

Learning-as-testing: A Heideggerian hermeneutical analysis of the lived experiences of students and teachers in nursing

The Curriculum Revolution, a major call for reform, is underway in nursing education. To shape future research and to develop and test alternative approaches it is imperative to understand and critique current practices in nursing education. This article serves a dual purpose. It presents an interpretive study on the lived experiences of students and teachers in testing and evaluating learning. It also serves as a forum to discuss issues and to evoke thinking about the need for alternative approaches in nursing education.

Nancy L. Diekelmann, PhD, RN, FAAN
Helen Denne Schulte Professor
School of Nursing
University of Wisconsin-Madison
Madison, Wisconsin

THE EDUCATIONAL LITERATURE of the 1970s introduced a critique of behavioral education and reflected an interest in reconceptualizing curriculum and instruction.¹⁻³ Alternative pedagogues developed with particular interest in critical,⁴⁻¹⁰ feminist,^{11,12} and phenomenological approaches to schooling.^{13,14}

In 1988, recognizing the need for reform in nursing education, the National League for Nursing (NLN) initiated the first of four annual conferences called the Curriculum Revolution.¹⁵⁻¹⁸ A reexamination of behavioral education is reflected in the critiques appearing in nursing literature,^{19,20} and the exploration of alternative approaches.²¹⁻²⁶ This article presents a portion of a larger study that is developing a phenomenological approach to schooling in nursing. The approach, called "Nursing education: Caring, dialogue and practice" is based on

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Heideggerian phenomenology.²⁷ This approach to schooling embraces critical, feminist, and phenomenological pedagogy and is an alternative to traditional behavioral education. It stems from researching the lived experience, a human science approach for research in phenomenological pedagogy.¹⁴

In this article the author describes one constitutive pattern and three themes that emerged in the context of the larger study. Learning-as-testing is the constitutive pattern. The themes are "Feeling Overwhelmed: Competition, Isolation and Testing"; "Getting the Right Answer: Grading, Testing and Evaluation"; and "Testing as Teacher-Centered Learning."

PARTICIPANTS

The study participants were 44 students and teachers from 10 schools of nursing in the midwest region of the United States. Human subjects committee approval was received. Students and teachers were interviewed from all levels of nursing education: diploma, associate degree, baccalaureate, master's, and doctoral. Students were invited to participate by a letter sent to each school. Teachers were invited by letter to participate in the study if they had taught a minimum of 5 years in the schools where they were currently employed. The mean was 10 years total teaching experience with 8.5 years in the current schools.

DATA

All participants were interviewed individually and asked to give narrative accounts of recent experiences that stood out

as memorable to them in the context of being a student or teacher in nursing. They were asked to tell about a time they would never forget because it reminds them of what it means to be a teacher or student in nursing today. Descriptions of specific stories, in rich detail, were elicited. Participants were encouraged to tell their stories rather than analyze their experiences. Probes depended on the participants' responses and were only used to clarify statements of the narratives. The interviews were audiotaped and transcribed verbatim and analyzed hermeneutically using Heideggerian phenomenology as the philosophical framework.²⁸⁻³⁰

ANALYSIS

A seven-stage process of analysis was adapted to describe shared practices and common meanings.³¹ Heideggerian hermeneutics, first introduced to nursing by Benner,³² seeks to reveal the frequently taken for granted shared practices and common meanings embedded in our day-to-day lived experiences.

Shared practices and common meanings were identified and coded as themes and constitutive patterns. A constitutive pattern expresses the relationships among themes and is reflected in all of the texts. It is the highest level of analysis. MARTIN, a software package developed by the author in conjunction with Robert Schuster and Eric Lam, was used as a tool for analyzing the qualitative narrative data. Analysis and interpretation were undertaken by a team consisting of three experienced interpretive researchers (the investigator, one from nursing, and another from education) and four graduate students. Analysis of the nar-

rative text occurred in several stages as follows:

1. All interviews were read to obtain an overall understanding.
2. Interpretive summaries of each interview were written. Using MARTIN, each interview was coded for possible themes and a summary was written.
3. Selected transcribed interviews were analyzed by the team. The investigator and the team members each prepared a written summary of the transcribed interview and analyzed it for emerging themes. The analyses were read aloud and discussed.
4. Disagreements in interpretation were resolved by returning to the text. In some instances the participant was contacted for clarification. The principal investigator wrote a composite analysis of each text.
5. Through comparing and contrasting texts, the composite analyses themes that recurred and reflected the shared practices and common meanings were identified and described. The team was presented with this description and dialogue ensued.
6. As themes were compared, a constitutive pattern that linked the themes emerged. Each constitutive pattern is present in all the interviews.
7. A draft explaining the themes and pattern with exemplars taken from the text was presented to the team and to 2 experts outside the team. In addition, 5 faculty and 5 students who had participated in the study and 5 teachers and 5 students who had not participated were also sent the draft. Responses and suggestions were incorporated into the final draft. Anything that was judged to

be unsubstantiated in the text was deleted.

The purpose of multiple levels of interpretations is to allow for continuous participation to reveal contradiction and inconsistencies. Multiple interpretations at every stage of the analysis also serve as bias control. If unsubstantiated meanings are revealed and inaccurate interpretations are not supported by textual reference, the team returns to the text.^{33,34} Since shared practices and common meanings are described, it is assumed they will be recognizable to the reader who shares the same culture. The reader participates in the analysis and validates the interpretation by reading the exemplars given and then the interpretation.^{24,31,33-35}

INTRODUCTION

Learning-as-Testing, the constitutive pattern described here, shows the linkages among the themes reported: "Feeling Overwhelmed," "Getting the Right Answer," and "Testing as Teacher-Centered Learning." This study extends an earlier interpretation of "Learning as Evaluation."³⁶ In reading the data, the reader should find the interpretations convincing. Results of this study point toward how our practices as nurses and nurse educators set up some possibilities in learning how to be a nurse and limit others.

Testing-related activities were described by teachers and students at all levels of education and in both curriculum and instructional contexts. In this study, testing is seen to be so associated with teaching and learning that it has taken them over. Students reported feeling "overwhelmed" and "pressured to learn" what the teacher was dictating. And teachers described students

as “competitive” and “anxious” about their grades. Teachers were frustrated at their attempts to better evaluate students.

I want to tell you about a time that happened to me last week because it was such a nightmare. I don’t think I will ever forget it. I’m in a team-taught course, and three people on the team don’t get along. There are six of us, so when I go to put the exam together, it’s a nightmare. This one wants an essay question and it’s way too long and difficult. And when I tell her so, she acts out and writes two true-false and two multiple choice questions that are worse. . . . Then I have a new person who is inexperienced and wants the students to read and remember too much. She doesn’t have the perspective she will get later on . . . we don’t have faculty development seminars for new faculty any more, so she needs a lot of individual help and that’s only fair Then I had this meeting where we reviewed the exam before it was to be typed, and I thought I would lose my mind over these three who don’t like each other . . . arguing over each other’s questions. We spent the entire afternoon trying to convince each other over what the intent of the question was and on trying to convince each other what the students would read or not read into the questions Two people thought many items were too easy, and another experienced teacher thought half of them were too hard and encouraged rote learning. At the end the group told me to “fix up” the items as they suggested . . . which was impossible because they were so opposite. I dread grading this thing. But the hardest thing for me is all the time we put into testing in this course. I have taught for over 25 years, and in the last 10 we have gotten crazy about how much time we spend on testing the students. We always have disagreements in team-taught courses, but even doing it myself takes too much time. In the last 10 years there has been a subtle change . . . I spend more and more time meeting with the course faculty and with students over their exams and their

grades. It’s all the stuff that sneaks up on you, like course faculty meetings and calling individual faculty and meeting with commuting students and students who are working full time and going to school and going to appeals meetings and it goes on and on Like I said, none of these are new activities, but the amount of time I spend doing them has definitely increased We are testing too much, we’re teaching too little, and there’s no time left for the students to learn!

The issue that emerges from this study is that while it is always important to improve the activities of testing and evaluation, what matters more are our testing practices, particularly the time spent on testing and how this shapes the lived experiences of teachers and students.³⁷

When our practices are revealed to be counterproductive to our intent, it would seem reasonable to question the intent. The data gave no indication that teachers intend students to cheat, hoard information, or to be so anxious about their learning. I have never met teachers who said they desired these outcomes. Intentionality is not the issue here! This study reveals that *what matters in teaching and learning are the practices that we create as teachers and how these practices are experienced by the students*. For example, teachers report spending a great deal of time and effort preparing to teach. Showing considerable care and concern for students, they try to individualize their instruction. Students respond very positively to this caring approach.

The study reveals that practices inherent in an individualized approach have unforeseen effects. Narratives reveal that although teachers do not intend it to happen, students vie and compete for a teacher’s time, they can become dependent on the teacher for the

"right answer," and teachers are frustrated at trying to meet individual students' needs. Within the process of individualizing instruction, the teacher's importance and power is unintentionally reproduced, which encourages students' dependence on an authority figure and paradoxically discourages thinking.

The author does not propose that teachers stop treating students individually. Instead the author suggests *an attempt to create new conversations that will help teachers better understand HOW, although they intend one thing, their practices in teaching may encourage the opposite.*

Testing has come to take so much of teachers' and students' time that there is little time left for anything else. Testing has become the equivalent of learning.

Evaluation is important and serves important political functions (e.g., screening candidates for entry into practice). But testing has also come to take so much of teachers' and students' time that there is little time left for anything else. Indeed testing has become the equivalent of learning, as this teacher described:

I had 12 lectures to cover in this unit exam and nine different people who presented the content . . . and each gave me questions. Some were well written, but I thought too hard. Others were over points that were unimportant . . . and of course, a full professor who gave 2 lectures turned in the long, incredibly difficult question. Her lecture was at odds with the chapter in the book, and she contradicted herself several times in class. I was up until 1 AM writing this darn thing so the secretary could get it typed and duplicated . . . and I knew I would have to talk to

everyone about all the things I had done with their questions, and there was no time to meet again to discuss the exam. I really don't have time to run around to all of them and call them and wait for them to call me back . . . Writing exams, especially new ones, is something I hate! Then the students are all over you. "You said this and you said that." It gets to a point with 80-some students, I can't remember what I said sometimes. They drive you nuts, always wanting to know what's going to be on the test. I get asked that so many times and places—even in the bathroom . . . If students would spend as much time on learning as they would on trying to figure out what not to study, they'd do just fine . . . When I go into class to go over the exams, I feel like I'm going into battle!

The focus on testing so prevalent in our practices leads students albeit inadvertently into a constricted mode of learning and thinking. Instead of focusing on learning and thinking about what is meaningful to them, students are focused on the concerns and priorities of instructors.

Theme—Feeling overwhelmed: Competition, isolation, and testing

The author's research^{24,36} on the lived experiences (e.g., our direct experience of the world and our own being within it) of students from all levels, from associate degree through doctoral study, indicates that students are fearful and angry. Overwhelmed by all the content they are trying to learn, they feel there is little time for *learning* and time only for memorization. Competing with one another for grades, they talk of feeling isolated and alone: "I used to study with my sorority sister. She started depending on me to quiz her before an exam. But then she got better grades than me, and I was working harder at studying so I said, 'no more!'"

Objective tests encourage students to compete rather than learn how to work together. Creating communities of care is vital to the practice of nursing,^{27,38} yet students described feelings of competition and isolation. These feelings prevented them from learning to care about each other, even though they might not like each other.

Other students describe their experiences in large lecture classes that are becoming more common in nursing education:

There are 90 of us in this big lecture hall. None of us knows any of the teachers . . . We had a lecture on caring for families, and no one even knew that my 14-year-old brother committed suicide this summer.

Large classes further isolate students from one another and likewise make it difficult for teachers to know their students. But many teachers described ways they connected with students. Large lecture settings can become caring communities if we attend to knowing the students, and the *how* of our teaching. Knowing the student is central to the practice of teaching.²⁷

But it is not just large classes that make students feel isolated. Another student described her lived experience in a clinical course:

We had a clinical instructor who made us all so afraid that I didn't even get to know the others in my clinical group. Usually you do; there were only seven of us. But she was always yelling at us, no matter how hard we worked . . . We just individually, I guess, wanted to survive. The entire semester was a nightmare for me!

In contrast, other students described times when they experienced less competition and isolation.

Our teacher was new and she said nursing is working together and caring about each other.

One student had her daughter hospitalized during the clinical and our instructor encouraged us to take notes for her and help her when she returned . . . That was my favorite course. I didn't learn any more, but I saw nursing and felt it like I never have and that is what nursing should be like.

Teachers and students have difficulties getting to know each other.²⁷ Although they teach how important it is for nurses to know their patients, they have difficulty in seeing how important knowing each other is to teaching and learning. Students' personal lives influence their ability to get to know other students and teachers. This isolation can be compounded by part-time study, commuting students, and large classes with teachers lecturing. But lecturing with an emphasis on testing also discourages students from caring and knowing one another, as is obvious below:

I'm a commuting student with three children under 3 years old. For me to get to class is a major feat. Then I get there and find the teacher is going to lecture from the textbook. But it's even worse because though sometimes lecture is a waste, sometimes it isn't; and you never know, so you have to go. Sometimes you need to hear the additional content because it's often on the test . . . I want to be a nurse so much. Don't these teachers understand the lengths my husband and I are going to so I can go to school? . . . How outrageous that they would think I can't read a textbook! I'm not dumb, and if I can't read, it's about time I learned how. The teachers presenting the important stuff from the readings aren't helping us learn to read and think, are they?

Shor⁹ writes about the effects of behavioral education and the resultant emphasis on testing and content acquisition as producing "students on strike." Learning as

cognitive gain has encouraged student competition and isolation when nursing practice is best served by noncompetitive, caring, and connected practices. Unintentionally, the practices of testing in schools of nursing make students feel overwhelmed, competitive, and isolated.

Theme—Getting the right answer: Grading, testing, and evaluation

Students are not the only ones disenchanted, frustrated, and angry over an emphasis on testing, content, and competition. Teachers too are discouraged over students' fixation on their grades instead of on learning:

I spent 45 minutes yesterday arguing with a student over his exam grade. He was adamant on every item, and I knew all he wanted was two more points so he could get a B. I resent students like this. Why didn't he just spend 45 more minutes studying? Granted some of the test items aren't perfect. But students argue with you even when they know they are wrong.

Another teacher describes her dilemma with tests and testing as becoming frequent and important:

Students have to get a good grade in my course to get into the nursing program. . . . And it's so hard when a student is arguing for three points and it means whether they can get in or not—you know, be a nurse. No test is good enough to make that decision, especially when you're young like some of these students are. Yet if I start giving people points, where do I stop? Should everyone be admitted? There is something wrong with making these decisions based on tests. We need to get to know these students in nursing before we make these decisions. That only makes sense to me, but in our curriculum it's impossible.

The political function of testing (e.g., admission and progression) has created problems for both teachers and students. Testing without knowing students creates an uncaring atmosphere between students and teachers. Adversarial relationships develop. Teachers become gatekeepers in relationships characterized by power.

Testing also influences the nature of clinical instruction. One teacher describes the pressure she feels to evaluate students clinically:

We have a seven-page clinical evaluation tool! I make anecdotal notes all morning on the students, going from one to another Each week I fill this thing out. It takes me 45 [minutes] to an hour per student, and I also have to grade each student's care plan. There is no time for me to learn as a teacher and keep current in my nursing specialty We're spending too much time evaluating students and not enough time talking to them!

Interviewer: Can you tell me more about what you mean by talking to them?

We're forever telling them what they've done wrong or not done yet or need to practice more. What they really need is to talk about what they're seeing and thinking I became a clinical instructor because I wanted to tell students something about practicing clinically. All of the . . . things that students see for the first time . . . get lost because we have content to cover in postconference. Lots of group learning that nurses need to learn to do to survive—it's important when you're practicing—gets lost because there's no time It's all used up with this clinical checklist and topics to be covered.

Interviewer: Can you give me a for instance?

Last week one of my students stayed with a patient while he died. And when the wife arrived, we spent time talking to her about how he died quickly and how it was understandable that she

wasn't there. She has a retarded adult child at home who also needs care What we emphasized, and it helped her, was that he didn't die alone. The student knew the wife and had taken care of him for over three weeks I spent a lot of time talking with the student about the situation and answering questions. Now that's the kind of thing teachers and students should be talking about [together] The bad thing was that I was tempted to call a special postconference because sometimes I do to talk about times like this. But this was next to the last week of clinical, and too many of the students still needed to be checked off on their meds and skills. It wouldn't have been fair, and yet not talking about being with people when they are dying was frustrating. . . . What is nursing about anyway?

An emphasis on evaluation as a central part of learning, while important and necessary, has resulted in practices that are problematic for both teachers and students. Teachers' clinical colleagues share their frustration; they do not want to spend their time with students going over checklists of things students are to do. Rather, they too want to share their experiences with patients and discuss these with students.

Theme—Testing as teacher-centered learning

Behavioral education is teacher-centered. It assumes that teachers have both the right and the responsibility to ensure that students learn.³⁹ While behavioral approaches emphasize negotiating and individualizing instruction, ultimately it is the teacher who selects and identifies the objectives, breadth, and depth of the course. When disagreements between the student and the teacher arise and are irreconcilable, it is the teacher who prevails. This teacher-centered ap-

proach operates regardless of the strategies used, whether group or individual. This approach perpetuates a relationship in which the teacher is powerful and in control, and students ultimately are dependent on the teacher for a grade and for passing.

In this study many teachers spoke of working hard to minimize the power and control they have. Some felt that individualized instruction and including the students in the design of the course were important ways to share power. To the extent that the teacher and student are able to agree on ways to deal fairly with conflict, power and control can be shared. But too often when conflicts arose, the teacher's power prevailed.

Certainly none of us would take issue with the notion that teachers are responsible for protecting patients from students' errors. And they have a great responsibility for protecting students from entering into dangerous situations. Teachers are, in addition, given the societal responsibility of ensuring that students are safe and adequately prepared to enter practice. But testing and teacher-centered learning have distorted this responsibility, resulting in relationships that oppress students and discourage learning and clinical responsibility. While novice nurses need back-up until they obtain enough experience, it is critical that nurses learn *how* and *when* to trust their own judgments.

While novice nurses need back-up until they obtain enough experience, it is critical that nurses learn how and when to trust their own judgments.

Teachers, although they do not intend to be controlling, behave in ways that force students to be penalized for taking a risk or being wrong. Teachers give students A's when they make no mistakes and lower grades if they do. This occurs even though the only way you learn nursing is to get it wrong a lot of times before you get it right. Students begin practice by applying rules. But it is the fine tuning in students' thinking that teachers seek. According to Benner,³² experience is the turning around or the disconfirming of previously held beliefs. As such, learning through experience occurs for students when what they thought would happen is disconfirmed. If their initial conjecture about a clinical judgment is correct, then the students have learned nothing but a reinforcement of what they already knew. Now this is important, but in a paradoxical way, students who are dependent on teachers for grades are penalized for learning. One new graduate describes her experience:

In school I worked hard for good grades. So in clinical you didn't do anything you weren't sure of . . . But after three months, I was floated to nights. I had to make all these decisions. I mean we were short staffed and there was no one for me to rely on . . . I'm doing OK, but I resent how my teachers frightened me with making mistakes, so I never made any decisions on my own . . . Nursing in the real world is making decisions, big ones and little ones, all the time. My teachers should have let up more, and I'm angry at them!

Making mistakes in nursing is dangerous and teachers attend to providing back-up to students as an important part of their teaching practice. Research about the nature of back-up and the testing of back-up as a part of developing expertise reveals important understandings about how agency and clinical

worlds are shaped by experiences that center on back-up. An understanding of the evolution of expertise and of how agency and clinical worlds are transformed through experience will give teachers and students new possibilities for schooling practices and the role of experience in nursing education.^{40,41}

Constitutive pattern—Learning-as-testing

A constitutive pattern that emerged across all interviews was a preoccupation of students and teachers with testing as evidence of learning. This view of learning-as-testing was reinforced by a view of the teacher as the person with primary responsibility for content identification. This encouraged faculty to become competitive and to feel isolated in curricula that are teacher-centered.

Many teachers told of spending a great deal of time deciding what students *should* learn. Although students participate in designing and evaluating courses and in curriculum committees, most of the important decisions are made by teachers. At the curricular level courses are voted on by faculty, and content is often enforced by a curriculum committee. Teachers expect individual faculty to "do their part" and to teach what they are assigned. Rather than this practice resulting in frequent conversations among faculty, the opposite occurs. Finding the need to change content within courses for many legitimate reasons, teachers often do not tell or consult with their colleagues; as a result, redundancy and omissions characterize many nursing curricula. And when faculty do meet, they often experience conflict over justifying or critiquing another teacher's decision about content. They com-

pete for more time to present content in their courses. An additive curriculum results. Teachers feel isolated and alienated from each other. A teacher describes such an experience:

I hate the end-of-the-year faculty meetings because all we do is fight over content . . . And the senior faculty, there are three of them, always win. Even when we outvote them, they still do what they please. And the poor students get more and more crammed down their throats each year . . . The only decent day we have together each year is our annual faculty workshop, where we bring someone in to teach us something new. That day we are all learners. You see a different side of everyone that day!

Learning-as-testing encourages teacher isolation. It is hard for teachers to get to know each other when they spend so much of their time arguing or trying to solve problems together. The very events that keep teachers coming back to teach each day, the times when they connect with a student and make a difference, are never talked about. They get squeezed out in a practice of teaching that is shaped by competition among students and teachers.²⁷ There is no place or time to have these empowering conversations. Indeed, some teachers feel that to describe these good times is to brag and to overinflate one's importance.

Learning-as-testing reflects the behavioral educational assumption that if learning

has not been evaluated, one cannot know or prove that it has occurred. But the experiences of teachers and students negate this assumption. The paradox of learning-as-testing is whether teachers, from diploma to doctoral level, want to continue to spend so much of their time on testing and evaluation-related activities.³⁶

Learning that has become testing may only prove what is already known. Learning has a centrality in the practice of teaching nursing. Just as caring is central to nursing,⁴² learning is central to teaching.³⁰ This understanding of learning is primordial and ontological. It is learning to let learn.²⁷ If it is learning that grounds teachers, then they must discuss those practices in teaching that encourage learning and those that make learning impossible. Teachers must reflect on *how* they spend their time—alone, together with students, and with other faculty colleagues. The teachers and students in this study commented on how few opportunities they had for sharing experiences of learning and of teaching nurses. They are not alone.

Recalling the narrative that is our lives would create new conversations and open up a future of new possibilities. The narratives in this study evoke thinking and consideration of individual experiences in nursing education. Through understanding the lived experiences that reveal people's shared practices and common meanings, nursing education will be transformed.

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