

# Using narrative pedagogy: learning and practising interpretive thinking

Pamela M. Ironside PhD RN

Assistant Professor, Clinical Science Center, University of Wisconsin-Madison, Madison, Wisconsin, USA

Accepted for publication 5 December 2005

Correspondence:

Pamela M. Ironside,  
K6/332 Clinical Science Center,  
University of Wisconsin-Madison,  
600 Highland Avenue,  
Madison,  
Wisconsin 53792-2455,  
USA.

E-mail: [pjmagnus@wisc.edu](mailto:pjmagnus@wisc.edu)

doi: 10.1111/j.1365-2648.2006.03938.x

IRONSIDE P.M. (2006) *Journal of Advanced Nursing* 55(4), 478–486

**Using narrative pedagogy: learning and practising interpretive thinking**

**Aim.** This paper reports a hermeneutic study undertaken to explicate students' experiences in educational courses in which teachers enact Narrative Pedagogy.

**Background.** International interest in developing and implementing discipline-specific pedagogies is becoming commonplace as teachers respond to the challenges of preparing students for contemporary practice. Lifeworld Pedagogy, developed in Scandinavia, and Narrative Pedagogy, developed in the United States of America, Canada and New Zealand, are two approaches developed from nursing research for nursing education that provide teachers with research-based alternatives to conventional pedagogy. Further research is needed, however, that addresses how new pedagogies are experienced in schools of nursing.

**Method.** Teachers and students from 22 schools of nursing in the United States of America were interviewed over a 4-year period between 2002 and 2005. Using interpretive phenomenology as the philosophical background and Heideggerian hermeneutics as the method, accounts from 52 participants were analysed by a research team.

**Findings.** The theme Learning and Practising Interpretive Thinking reveals how reform is occurring in schools of nursing that use Narrative Pedagogy. It documents how Narrative Pedagogy helps students challenge their assumptions and think through and interpret situations they encounter from multiple perspectives. Findings suggest that by focusing teachers' and students' attention on thinking and interpreting as communal experiences, interpretive pedagogies such as Narrative Pedagogy engage teachers and students in pooling their wisdom, challenging their preconceptions, envisioning new possibilities for providing care and engaging with others to ensure patient-centred care and safety.

**Conclusion.** By documenting students' experiences in courses in which Narrative Pedagogy is used, this study provides teachers with research-based evidence to guide their pedagogical decisions. It extends international efforts to develop discipline-specific pedagogies and offers a practical, student-centred approach teachers can use to enhance students' thinking.

**Keywords:** empirical research report, interpretive thinking, learning, narrative pedagogy, nurse education, phenomenology, teaching methods

## Introduction

Nursing educators around the world face significant challenges including a persistent nursing shortage, diminishing resources for education and research, and increasing diversity

among teachers and students. In response to these challenges, many teachers are exploring pedagogies new to nursing (e.g. interpretive pedagogies), developing interpretive pedagogies that are discipline-specific, and evaluating the reform emanating from such innovative pedagogical experiences (Ironside

2003a, Falk-Rafael *et al.* 2004). However, while many teachers acknowledge the significance of new pedagogies for reforming nursing education, widespread use of these pedagogies has been slow to enter mainstream nursing education, and the dominance of conventional pedagogy (competency-based or outcomes education) persists (Kawashima 2005). Further mainstreaming of interpretive pedagogies is an important way of revealing new possibilities for reform and innovation as the discipline responds to contemporary challenges.

## Background

Interpretive pedagogies can be generally classified as critical, feminist, postmodern and phenomenological. Although there are epistemological and practical differences among these pedagogies, they all offer an approach to schooling, teaching, and learning in which interpreting particular encounters becomes the context for learning. Such interpreting is multiparadigmatic and multiperspectival. In other words, these pedagogies provide teachers and students with various perspectives through which to interpret the nature of knowledge, thinking, and comportment in the context of nursing practice and education.

International interest in developing and implementing discipline-specific pedagogies is becoming increasingly apparent in the nursing literature. For example, in Scandinavia, researchers have developed Lifeworld Pedagogy (Dahlberg *et al.* 2003), a research-based educational model based on phenomenology and European caring theory, which is aimed at overcoming the theory praxis gap. Likewise, Diekelmann (2001) developed Narrative Pedagogy, by hermeneutically analysing the experiences of teachers and students across the United States, Canada and New Zealand. Narrative Pedagogy is a research-based interpretive phenomenological pedagogy that gathers teachers and students into converging conversations wherein new possibilities for practice and education can be envisioned. As research investigating the influences of these pedagogies continues (Ironsides 2003a, 2003b, Ekebergh *et al.* 2004, Ironsides 2004), teachers around the world are drawing upon and extending these pedagogies to reform their courses and schools (Swenson & Sims 2003, Kawashima 2005).

As nursing teachers and students participate in courses in which the interpretive pedagogies, such as Narrative Pedagogy, are used, their attention shifts from an epistemological focus, and from strategies aimed at 'covering content' commonly associated with conventional pedagogy (Ironsides 2004), to engendering community interpretive scholarship. Community interpretive scholarship is a major focus of

Narrative Pedagogy, a pedagogy that gathers together conventional, critical, feminist, postmodern and phenomenological perspectives (Diekelmann 2001). Community interpretive scholarship was originally referred to as 'community reflective scholarship' (Diekelmann & Ironsides 1998), but continuing research on the use of Narrative Pedagogy has shown that the term 'community interpretive scholarship' more accurately reflects the centrality of communal thinking directed towards interpreting encounters in nursing practice and education from multiple perspectives (Scheckel 2005). When teachers enact Narrative Pedagogy, students and teachers engage in public and communal thinking and dialogue that turns on sharing and interpreting their experiences to discover new understandings (Dahlberg *et al.* 2003). Through sharing their collective interpretations teachers and students co-create, negotiate, and transform knowledge, all the while challenging the assumptions underlying nursing and pedagogical practices (Ironsides 2001, Kawashima 2005). In this way, the interpretive pedagogies, such as Narrative Pedagogy, are well suited to engendering community whereby teachers and students work collaboratively to reform nursing education and practice (Ironsides 2003d, 2005a, Ekebergh *et al.* 2004).

Many nursing teachers have implemented strategies emanating from the interpretive pedagogies. However, reports of courses reformed through teachers' use of the interpretive pedagogies remain scant and are frequently limited to the evaluation of one course at one site (Johnson 2004). Thus research is needed that investigates how the interpretive pedagogies, such as Narrative Pedagogy, are being developed, used, and experienced in schools of nursing across multiple sites.

## The study

### Aim

The aim in this study was to carry out a hermeneutic analysis of students' experiences in courses in which teachers used Narrative Pedagogy.

### Design

The data for the study were derived from a database of previously coded data from three successive studies of course reform and innovation in nursing education in the USA. An assumption of hermeneutic research is that all interpretations are held open and problematic and that data analyses occur via cycles of interpretation (Benner 1994). In other words, the interpretations offered by the hermeneutic researcher are

always considered tentative because finite, complete understanding is not possible (Palmer 1969) and because human situations always manifest an abundance of meaning (Nancy 2000). Openness to cycles of interpretation and abundance of meaning is a contribution of hermeneutic scholarship because new possibilities for understanding are limitless and continually revealed and refined. Thus, retrieving and hermeneutically analysing previously coded data gives an opportunity to gain new insights and understandings not apparent at the time of coding or initial analyses. Hermeneutic analyses identify common themes or patterns; thus, data from multiple sites and timeframes enhance the meaning and significance of themes and patterns that recur.

### Participants

A combined sample of 52 participants representing associate degree, baccalaureate and graduate programmes in the USA was used for this study. Each participant participated in one of three studies.

The first study (2002–2004) was funded by the National League for Nursing (NLN) and undertaken to provide hermeneutic analyses of the common experiences and shared meanings of excellence in nursing education as described by students, teachers and clinicians (preceptors and staff nurses) (Ironside 2002). Fifteen participants from schools of nursing and clinical sites were interviewed. The findings from this study document how participants' understandings of excellence often reflect reform efforts in which they coparticipate in community interpretive scholarship and work together to enact new pedagogies (Ironside 2005a).

The second study, also funded by the NLN (2003–2005), was undertaken to describe how nursing teachers enact reform and how students experience such reform as measured by their perceptions of (a) the teacher's effectiveness and (b) the learning climate within nursing courses (Ironside 2003c). In this study, quantitative and qualitative data were collected for 2 years from 27 teachers from 15 schools. Findings suggest that teachers often begin reforming their courses by refining strategies that reflect conventional pedagogy and then trying a strategy reflecting interpretive pedagogies in a single class meeting. As they become more familiar with and confident in using new pedagogies, teachers make more substantive changes that permeate the course as a whole (Ironside 2004). Quantitative data are currently being analysed.

The third study is an ongoing project in which six schools of nursing across the United States and one in Canada are implementing Narrative Pedagogy to reform their schools (Ironside 2005b). Teachers from these schools, designated as

pilot sites, participate in bimonthly teleconferences with the investigator (and teachers from other pilot sites) to discuss their experiences using Narrative Pedagogy and to share the skills they are developing, along with barriers that they encounter as they enact reform in their schools. Data from interviews with project participants (13 teachers and nine students) have been coded over the past 2 years (2003–2005).

### Data collection

Participants for each study were recruited from nursing meetings and conferences and by self-referral. To collect the data, the investigator and research assistants (doctoral students specializing in nursing education and Heideggerian hermeneutics) conducted in-depth interviews via face-to-face meetings or by telephone. The interviewer began each interview by asking a very general question to engage the participant in providing accounts of their experiences in a particular context. For example, interviews with participants in the study of excellence began with a question such as '*Can you tell me about a situation where you experienced something that told you, "This shows what excellence is in a school of nursing"?*' Similarly, interviews with teachers in the study of reforming practices began with a question such as '*Can you describe a time that stands out for you because it reflects what reform in nursing education means to you?*'. Finally, interviews with teachers and students from pilot schools began with a question such as '*Can you tell me about a time that reminds you of what it means to teach a course [take a course] using Narrative Pedagogy [in which Narrative Pedagogy is used]?*'.

Consistent with interpretive phenomenology, participants were free to share accounts that had meaning for them without specific direction from the interviewer. The interviewer used prompts such as '*Can you give me a for-instance?*' as needed to ensure that the account was clearly understood. All interviews were tape-recorded, and a transcriptionist converted the audio recording into a written text.

### Rigour

Rigour was maintained throughout the analysis using the criteria of coherence, contextuality, comprehensiveness and thoroughness described by Plager (1994). The investigator archived team members' interpretations and noted changes in understanding that occurred over time. In addition, teachers unfamiliar with the philosophical background and method and selected participants were invited to review and comment on the analyses. The purpose was to ensure that the theme reflected a *common* experience, the meanings revealed were

*shared* meanings, and the historical, contextual and temporal nature of the account was retained. Excerpts from a paradigm case are given throughout the research report so that readers may participate in the analyses, notice changes that occur in the participant's account over time, and evaluate the rigour (coherence, contextuality, comprehensiveness and thoroughness) of the hermeneutic analyses offered by the investigator.

### Ethical considerations

Institutional Review Board approval was obtained for each study, and informed consent was obtained from all participants. To ensure that participants' voices were accurately reflected and to protect their anonymity, a research assistant verified the accuracy of the transcribed texts and replaced identifying data such as the names of people, places and courses with pseudonyms. The research assistant destroyed the audiotapes and secured the transcribed, numbered texts in a password-protected database.

### Data analysis

The investigator coded data for each study by using general headings to categorize particular accounts (e.g. teaching thinking) within each interview text. Coding data in this manner facilitated retrieval of particular accounts and aided the investigator in reading across texts so that similar accounts offered by different participants could be examined together (Diekelmann *et al.* 1994).

For this study, doctoral and master's students, as well as an adjunct nursing instructor from another institution, were invited to participate both in the initial analysis of data and in reading across data from all three studies. Working alone and collaboratively, team members used interpretive phenomenology as the philosophical background and Heideggerian hermeneutics as the method (Heidegger 1962) to analyse the transcribed texts in order to explicate the common experiences and shared meanings (themes) of the experiences described by participants. An overview of the hermeneutic approach used in this study is provided below. The reader interested in a more detailed account of this method is referred to other sources (Palmer 1969, Grondin 1990, Benner 1994, Crist & Tanner 2003).

Data analysis began when research team members, working independently, read each text in its entirety to obtain a general sense of each participant's account. They identified emerging themes or recurring categories reflecting common experiences and shared meanings (Diekelmann & Ironside 1999). Each team member then wrote an interpretation of the

identified themes. In weekly meetings, they shared the themes they had identified as well as their written interpretations. Dialogue among team members affirmed, extended, or challenged the interpretations offered by each member.

In addition to identifying themes in each text, team members identified themes that cut across interview texts as analyses continued. They then interpreted and shared these themes (also called relational themes), which again were continually affirmed, extended, or challenged through dialogue among members. Questions, discrepancies, or ambiguities arising from the team's interpretations were resolved through discussion, re-examination of the interview text, or re-interviewing participants for clarification.

Throughout the process, the investigator continued to refine the themes being identified by bringing a variety of perspectives (including those from critical, feminist, post-modern and philosophical texts) to bear on the analyses. Consistent with the philosophical background of the study, this approach to analysis allowed the investigator to hold emerging interpretations open and problematic, and to ensure that interpretations were multiperspectival and inclusive of possibilities emanating from different world views.

When conducting a study using Heideggerian hermeneutics, a pattern – the highest level of hermeneutic analysis – may emerge at any time (Diekelmann & Ironside 1999). A pattern expresses the relationship among themes and is present in every interview text. Consistent with previous Narrative Pedagogy research (Ironside 2003a, 2004), in this analysis the Concernful Practices (Table 1), which have been reported elsewhere (Ironside *et al.* 2005, Ironside 2005a), again emerged as patterns. This report focuses specifically on one theme, *Learning and Practising Interpretive Thinking*, that describes a common reforming practice occurring when teachers enact Narrative Pedagogy. The theme, *Learning and Practising Interpretive Thinking* reflects the Concernful Practice (pattern) *Interpreting: Unlearning and Becoming*. This pattern reveals the meaning and significance *interpreting*

**Table 1** 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 2001)

has for learning and practising thinking as teachers and students *unlearn* their previous and often limited ways of thinking in nursing practice and didactic situations. As students *unlearn* taken-for-granted ways of thinking, interpretive thinking broadens and adds complexity to their understanding, influencing the kinds of nurses the students are *becoming*. Likewise, as teachers *unlearn* conventional approaches to teaching and learning, they expand their pedagogical repertoire, *becoming* different kinds of teachers.

A paradigm case will serve to explicate this theme. A paradigm case is an account, offered by one participant, that is a particularly strong instance of a theme identified across multiple texts (Benner 1994). The paradigm case presented here was offered by a beginning nursing student, who described her experiences in a course (Family Nursing) in which her teacher enacted Narrative Pedagogy.

Narrative Pedagogy, described in detail elsewhere (Diekelmann 2001, Dahlberg *et al.* 2003), is a discipline-specific pedagogical approach that emphasizes (a) engendering fair and respectful learning communities; (b) creating a place for public and communal interpretive scholarship and (c) calling attention to the Concernful Practices of Schooling Learning Teaching. Although the Concernful Practices co-occur (Diekelmann 2001) and thinking and interpreting are both Concernful Practices, this report explicates the salience of interpreting in learning and practising thinking. Throughout this report, language denoting the Concernful Practices is italicized to shift the reader's attention away from particular strategies towards how the teacher enacted Narrative Pedagogy to help students learn and practice interpretive thinking. According to Scheckel (2005), interpretive thinking is 'thinking that is reflective, embodied, multiperspective, contextual, circular, and communal and that seeks to reveal explanations as well as meanings and significances' (p. 75). This study, by documenting students' experiences in courses in which teachers enact Narrative Pedagogy, provides readers with research-based evidence to guide their pedagogical decisions and offers a practical, student-centred approach to reforming their courses using Narrative Pedagogy.

## Findings

### Theme: Learning and Practising Interpretive Thinking

Throughout the interview, Kae described how her teacher, Naomi, enacted Narrative Pedagogy by *constructing* the course as 'an open discussion learning class', which Kae contrasted to courses where 'whatever the teacher said was basically what you needed to learn and it wasn't really open

to interpretation'. For example, Kae described how Naomi began a unit on family-centred nursing care not in the conventional way, with students 'just sitting in a lecture setting', but by *inviting* students to *write* accounts of their experiences to elucidate 'why families are important'. Kae describes how she and the other students in the class *wrote* their narrative accounts and *read* them aloud in class. As each student *read* his or her narrative, Naomi and the students collectively engaged in *dialogue*, *interpreting* the meaning and significance of their family experiences in ways that *cultivated* interpretive thinking. Kae recalled her experience, stating:

Well, one of my best experiences in nursing school so far has been in a course that was an open discussion learning course...When I started [here] most of our classes were just lecture...And so it was basically just one-sided learning. Whatever the teacher said was basically what you needed to learn and it wasn't really open to interpretation. But then I have a teacher who...decided to conduct one of her courses in an open discussion...And so, for part of the class you wrote narratives...and it was a way for us to learn not only more about ourselves and explore our own feelings and attitudes we had towards, just basically healthcare, and then just dealing with our own life and to get to know our classmates a little more in depth instead of just sitting in a lecture setting...

Enacting Narrative Pedagogy often begins with narrative assignments that call out interpretive thinking. Consistent with the study reported by Saveman *et al.* (2005), Naomi and her students co-create interpretations of how personal family experiences shape their understanding of nursing in the context of providing care for families. Kae continues:

What we did was the first week we would write about why family was important to us...[for example] we have a high family history of cancer [in my family] and I think I had kind of become dull or immune to the sense that somebody had cancer. It was kind of just like, 'oh, he has cancer'. And I mean, as much as I felt sad for people...I [don't want] to sound mean but it was kind of, 'big deal, they have cancer. That's really not an out of the ordinary occurrence'. And so I was like quicker to just look past it. I mean I always was worried about them and I always felt bad but when other people [read their stories] it would be like, 'Oh, it's so devastating, you know, my grandpa has cancer', I would just think back and be like, 'all of my grandparents died of cancer, my aunts and uncles'...and I would be thinking, 'one person in your family has cancer, you are lucky that only one person has cancer!'

Teachers commonly encourage student engagement in courses by asking them to introduce themselves and to share particular information about themselves or their background experiences. Such discussions *engender community* in ways that foster

*knowing and connecting* as students learn more about each others' experiences and ways of *thinking* about personal and professional issues. In this course, Naomi *constructs* a more in-depth, written narrative experience such that, as Kae recalls, the accounts shared in class foster a deeper 'exploration' that engages students in *thinking* about their own and each others' accounts of the 'importance' of families over time. That is, Naomi foregoes the presentation of content (one-sided learning) and rather *attends* co-equally to the Concernful Practices of *thinking* and *interpreting* by engaging with the students in 'exploring' different perspectives on 'why families are important' in providing nursing care.

For example, as Kae reflects on her written narrative she begins *making visible* how her *interpretation* of the stories shared by her peers *cultivates* interpretive *thinking*. While she listens to her peers' narratives of cancer in families, she reflects on her own experiences of being part of a family where cancer is prevalent. Initially Kae *interprets* the accounts shared by her peers normatively; that is, she considers how another's experience of cancer quantitatively compares to her own experience – 'you are lucky that only one person [in your family] has cancer!'. Kae's initial response, in this case, focuses on objective aspects of the account (incidence of cancer); this interferes, however inadvertently, with her ability to respond to the 'devastating' experience shared by another. As Kae reflects with peers and Naomi on the meaning and significance of this narrative assignment, she notices how she has embodied a particular meaning of cancer: she has become 'dull or immune' to others' experiences of cancer, even though this is not in the sense of an absence of caring. That is, Kae does 'feel bad' for students who are sharing 'devastating' stories; but how she cares about what students have to say is tempered by her experiences of living in a family with a 'high incidence' of cancer. However, as Kae continues telling of her experiences in this course, she describes how, as the class collectively interprets the accounts being shared, she comes to understand that it is easy for a nurse 'to look past' the meaning and significance of cancer when it becomes commonplace. She begins *gathering* multiple perspectives as she *thinks* further about what it means when nurses consider cancer an 'ordinary' (commonplace) experience. Kae continues:

But after listening to [peers] in our class talk about the things they went through with illness in their families it started to make me realize that no matter how many people in my family died of cancer, if I was the only one left, cancer is still a huge deal to every person it affects. And I think it just made me start to think about, you know, it doesn't matter if I think this person isn't very sick, if they think they are sick that is all that matters. Or maybe the family doesn't really

understand what's going to happen and since I have seen people die or whatever, it's just that much more important for me to be there or to help them try to understand just what the dying process is and how it doesn't have to be a sad thing. I don't know, I guess it just gave me a greater sympathy and empathy and appreciation for people going through tough times. Because some people still haven't [been] through the loss of a grandparent or parent or sibling or anything. And when that time comes it will probably be the hardest thing in the world for them. Even though they may have [been] through it with some of their patients.

As Kae continues to listen to Naomi's and the students' *dialogue* and their *interpretations* of their experiences, she is guided by Naomi to think from multiple perspectives and she begins *gathering* phenomenological, postmodern and feminist ways of considering the meaning of cancer in families. For instance, phenomenological perspectives are apparent as Kae begins to understand that 'cancer is...a huge deal to every person it affects'. Even as a beginning student she gains new insight into the incidence of cancer, understands its meaning, and realizes that the ways people experience illness matters ('if they think they are sick that is all that matters').

Importantly, this communal interpreting also engages Kae in postmodern thinking as she deconstructs her own assumptions in responding to another's experience of cancer in the family. She begins to recognize her initial perspective (one person with cancer as 'no big deal') as limited and her normative understanding of illness as inadequate. Kae also begins to consider how nurses too can become immune to the meaning and significance of illness to families and begins to recognize how 'it's just that much more important for [her] to be there'.

Feminist perspectives are similarly apparent in Kae's account as she describes overcoming the tendency to use her own experience as a mechanism that inadvertently stifles the voices of others, particularly when their concerns are unlike her own (Grumet & Stone 2000). Guided by the teacher to practice thinking from multiple perspectives, Kae begins to see *new possibilities*; she discovers that *reinterpreting* the past empowers her to use the practical wisdom she has gained through experience to inform her nursing care. For instance, she begins to understand how she can use her personal wisdom and expertise to explain to patients and families such things as how to get through the dying process and how 'it doesn't have to be a sad thing'. Kae realizes that even as a student she has the ability to make a difference to patients and families, and because of this understanding she envisions *new possibilities* for herself as a nurse encountering patients and families with cancer – 'it's just that much more important for me...to help them try to understand'.

## Discussion

Although data are currently being collected from teachers and students in Canada, this study is limited in that data were collected only from teachers and students in the USA. As more international schools of nursing participate in the Narrative Pedagogy Project and teachers using interpretive pedagogies connect through conferences and publications, the global significance of interpretive pedagogies in general, and Narrative Pedagogy specifically, can continue to be documented.

This study demonstrates how teachers, by enacting Narrative Pedagogy, are moving beyond strategies emphasizing cognitive gain and skill acquisition that are so predominant in conventional pedagogies. That is, conventional pedagogy assumes that students are most efficiently and effectively supported in *becoming* nurses through the acquisition and application of content knowledge (Ironside 2001, 2004). Conventional pedagogy is necessary but insufficient to prepare students for future practice (Doane 2002, Kawashima 2005, Rochester *et al.* 2005). Previous research suggests that conventional pedagogy may inadvertently lead students to believe that they are prepared for practice if they know what the teacher tells them to know (Ironside 2003a). This assumption is evident in Kae's characterization of conventional pedagogy early in her interview when she stated: 'whatever the teacher said was basically what you needed to learn and it wasn't really open to interpretation'.

When teachers like Naomi enact Narrative Pedagogy, they attend to teaching the practices of learning and thinking as well as teaching content and skills. The meaning and significance of content to students, and the way in which the meanings influence their emerging practice as nurses, become foci for class *dialogue* in addition to the more common foci of clarifying content and assisting students to apply it. Kae's experience shows how a course incorporating Narrative Pedagogy helped her learn and practice interpretive thinking – helped her *unlearn* past understandings and *become* a nurse who is adept at thinking from multiple perspectives and at challenging her own current assumptions and understandings. Certainly such thinking is necessary for contemporary practice environments and increasingly complex patient situations.

A criticism of Narrative Pedagogy is that community interpretive scholarship can easily be trivialized and considered less important than content knowledge and skills and their use in clinical situations or in efforts to solve clinical problems (analytic thinking) (Kawashima 2005). Trivializing interpretive thinking or privileging analytic thinking conceals how teachers' and students' life experiences shape and inform

their *thinking* in practice (Arbon 2004); it also conceals how (re)interpreting their experiences illuminates new possibilities for *thinking* that are multiperspectival. In other words, Kae's account raises important questions about how commonly teachers engage students in *thinking* by focusing predominantly on the outcome of thinking (evidenced by the student's selection of correct answers or provision of solutions to clinical problems) (Doane 2002, Ironside 2003a). This approach (however inadvertently) privileges analytic thinking as a means to achieve an answer while underlying assumptions, preconceived notions, habits and personal perspectives and experiences often remain unrecognized and unexamined (Arbon 2004, Kyrkjebø & Hage 2005).

Certainly analytic thinking is important for nursing practice. Indeed, research in this area is as crucial as research on interpretive thinking. Yet, for students in this study, it was teachers' enactment of Narrative Pedagogy that helped *cultivate interpretive thinking* in ways that profoundly influenced how they learned and practiced thinking. Naomi helped students *interpret* their experiences from multiple perspectives. She helped them to understand the meaning and significance of their experiences, as well as the importance of not leaving current understandings unacknowledged and unchallenged. Rather, she assisted students to *interpret* their experiences in ways that informed the nursing practice they were learning and the *possibilities* they envisioned as future nurses. By learning and practising interpretive thinking, teachers using Narrative Pedagogy reclaim *thinking* as an experience as well as a skill and a process (Ekebergh *et al.* 2004, Ironside 2004). Kae *becomes* a new person through *unlearning* her previous, limited understanding; and through cycles of interpretation she explores new possibilities for her comportment and *thinking* in practice as a nurse.

## Conclusion

The present study contributes to nursing education knowledge by documenting how substantive reform using interpretive pedagogies, such as Narrative Pedagogy, is occurring in schools of nursing, not only through structured curricular revisions, but also as teachers enact interpretive pedagogies within existing courses by extending familiar strategies. Interpretive accounts of how teachers and students experience reform provide teachers with a research base to guide their teaching practice, as well as practical, student-centred descriptions of approaches for reforming courses using Narrative Pedagogy they can emulate as they begin using new pedagogies.

The findings of this study extend international efforts to develop and implement new pedagogies and are congruent

### What is already known about this topic

- Teachers around the world are exploring new pedagogies and developing discipline-specific pedagogies to prepare students better for practice.
- Narrative Pedagogy, a phenomenological, discipline-specific pedagogy, has been shown to address limitations of conventional pedagogy in schools of nursing.
- Research investigating the influence of pedagogical innovation is frequently limited to the evaluation of a single course at a single site.

### What this paper adds

- Substantive reform occurs when teachers use Narrative Pedagogy within existing courses by extending familiar strategies.
- Using Narrative Pedagogy fosters thinking from multiple perspectives.
- A practical, student-centred exemplar of how familiar teaching strategies can be extended to cultivate interpretive thinking.

with research suggesting interpretive pedagogies, such as Narrative Pedagogy, help students think through and interpret the experiences they encounter. This research is significant in that it calls teachers to rethink the ways in which students are learning and practising interpretive thinking in their courses. By enacting Narrative Pedagogy, teachers can engage students in thinking about situations they encounter from multiple perspectives; and teachers and students can explore how their backgrounds, assumptions and experiences inform their practice.

This study is consistent with international research calling for teachers to engage students in thinking in the context of practice – a context that is often rich with uncertainty and ambiguity – in addition to teaching content. By focusing teachers' and students' attention on thinking and interpreting as communal experiences, Narrative Pedagogy engages teachers and students in pooling their wisdom, challenging their preconceptions and envisioning new possibilities for providing care. Given the challenges of rapidly evolving healthcare systems around the world, Narrative Pedagogy is well suited to assist teachers in preparing future nurses who are adept at thinking through changing situations, listening, interpreting, and responding to multiple perspectives, and communally engaging with others to ensure patient-centred care and safety.

### Acknowledgements

The author wishes to thank Dr Martha Scheckel, Dr Elizabeth Smythe, Ms Maria Yelle, Mr Eric Bauman and Ms Kim Nelson for their assistance with this study.

### References

- Arbon P. (2004) Understanding experience in nursing. *Journal of Advanced Nursing* 13, 150–157.
- Benner P. (1994) *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness*. Sage, Thousand Oaks, CA.
- Crist J.D. & Tanner C.A. (2003) Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nursing Research* 52, 202–205.
- Dahlberg K., Ekebergh M. & Ironside P.M. (2003) Converging conversations from phenomenological pedagogies: Toward a science of health professions education. In *Teaching Practitioners of Care: New Pedagogies for the Health Professions* (Diekelmann N. & Ironside P., eds), University of Wisconsin Press, Madison, WI, pp. 22–58.
- Diekelmann N. (2001) Narrative pedagogy: Heideggerian hermeneutical analyses of lived experiences of students, teachers, and clinicians. *Advances in Nursing Science* 23(3), 53–71.
- Diekelmann N.L. & Ironside P.M. (1998) Preserving writing in doctoral education: exploring the concerned practices of schooling teaching learning. *Journal of Advanced Nursing* 28, 1347–1355.
- Diekelmann N.L. & Ironside P.M. (1999) Hermeneutics. In *Nursing Research Digest* (Fitzpatrick J., ed.), Springer, New York, pp. 33–35.
- Diekelmann N., Schuster R. & Lam S.L. (1994) MARTIN: a computer software program: on listening to what the text says. In *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness* (Benner P., ed.), Sage, Thousand Oaks, CA, pp. 129–138.
- Doane G.A.H. (2002) Beyond behavioral skills to human-involved processes: relational nursing practice and interpretive pedagogy. *Journal of Nursing Education* 41, 400–404.
- Ekebergh M., Lepp M. & Dahlberg K. (2004) Reflective learning with drama in nursing education – a Swedish attempt to overcome the theory praxis gap. *Nurse Education Today* 24, 622–628.
- Falk-Rafael A.R., Chinn P.L., Anderson M.A., Laschinger H. & Rubotzky A.M. (2004) The effectiveness of feminist pedagogy in empowering a community of learners. *Journal of Nursing Education* 43, 107–115.
- Grondin J. (1990) Hermeneutics and relativism. In *Festivals of Interpretation: Essays on Hans-Georg Gadamer's Work* (Wright K., ed.), State University of New York Press, New York, pp. 42–62.
- Grumet M. & Stone L. (2000) Feminism and curriculum: getting our act together. *Journal of Curriculum Studies* 32, 183–197.
- Heidegger M. (1962) *Being and Time* (Macquarrie J. & Robinson E., Trans.), HarperCollins, San Francisco (Original work published 1927).
- Ironside P.M. (2001) Creating a research base for nursing education: an interpretive review of conventional, critical, feminist, post-



- modern, and phenomenologic pedagogies. *Advances in Nursing Science* 23(3), 72–87.
- Ironside P.M. (2002) *Exploring Centers of Excellence in Nursing Education: An Interpretive Exegesis*. National League for Nursing Educational Research Grants, New York.
- Ironside P.M. (2003a) New pedagogies for teaching thinking: the lived experiences of students and teachers enacting narrative pedagogy. *Journal of Nursing Education* 42, 509–516.
- Ironside P.M. (2003b) Trying something new: implementing and evaluating narrative pedagogy using a multi-method approach. *Nursing Education Perspectives* 24, 122–128.
- Ironside P.M. (2003c) *Developing the Science of Nursing Education: Explicating Reforming and Innovating Practices of Nursing Faculty using a Multi-method Approach*. National League for Nursing Educational Research Grants, New York.
- Ironside P.M. (2003d) Narrative pedagogy: new possibilities for nursing education. *Journal of the Japanese Academy of Nursing Education* 13(2), 53–68.
- Ironside P.M. (2004) “Covering content” and teaching thinking: deconstructing the additive curriculum. *Journal of Nursing Education* 43, 5–12.
- Ironside P.M. (2005a) Working together, creating excellence: the experiences of teachers, students and clinicians. *Nursing Education Perspectives* 26, 78–85.
- Ironside P.M. (2005b) Research based pedagogies for nursing education: enacting narrative pedagogy. *Japanese Journal of Nursing Science* 30(10), 48–52.
- Ironside P.M., Diekelmann N.L. & Hirschmann M. (2005) Learning the practices of knowing and connecting: the voices of students. *Journal of Nursing Education* 44, 153–155.
- Johnson M. (2004) What’s wrong with nursing education research? *Nurse Education Today* 24, 585–588.
- Kawashima A. (2005) The implementation of narrative pedagogy into nursing education in Japan. *Nursing Education Perspectives* 26, 168–171.
- Kyrkjebø J.M. & Hage I. (2005) What we know and what they do: nursing students’ experiences of improvement knowledge in clinical practice. *Nurse Education Today* 25, 167–175.
- Nancy J.L. (2000) *Being singular plural* (Richardson R.D. & O’Byrne A.E. Trans.), Stanford University Press, Stanford, CA (Original work published 1996).
- Palmer R.E. (1969) *Hermeneutics*. Northwestern University Press, Evanston, IL.
- Plager K.A. (1994) Hermeneutic phenomenology: a methodology for family health and health promotion study in nursing. In *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness* (Benner P., ed.), Sage, Thousand Oaks, CA, pp. 65–85.
- Rochester S., Kilstoff K. & Scott G. (2005) Learning from success: Improving undergraduate education through understanding the capabilities of successful nurse graduates. *Nurse Education Today* 25, 181–188.
- Saveman B.-I., Måhlén C.D. & Benzein E.G. (2005) Nursing students’ beliefs about families in nursing care. *Nurse Education Today* 25, 480–486.
- Scheckel M.M. (2005) *Trying Something New: Understanding the Common Practices of Reforming Nursing Education*. Unpublished doctoral dissertation, University of Wisconsin-Madison, Madison, WI.
- Swenson M.M. & Sims S.L. (2003) Listening to learn: narrative strategies and practices in clinical education. In *Interpretive Studies in Healthcare and the Human Sciences, Vol. 2: Teaching Practitioners of Care: New Pedagogies in the Health Professions* (Diekelmann N. & Ironside P., eds), University of Wisconsin Press, Madison, WI, pp. 154–193.