

Learning from final year nursing students' stories of rural practice

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Abstract

This paper reports on a project that gathered final year nursing students' reflections on clinical events or situations that were experienced during clinical placements that they felt were memorable and meaningful for their future practice as Registered Nurses. Students from a rural university were invited to describe and then reflect on two events they experienced during their clinical placements over the 3 years of their studies, which were predominantly undertaken in rural and regional healthcare settings. Data were gathered online as de-identified stories uploaded as forum postings, with each participant providing a structured description of both events and a reflection on how these events might contribute to their successful transition to practice. Humans are 'hard-wired' to learn from stories as both the teller and the listener, thus, this project was underpinned by a storytelling pedagogy based on compelling evidence that stories provide an ideal vehicle to promote reflection and prompt deep learning.

A total of 276 narratives related to clinical events and student reflections were captured. This paper reports on one key theme, titled; 'Re-imagining Practice', which emerged from the reflections in which participants identified what they had learned from the events and how this learning might inform their future practice as Registered Nurses.

Background

The use of narratives or stories to promote learning is not a new concept. Folk tales, myths, books, fables, songs and poetry all use stories to capture interest and deliver messages^{1,2,3}. There is growing support for the use of digital stories as a powerful strategy to engage learners and prompt reflection and learning about professional expectations, attitudes and values^{4,5}. In healthcare contexts narratives are used to convey information across disciplines, shifts and settings^{6,7}.

The use of stories is linked to the development of deep rather than surface learning, as human brains are wired to attend to stories as meaningful accounts of feelings, events, situations and contexts that can prompt reflection and learning^{8,9}. The pedagogy of storytelling as a learning activity is well-developed in educational literature^{10,2}, and more recently this has included digital storytelling^{1,3}. One interesting aspect of using stories as a vehicle to prompt learning is that if the stories are meaningful to the teller as well as the listener they often result in re-imagining the events in the stories by considering what might have been different^{8,11}. In this project, the aim was to use the **telling** of stories to prompt student reflection and learning based on meaningful clinical events. The key to facilitating reflection was to suggest a story structure that guided students to select two incidents/situations or events that they considered meaningful to their clinical learning. Then they were encouraged to reflect on and even re-imagine these events. Savvidou¹², page 56 explains:

As a form of pedagogy, digital storytelling is playing an increasingly significant role in educational contextsallowing learners to collect and share stories of individuals and communities, as well as to access and reflect on new knowledge effectively and creatively.

In health disciplines, the use of stories to prompt reflexivity is growing in popularity¹³. For example, Edwards⁸ suggests that the process of recalling and reflecting on practice-based situations can help nurses to connect to their sense of being human, assist in dealing with emotions as well as uncover tacit knowledge that can inform future practice. Gidman¹⁴ gathered patients' stories to prompt care givers to better understand the consumers' journey. Gidman suggests that listening to patients' stories helps students to understand alternative perspectives of care, while Stacey and Hardy⁷, in a study of the role of stories to prepare nursing students to transition into practice, concluded that digital stories help to inform the transition from student to registered nurse. In this project, we took a slightly different approach, by exploring whether telling stories of meaningful personal experiences and reflecting on them might prompt insights that facilitate learning for practice. This project builds on an earlier one that explored the use of digital stories to teach the core skills needed by clinical supervisors and

students to gain the most from clinical placement learning opportunities, across a range of health disciplines³.

Project design

This project gathered digital stories from final year nursing students as a learning activity in their final semester of study. Their stories were submitted as private forum postings embedded in the online learning management system, Moodle. Each student's story and reflection was only accessible to that student and their tutors.

The students described two de-identified clinical events/situations that they felt were memorable and meaningful from their clinical practice experiences over 3 years of study. These postings were structured to include a description of each event/situation, explaining clearly what happened. This was followed by a written reflection on the events/situations, where the students were asked to explain why they chose these particular situations and what they had learned from them. The reflective pieces were assessed for evidence of reflection, based on Schon's¹⁵ work on reflection-on-practice. No judgments were made about the nature of the situations/events described; students just needed to explain why they selected these particular situations and events and demonstrate the ability to reflect on what they had learned.

Ethical approval was granted for this project by a university Human Research Ethics committee. Use of this data was embargoed for 1 year following data collection to reduce any potential risk that data could be linked to any specific student, clinical settings or situations. All potential participants were provided with an information sheet and consent form following the completion and grading of the work, with 92 of 123 students allowing their stories to be used for this project. Data was analysed thematically by each of the project team members, and the shared core themes agreed.

This paper discusses one of those key themes - 'Re-imagining practice'.

Re-imagining practice

This theme emerged from the reflections as the participants explained their 2 chosen clinical incidents and reflected on what they had learned from them that might inform their future practice as registered nurses. What was striking was the degree to which the participants re-imagined the negative incidents and reflected on what could have been done differently. Several participants also described positive incidents that left a lasting impression on them.

Examples of two participants' comments demonstrate how they felt about reflecting on clinical events:

This is one way I learn from these incidents to make sure I do not make the same mistakes in the future as a registered nurse.

Through this reflective writing it has enabled me to see the kind of nurse I want to be. I hope that when I'm a registered nurse that I am able to assist and role model the professional safe standards of care for not only myself as a professional but for upcoming students. I hope to be a nurse that is approachable and can form partnerships with students; share information and knowledge without the intimidating feeling of the hierarchical structure placed on the student. I have learnt that it is possible to have a voice and advocate on the basis of reasonable grounds and to always protect yourself.

Many of the reflections focused on how the participants planned to apply what they had learned to their future practice, below are two examples:

The core principles I have witnessed during this clinical practicum are promoting interdisciplinary teamwork through good communication and the importance of designated leadership and team member roles. Commencing my career as a registered nurse, it is my wish to adopt these teamwork traits for myself and the team I will work with.

As human beings we all have quirks and idiosyncrasies that make us the individual we are. What one finds humorous another wont and what one considers bullying another wont. Whilst probably considered a simplistic view by many: the belief of treating others as I would like to be treated and that if I find something offensive chances are that others will also has served me

well. I will be taking this belief with me as I transition from the role of student nurse to that of beginner practitioner to guide my interactions with others.

It was interesting to note that even though many of the clinical incidents chosen by the participants discussed negative or less than ideal situations, as the following four examples illustrates, there was clear evidence that students learned from these:

Finally and most importantly, the main lesson I gained from these experiences, was that it highlighted who I am, not only as an individual, but also as a soon to be registered nurse. These experiences highlighted not only the type of nurse I want to be, but more importantly the type of nurse “I do not want to be”, therefore I have chosen to extract the positives about what I have gained, rather than stew or dwell on what had taken place. I believe I will continue to grow and learn, and I look forward to the journey.

I take note of the professional practice I have encountered, reflect on it and decide whether it fits in with what I have learnt and if it adheres to policies and procedures (if applicable). If so, the professional practice will ultimately inform my future practice as a beginning level Registered Nurse, although, even if the professional practice I encounter is not professional and does not adhere to any applicable policies or procedures, it will still inform my future practice because I am learning what not to do.

The two incidents influenced and informed my view not only on how nurses in general should deliver care but how I personally want to deliver care, how I would manage such situations, and the kind of nurse I would like to be. The first incident revealed that I would like to remain unprejudiced, equitable and open-minded when delivering care to patients, I would not choose to be aggressive, opinionated, domineering, disrespectful, egocentric and blunt with patients even if I disagreed with their decisions or felt they would benefit from it.

After being witness to this scenario and reflecting on the issues, I realised the barriers and errors that occur without regard in the clinical environment. With this being said however, I have also emerged with more intense nursing values. The situation allowed me to build confidence in myself knowing that I will deliver a much higher level of patient care than what I witnessed.

In some instances of re-imaging practice, the reflections focused on how the participants' personal beliefs and behaviours impacted on their practice and how they intended to adapt their practice in future. Three examples are provided:

Overall, the experiences depicted in parts one and two have illustrated, and will inform my future practice as a beginning level registered nurse. As both situations have portrayed the caring, compassionate and professional nurse I aspire to be, and have allowed me to experience first-hand a confronting ethical issue, where my thought process had to adjust and overcome the situation to be able to deliver optimal care.

I believe it was a case of breaking down of some very personal barriers, instilled and developed from an early age from within my own culture.....My four patients were all individuals, one gay, one factory worker, one retired business man and one newly arrived younger man of Asian ethnicity. For me inclusion of the whole person, not just what is visibly apparent enhanced the nurse/patient professional relationship and can lead to the promotion of better outcomes.

My own behaviour has already changed as a student RN and will continue throughout my practice. From these two unacceptable cases I have learnt such fundamental components of nursing, especially involving patient advocacy. I have learnt to have a voice and an opinion, to speak when I do not think something is acceptable and to disregard preconceived opinions. I have learnt the importance of treating every patient equally regardless of whether I may know them on a personal level. I have also learnt to trust my own instincts and education when practicing and never except another's opinion or findings without conducting your own. Each patient's life should be equally valuable.

Overall, the participants demonstrated that the telling of stories and then reflecting on their meaning was indeed a useful exercise that had the potential to inform their future practice, as the following four examples illustrate:

I have decided to turn this negative experience into a positive one by reflecting on the incident and learning from this experience in a constructive way.

It is through experiencing incidences such as this and through a thorough knowledge of their responsibilities to act in the patients best interests and to recognise and respond to unsafe practices that a nurse will learn when it is necessary to intervene. For a student nurse such as myself this was a confronting situation and an invaluable reality check for the future responsibilities of being a registered nurse.

The main point that I took away from this experience is what an impact a positive clinical experience can have on a person's confidence. As a Student Nurse I felt included in the team dynamics which renewed my confidence in my chosen career path.

This incident will have an effect on my practice as a new RN as it has shown to me that in listening to a junior staff member, new things can be learned. I would hope that I could 1) improve others with a technique that is now considered best practice, 2) have the fortitude in the future as a senior RN to accept new knowledge from a beginning level RN. Really gave me something to aspire to.

Discussion

As Schon¹⁵ described, reflection-on-practice is a valuable learning strategy in practice-based disciplines. More recently the literature supports the use of stories as learning tools in digital learning environments³. This paper adds a new perspective about a project in which the participants constructed stories from their own experiences of rural practice and reflected on and re-imagined those experiences. The participants' reflections support the findings of Eisenhauer⁵ who suggests that storytelling is an ideal vehicle to promote learning about professional expectations, attitudes and values. The key theme of re-imagining practice highlights that telling stories and interpreting their meanings can assist students' learning.

It is suggested that this approach allowed the participating students to consider the link between their knowledge base and the realities of clinical practice⁴. Across all the stories, it was clear that students had thought deeply about the situations/events they described and reflected on how these events might shape their transition into the role of Registered Nurse. It was troubling that while it is an expectation that nursing curricula teach person-centred compassionate care, it was evident that in reality these students were exposed to situations that flew in the face of that teaching. It is therefore challenging for educators to prepare students to manage morally and ethically for such situations to say nothing of the emotional resilience that is required.

As Edwards⁸ and Gidman¹⁴ suggests the process of recalling and reflecting on practice-based situations helps nurses to connect us to their sense of being human which can inform future practice. However, reading the stories and participant reflections suggests that while we keep teaching the ideal, we also keep exposing students to the messy reality of complex healthcare workplaces.

In all stories discussed in this paper, the participants kept returning to their understandings of what constituted 'ideal' or best practice, based on their knowledge, relevant codes of conduct, ethics and professional behaviour. Their reflections indicated that while they struggled with witnessing negative and unprofessional practice, they also learned from it, this supports Stacey and Hardy⁷ who found that digital storytelling can help the transition from student to registered nurse.

While there were a few examples of positive role models, sadly most of the situations and events discussed by the participants highlighted the complex and time-pressured world of healthcare, and the challenges of being person-centered, compassionate and caring in such environments. An awareness of the nature of rural contexts was also reflected in the participants' stories, with multiple examples of the impact of limited resources and geographic distance from specialist services and supports, which are similar to the findings of Paliadelis et al¹⁶. Across all the postings the participants stories kept returning to the needs of clients, and at times, the mismatch between what the students had been taught about 'person-centered care' and what they observed during the clinical placement experiences. It was heartening to read that where the participants identified less than ideal practice situations they reflected on and re-imagined the practice to fit better with the sort of nurse they wanted

to become. It remains to be seen whether the factors that impacted on the clinical incidents they described, will also influence their future practice and water down their idealism.

The outcomes of this project may inform undergraduate health curriculum, particularly the way in which students and their clinical supervisors are prepared for workplace-based clinical learning. As well the outcome of this study could be used in a professional development workshop across health disciplines. This reflective online storytelling framework also lends itself to the challenges of providing meaningful learning opportunities for rural students and clinicians.

The powerful stories and reflections gathered for this project indicated that the students has an awareness of the ideals as well as the realities of practice , and re-imagined how they might manage similar situations as Registered Nurses. As Rees et al.¹⁷ suggest reflecting on clinical dilemmas and situations assists students to shape their future practice. The key limitation of this study was that there was no opportunity to explore the data further with participants.

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Presenter

Penny Paliadelis is the Executive Dean of the Faculty of Health, a role she has held since January 2014 at Federation University Australia, which is Australia's newest university, created in 2014 from an amalgamation of the previous University of Ballarat and the Gippsland campus of Monash University. FedUni has 3 campuses across regional/rural Victoria. Prior to this Penny was the Acting Head of School of Health at the University of New England in NSW, where she worked for 15 years. She has a broad understanding of the challenges and opportunities of living and working in rural contexts. Penny's research interests focus on collaborative interprofessional health education and practice, particularly rural health workforce experiences and capacity-building. Penny has researched and published widely in the areas of nursing management and interprofessional education and practice. Penny has attracted a number of grants and supervises doctoral students as well as mentors colleagues to gain higher degrees and build their research profiles. She has wide experience with curriculum development for a range of professional-entry (accredited) health courses, particularly in the blended and online delivery mode. Penny is currently involved in a project that explores the use of digital storytelling as a learning framework.