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Cultivating interpretive thinking through enacting narrative pedagogy

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Teachers and educational researchers in nursing have persisted in their attempts to teach students critical thinking and to evaluate the effectiveness of these efforts. Yet, despite the plethora of studies investigating critical thinking, there is a paucity of research providing evidence that teachers' efforts improve students' thinking. The purpose of this interpretive phenomenological study is to explicate how students' thinking can be extended when teachers use Narrative Pedagogy. Specifically, the theme *Cultivating Interpretive Thinking* refers to how teachers' use of Narrative Pedagogy moves beyond the critical thinking movement's emphasis on analytical thinking (ie, problem solving). *Cultivating Interpretive Thinking* offers an innovative approach for teaching and learning thinking that attends to students' embodied, reflective, and pluralistic thinking experiences. Teachers who cultivate interpretive thinking add complexity to students' thinking to better prepare them for challenging, complex, and unpredictable clinical environments.

Teachers in nursing have a shared ethic to help students learn the higher-level thinking and reasoning skills considered necessary for competent clinical practice.[1] The critical thinking movement reflects this ethic as evidenced by teachers' persistent interest in and concern for developing and evaluating students' thinking abilities. Yet, despite the plethora of studies investigating how critical thinking can best be taught and learned, researchers have not provided consistent evidence for ways to conceptualize, teach, measure, or evaluate critical thinking. Thus, as Tanner avers, "it is time to move on."[2] Tanner is not asking that nursing educators abandon their attempts to teach or evaluate critical thinking. However, she is proposing that the discipline move beyond the singular emphasis on critical thinking and the exclusive use of conventional pedagogy (outcomes or competency-based education) to promote it. The issue remains: If students and teachers are to move beyond "critical thinking," where do they go for help and *how* are they to "move on"?

This interpretive phenomenological study is part of a larger multimedia distance desktop faculty development study in which teachers broadened their pedagogical repertoire by learning and using Narrative Pedagogy.[3] As teachers used Narrative Pedagogy, they created places for students to describe their thinking experiences in clinical education. This study reveals how Narrative Pedagogy encourages more than the predominantly emphasized critical thinking that privileges forms of analytical thinking (ie, problem solving).[1] Narrative Pedagogy, with its emphasis on how students learn and experience thinking in clinical education, extends the critical thinking movement in nursing education by providing teachers with a practical, research-based approach to broaden and add complexity to students' thinking.

Cultivating Interpretive Thinking—a sub-theme that emerged from the larger study's theme *Trying Something New*—is described here and is defined as nurturing thinking that is analytic, reflective, embodied, multi-perspective (pluralistic), contextual, and communal.[4] The present study shows how cultivating interpretive thinking does not discredit the disciplinary gains made by teaching and evaluating critical thinking. Indeed, students do need to learn logical and rational (analytic) thinking processes to address clinical problems. Critical thinking is necessary, but not sufficient, to prepare students for contemporary practice environments. As a way of moving beyond critical thinking, Narrative Pedagogy discloses innovative possibilities for teaching and learning interpretive thinking in nursing education.

LITERATURE REVIEW

For the past several decades, the nursing education literature has reflected both anecdotal and data-based reports addressing how teachers are developing students' critical thinking abilities.[5-14] However, nursing teachers and researchers are increasingly acknowledging that this body of literature provides insufficient, ambiguous, and conflicting evidence of just how teach-

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ers can best promote and evaluate students' critical thinking.[14,15] Furthermore, because most critical thinking studies are situated in nursing education's predominant pedagogy (conventional pedagogy), the influence of instructors' use of other pedagogies to teach thinking is frequently unexplored or critiqued as insignificant.

The pedagogy that teachers use emphasizes certain forms of knowledge and ways of thinking.[16] When teachers use but one pedagogy (eg, conventional pedagogy), they inadvertently thwart other forms of knowledge and ways of thinking that can broaden and add complexity to students' thinking.[4] To extend the science of nursing education, nursing teachers and researchers must attend to pluralistic pedagogical approaches that include, while moving beyond, the use of conventional pedagogy for teaching thinking.

As educators respond to the call to increase their pedagogical literacy,[17,18] Narrative Pedagogy is receiving increasing attention as a discipline-specific pedagogy that overcomes the limitations of the use of a single pedagogy to teach thinking.[4,19-25] Narrative Pedagogy, described in detail elsewhere[26,27] helps teachers devise new ways to teach thinking that move beyond students' acquiring content knowledge and applying it in clinical practice.[20,22] Research is demonstrating how Narrative Pedagogy, with its co-equal attention to content and thinking, its emphasis on using a plurality of pedagogies (ie, conventional, feminist, critical, postmodern, and phenomenological), and its attention to the Concernful Practices,[27] is providing an evidence base upon which teachers can draw as they reform and extend how they are teaching thinking. According to current research, for example, Narrative Pedagogy creates places for teachers to learn how de-emphasizing content engages students in discourse wherein new insights and the generation (rather than only the delivery or memorization) of content knowledge flourish.[4,22,23,28] Evidence also shows that questioning[20] and other practices such as being open and listening[24,26] are central to preparing students for practice in that they become comfortable with thinking from multiple perspectives amidst the ambiguity and uncertainty of evolving health care situations.[20,22]

Furthering the research on Narrative Pedagogy and its influence on teaching thinking in nursing education, the present study describes how students' thinking can be extended when teachers use Narrative Pedagogy. Interpretive thinking moves beyond the critical thinking movement in nursing education that (however inadvertently) reduces thinking to certain skills and attributes and valorizes conventional teaching strategies to develop these.[29] By explicating this aspect of Narrative Pedagogy, the present study provides new understandings for reforming and extending teaching thinking in nursing education.

METHOD

Design

Forty-eight teachers and 11 students participated in the distance desktop faculty development study, which was conducted to improve the learning climates for students in schools of nursing through increasing teachers' pedagogical literacy and skill in enacting Narrative Pedagogy. The Institutional Review Board at the University of Wisconsin-Madison approved the study. Investigators collected data via non-structured, audiotaped interviews in person or by telephone. Each interview began when the interviewer posed a general question such as:

> Teachers often talk of "trying something new" in their classroom or clinical courses. Could you describe a time, one that stands out because it shows what it means to be a teacher in nursing trying something new?

Similarly, during the interviews with student participants, the interviewer began with a question such as:

> Your school of nursing has been involved in a study in which your teachers are learning new ways of teaching. Can you tell me of a time, one that stands out to you because it shows what it means to you when a teacher is trying something new with teaching?

These questions allowed participants to tell of situations that had meaning for them. If further prompting or clarification was needed during the interview, the interviewer asked questions such as: "Can you give me a for-instance or an example?" These questions preserved the conversational nature of the interviews in such a way that participants were not constrained by pointed questions about specific events that could have diverted their attention and limited the contextual nature of their accounts.[30]

After the interviews were completed, the interviewer assigned each audiotape an identification number and submitted it to a typist experienced in transcribing interpretive research data. Following transcription, the interviewer reviewed the transcribed text for accuracy and removed identifying information from the text, replacing it with pseudonyms. The interviewer then destroyed the audiotapes and secured the transcribed data in a firewall- and password-protected database.

Data analysis

The investigators for the study, along with a research team that included 4 nurse researchers experienced in Heideggerian hermeneutics and interpretive phenomenology, analyzed the data. The hermeneutical analyses of the data began when team members individually read each interview text to gain an overall understanding of the account and wrote an interpretation. Team members supported their written interpretations with quotes or excerpts from the text. They clarified vague or unclear

meanings through dialogue, referring back to the text or, when necessary, re-interviewing participants. Throughout the data analysis, team members identified themes and paradigm cases.

Themes are variously defined in the literature;[31] but in a Heideggerian hermeneutical study, themes are recurring or common practices (ie, common experiences) that are present in some, but not necessarily all, narrative accounts and are situated in a particular context. Paradigm cases offer rich, complex, and compelling accounts of themes because they are puzzling or unsettling; or they offer complex, multi-perspective accounts that challenge taken-for-granted ways of thinking.[30] Analyses of paradigm cases are often multifaceted, and their worth in interpretive research comes from their complexity as well as the new insights and understandings they offer readers.

As the research team analyzed the data, they explored recurring themes and any accompanying paradigm cases in more detail. During analyses, team members challenged, affirmed, and extended the themes being identified using critical, feminist, postmodern, and phenomenological literature related to nursing and higher education, as well as texts from continental philosophy. Bringing this variety of perspectives to bear on the interpretations and emerging themes was not just to challenge a team member's interpretation; it also created converging conversations among members of the research team and the literature, ensuring that the interpretations were warranted.

In hermeneutical studies, a warranted interpretation is one that retells the story of the participant in a way that reveals new meanings and understandings not attained through only repeating what the participant stated.[32] That is, a warranted interpretation stays faithful to the text (ie, captures the participant's interpretation) but, in addition, reflects the complexity of multiple perspectives to extend and enhance understanding about a phenomenon.[33-35] During team meetings, the theme *Cultivating Interpretive Thinking* emerged from the data and is discussed here.

FINDINGS

Theme: Cultivating Interpretive Thinking

When asked to relate their experiences in courses in which teachers tried something new, many of the student participants in this study described teachers' use of familiar teaching strategies such as, in this paradigm case, inviting students to make their own clinical assignments. In other words, many of the teaching strategies described by student participants were not in and of themselves particularly novel or unique. When using these strategies with Narrative Pedagogy, however, teachers extended them in ways that cultivated students' interpretive thinking.

This paradigm case was offered by Mae, a junior nursing student in a clinical course in which the teacher enacts Narrative Pedagogy. In using Narrative Pedagogy, Mae's teacher extends the common strategy of inviting students to make their own clinical assignments by asking them, in post-clinical conference, to share what this strategy *means* to them as students learning clinical practice. As each student shares, the teacher and students collectively consider the account from multiple perspectives. In this way, students are invited to consider the complexity of clinical accounts and the multiple ways any practice situation can be understood. Additionally, because this sharing is a dialogical group activity, this paradigm case makes visible the importance of teachers listening and responding to students' thinking, helping them move beyond analytical thinking, which is a central feature of the critical thinking movement. Mae relates to the interviewer the account she shared in her clinical group in response to the teacher's request that she describe the meaning of making her own clinical assignment:

> . . .actually I described in post-clinical conference how it [choosing her own patient] was really nice because I would notice various things on the floor with the regular nurses. They just didn't seem to give a lot of time to single parent mothers who had their children. I don't know what it was. But I told [the teacher and the other students] how I would just notice that it seemed like they [the "regular nurses"] would spend a lot more time if the mother was married or if the child was going to go to an adoptive parent and it just seemed like the single moms, you know, they did the basic stuff but I just kind of had a feeling like it was almost, "well they should know better, they shouldn't have gotten pregnant so early," you know. So I described how you kind of get those feelings. So because of that when I talked about what this assignment meant to me, I told everyone [the students and the teacher during post-conference] how I intentionally started choosing these single mothers because I felt like they were the ones who really needed the teaching and they're the ones that you really needed to explain things to and they almost seemed to be just more thankful if you spent a little time with them. . . I also talked about how it [choosing our own patient] was different than being assigned, and you weren't sure who you were going to get and you weren't sure what the situation was, and for me, seeing that up on the maternity floor with the regular nurses and how they were, that just really stuck with me and I really felt like the single moms needed someone to go in there [their hospital room] and spend a little more time with them and I felt like, well, as a nursing student I probably had a little more time to give them than some of the other nurses who may have 2 or 3

> patients up on the floor that they are taking care of at one time. . .
> In post-clinical conference I actually shared that the single mom I cared for was a very good parent. I told everyone how I noticed how the patient's mother had called while I was in the room and how this young mother was instructing her mother what outfit she had picked out for her daughter, her 3-year-old, who was at home, to wear for Halloween. And it was chilly that night and [she said] "Mom be sure to put the boots on her and make sure she has her coat on," you know, even though she was in the hospital with her second child and she was still a single parent mom. I talked in post-conference about how she [the single mother] was so concerned about what was going on with her 3-year-old and wanting to make sure she got out to go trick-or-treating that night and made sure she was warm and being taken care of. So I talked about how I just had a real good morning with that patient.
> I also talked about how she [the mother] was real receptive to things and even though this was her second child, there were still a lot of things she really wasn't sure about and she didn't understand a lot about and she was real concerned about what type of birth control to get on because with this second child she had been on a certain type of contraceptive and had ended up getting pregnant. So, that was a real concern to her. So I talked about how selecting this patient meant that I could spend a lot of time doing patient teaching. And when I left [at the end of the clinical day] this patient—she said, "Thank you so much for spending so much time with me and answering my questions," and she said, "You know you have been the best nurse I've had since I was up here." So, you know, I shared with everyone that when you hear stuff like that it just kind of spurs you on. You think yeah, that's why I'm going into this field because you want to be able to touch people like that who people just assume, well she is a single parent mom, but this is her second child, so she should understand everything that is going on and she didn't. She still had a lot of questions about things. . .
> I also talked [to the teacher and the other students] about how I thought [speaking about the meaning of making her clinical assignment] our teacher was giving us that option to kind of go where we felt like we needed to go and choose the patient we felt more comfortable with, that we felt like we could do a better job with, or just felt more comfortable being around and just giving us that opportunity to make our own choice, as far as what patient we got to be with. . . I talked about how we [the students] would know [how to make their own assignment] because as soon as you started looking at the chart and seeing, you know, what happened during labor, you know, you assess how or if it was a pretty typical labor—did it go real well or were there complications, and I think just looking at the chart and seeing that, I talked about if you got someone who you just knew there were a lot of complications during labor and you might be up against some stuff when you go in there and take care of them, I thought most of us [students] would go, "Uhh, I don't know if I'm ready for this." And we probably wouldn't choose that particular patient. . .

Relating the meaning of this pedagogical experience to the interviewer, Mae's account resounds with an embodied, reflective, and pluralistic understanding of the clinical situation she encounters. Mae does not simply tell of selecting a patient. Rather, making her own patient assignment is informed by and reflects how she interprets the clinical situation she encounters and how she thinks about the care she observes and desires to provide. This account reveals the complexity of Mae's interpretive thinking and the multiple perspectives informing it.

For example, analytical thinking is evident as Mae recounts how she thinks through and interprets patient data. This thinking allows Mae to recognize the importance of identifying patient situations, such as whether a mother had complications during labor, and whether Mae is "ready" to provide the care needed by such a patient. She also uses analytical thinking to assess what [the mother] "really wasn't sure about and she didn't understand a lot about." This assessment informs Mae's efforts to provide "patient teaching," a common nursing intervention. Such thinking is important in individualizing patient care and contributes to quality care and safety.

As Mae continues to describe the meaning of selecting her own patient, feminist perspectives of the clinical encounter become visible when Mae questions how "regular nurses" may be providing care to single mothers on this unit. She reveals how even as a student she has an embodied grasp ("you know you kind of get those feelings") of possible inequalities between how nurses care for single mothers and how they care for married mothers. To fill in the qualitative distinctions she makes about the possible health care disparities she notices, Mae begins to describe her thinking about making nursing care for single mothers fair and equal to that of married mothers. Mae challenges, for instance, the assumption that single parents are not "good parents" by noticing, reflecting on, and describing all the ways this mother is caring for her 3-year-old child. She notices how, even at a distance, this mother makes sure her child is able to participate in holiday activities by

ensuring she will be dressed appropriately for the weather. By giving voice to this mother's experience, Mae preserves a place for woman-centered care that is responsive to possible injustices imposed by stereotypical evaluations of single parents.[36] These evaluations often deny and conceal the context and meaning of parenting for single parents.[37]

Mae's thinking also reflects critical perspectives when she identifies possible prejudice from dominant groups and considers the mother's cultural safety.[38] She describes how nurses seem to give single mothers only "basic" care and reflects how it seems that nurses believe "they [single mothers] should have known better" than to become pregnant "so early." In Mae's narrative, "they" depicts otherness, where nurses' embodied thinking reflects dominant cultural meanings of what constitutes notions of a good mother. For example, assuming that motherhood includes making "good" life choices (such as being married before becoming pregnant) may give way to oppressive and discriminatory nursing care for single parents. In nursing practice, such prevailing meanings embedded in cultural norms are perpetuated through language such as nursing diagnoses. For example, nursing diagnosis handbooks list single parenting as a "risk factor" for developing "impaired parenting."[39,40] In nursing practice, nurses may inadvertently reproduce this kind of language through their relationships with patients[41] by using labeling practices that can inadvertently cause harm or suffering to the patient.[42,43] However, thinking interpretively, Mae overcomes the risk of assimilating taken-for-granted cultural meanings of motherhood by knowing and connecting with this mother, "spending a little more time" with her, and noticing that she is a "good parent." As such, Mae's thinking avoids stereotypical categories that nurses may inadvertently subscribe to when embodying dominant cultural norms.

Mae's thinking reflects postmodern perspectives as well when she raises questions about the truths embedded in teaching particular health care practices, such as birth control methods. That is, her thinking extends analytical thinking when she avoids focusing on prescribed and often prepared content that includes teaching the various types of birth control and evaluating their "success/failure" rates. Mae recognizes the need for educational content because "even though this is the mother's second child," the mother still has a number of concerns about birth control. She also recognizes the need to avoid prepackaged birth control education and "spent a lot of time teaching," particularly since a "certain type" of contraception had not prevented this pregnancy. Giarratano, Bustamante-Forest, and Pollock[44] describe how students who recognize the rituals of routine practices, such as standard patient education, avoid assuming that any kind of teaching is predictive of improving patient outcomes. That is, Mae's thinking reflects her understanding of the limitations of providing patient education using standardized protocols. In recognizing these limitations, she sets up the possibility for understanding the meaning and significance of labeling patients as noncompliant[45] when teaching fails to produce positive patient outcomes.

In addition to analytic, feminist, critical, and postmodern perspectives, Mae's thinking also reflects phenomenological points of view. That is, Mae reflects on what it means to be a single parent and not receive the same care as other mothers on the unit. She describes how she "started choosing these single mothers" because she felt they "really needed the teaching and they're the ones that you really needed to explain things to. . ." She notes what it means to the patient that she personalizes her teaching, and spends so much time providing patient education, when she describes how the mother graciously thanks her for her care and attention. She notices, however indirectly, the meaning and significance of reciprocity in caring[46] when she comments on how this experience "just kind of spurs you on." For Mae, the mother's response means that the care she provides makes a difference to the patient, and having her care acknowledged by the patient makes a difference to her as a nursing student.[47,48]

CONCLUSIONS

This study documents how teachers can use Narrative Pedagogy to make small and nuanced changes in familiar strategies to cultivate students' interpretive thinking. Interpretive thinking includes analytic thinking, predominant in the critical thinking movement, as well as thinking that is reflective, embodied, and pluralistic. In this study, when Mae's teacher asked students to reflect on, share and collectively consider the meaning of selecting their own patient assignment, she created a place in post-clinical conference for students to learn and practice interpretive thinking. Importantly, the significance of this experience was not the familiar strategy itself (choosing their own clinical assignments), but that the teacher invited students to reflect on and share what this experience meant to them as they learned nursing practice. Hearing how students experience particular strategies provides teachers with the opportunity to think interpretively with students as they collectively explore the meaning and significance of such contemporary issues as health care disparities and complex technologies (eg, choosing between multiple methods of birth control), as well as what these issues mean to both nurses and patients. Teachers can also participate with students in thinking about how nurses know and connect with patients (or fail to know and connect) toward providing patient care that is reflective of and responsive to patients' "questions" while also generating new insights into the meaning of caring in contemporary nursing practice (ie, prescribed therapies do not always provide patients with the protection they seek). The emphasis, therefore, lies in how small

changes in existing assignments create opportunities for teachers to cultivate interpretive thinking by assisting students to think about clinical situations from multiple perspectives and to attend to the many ways in which students *are* thinking while learning clinical practice. In this way, Narrative Pedagogy helps teachers and students become "participatory, thinking practitioners."[49] This research is consistent with other Narrative Pedagogy studies where teachers use strategies such as thinking-in-action journals,[19] reflective writing assignments,[26] and the Concernful Practices[49] to cultivate interpretive thinking experiences in nursing practice.

Broadening the critical thinking movement by using Narrative Pedagogy also provides a way for teachers to hear anew how students are thinking as they learn clinical practice. Are teachers aware of all the ways students are thinking about clinical situations as they learn? By creating opportunities for students to reflect on, share, and consider the meanings and significances of their clinical encounters, Narrative Pedagogy helps teachers bring students' thinking to language, creating places for both students and teachers to dialogue about aspects of nursing practice that are obscured when analytic thinking predominates (eg, honoring students' thoughts such as "I just kind of had a feeling" or the embodied sense of disquiet that compels interpretive thinking). By creating places for learning and practicing thinking as interpretive thinking—thinking that is analytic, reflective, embodied, multi-perspective, contextual, and communal[4]—Narrative Pedagogy enables students and teachers to re-envision how they are providing nursing care within and outside of critical (analytical) thinking frameworks and to recognize how their thinking influences the nature of the care they are providing.

IMPLICATIONS FOR FUTURE RESEARCH

This study underscores the potential that enacting Narrative Pedagogy has for teachers and researchers to extend the critical thinking movement in nursing education. Since this is one of only a few studies that explicate the newly identified interpretive thinking,[4,48] further research is needed to explicate diverse ways teachers' can use Narrative Pedagogy to cultivate interpretive thinking in both classroom and clinical situations. As well, studies are needed that collect data from dyads of teachers and students such that both the teachers' and students' perspectives of the same experience can be analyzed together. Quantitative studies would also advance the science of nursing education by providing researchers with the opportunity to: (1) investigate the correlation between specific strategies used by a teacher and specific aspects of students' thinking, and (2) compare students' thinking across courses in which teachers use Narrative Pedagogy and courses in which teachers use other pedagogies. Such a multi-method, multi-paradigmatic, multi-pedagogical body of research will provide teachers with a robust evidence base upon which to base their pedagogical decisions as they prepare future generations of nurses for practice.

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