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[Teaching and Learning]

[Previous Article](#) | [Table of Contents](#) | [Next Article](#)

Narrative Pedagogy: Heideggerian Hermeneutical Analyses of Lived Experiences of Students, Teachers, and Clinicians

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[Back to Top](#)

▼ Abstract

Research-based innovation in nursing education is needed to address complexities in both educational and clinical environments. This 12-year study describes Narrative Pedagogy that arises out of the common lived experiences of students, teachers, and clinicians in nursing education. Narrative Pedagogy as sharing and interpreting contemporary narratives is a call for students, teachers, and clinicians to gather and attend to community practices in ways that hold everything open and problematic. It utilizes conventional, phenomenologic, critical, and feminist pedagogies, along with postmodern discourses to revision nursing education. Narrative Pedagogy emanates out of interpretive phenomenology. The Concernful Practices of Schooling Learning Teaching are common experiences that belong together and co-occur and provide a new language for students and teachers. They will be explicated in the context of three narratives. Narrative Pedagogy is described as a research-based, innovative alternative for reforming nursing education.

Nursing education today is faced with an increasingly diverse student body, more complex and acutely ill patient populations in hospital and community settings, and a rapidly changing health care system. Innovation is needed to address complexities in both educational and clinical environments.¹⁻⁵ This 12-year study describes an innovative approach—Narrative Pedagogy—that arises out of the shared experiences of students, teachers, and clinicians. Narrative Pedagogy emanates from research using interpretive phenomenology to hermeneutically analyze the lived experiences of students, teachers, and clinicians in nursing education.

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Outline

- [Abstract](#)
 - [DESIGN](#)
 - [METHOD](#)
 - [DATA ANALYSIS](#)
 - [NARRATIVE PEDAGOGY AND THE CONCERNFUL PRACTICES OF SCHOOLING LEARNING TEACHING](#)
 - [Leticia Standing Tall: A Nursing Student Story](#)
 - [EXPLORING NARRATIVE PEDAGOGY AND CREATING NEW PEDAGOGIES FOR NURSING EDUCATION](#)
 - [A Brilliant Lecturer with Something Lacking: A Teacher's Story](#)
 - [INTERPRETIVE PEDAGOGIES AND BEYOND: NARRATIVE PEDAGOGY AS CONVERGING CONVERSATIONS](#)
 - [Engendering Postmodern Nursing Communities: A Clinician's Story](#)
 - [SUMMARY](#)
- [REFERENCES](#)

The literature abounds with a cacophony of voices centered on educational reform through creating, critiquing, or deconstructing pedagogies. Pedagogies are particular approaches to schooling, learning, and teaching. Within this reform, there is a shift from the curriculum and instruction models of conventional pedagogy (eg, outcomes- and competency-based education, problem-based learning, and critical thinking frameworks) to alternative interpretive pedagogies (eg, critical, feminist, phenomenologic, and postmodern).⁶⁻²³ In the former, concerns center on selecting and sequencing knowledge to achieve the specified outcomes and learning experiences preplanned by the teacher. In the latter, the concerns focus on presenting multiple epistemologies (knowledges), exploring ways of knowing and practices of thinking, and interpreting as central to understanding the nature of experiences.

For example, in the conventional pedagogies, experiences are prespecified in terms of objectives, and evaluation of learning is linked to outcomes. Within the alternative, interpretive pedagogies, there is a shift to critiquing, examining, exploring, and deconstructing the experiences experienced by students for their meanings and learning. New understandings are available as guides in creating and participating in reform. It is dangerous, however, to make these discriminations too distinct, because as-lived they exist side by side. That is, although interpretive pedagogies can be *contrasted* with conventional pedagogy, each exists within and alongside the other, despite their profoundly different commitments to theory, knowledge, knowing, experience, language, and political and social discourses. Reforming nursing education is occurring through critiquing and deconstructing conventional and interpretive pedagogies, as well as creating new pedagogies that are site-specific. Narrative Pedagogy as experienced engenders community and provides new insights and understanding to guide site-specific reform. This study describes a new pedagogy identified from research in nursing education—a pedagogy for nursing, derived from nursing research. Narrative Pedagogy revisions nursing education and provides neoteric approaches to schooling, learning, and teaching.

This study identifies and describes the common experiences of students, teachers, and clinicians in nursing toward reforming nursing education. Students, teachers, and clinicians were interviewed, and the transcriptions of these interviews were hermeneutically analyzed for their common experiences and the shared meanings of schooling, learning, and teaching. After 2 years of interviewing, the Concernful Practices of Schooling Learning Teaching were identified. At that time a new pedagogy also was discovered—Narrative Pedagogy. In naming this pedagogy, it was created. Interviews are continuing, and Narrative Pedagogy is being explored, extended, and challenged at pilot sites. Seven US pilot site schools of nursing and two international schools, representing all levels of nursing education from diploma through doctoral programs, are exploring various ways that Narrative Pedagogy can assist in reforming their schools. Many of these schools are utilizing an annual all-school storytelling day in which students, teachers, and clinicians gather to share their narratives as a central activity in reforming the curriculum. Other schools are using Narrative Pedagogy to focus on processes such as teaching, interpreting, and reading situations as an adjunct to course content. Increasing understanding is a central commitment of this study; specifically, the ways that Narrative Pedagogy arises out of the interpretation of common experiences illuminate how extant practices in nursing education open up and close down on the possibility of reforming contemporary education.

Narrative Pedagogy is an example of the nature of contemporary reform in nursing education. It is not using storytelling as a strategy for learning. Nor is it a pedagogy as such. Rather, Narrative Pedagogy as sharing and interpreting contemporary narratives is a call for students, teachers, and clinicians to gather and attend to community practices in ways that hold everything open and problematic. Narrative Pedagogy is a gathering of all the pedagogies into converging conversation such that the possibility for anything to show itself is held open. The pedagogies that arise in this way are site-specific and cofounded in all that already is.

DESIGN

Participants for this study were recruited widely from listservs, meetings, institutes, and conferences, as well as from the pilot site schools. This is an ongoing study in which over 200 students, teachers, and clinicians have been interviewed to date and represent all levels of nursing education in 40 US states.^{1,24-29} The Human Subjects Committee at the University of Wisconsin-Madison has continually granted approval for this study. Informed consent has been given to ensure each participant of confidentiality. Nonstructured, audiotaped interviews have been completed in person or by telephone. Participants were asked to respond to the following: "Tell a story about a time that reminds you of what it means to be a student, teacher, or clinician in nursing education." A transcriptionist, experienced in interpretive research, transcribed each audiotaped interview verbatim. All identifying information was deleted from the transcribed text and replaced with pseudonyms that were used throughout the data analysis and in this research report.

[Back to Top](#)

METHOD

The hermeneutical approach, used in this study to analyze interview texts, is briefly summarized here.³⁰ There is danger in identifying and describing hermeneutical scholarship as a method in the traditional sense. Doing so suggests a linearity and structure that belies the circular, seamless, fluid nature of this reflexive, reflective approach to inquiry. Yet, failing to describe the method in a sequential manner implies a lack of rigor or thoughtlessness that does not reflect the scholarliness or the meticulousness of hermeneutical research. The central issue is perhaps one of depth and detail. For a more detailed description of hermeneutical methodology, the reader is referred to texts in which the hermeneutical approach is more fully explicated.³¹⁻³⁴

Interpretive phenomenology, specifically, the work of Martin Heidegger,³⁵⁻³⁸ Hans-Georg Gadamer,³⁹⁻⁴¹ and Maurice Merleau-Ponty,⁴² was the background for this study. As the interpretation of interviews progresses, the researcher and team members study philosophic texts to challenge and extend their underlying interpretive thinking. These philosophic texts, because they explicate the human way of being, assist the interpreters in their thinking and in staying focused on identifying common experiences or practices. This study describes the common experiences (identified as themes and patterns) of students, teachers, and clinicians in nursing education.

In longitudinal studies such as this, interpretations are done by the researcher individually and at times by a research team composed of the researcher, graduate students, experienced interpretive scholars, and study participants. To begin the hermeneutical analysis, each interpreter reads the text in its entirety to obtain a general understanding. Common themes are identified. A theme is a recurrent category that reflects the shared experiences and practices embedded in the interview texts. Themes are compiled using MARTIN ⁴³ and a version of Microsoft Access to provide later retrieval and to document the cycles of each interpreter's thinking throughout the analysis. Team members identify themes within each interview, as well as themes that cut across interviews. When a research team was used, weekly sessions were held during which team members read the written interpretation of the themes with supporting excerpts from each interview. Similar analyses by other members followed; dialogue among team members clarified the analyses. With succeeding interviews, each team member's interpretation of the themes was compared with other team members' interpretations for similarities and differences. Any discrepancies in the interpretations were clarified by referring back to the interview text or reinterviewing participants. A similar process was followed by the author when doing the interpretations individually.

Themes identified across interview texts were documented and explored further. Interpretations generated previously were reread and studied to see if similar or contradictory interpretations were present in the various interviews.

Underlying hermeneutical analyses is the assumption that no single correct interpretation exists; however, the researcher continually examines the whole and the parts of the texts with constant reference to the participants to ensure that interpretations were reflected in the text. Whenever conflicts arose among the various interpretations of the interviews, team members or persons consulted by the author explored further the conflicts, and extensive documentation was provided.

Throughout the study the researcher and team members also read widely and brought texts from varying perspectives (critical, feminist, and postmodern) to bear on emerging interpretations. In this way the author holds the identification of themes and patterns and the accompanying interpretations open and problematic. Team members wrote critiques of the themes, patterns, and interpretations. The purpose of critical hermeneutics within this interpretive phenomenologic study was to challenge, extend, support, or overcome the themes and patterns being identified.⁴⁴ Thus, the researcher and the research team proceeded in "cycles of understanding, interpretation, and critique,"^{31(p116)} viewing all interpretations as complete but never ending.²⁸

At any time during the hermeneutical analysis patterns may emerge. A pattern is present in all the interviews and expresses the relationship among the themes; it is the highest level of hermeneutical analysis. In this study, the Concernful Practices of Schooling Learning Teaching emerged as patterns in the context of nursing education. They describe the common, shared experiences of teachers, students, and clinicians as they gather for learning and provide a new language for nursing education. The Concernful Practices are not methods or strategies for classroom instruction but rather describe how teachers, students, and clinicians experience teaching and learning. In this way, the Concernful Practices articulate the common and shared experiences—what matters about education.

The Concernful Practices of Schooling Learning Teaching are:

- * *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

The author provided the opportunity for research team members and two outside interpretive researchers to review the entire analyses in this research report for plausibility, coherence, and comprehensiveness.³¹ In addition, participants in the study were asked to read interpretations of their interviews, as well as the interviews of other participants, to confirm, extend, or challenge the analysis. Students, teachers, and clinicians who were not included in the study and were unfamiliar with the research method but likely to be readers of this study, reviewed the written analyses. In this way, unwarranted and inaccurate interpretations not supported by the data were exposed.⁴⁵

The role of the interpretive researcher in the unending conversation is to

listen to many narratives—the contemporary embodied experiences of schooling, learning, and teaching shared by students, teachers, and clinicians in nursing education, to hear the familiar and the common. In selecting a narrative that embraces the familiar, the researcher does not attempt to show the correct interpretation among many interpretations. That is, the researcher does not seek to clarify and evaluate already known interpretations. Rather, the researcher seeks to reveal hidden interpretations and bring them to light. The researcher does not stop at what the participants say, but goes behind the text and asks what the participants could not or did not say. The finished and final interpretation of the text is not its innermost interpretation, but it is as Palmer 46 describes, "the inner ... struggle, which was at work in the creation of the text."^(p52) Thought of in this way, interpretations are not just reinforcing current or historic understandings that are so familiar in the contemporary explanations and understanding of schooling, learning, and teaching. Retrieving and restoring are a part of hermeneutical interpretations. The researcher seeks to uncover, through layers of misinterpretations, what shines through. In this way the researcher attempts to take a stand in the center of what is said and unsaid. Yet the interpretations of the researcher are not a simple return to the past but a *new* event of disclosure.

When conducting hermeneutical interviewing, the question arises, do the interpreters understand the participants better than the participants understood themselves? Palmer 46 explores this question in the context of interpretive phenomenology.

Does one, then really understand an author better than the author understood himself? No, for the author was in the full circle of considerations, which animated his composition; one does not understand an author better but differently. In *On the Way to Language*, Heidegger, in his famous conversation ... explains that his aim is to "think Greek thought in a more deeply Greek way." ... He is asked if this means to understand the Greeks better than they understood themselves. No, not so much that as to go back into not only what was thought and spoken but what was unthought. Heidegger wishes to penetrate the backdrop of Greek thinking as it came to appearance: in the creative emptiness and nonbeing behind its positive emergence may lie a clue to another kind of thinking, another grasp of being, truth and language. Until this is done, thinking will be mere objects, and the world human's plaything. What is needed is not more steps forward in the development of presentational thought but a "step back out of the merely ideational, ie, explaining, type of thinking" to a meditative (*andenkende*) thinking.⁴⁶^(p80)

This research report presents narrative exemplars from the interviews to allow the reader to participate in the analysis. The purpose of a hermeneutical research report is to provide the reader with a wide range of explicated text, so that common practices and shared experiences can be recognized by the reader participating in the analysis. It provides the reader with an increased understanding of the meaning and significance of these explicated experiences and the hermeneutical interpretation offered.

[Back to Top](#)

DATA ANALYSIS

For 12 years the researcher has analyzed stories hermeneutically for common themes or experiences of students, teachers, and clinicians and has discovered that significant innovation is present already in individual classrooms, using extant resources and expertise, and offering substantive possibilities for more wide-scale reform. *New pedagogies are often local and site-specific and cannot be imported by another school, but the processes of thinking and the evolution of the new pedagogies is generalizable.* Narrative Pedagogy emerges out of the explication of these common experiences through challenging the self-evident, taken-for-granted assumptions of schooling, learning, and teaching. Through showing what is, Narrative Pedagogy provides a way and a place for students, teachers, and clinicians to explore, critique, and deconstruct the contemporary practices of schooling, learning, and teaching. In this way, Narrative Pedagogy assists teachers,

students, and clinicians to interpret what is familiar and at-hand in new ways.

In the explications of narratives, the insights of science and a rational approach to understanding schooling, learning, and teaching are embraced, while they are also critiqued for their dangerousness—for their hidden use and practices of objectification and use of a will to power. Likewise, there are insights gleaned from shared experiences that reveal practical wisdom and knowledge. These shared practices will be critiqued for a privileging of language and experience and a use and abuse of language as power. Within this hermeneutical circle, the background practices that are revealed through explications of contemporary experiences in nursing education are explored. As the interpretations and explications of these shared experiences emerge, the movement is toward an interpretive phenomenology that reveals the constitutive nature of schooling, learning, and teaching.

In this longitudinal study, Narrative Pedagogy and nine patterns or practices of students, teachers, or clinicians emerged. Called the Concernful Practices of Schooling Learning Teaching, these patterns offer a new language to describe the shared experiences of students, teachers, and clinicians in contemporary nursing education. These Concernful Practices show up in narratives and co-occur and confound each other. They are inclusive of both positive and negative practices. For example, a teacher can practice *gathering* in ways that bring out and call forth the best in students. Conversely students can be gathered in ways that close down, encourage disengagement, and make students fearful. Similarly, students can gather teachers in ways that call forth the best in teachers or that close down and discourage teachers. These practices are present in students', teachers', and clinicians' narratives. Out of the interpretations of the narratives in this study, the common practices and shared meanings of Narrative Pedagogy are described. These narratives are explicated. Embedded in these narratives are many of the Concernful Practices.

[Back to Top](#)

NARRATIVE PEDAGOGY AND THE CONCERNFUL PRACTICES OF SCHOOLING LEARNING TEACHING

[Back to Top](#)

Leticia Standing Tall: A Nursing Student Story

I was 23 and my husband had just left me and I had two small babies. I was working in a nursing home and a nursing student in my senior year. ... As I began the semester, I didn't know if I could make it through. The second week of classes when my husband left me I was so ashamed and crying all the time and I didn't know if I would make it through school and I worried for my life. ... I remember the clinical instructor because she seemed harsh and I think she got off on the wrong foot with a lot of the students. You know how some teachers do when they think they are being clear but actually they are being cold and just making you scared. I am a private [person] and wanted no body to know what was happening to me.

After 4 weeks I was really in trouble at school. I owed the teacher three care plans and after I would get the babies to bed and I would fall asleep doing my care plans ... working and going to school and the sitter ... I was almost out of money. I cried so much and then my mama moved in. She knew I was having trouble with my husband ... [pause] I came home one day from work on my way to a night class and there she was. She had let the sitter go early and she said to me, I am here to take care of you all ... stay in school. We could have moved the kids to her place but we had the sitter here ... my dad died years ago so my mom was alone. ... She worked all the way across town so she would leave before I was up and I would get the children fed and ready ... [pause] and my mother would take care of them in the evening. She made me study and she helped me out even with money ... one week she paid the sitter.

I remember a class where we were talking about death and dying ... and I was thinking you can die and live at the same time—I cannot meet my basic needs ... I have no health insurance, no money, the food is running low—death and dying doesn't mean leaving this earth. ... I looked at the woman next to me who came from the suburbs and had the most beautiful sweater on. I had Goosebumps on my arms as I drew the only sweater I had that was decent around me. I was cold all the way home on the bus. I was shivering when my mama got up late to check on me ... as I was trying to study for a test the next day in another class ... [pause] I went to bed cold.

Winter came on and the children had one cold after another and earaches and ... my grades were really teetering around the C level ... my mama was always praying for us and I ... just kept on as best I could. Then one day I gave the wrong medication and I thought I would break down ... one of the staff nurses, not even the one I was working with, took me aside ... and said, you will be OK. I will talk to your instructor. We all make mistakes. [pause] She said you OK?—I think you need coffee— ... 10 o'clock I will come find you. ... [I] was in the middle of something and she helped me finish. She said as I went through the line ... get an apple too. You need food. ... When we sat down she said, you have what it takes, how can I help you. ... I couldn't tell her what was happening but just asking—imagine she was sort of a stranger actually. ... All I remember about our break together—short as it was—was that there was one nurse who cared about me making it through school and becoming a nurse. ... We all know we will never be teachers but every student wants to be staff nurses! I didn't say much of anything to her but I felt she really *listened to me* ... I even remember laughing with her and it had been a long time.

When I came home that night after work my mama was up sleeping in a chair. She got me some cocoa and as I sat at the kitchen table and she went into her bedroom and came back with a sweater. She put it on me and said, "Child—can you imagine she called me child and I was 23! Child she said, stand tall and share your love. She had knit me a sweater. It was made of all different colors and then I recognized the yarn from a winter scarf of my Dad's and the yarn from my first son's blanket she had knit...I wore that sweater all winter and in Spring I graduated somehow ... we moved mama back home in June.

I have a new life now and I rarely wear that sweater. It is not a beautiful sweater and the colors clash ... [pause] but I love every stitch of that sweater and my mother who through her love showed me what I could do. And I know I will never find that nurse again who saved my life—I remember nothing about her and didn't even see her much after that day on the unit. But in memory of her and my mama I stand tall and I try to share my love with every student I am near. It is easy to forget how just little things can matter and make all the difference.

The Concernful Practices or patterns resonate throughout this narrative. Leticia describes how a clinical instructor got "off on the wrong foot with a lot of students" as the teacher *gathered* the students into the course. Leticia feels the instructor is "harsh" and as a "private person" describes suffering in her personal life. With little money and enormous caretaking responsibilities, Leticia finds her future in nursing school closing down as she gets more and more behind in school and her grades teeter "around the C level." She sees herself as isolated from the classroom community as she shivers in an old sweater while observing a student colleague, "a woman next to me who came from the suburbs and had the most beautiful sweater on." *Questioning* if she can meet her basic needs, Leticia's mother moves in to help her. She cares for Leticia, making cocoa and knitting her a memorable sweater. One day Leticia makes a medication error and fears she will "break down." It is a staff nurse who *knows* and *connects* with her and *presences* herself with Leticia, telling her, "I will talk with your instructor. We all make mistakes." The staff nurse *attends* Leticia and takes her for coffee and something to eat. She *keeps open* Leticia's future of possibilities by caring for her. Later as Leticia reflects on this experience, she describes the meaning and significance of this event. The tapestry of this experience makes Leticia mindful of how easy it is "to forget how just little things can matter and make all the difference."

Alternative pedagogies, such as Narrative Pedagogy, often arise out of challenging self-evident assumptions. For example, this narrative challenges the self-evident assumption that a teacher's clear communication will reduce student anxiety, when in Leticia's experience this practice was experienced as frightening. Leticia's narrative also illuminates and holds open how teachers understand the significance of day-to-day experiences on students' progress in school. In contemporary nursing education, there is little discussion on improving the resources and personal lives of students beyond scholarships and child care. How many students are homeless and living in poverty?¹⁸ Would improving the day-to-day lives of persons in the United States be a meaningful approach to reforming nursing education?^{16,17} Leticia describes how a staff nurse makes all the difference in dealing with a medication error and staying in the program during very difficult times. How open are faculty to acknowledging, bearing witness to, and learning the ways clinicians influence students? In Narrative Pedagogy, how invisible the role of clinicians and other health care team members in supporting students in learning is revealed. This does not mean that teachers cannot also be important support persons to students, but in interpreting student experiences in Narrative Pedagogy, new possibilities are granted to ponder what might otherwise go unnoticed.

This narrative also makes visible the commitments of students to pursue a career in nursing. Who cannot admire the resilience and courage, the grace and wherewithal of Leticia as she struggled? Together with her mother, she made it successfully into nursing practice. Keeping stories like this in front of students, teachers, and clinicians makes everyone mindful of the importance of community and the challenge to put efforts evermore into community practices. Narrative Pedagogy points toward the efficacy of creating communities of fairness and respect with limits and boundaries.

Concern for community practices and the role of community in learning is a cutting edge problem in nursing and higher education. There is more than a verbal tie among the words common, community, and communication. These are central themes that emerge in explicating the study narratives.

[Back to Top](#)

EXPLORING NARRATIVE PEDAGOGY AND CREATING NEW PEDAGOGIES FOR NURSING EDUCATION

Narrative Pedagogy exists within and arises out of conventional pedagogies. When teachers and students reflect on and interpret their experiences, the common practices of conventional pedagogies show up. For example, in outcomes education or conventional pedagogy, there is a teacher-centeredness in which the teacher prespecifies not only learning objectives or outcomes, but also the assessment of learning.²³ Outcomes and evaluation are linked closely.^{13-15,22} This following narrative account reflects the dangers in a teacher-centered pedagogy that puts the ultimate power in assessing learning in teacher decisions. The utility and assurance afforded by objectives are violated as this teacher, "a brilliant lecturer," in assessing learning rigidly, uses her personal authority oppressively in interpreting the objectives. What can get covered over until the narrative is explicated is not that the link between objectives, learning, and assessment is unhelpful, but that what really matters is how teachers interpret them.

[Back to Top](#)

A Brilliant Lecturer with Something Lacking: A Teacher's Story

One of our teachers is a brilliant lecturer. And yet, when it comes to dealing with people, something is lacking. She makes up all the exams herself because she thinks everyone else's questions are "stupid, or too easy," and she tells the other lecturers so. She takes great pride in giving "killer" tests, and when the students fail them, she says the students are stupid. She believes that there is only one correct answer to each question, and it's hers. We all know that even on the best

of exams, there will be one or two questions that are unclear, and she will admit that, but will never accept an additional answer for that question, even when the students are correct. For example, when the students bring such a question to her attention, she will admit they [the students] are correct, and tell them she'll fix the question on next year's exam, but she still won't give them credit for the correct answer. On a few exams, she included a diagram or a rhythm strip that didn't photocopy well, so depending upon how the student read it, either of two answers were definitely correct. While she admitted the copies were poor, she still refused to accept the additional answer. So she often has several students who are either failing or receiving borderline grades, not because they don't know the material, but because they haven't had the experience necessary to pick the answer she wants. The stress on the students as they take the exams is awful. They're crying, sick and shaking.

The teachers in the other sections will accept second answers on unclear questions [when they see the student understands the material], or what's even worse, they sometimes key in a different answer altogether, because often two answers are correct. Now if the faculty can't agree on the best answer, how can the students be expected to?

This semester seven of my clinical students were in danger of failing—a couple due to language problems, another a single parent with monumental personal problems, others who definitely knew the material and the rationale, but just picked the other right answer. I held tutoring sessions twice a week helping them to discern the way their lecturer thinks! When their grades started to pick up, she said it was because, "the stupid ones are finally studying." In the end, six of the seven passed; the seventh failed by 1/10 of a point! I offered to go over the previous exams to see if we could find her the additional .1 point because I knew she was one of the students who had chosen the other right answer several times. But the lecturer refused, saying, "I don't do that." Now I'm not suggesting we pass students who don't know the material, but nothing will be gained by making this student repeat an entire year, because she already knows the material. She just hasn't mastered thinking the way this lecturer thinks! To make matters worse, if she had been in another section, she definitely would have passed, and her grades probably wouldn't have been borderline to begin with.

This teacher *gathers* students into a course fearfully, and from the beginning she makes clear to her colleagues, who team teach, that learning is "one correct answer to each question, and it's hers." Challenged is the common assumption in conventional pedagogy that when student interpretations of questions or answers differ, it is the teacher who has the power and authority to prevail—even when her answer is wrong. "She will admit that they [the students] are correct, and tell them she'll fix the question on next year's exam, but she won't give them credit for the correct answer." This teacher has crossed the line and is using her power to control the students. The injustice, oppression, and reproduction of power in this narrative resonate too frequently in the interviews of this study.

Conventional pedagogies are often critiqued by phenomenologic, feminist, critical, and postmodern approaches around issues of power, gender, race, ethnicity, and the grand narratives of institutionalized, conventional education. It would be easy to dismiss this story as one about an oppressive teacher or a teacher who is inadequate or unskilled in test writing who responds by becoming rigid and defensive in grading. And it is that story. But it is also the story of a community of teachers that fails to set limits and boundaries on the oppressive behavior of their faculty colleague, all the while, as individuals, they struggle to be fair and helpful to students experiencing the oppressive grading practices. Imagine trying to prepare students for an exam when the "faculty can't agree on the best answer!"

Conventional pedagogy has and continues to serve nursing education well. However, there are also limitations. For example, has conventional pedagogy become a *totalizing* narrative in that these oppressive practices are ignored and tolerated?²¹ Narrative Pedagogy reveals how critiques of teacher-centered

pedagogies include more than concerns about power. They also include such concerns as: How do faculty "police their own ranks?"^{7,13} How do experienced teachers learn the quality of their present exams? Has nursing care and nursing knowledge become so complex that it is nearly impossible to write test items that can be interpreted only one way? Perhaps to avoid this inevitability, teachers are making questions so detailed and explicit that they become either too obvious or too open to interpretation. Maybe what is challenged is not the skills of writing tests, but how narrowly conceptualized are tests, testing, grading, and evaluations. Narrative Pedagogy reveals the need to explore all taken-for-granted assumptions of testing and grading as well as the relationships among these and learning. Tests and testing have become objectified or reified to mean only a very limited group of "objective" approaches. Thought of more broadly, it could be that teachers test students every time they offer a really tough question or present a complex scenario or "what if ..." for students to think about. Thought of in this way, testing would be like a call—a teacher inviting students into thinking, akin to saying, "come along and think about this." In this way the teacher could "test" how complex students' thoughts are becoming, how they tolerate and negotiate ambiguity, and how they question current knowledge and practice. Perhaps in conventional pedagogies, teachers have conflated tests, testing, and grades. Have tests been universally co-opted by objectivity to the point of absurdity? Are the alternatives of essay exams and papers likewise ruled out as too time consuming? Are other alternatives disregarded and considered too subjective or too hard to grade fairly? Through interpreting the common experiences of students, teachers, and clinicians, Narrative Pedagogy provides new insights, such as pointing to the need to persistently ponder those issues that seem to have no alternatives.

This narrative also reflects the centrality of *engendering community*—how limits are set or not set on faculty performance, and how teachers in this situation keep open a future for students by coaching them to get through oppressive situations. In this case, the narrator has "tutoring sessions twice a week" to help students prepare for tests, and a faculty colleague helps students to "discern the way their lecturer thinks." Through the efforts of these teachers, six of the seven students pass, but the teacher's oppressive behavior remains unchallenged. Perhaps the issue is that faculty did not set limits, but they did not do nothing. How will teachers open the doors of their classrooms and begin to work together to set limits on the power of colleagues who cross the line and become oppressive?

Explicating narratives in Narrative Pedagogy is practical and committed to increasing understanding toward reforming nursing education. In the next story, the school shows how to overcome oppressive teaching practices by rallying and confronting a teacher's unfair decision not to change a grade.

I work with a difficult faculty, at best—always sniping at each other, too competitive, not collaborative enough. ... This semester we had a crisis in clinical testing. Two students, who were passing academically and doing very well clinically, failed clinical tests. IVPB, didn't regulate the drip properly; and giving an injection, didn't wipe with alcohol—and were to be failed clinically and forced to repeat the semester. They had both performed these skills several times in the hospital without difficulty. I talked to a couple of people about the insanity of a policy that eliminates good students for such a ridiculous reason, and they were permitted to file a grievance and be retested. They both passed, but the faculty member who failed the student on injections was furious and said she wouldn't change the grade.

The chair called an emergency faculty meeting, prior to which I passed out [an article that had an alternative pedagogy and a lot of examples]. The response to [the] article was overwhelmingly positive—they could all relate to every single excerpt. We are now changing the policy. The testing procedure we had, which was horrendous, has been eliminated. The students will come to us when they feel they're ready to be checked out on a skill, and they can keep being rechecked until they can do it right—even if it takes the entire semester. Both students have received passing grades! And we had the most collaborative and productive meeting any of us have ever seen.

In this narrative the teacher *attends* and advocates for the students, and when a faculty colleague refuses to honor the new grades, the community responds with an "emergency faculty meeting." A source of new ideas, literature on alternative pedagogies in nursing, is used to introduce some new possibilities for the community of teachers to explore. Often the alternative pedagogies are described using narratives or "excerpts" that have a practical focus. This literature has utility and could become less anecdotal and more research-based. *Interpreting* this narrative reveals the movement toward an alternative pedagogy, even in the midst of a predominance of conventional pedagogies. Narrative Pedagogy that arises out of interpreting narratives creates experiences that show how new pedagogies are being developed and are a more common occurrence than perhaps previously known. This narrative reveals how by engaging in Narrative Pedagogy, the possibility for new ways of thinking exists, even in the midst of oppressive practices. Narrative Pedagogy gathers and explores contemporary successes and failures in nursing education into converging conversations that can guide substantive reform.

[Back to Top](#)

INTERPRETIVE PEDAGOGIES AND BEYOND: NARRATIVE PEDAGOGY AS CONVERGING CONVERSATIONS

What is the difference between an interpretive pedagogy and a new pedagogy? The interpretive pedagogies in higher education generally are considered to be critical, phenomenologic, feminist, and postmodern discourses. In higher education literature, new pedagogies, such as pedagogies of discourse and difference, proliferate. Each of these attends to varying commitments of each of the alternatives. For example, *Narrative Pedagogy is a new pedagogy for nursing with significant commitments to interpretive phenomenology; however, it also creates a space and place for conventional and alternative pedagogies to converge and for new pedagogies to emerge*. In this way, Narrative Pedagogy is an alternative approach that uses all pedagogies while it revises nursing education and creates new possibilities for schooling, teaching, and learning. Narrative Pedagogy is a converging conversation that is not simply a melding of conventional, feminist, phenomenologic, critical, and postmodern perspectives. It is a commitment to unending conversations that call forth and embrace, while also moving beyond issues of power, critique, and deconstruction.¹

Hermeneutical analyses that explicate the meanings and common practices (patterns) embedded within the texts reveal how understanding nursing education as constituted by patterns contributes to converging conversations. Converging conversations are committed to practical discourses that describe the wisdom and practical knowledge gained through experiences in schooling, learning, and teaching that can be utilized in reforming nursing education. *Narrative Pedagogy as converging conversations is unending*. Perhaps substantive reform in nursing education begins with teachers, students, and clinicians gathering to discuss what is taken for granted and always assumed; issues such as: What is learning in nursing education? Is it a change in behavior? What is teaching? How do students know when they are well-taught? How do you learn nursing practice through experience? Is practice education the application of theory in practice settings? In the context of nursing education, converging conversations constantly challenge the self-evident assumptions of conventional pedagogy while they seek new understandings of schooling, learning, and teaching. *Converging conversations are self-reflective in that they are a recovery of the embodied experiences of schooling, learning, and teaching*. Nurses, teachers, and students do know and are familiar with and experienced in schooling, learning, and teaching. Thus, the nature of these phenomena is familiar and at-hand. These unending conversations about the nature of contemporary experiences in nursing education are also historically situated. They are constituted by the historic understandings that are embedded within the practices of schooling, learning, and teaching. Care must be taken to not valorize converging conversations and remove discourse that calls for action. Through continuing research, particular converging conversations are being located. These include critiques and deconstructions of extant contemporary practices. For example, challenging teachers to consider how they as a faculty and as individuals decide not what to put into a course or curriculum, but what to leave out, is a converging conversation that has helped pilot schools in reforming

their curricula.¹ Converging conversations—the bringing of all pedagogies to bear through dialogue and debate—also is committed to having all the voices of nursing and paths to knowledge and knowing become a part of the unending dialogue.

Substantive approaches to reforming nursing education are revealed in contemporary narratives.⁴⁷⁻⁴⁹ For instance, this clinician shares her experience in reforming schools of nursing in her community.

[Back to Top](#)

Engendering Postmodern Nursing Communities: A Clinician's Story

The teachers used to worry about the students being used as staff ... and the staff used to worry about being told to stay home because we didn't have enough patients and the students were here ... or we had no time to teach students in addition to everything else ... and all of us worried about students making mistakes and getting sued. ... Teachers can't keep their skills up and are uptight about it.

Interviewer: What's changed?

HA! [deep laugh] The teachers are desperate for clinical sites and we are down four FTEs ... they for sure can't keep their skills up, we hardly can. ... Our patients are sicker than ever. And ... you know what ... the more students do, the less mistakes they make. We seem to be proving ourselves wrong about a lot of things.

Another nursing manager describes a process that began with a meeting she called at her community agency of the deans of two associate degree programs and one university program. She invited the deans to also bring along two of their clinical faculty. At the time she recounts:

I was down 2 FTEs, expecting to lose another—hearing that other city clinics were closing, we were worried we'd be closed—"When I hear 'co-consolidating services,' I think closing neighborhood clinics." ... One of the AD [associate degree] faculty when she was with us was always different with her students ... like she always said to me, how can we help out today ... so I thought why can't the students help out more ... I mean really help ... not just their teacher's assignments but help us out [too].

She talks frankly with the deans and faculty at the meeting she calls.

We got to talking [about] students and clinicals and I asked ... can't the students work together and help us care for some of our families? It was amazing they all said sure. So then I started giving orders [laughs]. ... One I told to send more beginning students on the days when we run peds clinics to relieve staff to make more home visits ... they could help us get intake data from our moms. ... Another I said, give us more grad students to do follow-up assessments, especially with ventilator babies growing up and our elderly ... we need the grad students also to take students from both AD and university programs into the homes with them so they get comfortable ... before they could say no, I quickly told them that then toward midsemester the students could do some of the follow-up visits we are so far behind in ... there was a silence [after I said that] as the schools are not used to working together.

This experienced manager knows how to build new partnerships as she attends to engendering community. She challenges the schools of nursing to join forces in preparing students to practice, while the students become more involved in delivering needed services. This nurse manager is using community-driven service education, an important new pedagogy in higher education. She continues:

I knew the university need[ed] clinical sites for their FNP [family nurse practitioner] students ... so I said, if I can get you a preceptor and the space you need, will you "join forces" here? That's how I talked to all the deans and some of the faculty too. ... It was a good meeting. ... Everyone behaved. ... I told them, you all should come on the same days so we can ... join forces and also get to know each other. ... It worked and now they [faculty take turns] ... and share having post conferences and clinical rounds and ethics seminars ... gosh [laughs] ... being so short staffed has been good sort of ... I give my people some relief on the days students are here and then students working together is good ... more ADs are going on for [their] BS degree and ... several say [they are going on] for NPs.

Interviewer: What changed or is changing today as staff cuts have deepened?

We plan our clinics now around the students being here and the deans and faculty are all in on this ... most of our clients live in poverty, are uninsured, we are down now 6.5 FTEs ... we need our students to help us. ... This community is suffering and they can help. ... A couple of the AD faculty have really helped make this go.

This clinic nurse manager describes new partnerships among different levels of students from the same school and among students and faculty from different schools of nursing.

the first day I and the teachers—we get the schools together—all the students. The best semesters are when all three schools are here on the same days. I meet with them all and hand out agency name tags with the title CLINICAL ASSOCIATE-NURSING. That was my idea. ... I remind them it's dangerous to do something you're not sure about ... to never forget they are *student nurses* here to learn. ... But I also tell them it's ugly to not help out with nursing care if you can. ... I tell them, [if you are one of] the beginners ... you can play with a toddler and show a mother your delight in her babe or better yet, watch the baby while she drinks her coffee! ... I tell them, if a phone's ringing and ringing, pick it up and do the best you can. Or look stuff up for us—do us an inservice like the seniors can do real well sometimes. ... I make sure they [the students] hear from me, that there's no time like the present to learn the small talk and small things nurses do like helping [someone] out of a taxi or recognizing someone on a repeat visit to the clinic. Here at [Clinic A] these things are important and usually we are spread so thin we can't give good care—I tell all the students a lot of times, help us—you're our extra hands and hearts now. I say, we're counting on you now, I tell them—don't let us down. And they never do.

She ends by describing an engendering community practice that has begun.

One of my nurses who was grateful said let's do something for the students. She now types each student's name and a space and we ask them to sign before they leave us. Then we clear paint it to the wall ... It's almost floor to ceiling and we can't wait for the wall to be covered. ... Some of the patients read the names and see their nurses ... and we tell them how wonderful it is for us all to have these schools of nursing in our community. ... We tell our families, these are good schools, you send your boy or girl there ... it's a good profession ... look at how they're helping out.

Engendering community and new partnerships is one way to transform practice education. From these new partnerships, changes in curricula are occurring and taken-for-granted assumptions are challenged. New collaborative pedagogies are developed.^{10,11} Perhaps reforming nursing education is a call to attend to the practices of our community life. Perhaps it is a call to create new partnerships among students, teachers, and clinicians and to attend to engendering postmodern nursing communities. In a postmodern community, there is constant

attention to such issues as: What practices connect or distance students, teachers, and clinicians and help or impede knowing and connecting? What practices create or discourage a sense of place that engenders mutuality and community? What practices safeguard or threaten creating learning climates in schools of nursing that engender a place for all that is safe, fair, and respectful? Postmodern communities call teachers and students to community-reflexive scholarship—that is, "putting their heads together"—to reflect on what is. Through dialogue, debate, and deconstruction, the community can take advantage of alternative pedagogies, all the while it moves beyond. Perhaps contemporary reform is more than changing or replacing practices (though it certainly can and does), but, rather, it is about moving beyond.^{17,19,20} The task is to learn how that can be done—a challenge to students, teachers, and clinicians and to future research. Part of the nature of Narrative Pedagogy is how, through converging conversations that enable learning from and with each other, community is engendered.

Learning when and how to create reform that moves beyond what is will be necessary to create substantive reform. Perhaps refocusing on learning, and away from teaching and research, might be a path to explore. A pilot site teacher continues to reflect on a schoolwide meeting to discuss "what everyone thought learning was." The teacher reflects:

I keep thinking. We act like there's research and there's teaching. Or there is clinical and there is classroom, even theory and practice. Always ... separate things. Yet we forget it's all about learning. What matters about teaching is learning ... no? Likewise research is all about learning—new knowledge interventions and things like that. Nursing practice is also all about learning, things like learning about the patient or what is happening to the patient. What we need to know more about is learning and all the ways we as nurses go about it—through nursing, teaching and research.

Learning has been sundered, separated from teaching, schooling, caring, researching, and nursing. A Narrative Pedagogy illuminates the converging conversations of nursing, teaching, and research. In other words, nursing, teaching, and research are all about *learning*—they are all special kinds of learning.

Narrative Pedagogy is the collective interpretation of common experiences that holds the commitments of the language of schooling, learning, and teaching in our scientific epoch (modern epoch) open and problematic. Teachers, students, and clinicians cannot escape or overcome the metaphysic claims that are within language. But they can seek poetic understandings through the free play of words and meanings that may leap into uncovering new pedagogies. In the explications of narratives in Narrative Pedagogy, there is an attempt to make visible, using the voices and language of the participants, a return to a common, untechnical, and unscientific way of describing schooling experiences.³⁹ This approach is simultaneously a part of the scientific and technical community while attending to history, as students, teachers, and clinicians tell of old traditions that they found meaningful and helpful that currently may be lost, forgotten, or overcome. But these traditions (forgotten shared practices) are not brought forward as a romantic return to a previous kind of schooling; rather, they are brought into play as explorations that unveil the everpresence of preserving, overcoming, and extending the shared practices of human comportment in this the context of schooling.

[Back to Top](#)

SUMMARY

The interpretations offered in this study seek to uncover a new understanding; a *new take* on a familiar practice or experience of teaching and learning. This is not a better interpretation but a different one—one that seeks a never-ending converging conversation through provoking a kind of thinking that prepares us to think anew. The interpretations of these narratives seek to make readers mindful, while they attempt to provoke thinking toward creating a future of new

possibilities for nursing education. Abandoning old ideas and risking new ways are possibilities that are evoked.

Narrative Pedagogy is a new approach to schooling, learning, and teaching identified in the context of interpretive research in nursing education.¹ It arises out of explicating the narratives of students, teachers, and clinicians in a way that evokes thinking and converging conversations. The Concernful Practices of Schooling Learning Teaching proffer a new language for dialogues and debates. Converging conversations seek to disclose what is hidden, remains unspoken, unthought, and concealed in contemporary understandings of learning. It occurs through a questioning that is situated, open, and on the border between what is concealed and revealed. Converging conversations are always questioning—but not as a mere cross-examination—rather, converging conversations are a way to keep open the possibility for anything to emerge. Such preparatory thinking and compartment points toward reforming nursing education.

[Back to Top](#)

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Key words: hermeneutics; interpretive phenomenology; Narrative Pedagogy; nursing education; qualitative research

[Previous Article](#) | [Table of Contents](#) | [Next Article](#)

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