

Teaching from Nursing Care: A phenomenological perspective of hospital experience

Enseñar desde el cuidado de enfermería: una perspectiva fenomenológica de la experiencia hospitalaria

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ABSTRACT

Introduction: This study sought to understand, from the experience of the Nursing Care professional, how the exercise of the teaching role is configured, with the purpose of evidencing the complexity inherent to this function. **Objective:** To reveal how the construction of the teaching role in care nurses is from a phenomenological-hermeneutical perspective. **Materials and Methods:** A qualitative phenomenological-hermeneutic study was conducted with 15 nurses from a level I-2 public hospital in Lambayeque, Peru. In-depth semi-structured interviews and interpretive analysis were used with the support of the Atlas Ti software. Data collection was carried out in the immunization, hospitalization and emergency units, following the phenomenological reduction phases: bracketing, horizontal and vertical thematic analysis, and essence synthesis. **Results:** Four categories emerged: pedagogical competence, the professional updating cycle, communicative competencies in nursing teaching and emotional management in the training process. The findings reveal that the teaching role derives from a non-formalized experiential construction, developed through daily practice. It manifests itself in inherent pedagogical competencies, construction of experiential knowledge, and intuitive development of communicative and emotional skills. A cycle of professional updating based on reflective practice, identification of gaps, active research and integration of new knowledge was identified. **Conclusions:** The teaching role of nursing care personnel represents a situated pedagogy that emerges naturally from the act of caregiving. Its constitution is based on an ontological dimension of the nurse-being. This "pedagogy of care" has its own epistemological characteristics that require formal recognition and institutional structuring, in order to optimize its formative and transformative potential in health systems.

Key words: Roles of the nursing professional; nursing professors; qualitative research; in-service training; personnel development.

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RESUMEN

Introducción: Este estudio buscó comprender, desde la experiencia del profesional de Enfermería Asistencial, cómo se configura el ejercicio del rol docente, con el propósito de evidenciar la complejidad inherente a esta función. **Objetivo:** Desvelar cómo es la construcción del rol docente en enfermeras asistenciales desde una perspectiva fenomenológica-hermenéutica. **Materiales y métodos:** Estudio cualitativo fenomenológico-hermenéutico realizado con 15 enfermeras asistenciales de un hospital público de nivel I-2 en Lambayeque, Perú. Se utilizaron entrevistas semiestructuradas en profundidad y análisis interpretativo con apoyo del software Atlas Ti. La recolección de datos se ejecutó en las unidades de inmunización, hospitalización y emergencia, siguiendo las fases de reducción fenomenológica: *bracketing*, análisis temático horizontal y vertical, y síntesis de esencias. **Resultados:** Emergieron cuatro categorías: La competencia pedagógica, el ciclo de actualización profesional, las competencias comunicativas en la docencia de enfermería y la gestión emocional en el proceso formativo. Los hallazgos revelan que el rol docente deriva de una construcción experiencial no formalizada, desarrollada a través de la práctica cotidiana. Se manifiesta en competencias pedagógicas inherentes, construcción del conocimiento experiencial, y desarrollo intuitivo de habilidades comunicativas y emocionales. Se identificó un ciclo de actualización profesional basado en práctica reflexiva, identificación de brechas, investigación activa e integración de nuevos saberes. **Conclusiones:** El rol docente en el personal de enfermería asistencial representa una pedagogía situada que emerge naturalmente del acto de cuidar. Su constitución se sustenta en una dimensión ontológica del ser-enfermera. Esta "pedagogía del cuidado" posee características epistemológicas propias que requieren reconocimiento formal y estructuración institucional, para optimizar su potencial formativo y transformador en los sistemas de salud.

Palabras clave: Roles del profesional de enfermería; docentes de enfermería; investigación cualitativa; capacitación en servicio; desarrollo de personal.

INTRODUCTION

Contemporary nursing faces the challenge of integrating multiple professional roles in contexts of increasing care complexity (1-3). Among these roles, the teaching function of nursing care staff emerges as a practical reality that goes beyond the formal descriptions of the position, being configured as a responsibility assumed rather than assigned (4).

Within roles, the duality between care and teaching has recently been explored by Wulandari et al.⁵, who in their study revealed that the clinical teaching role of nurses at hospital settings is an essential, often invisible, dimension of their professional practice. Particularly, the reality is evident in Latin American health systems⁶, where the gap between the demand for training and the available resources forges spaces where nurses naturally assume educational functions without specific pedagogical preparation.

Guerrero-Castañeda et al. conceptualize this phenomenon as "pedagogical care", a phenomenological approach that recognizes the inseparability between the act of caring and that of teaching in nursing practice (7). This approach raises questions about the nature, development and effectiveness of this emerging teaching practice, which, although present for decades in the culture of health dynamics, remains without formal recognition.

Laari talks about the lived experience of novice nursing educators, identifying that even those with formal pedagogical training describe their teaching practice as an intuitive and embodied process that is fundamentally nourished by clinical experience (8). This perspective suggests that there is tacit pedagogical knowledge that emerges from reflective practice, regardless of the formal teacher training received.

Hence the need to understand the principles of this standardized but non-normative practice. The current legal framework evidences this gap when it does not account for traditional teaching, confusing its actions with clinical tutoring (9). This normative ambiguity contrasts with the reality described by Ama & Ebu, who documented how nurse practitioners develop sophisticated pedagogical strategies to facilitate clinical learning, creating what they call "teaching moments" that emerge organically from patient care (10)

The Code of Ethics for Nurses in Peru proposes the search for professional excellence through constant updates that facilitate the acquisition of skills for assertive decision-making (11). This ethical imperative is aligned with the approaches of Ekebergh, who proposes a didactic method called the "lifeworld", as a basis for care and learning, pointing out that nursing education must recognize lived experience as a legitimate source of pedagogical knowledge (12).

Nursing staff teaching training requires specialized technical preparation (13) framed in a paradigm where the patient's context and the intersubjectivity of each experience are understood from the perspective of particular differences (14, 15). However, as Wulandari et al., nurses often develop these competencies in a self-taught way, moving between care demands and training responsibilities, without systematic institutional support (5)

Currently, many nursing training programs only contemplate the area of technification of the specialty (16), without including the pedagogical component. The reality



documented by Laari (8) shows that the transition from the care role to the teacher requires not only specific technical skills, but also a process of identity transformation that often occurs without formal accompaniment. This situation is particularly relevant considering that, as Ama & Ebu (10) reveal, clinical experiences are made up of formative moments that require expert pedagogical facilitation.

The competence to teach is progressively acquired by nursing personnel after their discharge, based on work with peers, conferences and institutional instructions (17). However, Guerrero-Castañeda et al.(7) argue that this acquisition is not merely technical, but implies the development of a pedagogical sensitivity that emerges from reflection on the practice of care. To strengthen this competence, nurses must be regularly subjected to rigorous evaluations to ensure that their quality of teaching meets the established standards (18).

The phenomenological perspective adopted by researchers such as Ekebergh (12) offers a comprehensive framework for understanding the integration of care and teaching into nurses' daily practice. Her concept of "didactics of the world of life" indicates that nursing learning occurs at the intersection between the lived experience of the caregiver, the student and the patient, creating a unique training space that cannot be replicated in traditional academic contexts.

This study is based on evidence collected in an EsSalud Hospital in the department of Lambayeque, Peru, where nurses perform, according to institutional regulations, care, research, teaching, and management functions. Based on these actions, they are involved in the practical training of university students without necessarily being tenured professors of the associated university institutions. This reality resonates with the findings of Wulandari et al. (5), who identified that hospital nurses frequently act as "invisible teachers", whose training contribution is essential but not formally recognized.

In line with the above, this article focuses on understanding the experiential dimensions that make up the teaching role of the care nurse from a phenomenological-hermeneutical perspective.

The relevance of this analysis lies in the need to understand how the construction of pedagogical knowledge in nursing is, outside of formal academic contexts, particularly



at a time when practical training requires innovation and adaptation to new health realities.

Perhaps, the systematization of these emerging pedagogies could significantly transform the quality of clinical nursing training, benefiting both students and patients (10).

This study seeks, therefore, to contribute to the visibility and valuation of the teaching role of the care nurse, providing phenomenological evidence that can inform institutional policies and professional development programs that recognize and enhance this essential dimension of nursing practice.

MATERIALS AND METHODS

The research developed adopted a qualitative design with a phenomenological-hermeneutical orientation, based on Husserl's postulates. This approach made it possible to explore the experiences and meanings that nursing personnel construct with respect to their hospital educational function, recognizing the importance of "Dasein" as an experience situated in the world (19).

The research context was established in the immunization, hospitalization, and emergency units of a level I-2 health institution in Lambayeque, Peru, where fifteen nursing professionals participated as key informants. The selection of these participants was based on their direct experience with the phenomenon studied and on the existence of pre-established bonds of trust with the researcher (20).

The collection of information was carried out through semi-structured interviews, a technique that facilitates the dialogic construction of knowledge between researcher and participant. This method allows the necessary flexibility to delve into emerging aspects during the communicative exchange (21). The instrument consisted of a script with six open-ended questions designed to capture professional perceptions about hospital teaching responsibilities.

The analytical processing was accompanied by the Atlas.ti software. The analysis followed the phases of phenomenological reduction: bracketing, horizontal and vertical thematic analysis, and essence synthesis. This analytical process allowed the detection of significant patterns from the empirical data (22).

Research credibility was ensured through constant verification with the participants, ensuring that the interpretations authentically reflected their lived experiences. In

addition, rigorous ethical protocols were implemented that included informed consent, confidentiality through pseudonyms, and respect for participatory autonomy, classifying the study as "risk-free" according to international standards (23).

The findings were visualized through semantic networks and Sankey diagrams, facilitating the understanding of conceptual connections and the intensity of relationships between emerging categories.

RESULTS

The research revealed that the educational act in nursing is manifested through the transmission of technical knowledge. The participants showed that the formative dimension is intrinsically intricate in their care practice, and is externalized in different ways:

1. Pedagogical competencies inherent to the practice of nursing care staff

It is possible to derive part of the nurses' actions to what emerges as a reflective pedagogy. They develop a special sensitivity to detect learning needs, adapting their discourse and methodology according to the conceptual gaps they identify in their learners.

The training process becomes a space of mutual enrichment where "teaching strengthens one's own professional knowledge". This gives way to the establishment of bidirectional learning, whose essential pedagogical tool will be active listening. Beyond listening, nurses develop a deep interpretive ability that allows them to decipher their students' unspoken concerns.

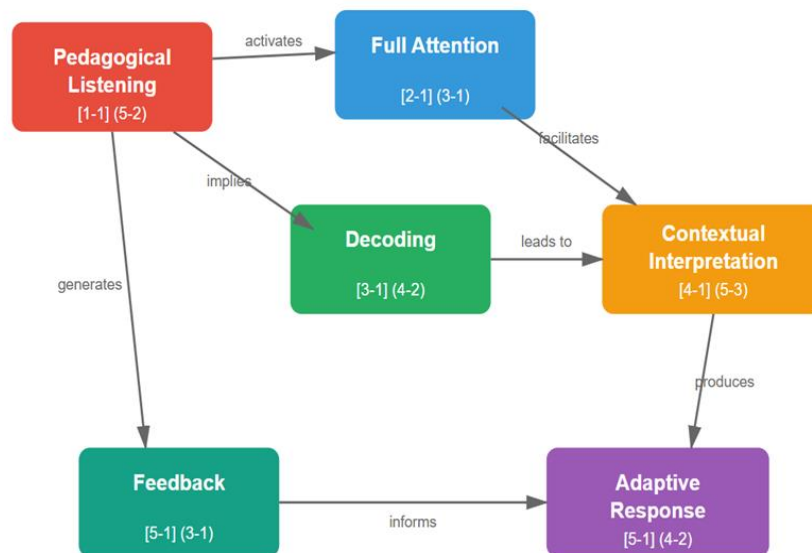
In this sense, a network called pedagogical competence is built, configured as a cycle that refers to active listening (see Figure 1).

In the network, mindfulness can be evidenced as a conscious disposition to receive information, which is an adaptive response that nursing staff have developed in practice. This is conceptualized as the ability to adjust teaching according to what is perceived. And it is part of pedagogical listening, both facilitate contextual interpretation (see figure 1).

These actions are related to the process of decoding, which allows verbal and non-verbal messages to be interpreted. This provides the contextual and situated

interpretation of the message, favoring the closure of the communicative cycle in a feedback process (see figure 1).

Figure 1.
Pedagogical competence



2. The construction of knowledge in nursing: between theory and experience

Professional training is structured based on experiential knowledge, which emerges as a source of legitimacy. Nurses recognize that knowledge gained in everyday practice forms the basis for effective teaching. One participant emphasized: *"The reality of the field teaches us what no manual can transmit"* (P.R).

In this semantic network, an interesting paradox was also evidenced in terms of training, while there is a deep educational vocation, nurses experience frustration when they find apathy in their trainees, which generates questions about the effectiveness of their pedagogical methods, and makes them rethink the academic training received.

The central object of the training process is professional autonomy, constituted by the development of critical thinking and reflective capacity, a state that supposes a higher positioning than the simple fact that the task is only the reproduction of protocols.

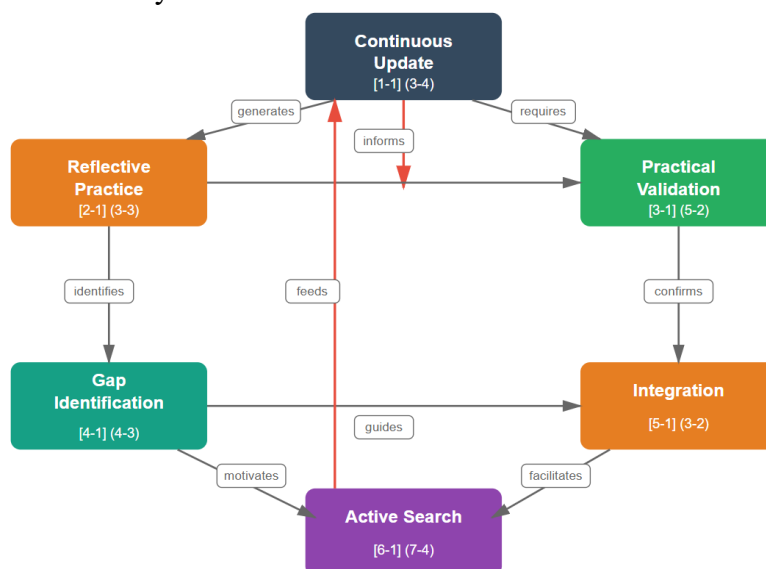
All of the above alludes to a quasi-permanent manifestation in nurses of training and updating themselves. To achieve this, nurses develop a kind of cycle that makes it easier for them to continue perfecting their knowledge:



"At first I didn't realize I was teaching... it was just doing my job, but when new students or colleagues arrived, something natural led me to explain, to show, to take care that they learned well" (P.A).

The cycle begins with a reflective practice, where critical analyses of one's own practice are constantly carried out. They identify gaps, by recognizing the areas in which they want or seek to improve. They actively investigate, through inquiry, which provides them with information to acquire new knowledge. They then integrate and validate the new knowledge, testing it in real contexts (see Figure 2).

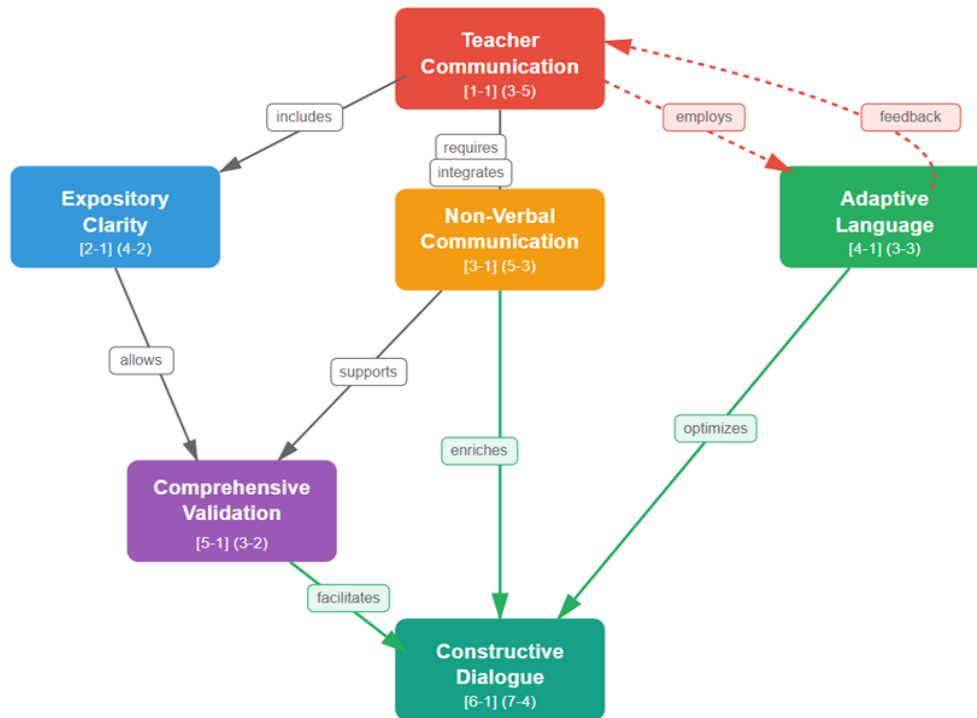
Figure 2.
Professional Refresher Cycle



3. Competencies in nurses intuitively developed to fulfill the teaching role

Socio-emotional competencies also support the role in the nursing teaching role. In the first instance, the participants demonstrated that their own and others' emotional management make up the tool to create safe and productive learning environments, leading them to apply principles that derive from the concept of emotional intelligence. In this sense, nurses not only transmit information, but also build affective bridges that facilitate the internalization of knowledge: "*Connecting emotionally opens the doors of learning*" (P.B.), suggesting empathetic communication. However, training challenges may arise that will later become pedagogical resilience. This denotes the ability to maintain a constructive attitude towards the teaching role, in contexts of high demand for care.

Figure 3.
Communicative Competencies in Nursing Teaching



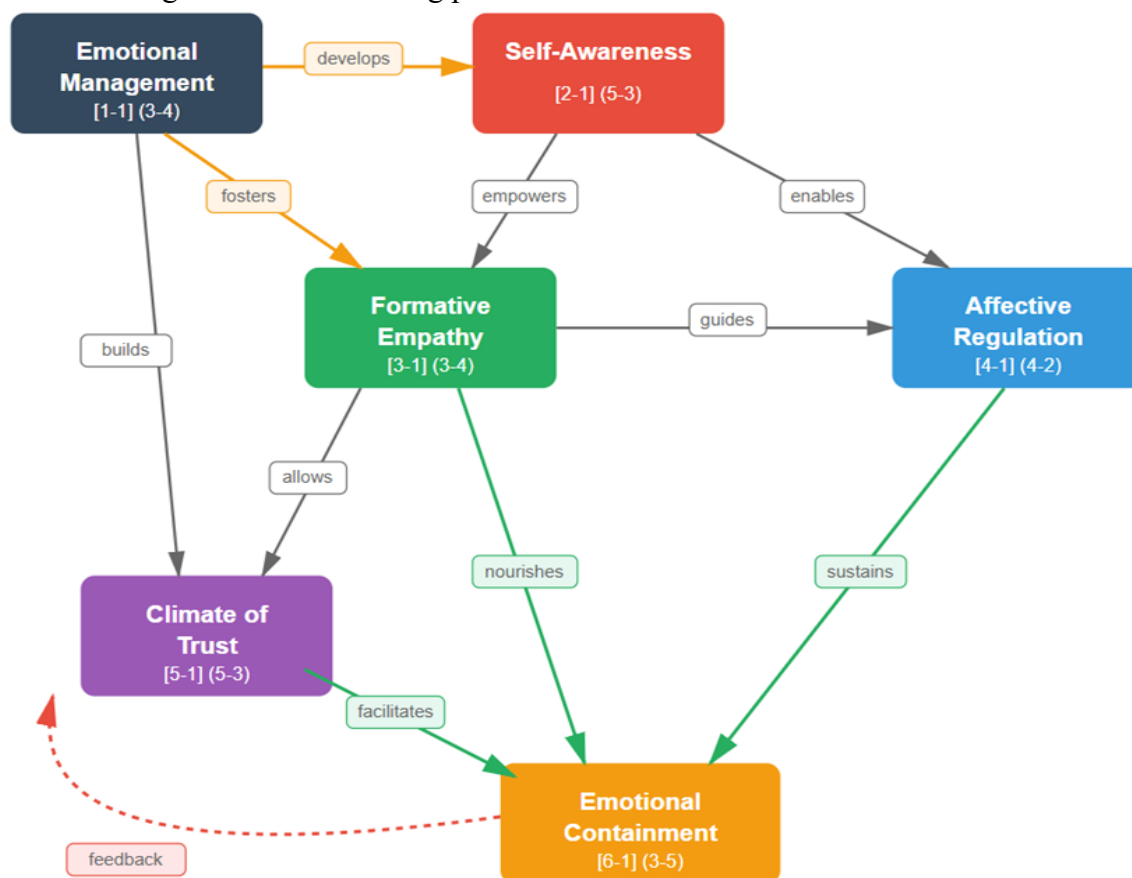
From emotional competencies, communicative competencies are developed. These are made up of an assumption in nurses that expository clarity, their ability to communicate, is due to the fact that they have managed to acquire the ability to explain complex concepts. For this reason, they have managed, through adaptive language, to adjust the discourse according to the audience. They also have to be aware of their body language, which manifests the ways of understanding nonverbal communication (see Figure 3).

From their perspective, they promote comprehensive validation among them, verifying what they understand conceptually, with collaborative support, executing a constructive dialogue in the co-construction of knowledge (see figure 3).

In turn, these competencies are strengthened through the management of their emotions. In this aspect, self-awareness is observed. This represents the recognition of one's own emotions, and by which nurses feel that they maintain control in challenging situations, exercising affective self-regulation.



Figure 4.
Emotional management in the training process



In this sense, nurses have learned to develop formative empathy, which leads to creating relationships for pedagogical purposes. Within this competence, they are usually emotional support for the student, providing emotional support, and seeking to generate a climate of trust, which recreates safe spaces for learning (see figure 4).

¿How do pedagogical competencies converge in nursing care staff?

Pedagogical competencies in nursing are articulated from their foundations to their training results. The Sankey diagram visually facilitates the understanding of the progressive transformation of capacities into specialized teaching competencies (see Figure 5).

The foundations of the training scaffolding are made up of basic competencies. Clinical experience emerges as the most robust foundation, directly shaping the development of integrative skills. This experience, accumulated in daily practice, gives way to the reflective capacity and pedagogical adaptability of nursing staff.



Academic training is presented as the second pillar, providing the theoretical framework that legitimizes and structures educational practice. However, what is particularly revealing is the way in which this formal training is intertwined with experience, to generate the necessary competencies, although not necessarily suitable, for the pedagogical task.

Personal development appears as a subtle but equally necessary element, significantly complementing emotional intelligence and effective communication. The participants showed that their growth as people is directly reflected in their ability to connect with their learners and create safe learning environments.

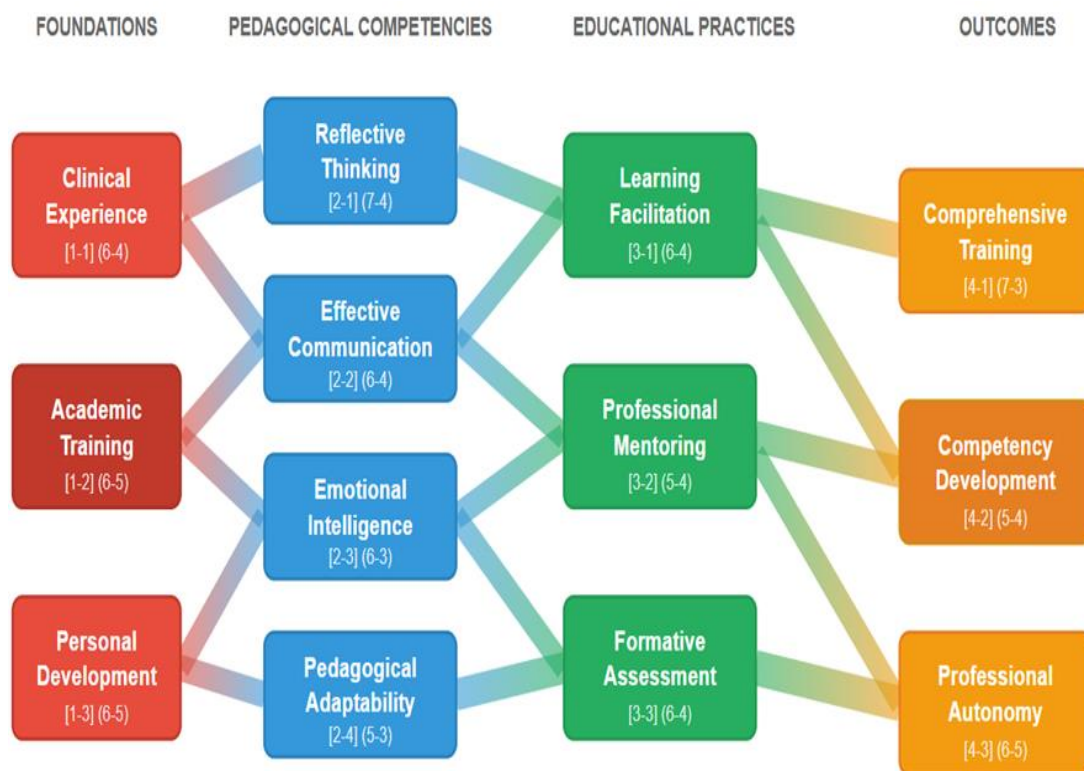
In the flow towards integrative skills, a remarkable convergence is observed where the basic competencies synergize and are transformed. Reflective thinking emerges as the cognitive process that allows teaching nurses to critically analyze both their care practice and their pedagogical practice, which helps them to establish enriching connections for both dimensions.

Effective communication is nourished by both clinical experience and academic training, but acquires a particular dimension when it is oriented towards teaching. Nurses develop adaptive language that helps translate complex concepts into understandable messages. That is why they have adjusted their discourse according to the specific needs of each apprentice. This fact reveals the acquisition of the ability to understand how the other learns, and that seeks to improve the teaching and learning process.

On the other hand, emotional intelligence stands out as the integrating skill most dependent on personal development, but also recreated from clinical experience, highlighting the capacity for pedagogical adaptability.

Sankey's diagram shows that the nursing training process is systemic, each component influences and is influenced by the others. The participating nurses demonstrated that their effectiveness as educators depends on their ability to integrate and mobilize the different skills acquired. In this sense, it can be deduced from this interpretative process that the development of pedagogical competencies in nursing requires a holistic approach that recognizes the interconnection between experience, training, personal development and educational practice.

Figure 5.
Sankey diagram



Caption: Coarse flow: High density ratio (8-12px). Medium flow: Medium density ratio (6-8px). Thin flow: Low density ratio (3-4px).

DISCUSSION

The findings of this study reveal the essence of the teaching role of nursing care personnel as a complex phenomenon, from the lived experience of fulfilling the nature of the roles that derive from practicing nursing.

The experience of being a teacher in the world of nursing care

From the phenomenological perspective, the "being-there" (Dasein) of the care nurse is manifested in an existential duality where caring and teaching are inseparable ways of being-in-the-professional world. This experience coincides with the approaches of Benner et al. (24), who point out that nursing expertise is developed through reflection on lived experience. However, our findings reveal that this expertise intrinsically includes a pedagogical dimension that is not formally recognized.

The construction of intuitive pedagogical competencies that emerged in the study coincides with some of the findings of Watson (cited in Guerrero-Castañeda, 2021) (7),

who described *caring* as a transpersonal process that includes the transmission of embodied knowledge. Participants described the nature of their teaching practice as arising "naturally" from the act of caring. It is therefore interpreted that there is a pedagogy of care inherent to nursing practice that deserves greater recognition and consequent development.

Tacit Knowledge and Practical Wisdom

The Merleau-Ponty phenomenology (cited in Ferrada-Sullivan, 2019) on embodied knowledge illuminates our findings on the practical way in which nurses develop pedagogical "know-how" through their lived body (25). This tacit knowledge, described by Polanyi (cited in Gallardo) (26) and applied to nursing by Herbig et al.(27), is manifested in the participants' ability to "read" their students' learning needs through nonverbal cues and adjust their teaching intuitively.

Contrary to traditional models of teacher training that emphasize formal preparation (17), our findings suggest that there is a legitimate form of pedagogical knowledge that emerges from reflective practice. This raises important questions about current nursing teacher education paradigms, which could benefit from recognizing and cultivating these emerging forms of practical wisdom.

Intersubjectivity in the training process

The phenomenological analysis revealed that the student-nurse-patient relationship constitutes a unique intersubjective triad where learning occurs in different directions. This finding expands on Ironside's work (28) on narrative pedagogies in nursing, suggesting that the care context offers training opportunities that cannot be replicated in traditional academic environments.

The "pedagogical listening" identified in our study represents a form of existential openness to the other that allows the co-construction of knowledge. This is aligned with Levinas' ethics of care (in Disla, et al., 2019), stating that the encounter with the other is the basis of both the act of caring and teaching (29).

The demands of care and training aspirations generate a particular feeling in nurses of "being divided", which reflects Van Manen's description (30) where he points out in detail the paradoxical nature of professional practice, appreciating imperatives that



compete for the professional's attention. However, our participants showed that it can also be generative, driving creative ways to integrate both roles.

CONCLUSIONS

This study has revealed the core structure of the teaching role of the care nurse, where pedagogy naturally emerges from the act of wanting or having to teach. The experience of the participants shows that the educational function is not an addition to care practice, but a constitutive dimension of being a nurse in the hospital world.

The research shows that care nurses have developed legitimate forms of pedagogical knowledge through reflective experience, establishing a "pedagogy of care" with its own epistemological and ontological characteristics. This knowledge, although tacit and not formalized, proves to be effective and contextually relevant for the training of new professionals.

The findings also reveal the urgent need for institutional recognition of the different functions performed by nursing personnel, not as additional burdens, but as roles within the profession that enrich both care practice and academic training. This recognition must be translated into policies that facilitate the development of situated pedagogical competencies and the creation of spaces for reflection and systematization of these experiences.

The study contributes to the phenomenological understanding of nursing as a discipline of care, where teaching and caring are shown as a holistic practice. This understanding invites us to overcome the traditional dichotomies between theory-practice, care-teaching, and formal knowledge-experiential knowledge.

Finally, this research opens new lines of inquiry into the nature of pedagogical knowledge in the care professions and its transformative potential for health systems. The systematization of these emerging pedagogies could contribute significantly to the formation of more reflective, empathetic and competent professionals, ultimately benefiting people who receive health care.

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