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Decentering Resources: A Phenomenological Study of Interpretive Pedagogies in Patient Education

MARTHA SCHECKEL, PhD, RN* AND JENNIFER HEDRICK-ERICKSON, MSN, RN†

The purpose of this interpretive phenomenological study was to document an innovative approach to teaching patient education where RN–Bachelor of Science in Nursing students, through an online course, learned and applied the interpretive pedagogies in patient education. The online course was the educational intervention which laid the groundwork of the study. Data were then collected from 9 of 18 students who took the course and agreed to participate. Interviews were audiotaped face to face or by telephone and transcribed and interpreted for meanings. Two themes that emerged for teaching patient education included "Decentering Resources: Listening Through Questioning" and "Decentering Resources: Empowering Through Questioning." This study revealed that, as students learned the interpretive pedagogies, resources (brochures, handouts, videos, etc.) took on less importance in their patient education practice. They recognized how resources frequently impeded patient–nurse interactions in teaching and learning encounters. Once students understood that they were perhaps depending too much on resources, they began engaging in questioning practices where significant meanings of listening and empowering in patient education unfolded. This study encourages nurse educators to teach students interpretive pedagogies in patient education to promote pedagogical literacy, which preserves the time-honored tradition of working together with patients during teaching and learning encounters. (Index words: Decentering resource; Hermeneutics; Patient education; Phenomenology; Interpretive pedagogies)
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PATIENT EDUCATION IS a core responsibility of nurses. Preparing nursing students for this nursing practice is an integral part of the nursing curriculum, with nurse educators committing time to teaching it through classroom discussions and lectures and through classroom and clinical activities. Many organizations affiliated with nursing education provide support and guidance for teaching patient education. For instance, the American Association of Colleges of Nursing (1998) emphasizes preparing nursing students to be educators who help patients manage health information. The Pew Health Professions Commission (1998) offers a list of competencies, many of which imply the need for health care providers to be competent in patient education. The Institute of Medicine (2004) challenges educators of health professions to teach health literacy, which is a primary focus of patient education. Despite the inclusion of patient education in nursing education, with the exception of a few studies (Goldenberg, Andrusyszyn, & Iwasiw, 2005; Little, 2006; Sandstrom, 2006), there is little research literature devoted to ways of teaching it to nursing students. The purpose of this interpretive phenomenological study was to document an innovative approach to teaching patient education where RN–Bachelor of Science in Nursing (BSN) students, through an online course, learned and applied the interpretive pedagogies in patient education.

The interpretive pedagogies are called interpretive because, in using them, "teachers *interpret* [emphasis added] what is taught and learned and the nature of knowledge, thinking, and comportment in the context of education" (Ironside, 2001, p. 76). Comportment here means knowing how to relate to patients respectfully and

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in ways that support their concerns (Benner, 1991, p. 2). Viewed this way, it is appropriate to assume that students' use of interpretive pedagogies will assist them in interpreting what they teach patients, how patients learn, current patient education paradigms, and the relational practices of providing patient education.

For this study, the specific interpretive pedagogies students learned and applied included phenomenological, critical, feminist, and postmodern teaching approaches. These pedagogies are variously defined in the literature (Diekelmann, 2001; Naples & Bojar, 2002; Nylund & Tilsen, 2006; van Manen, 1997; Wink, 2005), but generally, phenomenological pedagogy promotes understanding the meaning and significance of teaching and learning experiences. Critical pedagogy encourages mitigating power and control over pedagogical practices shaped by sociopolitical influences, which in turn overcomes oppression and promotes empowerment. Similarly, feminist pedagogy addresses inequity and oppression in educational contexts also promoting empowerment through making education personal and hearing all voices. Finally, postmodern pedagogy underscores the need for deconstructing assumptions in education to challenge taken-for-granted teaching methods. (For a more detailed description of the interpretive pedagogies, see Ironside, 2001.)

Two themes in this study that emerged from students' learning and applying the interpretive pedagogies and that contributed to the research base for teaching patient education include "Decentering Resources: Listening Through Questioning" and "Decentering Resources: Empowering Through Questioning." For this study, *decentering* means deemphasizing or lessening the importance of resources, and resources are any material, such as checklists, brochures, handouts, videos, Internet materials, and so forth, that nurses use to provide patient education. This study shows that, as students learned the interpretive pedagogies, they recognized how resources had often become the educator in patient education, frequently impeding patient–nurse interactions in teaching and learning encounters. Once students understood that they were perhaps depending too much on resources, they began using questioning practices where significant meanings of listening and empowering in patient education unfolded. This study encourages nurse educators to teach students interpretive pedagogies in patient education to promote learning teaching practices that are patient centered and reflect a multiplicity of patient education approaches necessary in contemporary health care environments.

Literature Review

This literature review shows that much of the research on the interpretive pedagogies in nursing education involves investigating teachers using these pedagogies as theoretical and philosophical underpinnings for their pedagogical practice and, often concomitantly, these pedagogies' influence on students' learning experiences (Diekelmann, 2001; Falk-Rafael, Chinn, Anderson, Laschinger & Maxson Rubotsky, 2004; Giarratano, 2003; Ironside, 2003; 2006; McGibbon & McPherson, 2006; Scheckel & Ironside, 2006; Young, 2004). Due to this study's focus on students, this literature review emphasizes the influence of the interpretive pedagogies on students and highlights the need for studying these pedagogies in patient education.

The research on the interpretive pedagogies related to students varies from studies investigating how these teaching approaches develop particular nursing practices or skills in students to studies evaluating the influence of these pedagogies on students in specialty areas of nursing practice. For example, Ironside (2006) and Scheckel and Ironside (2006) conducted interpretive phenomenological and hermeneutical studies where they explicated how Narrative Pedagogy (a pedagogy where teachers use the interpretive pedagogies) cultivated students' interpretive thinking practices. They defined interpretive thinking as thinking that is embodied, reflective, and pluralistic. Their studies showed that teachers who cultivate interpretive thinking prepare students for complex and challenging health care environments while also promoting patient-centered care and safety. Falk-Rafael et al. (2004), using a reflective descriptive and pretest–posttest design, explored how a pedagogy situated in feminist ideals promoted empowerment skills in students. These investigators found that students who learned in classrooms where teachers used feminist principles more readily practiced being empowered individuals who could make changes in their personal and professional lives.

Examples of studies involving the investigation of the interpretive pedagogies in specialty areas included one by Giarratano (2003) and another by McGibbon and McPherson (2006). Giarratano used Heideggerian hermeneutic phenomenology to describe the influence of teachers' use of feminist pedagogy on students who practiced as new graduates in maternity settings. A significant finding of her study was that, as compared with their peers, students who learned feminist perspectives had an enhanced awareness of the meaning of women-centered care. Giarratano described women-centered care as involving approaches to nursing care where nurses focused on the empowerment, the relational needs of women, and the influence of social stress on them. McGibbon and McPherson similarly used critical pedagogy as a conceptual framework to evaluate its influence on students' learning violence and health care. They related that critical pedagogy assisted students in exploring their attitudes, beliefs, and values regarding violence within sociopolitical and economic perspectives.

All of the studies are important, and many have implications for patient education. For instance, understanding women's social stressors can help students tailor patient education to the patient's context rather than to a generic context common in blanket approaches to postpartum education. Despite the implications of these studies for patient education, none of them have a targeted focus on how students use them in patient education. Patient education offers a broader context in

which to understand the influence of these pedagogies. The study presented in this article is the first study known where the interpretive pedagogies are collectively investigated in an area of practice that is central to nursing and one that has been a consistent responsibility of nurses over time. This study adds much to the research base for patient education and certainly has implications for how students learn this important nursing practice.

Method

Educational Intervention

The educational intervention used for this study was an online elective course that took place over 7 weeks. The course is briefly described here and was presented in detail elsewhere (Scheckel & Hedrick-Erickson, 2006). It included asking students to define the interpretive pedagogies, explore how these pedagogies influence the delivery of patient education, analyze existing educational needs in a specified group, and develop a teaching proposal for a specific patient group. The principal investigator's background in Narrative Pedagogy (Scheckel, 2005, 2006) guided the development of the course, especially in teaching students how narrative pedagogy gathers many pedagogies (Diekelmann, 2001).

Students began the course by reading *Creating a Research Base for Nursing Education: An Interpretive Review of Conventional, Critical, Feminist, Postmodern, and Phenomenologic Pedagogies* (Ironside, 2001). This article laid the foundation for the course. Students then studied an interpretive pedagogy of their choice using Google and a variety of databases (e.g., Academic Search Premier, CINAHL, PubMed, etc.). Next, the students developed a patient education proposal where they applied one or more interpretive pedagogies to a specific patient group. In general, students initially had difficulty with new terms and ways of thinking of the pedagogies presented to them. However, once they juxtaposed the pedagogies with practice, as is described in this study, they began to understand the influence of the interpretive pedagogies in patient education.

Research Design

Phenomenology is the philosophical background for this study. Specifically, this study is informed by the phenomenology of Martin Heidegger (1927/1962), Hans-Georg Gadamer (1960/1975), and Maurice Merleau-Ponty (1962). These three phenomenologists are best known for the interpretive turn in philosophy (Heidegger, 1938/1977; Palmer, 1969), which emphasizes understanding meanings of experiences. Phenomenology from within this perspective is different from a philosophy of science where researchers seek knowledge derived empirically through observation (realism) or, conversely, seek knowledge originating from rationality by forming mental constructions of phenomenon (idealism). Realism and idealism are helpful in forming predictions of and explaining phenomenon. However, phenomenology, in aiming to seek understanding meanings of experiences, reveals what idealism and realism may not uncover. Researchers practicing interpretive phenomenology, therefore, assume that understandings reveal what we find meaningful, influencing the lens through which to interpret, and are involved in the world around us (Scheckel, 2005; Plagar, 1994). Humans continually interpret understandings for what matters and does not matter, and it is the task of the researcher using phenomenology to offer warranted interpretations of these human concerns, which are often common and shared (Benner, 1994).

Sample

The investigators used convenience sampling in recruiting participants from a group of 18 RN–BSN students who completed the online course. Nine of these students agreed to be interviewed for the study. All participants were provided a letter describing the study and a consent form, which described the benefits and risks, the procedure for interviewing, measures to safeguard confidentiality, and the opportunity to withdraw from the study at any time. The sample consisted of 8 females and 1 male who all practice nursing in a variety of rural and urban health care settings in the Midwest. The research protocol was approved by the university's institutional review board.

Data Collection

The investigators collected data using unstructured audiotaped interviews. For the participants' convenience, four of the interviews were face to face, with the remaining interviews conducted by telephone. At least 1 week prior to the interview, the investigators provided participants with the question below.

> We know a core responsibility of nurses is providing patient education. You just completed a course where you learned the interpretive pedagogies for patient education. Please describe a time or story that stands out for you because it reflects what it meant to you to learn and apply the interpretive pedagogies in patient education. If possible, include in your story what worked and what didn't work when learning and applying interpretive pedagogies.

The time lapse between posing this question and the interview allowed participants time to ponder specific experiences that were meaningful to them. In addition, the use of application within the question means that it is intertwined with participants' interpretation and understanding of the meaning of the pedagogies once they used them in situations where they could relate to them (Gadamer, 1960/1975, 2001). As students told their experiences, the investigators encouraged them to provide further details, such as “Can you tell me more about?” or “Can you give me a for instance?” As the investigators completed the interviews, they assigned each interview an identification number and gave the audiotapes to a transcriptionist who is experienced in transcribing interviews for qualitative research. The transcriptionist typed the audiotape recordings verbatim.

She replaced identifying information with pseudonyms to prevent disclosure of the participant, client, setting, or other recognizable data.

Data Analysis

The investigators used hermeneutics to interpret the transcribed accounts of participants' experiences. This method of data analysis encompasses interpreting texts for meanings that are not directly graspable but that are important in closing gaps between what one strives to understand and what one does understand (Gadamer, 1976). This approach to data analysis is useful in nursing because it reveals meanings whereby the reader gains understanding that was not previously available (i.e., understood) to enrich, challenge, or change practice.

The process of hermeneutics involved the investigators' reading each transcript multiple times to understand and discuss meanings of learning and applying the interpretive pedagogies. The investigators continued reading the transcripts until common and shared meanings or themes emerged. Themes are present in most but not in all accounts (Benner, 1994). Two themes that emerged were "Decentering Resources: Listening Through Questioning" and "Decentering Resources: Empowering Through Questioning." They excerpted accounts (e.g., stories and relevant segments of the transcripts) from within the transcripts that exemplified the themes, wrote interpretations analyzing meanings within stories and segments, and used pertinent literature to extend and support meanings.

To maintain rigor, the investigators used Madison's (1988) principles: coherence, comprehensiveness, appropriateness, agreement, suggestiveness, and potential. They achieved coherence by attending to the whole meaning presented in interpretations rather than only parts—for example, decentering resources revealed the whole or overall robust meaning of experiences. They addressed comprehensiveness by accounting for participants' thoughts by returning to them when they needed to clarify something the participant stated. They maintained appropriateness by addressing what emerged from the data, making concerted efforts to avoid interpretations that were incongruent with the data. Similarly, in ensuring agreement, they "stayed close to the data" when writing interpretations by continually asking themselves the following: "What does this mean?" and "Where did this interpretation come from within the data?"—that is, are the interpretations in agreement with the data? They promoted suggestiveness by raising compelling questions for further research, which subsequently offered potential meaning of how interpretations can be used in the future.

Findings

Decentering Resources: Listening Through Questioning

Many students in this study related how, in learning the interpretive pedagogies, resources took on less importance. However, questioning, which encouraged listening to patients' knowledge and concerns, became increasingly important. For example, one student in describing Coumadin teaching related how the interpretive pedagogies helped him avoid reciting to patients a list of "what they needed to know." The interpretive pedagogies meant shifting from questions, where one assessed knowledge acquisition following the provision of resources, to questioning, which encouraged listening for concerns patients had that could potentially influence their use of patient education.

> After I took the course—even teaching someone about Coumadin before they go home—we plug in the video, we have them watch the video, we give them the written material and say, can you read this, okay. If you have any questions we're here to answer them and it's just so impersonal. And I would stand and talk to them. Me just standing up there, the figure [saying] here's the stuff you need to know. More of a methodological approach, you know?…. And the next time I went to go do that [Coumadin teaching], I actually pulled up a chair, sat eye-level with the patient and talked about it first. I asked him, "Can you tell me, did you ever have Coumadin before? "What were your experiences with it?" I need to understand where the patient is at in his or her life, what's going on in their life, who's involved in their life and things like that. Just sitting down with them and having that conversation and asking an open ended question. What are their difficulties and what are their challenges? Instead of bringing out something with a list of things to do and saying this is what you need to know…

Through using interpretive pedagogies, this student overcame an aloof approach to patient education—"Me … the figure" of "here's the stuff you need to know." In drawing on postmodern pedagogy, he challenged taken-for-granted understandings of resources by emphasizing how patient education materials encouraged "methodological approach." Showing videos to patients, giving them written materials, and briskly telling them to ask questions limit possibilities for asking questions that reflect a willingness to listen to and understand concerns patients may express about patient education. The student's use of feminist pedagogy became evident as he reclaimed common but forgotten "therapeutic communication" practices by pulling up a chair, sitting, and making eye contact with the patient. These gestures personalized patient education, offering the opportunity for patients to understand, through simply "reading" gestures, nurses' desire to listen (Merleau-Ponty, 1962). The questioning emerging from situating patient education in postmodern and feminist pedagogies encouraged his use of phenomenological pedagogy when he phrased questions using words such as *experiences*. Asking for experiences positioned him to understand the patient's concerns that surfaced during a "conversation." Conversation here became a process of understanding (Gadamer, 1960/1975) "where the patient is at" and listening to understand what the patient has to say.

Conversation prevented relying on protocols where nurses can fail to notice concerns that the patient believes are a priority (Swenson & Sims, 2003).

The meaning of learning and applying the interpretive pedagogies is especially evident in accounts where students reflected on patients' responses to nurses' use of resources. For example, the following student describes caring for a new mother who was struggling to breast-feed twins. She related how the interpretive pedagogies aided her in questioning for really hearing the mother's "scenario." She noted how the mother was trying to follow directions and breast-feed according to the patient education provided to her in a "little list." Like other students, this student engaged in questioning that was shaped by the interpretive pedagogies. Listening through questioning enhanced how the student heard the mother's plight, which provided much relief to this mother's suffering.

> She [the mother] was voicing a lot of frustration that she wasn't making enough milk. She felt like she was following the little list of information she'd been given. She felt pretty defeated and she was thinking that she was going to have to use formula…. I think I approached it [patient education] from the point I had not obviously been with her day and night since she had given birth, so I asked her to please tell me what had taken place from the day she gave birth until the visit that we were having then. To just please tell me what had worked, what hadn't, and how it was going for her. Just very general open ended questions. Not a yes or no. Not, didn't you read the directions? I think if I had gone more conventionally, I would have asked her if she had done all these things. She would have said yes. I may have said well, you're not doing it right or follow directions more…. No where in that conventional information is there the scenario that came out when talking to her that she'd had additional IV fluid, that she'd had an extended delivery, that she labored and had Pitocin for a couple of days before her C-section. So she had a long drawn out experience that would not have come up in the conventional approach. There just is no kind of extra information to that pedagogy. Whereas sitting back and talking more phenomenologically and asking her to please tell me about her experience, it came out. She was able to bring up what was very important for me to know. Immediately I sensed some relief. She started crying. She said no one had listened like that. So I just tried to keep in mind that it really was her experience and in order for me to help her [and move] forward, I had to understand how she had gotten to that day.

This student reflects Gadamer's (1960/1975) assertion that learning to see what is questionable emerges from a lack of knowledge—"All questioning and desire to know presuppose a knowledge that one does not know; so much so, indeed, that a particular lack of knowledge leads to a particular question" (pp. 365–366). In relinquishing yes-and-no and "didn't-you-read-the-directions" questions, this student asked questions revealing her openness to not knowing. Although it is easy to assume that this student could "know" by reviewing the chart and obtaining reports from nurses about the mother's labor and delivery and the teaching she received, the interpretive pedagogies encouraged her to ask "open-ended" questions. These questions were shaped by the context of breast-feeding experiences she did not yet understand.

For example, through asking questions such as "What worked?" "What didn't work?" "How it was going?" and "Tell me about your experience?" the student reported that phenomenological pedagogy aided her in listening to the arduous labor experiences of this mother. This approach was different than confronting her about knowledge acquisition and reinforcing teaching that, for this mother, was ineffective. The mother responded with gracious tears, feeling immense relief that someone had listened. The student, in turn, understood the meaning of phenomenological pedagogy, especially how it helped her help the mother move forward. In other words, stories from students in this study encouraged listening through questioning by "displacing the rule book" (SmithBattle, 2003), uncovering biases and blind spots in resources (Nyland & Tilsen, 2006), and addressing "the way it is." This approach ushers in nursing care that may not conform to standards but that is responsive to the patient's specific experience.

Decentering Resources: Empowering Through Questioning

For other students in this study, the interpretive pedagogies provided an understanding of how resources discouraged involving patients in patient education. Questioning once again emerged as a primary practice, but this time it meant empowering patients. Empowerment here reflected students' understanding of how the interpretive pedagogies encouraged them to ask questions, which promoted patients' active rather than passive participation in patient education. In the following account, the student contrasts her typical use of resources in teaching infant care to teenage mothers with how a simple question—"What do you want to learn?"—seemed "empowering."

> We have two ways of doing it [teaching infant care postpartum]. We have the packet of information that you can go through and you can read every pamphlet and that gets very monotonous, and we have a flip chart you can flip through and read verbatim for these patients. They have to say, yes, I understand, or they have to ask the questions. And I can go through that and I have my spiel. But after taking the class and knowing there is another way to teaching and learning that it's okay to let them kind of be the guide as well, I [now] sit them down and kind of say what do you want to learn? I have a way that I know how to do it [caring for self and the

> baby] but my way is not the only way. Kind of empowering them so they have ownership of the knowledge they receive and not just what we need to cover. Because I know they're not going to go home and take care of this child the way I would take care of my children. It is more hands on. Instead of saying here, read this pamphlet about bathing your baby, it was I'll be in at 10:00 and we're going to bathe "Sam." It was together we're going to learn this component.

This student related how the course helped her understand that resources promote an authoritarian, mechanistic, and consequently disengaged approach to patient education. In her nursing practice, she had firmly established her role as educator being in charge of using flip charts and pamphlets and reading "verbatim" information she assumed she needed "to cover." In using such "spiels" and "monotony," she realized how she inadvertently disregarded the possibility that teenage mothers may have ways to care for their infants that may differ from her way but that are just as health promoting.

In departing from her nurse-centered approach to patient education, involving primarily one-way communication, she asked a question reflective of critical and feminist pedagogy—"What do you want to learn?" Here she related how this question is empowering because it provides teenage mothers with the opportunity to understand their own authority in caring for their infants. In decentering resources, empowering through questioning becomes a "hands-on" collaborative experience where the student seeks "authority with and not over" (Culley, 1985, p. 215) teenage mothers. The nurse understands empowering as a caring and reciprocal (Culley, 1985; Noddings, 2003) practice promoting a health patterning of well-being in which the client can optimize the ability to transform self through the relational process of nursing (Shearer & Reed, 2004, pp. 256–257).

In other similar accounts, students told of times where the interpretive pedagogies encouraged putting resources on reserve and understanding empowerment as tied to the "integrality of the client and nurse" (Shearer & Reed, 2004, p. 256). Nurses understand that they no longer alone control patient education through an array of questions derived from conventional pedagogy and its accompanying resources. In the following account, where the student is discussing sexuality education for oncology patients, she related how questions she asked before the course helped her assess the physical symptoms of sexuality. Learning the interpretive pedagogies helped her understand that such questions are "conventional" and can discourage oncology patients from discussing sexuality. Conversely, she views questions originating from within phenomenological pedagogy as empowering.

> We're doing something new at the oncology department, focusing on sexuality and the cancer patient. I think about how I used to teach about that and how I kind of passed over it. I used to use conventional pedagogy and kind of go through like a questionnaire. I would ask questions like do you have pain with intercourse? Do you have vaginal atrophy? Do you use a dilator? Now I'm trying a new approach using all different kinds of things like asking, what does being intimate mean to you? It kind of focuses more on intimacy than the physical part of do you have this symptom? Because [otherwise] people seem like they don't answer your questions. They're embarrassed and you're embarrassed. And so I'm leaning more on phenomenology. Giving them the option to define, we're not defining sexuality or intimacy for them. You define it for me. I'm not telling you what I think it means…. You're always going to have your resources. So it's not important for you to go in and say these are the resources I have, this is the knowledge and this is what you need to know [about sexuality]. You tell me and then I'll always have these things available.

In learning the interpretive pedagogies, especially phenomenological pedagogy, this student understood that marginalizing her power meant letting go of her habitual ways of "going in there and saying…." Releasing her power empowered patients to have a voice—"you tell me" and "What does intimacy mean to you?" The student's attention to meaning promoted the possibility for disclosure whereby the experience of intimacy for the oncology patient can become intelligible (Heidegger, 1927/1962) and where nurses are open to wonderment (Richardson, 1963) of what the patient has to say. Being open to unpredictable answers or dialogue with patients disrupts the comfortable expertise of conventional questions. As the student became open to inviting the patient to "define it" (sexuality or intimacy), she no longer believed that she defined patients' experiences for them. Patient education indeed becomes "an understanding that the power of defining health problems and needs belongs to those experiencing the problem" (Doane & Varcoe, 2005, p. 33). Henceforth, the student reforms her expertise in patient education through questioning practices promoting empowerment.

Discussion and Implications

In this study, students drew on the philosophical and theoretical underpinnings of the interpretive pedagogies and in doing so recognized the primacy of resources. Although resources offer efficiency in patient education by being constantly available (Redman, 2001) and promoting creative approaches to delivering information (Bastable, 2006), they often do not match patients' needs and are "frozen language" not reflective of "reality" (Redman, 2001, p. 51). This study does not suggest that teachers should instruct students to abandon the use of resources in patient education. However, it does offer insight into the need to teach them the interpretive pedagogies to promote pedagogical literacy in patient education.

Pedagogical literacy is a working understanding of multiple pedagogies (interpretive and conventional

pedagogies) for teaching and learning (Scheckel & Ironside, 2006). It has been promoted in the nursing education literature (Eryaman, 2007; McGibbon & McPherson, 2006), but until now, it has not been apparent in patient education. In this study, becoming conversant in many pedagogies helped students question "the traditional shibboleths" (Sumner & Danielson, 2007, p. 36), decenter resources, and use the interpretive pedagogies to promote and preserve the time-honored tradition of interacting with patients during teaching and learning encounters. As students displaced the importance of resources, they began to interact with patients by phrasing and asking questions that promoted listening and empowering.

Listening through questioning and empowering through questioning encouraged students to engage in a contextual approach to patient education. This approach was respectful of the patient's reality, increasing the possibility for meeting patients' educational needs. For example, in drawing on phenomenological pedagogy, students asked for the meaning of patients' experiences. Hearing the patient's "story" and interpreting the meaning of these stories offered understandings of how to best approach patient education from the perspective of a given situation. Critical and feminist pedagogies helped students respect and account for the patient's background to engender their participation in patient education. Encouraging patients' involvement is especially important in health promotion and disease management where patient education needs to fit within the context of patients' lives, for example, family, sociocultural, financial concerns, social considerations, spirituality, and so forth, to be effective (Olshansky, 2007). Postmodern pedagogy helped students take risks in phrasing questions, avoiding the overuse of conventional questions that often yielded answers rather than promoted openness and connectedness with the patient through dialogue. These questions are especially important in light of demanding health care systems where it is easy to become disengaged from patients.

Although the findings of this study are important, more research is needed. Studying the interpretive pedagogies in various academic and clinical contexts is important in expanding the knowledge and practice of patient education. For instance, other studies have shown that RN–BSN courses help students recreate their nursing practice (Delaney & Piscopo, 2007). Can the same be stated for traditional undergraduate nursing students who learn these pedagogies in nursing school or for practicing nurses who learn these pedagogies as part of continuing education programs? In addition, the findings of this study show that more research is needed on practices in patient education that are situated in the interpretive pedagogies to better understand the possibilities and limitations of these pedagogies. Research is also needed on patients' outcomes and patients' experiences of patient education when student nurses and nurses learn and use the interpretive pedagogies. Finally, studies are needed about nurse educators who teach students these pedagogies for patient education. Their insights would offer additional perspectives not evident in this study.

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References

American Association of Colleges of Nursing (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington DC: Author.

Bastable, S. B. (2006). *Essentials of patient education*. Boston: Jones and Bartlett Publishers.

Benner, P. (1991). The role of experience, narrative, and community in skilled ethical comportment. *Advances in Nursing Science*, *14*, 1–21.

Benner, P. (1994). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: Sage.

Culley, M. (1985). Anger and authority in the introductory Women's Studies classroom. In M. Culley & C. Portuges (Eds.), *Gendered subjects: The dynamics of feminist teaching*. Boston: Routledge & Kegan Paul.

Delaney, C. & Piscopo, B. (2007). There really is a difference: Nurses' experiences with transitioning from RNs to BSNs. *Journal of Professional Nursing*, *23*, 167–173.

Diekelmann, N. (2001). Narrative pedagogy: Heideggerian hermeneutical analyses of lived experiences of students, teachers, and clinicians. *Advances in Nursing Science*, *23*, 53–71.

Doane, G. H. & Varcoe, C. (2005). *Family nursing as relational inquiry: Developing health-promoting practice*. Philadelphia: Lippincott Williams & Wilikns.

Eryaman, M. Y. (2007). From reflective practice to practical wisdom: Toward a post-foundational teacher education. *International Journal of Progressive Education*, *3*, 87–107.

Falk-Rafael, A. R., Chinn, P. L., Anderson, M. A., Laschinger, H, Maxson Rubotzky, A. (2004). The effectiveness of feminist pedagogy in empowering a community of learners. *Journal of Nursing Education*, *43*, 107–115.

Gadamer, H. -G. (1975). *Truth and method*. New York: Continuum (J. Weinsheimer, D. G. Marshall, Trans.) (Original work published 1960).

Gadamer, H. -G. (1976). *Philosophical hermeneutics*. Berkeley: University of California Press (D.E. Linge, Trans.).

Gadamer, H. -G. (2001). *Gadamer in conversation: Reflections and commentary*. New Haven: Yale University Press (R. Palmer, Trans.).

Giarratano, G. (2003). Woman-centered maternity nursing education and practice. *Journal of Perinatal Education*, *12*, 18–28.

Goldberg, D., Andrusyszyn, M. A., Iwasiw, C. (2005). The effect of classroom simulation on nursing student's self-efficacy related to health teaching. *Journal of Nursing Education*, *44*, 310–314.

Heidegger, M. (1962). *Being and time*. San Francisco: HarperCollins (J.M.E. Robison, Trans.) (Original work published 1927).

Heidegger, M. (1977). The age of the world picture. . (L. William, Trans.)*The question concerning technology and other*

essays. New York: Harper Torchbooks (Original work published 1938).

Institute of Medicine. (2004). *Report brief: Health literacy: A prescription to end confusion*. Washington, DC: Institute of Medicine. Retrieved June 27, 2007 from http://www.iom.edu/Object.File/Master/19/726/health%20literacy%20final.pdf.

Ironside, P. (2001). Creating a research base for nursing education: An interpretive review of conventional, critical, feminist, postmodern, and phenomenologic pedagogies. *Advances in Nursing Science*, *23*, 72–87.

Ironside, P. M. (2003). 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. (2006). Using narrative pedagogy: Learning and practicing interpretive thinking. *Journal of Advanced Nursing*, *55*, 478–486.

Little, M. (2006). Preparing nursing students to be health educators: Personal knowing through performance and feedback workshops. *Journal of Nursing Education*, *45*, 131–135.

Madison, G. B. (1988). Method in interpretation. *The hermeneutics of postmodernity: Figures and themes*. Bloomington, IN: Indiana University Press.

McGibbon, E. A. & McPherson, C. M. (2006). Interpretive pedagogy in action: Design and delivery of a violence and health workshop for baccalaureate nursing students. *Journal of Nursing Education*, *45*, 81–85.

Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). New York: Routledge & Kegan Paul Ltd.

Naples, N.A. & Bojar, K. *(Eds.). Teaching feminist activism: Strategies from the field*. New York: Routledge.

Noddings, N. (2003). *Caring: A feminine approach to ethics and moral education*. (2nd ed.). Los Angeles: University of California Press (Original work published 1984). Routledge.

Nyland, D. & Tilsen, J. (2006). Pedagogy and praxis: Postmodern spirit in the classroom. *Journal of Systematic Therapies*, *25*, 21–31.

Olshansky, E. (2007). Editorial: We've come a long way baby…or have we? *Journal of Professional Nursing*, *23*, 121–122.

Palmer, R. E. (1969). *Hermeneutics: Interpretation, theory in Schleiermacher, Dilthey, Heidegger, and Gadamer*. Evanston: Northwestern University Press.

Pew Health Professions Commission. (1998). *Recreating health professional practice for a new century: The fourth report of the Pew Health Professions Commission*. San Francisco, CA: Pew Health Professions Commission.

Plagar, K. A. (1994). *Hermeneutic phenomenology: A methodology for family health promotion*. In Benner P (Ed.), *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: Sage.

Redman, B. K. (2001). *The practice of patient education* (9th ed.). St. Louis: Mosby.

Richardson, W. J. (1963). *Heidegger through phenomenology to thought*. The Hague, Netherlands: Martinus Nijhoff.

Sandstrom, S. (2006). Use of case studies to teach diabetes and other chronic illnesses to nursing students. *Journal of Nursing Education*, *45*, 229–232.

Scheckel. M. (2005). Trying something new: Understanding the common practices of reforming nursing education. Unpublished doctoral dissertation, University of Wisconsin-Madison.

Scheckel, M. (2006). Cultivating interpretive thinking through enacting narrative pedagogy. *Nursing Outlook*, *54*, 159–165.

Scheckel, M. & Hedrick-Erickson, J. (2006, November). Reforming approaches to patient education: Exploring new skills and strategies. *Oral presentation at the meeting of the American Association of Colleges of Nursing, Orlando, FL.*

Scheckel, M. & Ironside, P. (2006). Cultivating interpretive thinking through enacting narrative pedagogy. *Nursing Outlook*, *54*, 159–165.

Shearer, N. B. C. & Reed, P. G. (2004). Empowerment: Reformulation of a non-Rogerian concept. *Nursing Science Quarterly*, *17*, 253–259.

SmithBattle, L. (2003). Displacing the "rule book" in caring for teen mothers. *Public Health Nursing*, *20*, 369–376.

Sumner, J. & Danielson, E. (2007). Critical social theory as a means of analysis for caring in nursing. *International Journal for Human Caring*, *11*, 30–37.

Swenson, M. M. & Sims, S. L. (2003). Listening to learn: Narrative strategies and interpretive practices in clinical education. In N. Diekelmann (Ed.), *Teaching the practitioners of care: New pedagogies for the health professions*, Vol. 2. Madison, WI: The University of Wisconsin Press.

van Manen, M. (1997). *Researching lived experiences: Human science for an action sensitive pedagogy*. (2nd ed.). New York: Althouse Press.

Wink, J. (2005). *Critical pedagogy: Notes from the real world*. (3rd ed.). Boston: Pearson and Allyn and Bacon.

Young, P. (2004). Trying something new: Reform as embracing the possible, the familiar, and the at-hand. *Nursing Education Perspectives*, *25*, 124–130.