THE SUBJECT PEDAGOGY FROM THEORY TO PRACTICE -
THE NEWLY REGISTERED NURSES VIEW

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Abstract

The aim was to describe, from the newly registered nurses’ perspective, specific events when using their pedagogical knowledge in their everyday clinical practice. The design was qualitative and the critical incident technique was used. Data were collected via interviews with ten newly registered nurses.

Two categories emerged in the analyses. The first category was “Pedagogical methods in theory” with the sub-categories Theory and the application of the course in practice, Knowledge of pedagogy and Information as a professional competence. The second category was “Pedagogical methods in everyday clinical practice” with sub-categories Factual knowledge versus pedagogical knowledge, Information and relatives, Difficulties when giving information, Understanding information received, Pedagogical tools, Collaboration in teams in pedagogical situations, and Time and giving information. By identifying specific events regarding pedagogical methods the findings can be useful for everyone from teachers and health-care managers to nurse students and newly registered nurses, to improve teaching methods in nurse education.

Keywords: communication, patient education, counselling, competence
Introduction

Patient education and patient information is a key nursing activity, and according to the National Swedish Board of Health and Welfare the Swedish registered nurses are obliged to have the ability to communicate, inform and educate patients and relatives, as well as to have competence in information and communication technology (ICT) (National Board of Health and Welfare 2005).

Registered nurses (RNs) have a well-established role to provide information and education because patients and relatives need information in all phases of the nursing process (Leino-Kilpi et al 1993). In a newly published report from the Swedish Society of Nursing (SSF) it was emphasised that pedagogical skills are mandatory, that expert knowledge is not enough if you cannot communicate it (Engström & Svensk sjuksköterskeförening 2007). Other studies show that RNs lack adequate knowledge as pedagogues and RNs wished to develop their abilities in listening, supporting, coaching and becoming better at giving advice (Poskiparta et al 1999; Turner et al 1999). Different terms such as information, teaching, education, instruction, pedagogy and pedagogical concepts are often used synonymously (Falvo 1994). Regarding the subject of patient education, Sanford propounded a theory named “Caring through relation and dialogue”, which was generated both from the theoretical perspectives of education/pedagogy and from the practical nursing perspective (Sanford 2000). The relations between these two perspectives have not been fully researched. Nursing students need to acquire pedagogical skills but the subject of pedagogy differs at Swedish universities, ranging from 0–30
ECTS (European Credit Transfer and Accumulation System) (Furåker 2001). In the second year of the undergraduate nurse programme at Lund University a course (7.5 ECTS) is available with the aim of deepening the students’ knowledge regarding dissemination of information, teaching and instruction of patients and close relations, personnel and students. The study objectives from the same course are shown in Fig 1.

The aim of the present study was to describe, from the newly registered nurse’s perspective, specific events when using their pedagogical knowledge in everyday clinical practice.

**Method**

**Design**
A qualitative descriptive approach was used for the present study, which incorporated a critical incident technique (CIT). The CIT is a systematic, inductive method, based on concrete, actual descriptions of events (Polit & Hungler 1999). Flanagan’s requirements for the CIT are that the activity investigated should have a well-defined purpose and either positive or negative aspects of the activity. The number of events needed depends on the nature of the problem. In general, an analysis of 100 incidents is usually considered sufficient for a qualitative analysis with a well-defined purpose (Flanagan 1954).

**Informants**
The study was performed in accordance with the Declaration of Helsinki, and since the informants were employed RNs, no formal permission from an ethics committee was required in line with national Swedish directives. Ten RNs, seven female and three men, graduated 10 months earlier from Lund University, Sweden, and now employed at a university hospital, were chosen. The ages of RNs ranged
between 23 and 40 (mean 29) years and they had varying years of experiences as enrolled nurses, ranging from zero to 15 (mean 3) years.

**Data collection**

Data were collected through semi-structured interviews to allow the RNs to use their own words in describing events that were related to terms like pedagogy, information, teaching, instruction and education. Two general questions – “Describe an important event that made it easier or more difficult to teach, inform and communicate with patients and relatives” and “Describe an important event where you used, missed, or wished for more knowledge received during the course in health care pedagogy in clinical practice” – were examined and tested by two RNs not involved in the study. One pilot interview was conducted to evaluate whether the informants described events in a satisfactory manner in response to the items posed. The items proved to be applicable to the study and were subsequently used. The selection of RNs was made in consultation with personnel managers at the hospital. The head RNs were contacted and permissions were obtained to interview the RNs. The RNs were telephoned and they received information about the purpose, and informed consent for an interview was obtained. Before the interview, the RNs gave their written consent and were guaranteed confidentiality. The interviews lasted between 15 and 39 minutes and were conducted in a place chosen by the informant, either in a ward or in an office at the hospital. A definition and an example of an important event was given to the RNs before the interview started. The interviews were conducted in a dialogue form and were tape-recorded. A verbatim transcription of each interview was made.

**Data analyses**

After reading and rereading each transcribed interview, descriptions of specific events in the informants’ narratives were identified. A specific event is an
experience (critical incident) described by the RNs as positive or negative in relation to their experiences of their use of their pedagogical methods in everyday clinical practice. A total of 211 critical incidents were identified. The number of incidents provided by each informant varied between 17 and 33. Some RNs reported more than one event for a specific item. To categorise the events, they were first abstracted from the text, given labels, and then organised into groups. The groups were classified according to different kinds of behaviour, which resulted in 10 subcategories. Similar subcategories were grouped in two categories, describing the overall structure of the material. In the last two interviews no new subcategories emerged, indicating saturation. Each category and sub-category was fully and clearly defined so that valid judgements could be made. To ensure that the classification was as free from bias as possible and could be replicated, the reliability of unitising and of classifying the data was assessed by inter-rater agreement between both authors by classifying the same data independently. The inter-rater reliability between the two authors was 100%.

**Findings**

Two categories in relation to the aim of the study were identified:

“Pedagogical methods in theory” and “Pedagogical methods in everyday clinical practice”. In Fig 2 an overview of the categories and the subcategories is provided. Figures in brackets (n) refer to the number of specific events within the respective sub-categories.

**Pedagogical methods in theory**

**Theory and the application of the course in practice (31)**

The RNs’ description of what they had learned from their theoretical course was very unclear. Some thought that informing and communicating with
someone were natural abilities they possessed before going to nursing school. The pedagogical methods from the course syllabus was felt to be a very small part of the whole nursing programme, and several RNs felt a lack of concrete practical advice and education from different patient situations. The pedagogical course came at the end of the nursing programme, and this was experienced by some RNs as positive as they could practise giving information to patients during their last clinical training period before going out to work while some thought that the course was difficult to incorporate before having worked as a RN.

“It’s not until you come out in real life later that you can use it, it’s hard sitting in a lecture or having a test and trying to imagine it” (RN 4)

Some RNs said that they had learnt how to act when giving information and how to adjust to the patients’ need for information as well as to adjust to the right level of information. They had also learnt how to formulate written information material and how to search for information.

“We talked about that in this course, when to give information, how much and to find out where they themselves are, what level, that is, to feel how much information they want.” (RN 6)

**Knowledge of pedagogy (19)**

The RNs felt that they had received knowledge about concordance, compliance and empowerment. However, they missed information training
in practical situations, such as giving information to patients and relatives who are aggressive, in denial, in shock, and delivering difficult answers.

“to meet parents [when the patient is a child] in hard situations who are upset ... how to handle the situation and after all it is more psychology than pedagogy.” (RN 5)

Some RNs would have liked to receive education on how to reflect on and analyse their efforts at giving information and also missed gaining an understanding of why a situation turned out as it did.

“to learn how to reflect on what you do... was it good or not and what can you learn from it for the next time. (RN 1)

**Information as a professional competence (17)**

The RNs described how giving information, meaning everything from trivial things to formal education, is a part of the profession of being a RN. They felt no explicit demand from their employer; giving information was a natural part of the RN’s responsibility as a professional nurse.

“we [the team] do different parts that will fit together as a unit. I am trying to convey the nursing part of the entirety ...” (RN 10)

**Pedagogical methods in everyday clinical practice**

Factual knowledge versus pedagogical knowledge (20)
All RNs worked at a university hospital where the wards were highly specialised. The RNs felt that the nursing programme had not given them the factual knowledge about the specialty they were working with, and right now it was very important to receive both factual knowledge and experience from being out working as RNs. Most of the RNs suggested that if they had good and genuine factual knowledge it would also facilitate their pedagogical knowledge.

“I would like to have more knowledge, but more about the special object than how to communicate it.” (RN 2)

Some said that they were interested in teaching methods but they needed to begin to find their feet first. Then they could learn about how to handle education and information and adjust to situations and also take courses in crisis management and communication methods.

“To learn more about tools and techniques to do a good job, become better at communication ....” (RN 2)

**Information and relatives (12)**

The RNs often felt it harder to give information to relatives than to patients. One problem was that they did not always know how much the patient wanted the relatives to know. Besides, the RNs felt that they did not have the same contact with the relatives as they had with the patients themselves, and often they had to give information by telephone, which was more
difficult. They also felt that the relatives asked deeper questions and they were often very much up to date in their knowledge.

“...they are their relatives, they want them to have the best care, so I understand that they go home, start reading and questioning.” (RN 9)

**Difficulties when giving information (33)**

All of the RNs experienced problems in giving information to patients and their relatives when there were translation barriers. They described how they used their body language and sometimes pictures. Sometimes the relatives were used as interpreters but the RNs thought that it was not optimal and should only be done in exceptional cases, and preferably only in everyday situations. The reason was that they did not feel entirely secure that the relatives interpreted in the way the health care personnel wanted to, and sometimes the relatives could get upset over things they were supposed to interpret. Besides, they felt insecure in secrecy, how much did the patient want the relatives to know? In contrast, professional interpreters were experienced as positive, although one RN described the communication as being shorter than normal.

“With a professional interpreter it is usually good in a professional way, you notice that they turn to the patients, the relatives and to yourself in a good way.” (RN 5)
Setting the right level of information was another problem that the RNs elucidated. It was about both patients and relatives and their cognitive ability to understand the information as well as having more knowledge than the RNs themselves. Some patients had long experience of their diseases, some patients or their relatives were health care personnel themselves and others had acquired their knowledge via the Internet or through other sources.

“Many have done their homework very well, being out on the Internet and checking up a lot of information, and sometimes they have questions you can’t answer but then you have to pass them on.” (RN 7)

Understand information received (12)

The RNs described different occasions where patients, relatives and often parents (when the patient is a child) used varying strategies for coping when getting the information. The RNs found it difficult when the person to be informed was in denial, confused or aggressive, but at the same time the RNs had a great understanding for different kinds of behaviour, above all when receiving information about diseases. On such occasions the RNs sought help from the doctors but they also sought help from personnel with education in human sciences.

“I could only repeat what was already said and I felt I did not reach out so I had to go further and someone with more authority had to come in to continue.” (RN 5)
Pedagogical tools (35)

The RNs described pedagogical methods they used to facilitate giving information. All of them mentioned written information material that could be used as a complement to oral information, and this could be read in peace or when the patients or relatives were ready to accept the information. The RNs also described how they drew pictures, used practical models and dolls, the latter mostly for children. To verify that the patients and relatives had understood practical information especially, they had to show it in practice in front of the RNs.

“Some things can be demonstrated very practically, like for instance changing diapers.” (RN 8)

Collaboration in teams in pedagogical situations (23)

Many of the RNs emphasised that the whole team should give similar information to the patients and relatives. For this reason, they tried to be present when the doctors gave information to the patients as they felt that they, the RNs, on subsequent occasions had to answer questions from the patients and give clearer information. Most of the RNs felt that they could turn to more advanced colleges and get support when needed for information purposes, but there were seldom possibilities for joint reflection where they could discuss hard and difficult information situations. Only a few RNs had access to a discussion forum such as clinical supervision groups or case seminars, at their workplace or privately.
“If it is very hard to reach a parent, we have case seminars where we meet and talk about what to do next and I learn a lot from these seminars.” (RN 8)

**Time and giving information (9)**

Most of the RNs experienced lack of time when they were going to inform the patients, and there was a difference from being a nursing student, as they then experienced no shortage of time. They expressed fear in their treatment of patients, e.g. of using a curt tone in stressful situations. Demonstrating practical information using dolls and models was felt to be time-consuming.

“There aren’t enough resources and there isn’t time enough to find all the time you need to inform the patient.” (RN 3)

**Discussion**

The topic of this study is pedagogical challenges in the role as RNs and how the nursing students have been prepared for these in their education. Most RNs felt that they had learned more about patient education, communication and information through clinical practice than through classroom teaching. They expressed what Kolb describes as learning through performance: “a limited situation or problem is not thought of as learning but as performance” (Kolb 1984, p. 34). However, there was agreement among the RNs that they had not received sufficient pedagogical knowledge to prepare them for communication with, information to and education of patients and relatives. This is in line with another Swedish study where the majority of 217 RNs felt that their preparation from
different nursing programmes for professional work as health informer and adviser was inadequate (Danielson & Berntsson 2007). To improve this the nursing programmes could do what Fallowfiel and Jenkins (2004) described as the most successful methods in training communication skills, to use role-play and simulated patients. They also highlighted in their review that communication skills are being taught more in undergraduate and postgraduate health care education (op.cit.). We consider it to be best as a complement to the present study objectives if nurse students could spend some weeks concentrating on communication skills and practising motivational interviewing.

The RNs reported a need for training in reflective thinking and also possibilities to feed back their experiences of practice to the nursing education. These findings indicate that the use of reflective thinking in practice as well as the importance of clinical supervision groups or case discussions need to be addressed both in nursing education and in practice. To help RNs improve their skills, the head of wards should implement opportunities for supervision and reflective practice (Johns 1993). We also suggest that these opportunities should be given to the whole multidisciplinary care teams.

The patient’s situation, wishes and requirements must be noticed, as must the relatives. Sanford stated that one distinctive feature of a patient–nurse relationship is the element of inequality (Sanford 2000). RNs must be prepared to share the pedagogical arena with the patients; the RNs also have a lot to learn from patients and relatives. Communication of difficult things is demanding for RNs, patients and relatives. Coping is an essential strategy
when adapting things. How the patients or relatives experience the stressful situation partly depends on what coping strategies they use and how useful they are. Regardless of whether the information or education is planned or spontaneous, bad or good, or the patients or relatives use dysfunctional coping strategies, the RNs cannot refrain from informing or educating. Informing and educating is a compulsory part of nursing.

Verbal face-to-face communication and written information were mentioned most frequently.

In conformity with Barnes (1997) most RNs said that patient education materials are an effective important supplement for patients and relatives in any health care settings. Patient education materials grounded on evidence-based knowledge and clinical knowledge, for example written, audio, video, web-based, will help to improve patients and relatives in understanding, learning new skills related to their healthcare needs. To give information RNs, and indeed all health care professionals, need to be up to date with the latest research to provide evidence-based care. One solution is to constantly ask yourself if the information, in particular group-produced information material, is good enough (Coulter et al 1999). It is remarkable that none of the RNs mentioned any form of ICT support either in their education or in their everyday clinical practice. Perhaps this is not surprising because Norris and Brittain *(Norris & Brittain 2000) reported that the adoption of the information revolution in healthcare has been slow in higher education worldwide.
Some RNs mentioned that lack of time was an issue. They considered that their workload was such that it left no time to inform and educate patients or their relatives to the extent they wished. Because of the trend towards short institutional care in hospitals, the RNs do not have enough time to attend to the information needs of all patients and their relatives. This is in agreement with Aiken et al (2001) who also described the heavy workload in the nursing profession.

The RNs reported that many parents, patients and relatives searched for information on their own e.g. through newspapers, books, television, radio, Internet etc., and one can speculate as to whether they are better informed today than ever. However, randomly found information can be incorrect or misleading and cause harm to the patient and relatives. Therefore, it is important that the information is provided by collaborative, communicative, multi-professional teams around the patients and the relatives. Education in teaching methods, ICT and collaboration must start early in the different health care settings (Ehnfors & Grobe 2004). However, as learning is a constant continuous process, the subject of health care pedagogy must be added to future advanced nursing programmes or internal courses.

The RNs described their perceptions of the way both professionals and family interpreters affected the RNs’ performances in communication situations. Karliner et al (2007) similarly describe how RNs mostly reported benefits from professional interpreters because they felt that they could be more secure in what both the patient and the interpreter said, and the RNs
also highlighted the confidentiality. Working with both professionals and family interpreters must be attended to already in the undergraduate nurse education.

The selection of RNs from different wards at a university hospital might not be representative of all newly RNs because these RNs found that they were inadequately prepared for the nursing role and they felt that the theory from their nursing education was not in alignment with the practice on specialised wards. The study sample is limited and generalisation was not the aim of this study. Accuracy was established using statements, connected to the subcategories, which elucidated the RNs’ conceptions. However, it is reasonable to assume that the findings of the present study can be useful for everyone from teachers and health-care managers to nurse students and new RNs, to improve teaching methods in nursing education. Those responsible for nursing education and in healthcare organisations must assume responsibility for training in pedagogical skills that is accurate and reflects nursing clinical practice.

**Implications**
Similar research done elsewhere in Sweden would probably show different findings because of different curricula in different places. To achieve a wider perspective, an investigation in another school of nursing could be an additional contribution.

**Conclusions**
This study indicates a need to adjust and refine educational programmes in pedagogy, responding to the newly registered nurses feedback. It can be assumed that RNs need education to develop their pedagogical skills, which in turn will ensure high-quality care.
References


Danielson, E., Berntsson, L., 2007. Registered nurses' perceptions of educational preparation for professional work and development in their profession. Nurse Educ Today 27 (8), 900-908


Fig 1

Study objectives from the Course Syllabus (7.5 ECTS) in the nurse programme at Lund University.

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<th>On completion of the course the student shall:</th>
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<td>- understand the principles of how individuals learn</td>
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<td>- be able to inform and instruct patients and close relatives and personnel based on the individual’s possibilities</td>
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<td>- understand the meaning of the concepts of concordance, compliance and empowerment</td>
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<td>- understand the concept of supervision and its meaning with focus on the tutorial function and its point of departure in relation to the individual’s possibilities</td>
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<td>- have knowledge of the importance of feedback and follow-up</td>
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<td>- be able to make verbal presentations</td>
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<td>- be able to lead a seminar for a smaller group</td>
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<td>- have knowledge of evaluation models</td>
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<td>- understand the meaning in the concept of a mentor</td>
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**Fig 2**

The categories and sub-categories emerging from the data.

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<th>Sub-categories</th>
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