are exciting times for us in nursing education! Students are actively participating in nursing research and making a big difference. Hearing your story helps better understand how to change nursing education to be more student and teacher-friendly. With your help, the stories of students in nursing education will contribute to preparing future nurses for excellence in nursing practice. I look forward to interviewing you. If you have any questions, please do not hesitate to contact me at the above address, by phone ( [REDACTED] ) or by e-mail at [REDACTED]. I am most appreciative of your participation in this study.

Sincerely,

Martha M. Scheckel RN, MSN  
Doctoral Student/Research Assistant.