

EXPLORING THE BENEFITS OF STORYTELLING
IN NURSING EDUCATION

A Dissertation Presented

by

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to

The Faculty of the Graduate College

of

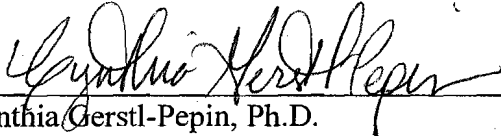
The University of Vermont

In Partial Fulfillment of the Requirements
for the Degree of Doctor of Education
Specializing in Educational Leadership and Policy Studies

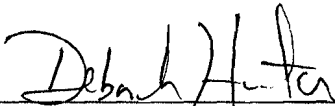
May, 2008

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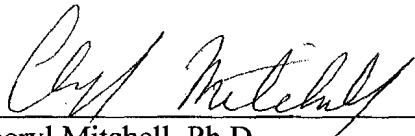
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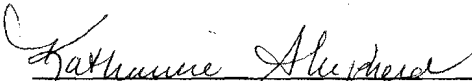
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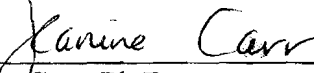
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ABSTRACT

Nursing has long been described as both an art and a science. More recently referred to as holistic practice, many nursing faculty have sought innovative teaching strategies, such as storytelling, to facilitate understanding of these two critical dimensions.

As one of the oldest methods of communication, storytelling has been used in a variety of ways to facilitate learning in health care. In fact, there is a myriad of literature demonstrating the use of stories in nursing research, practice, and education. Despite these many examples however, there are no studies that analyze the actual content of students' stories from a scholarly perspective.

This dissertation seeks to further explore the benefits of storytelling and add to this dialogue by lending scholarly support for its use as a teaching strategy in nursing education. Using Carper's (1978) original four Fundamental Patterns of Knowing as a guiding framework for narrative analysis, twenty-five personal stories written by junior level nursing students were examined for evidence of empirics, ethics, esthetics, and personal knowing.

The study found many rich examples of patterns of knowing were threaded throughout the student's stories. Additionally, by examining their own stories, students were able imagine their future role as practicing nurses and how they might one day react in similar circumstances. This is an important finding as much of nursing knowledge develops over time with ongoing patient care experiences. Stories then serve as a bridge for novice nursing students linking empirical and ethical discussions of the typical classroom with the art of practice embedded in personal and esthetic knowing.

Lastly, this dissertation also addresses the benefits of storytelling to nursing faculty. By creating a safe space within their classrooms for students to share their personal experiences, teachers begin to move beyond the more customary empirical focus traditionally found in nursing education programs. Carper (1978) would consider this a therapeutic use of self and as such an important segue into helping both students and faculty experience the reciprocity needed for self-actualization and personal growth. Moreover, as faculty approach students and teaching with a more holistic stance, they can develop the congruence necessary for their own integrated knowing.

CITATIONS

Material from this dissertation has been submitted for publication to the Journal of Holistic Nursing on January 12, 2008 and to the Journal of Nursing Education on January 18, 2008 in the following forms:

Hunter, L.A.. Transforming the teacher: One novice professor's journey. Journal of Holistic Nursing.

Hunter, L.A.. Stories as integrated patterns of knowing in nursing education. Journal of Nursing Education.

DEDICATION

To all of my former nursing students who took the risky path of choosing the storytelling option...thank you from the bottom of my heart for allowing me this very intimate glimpse into your lives. In his book *Shadow of the Wind*, author Carlos Ruiz Zafon (2005) wrote, “A story is simply a letter the author writes to himself to communicate something he needs to learn”. In the same ways you have learned from writing your stories, I hope this dissertation, or *my* story if you will, captures even a fraction of what I have learned from you.

ACKNOWLEDGEMENTS

First and foremost I would like to thank my dear friend Carol Buck-Rolland for your heartfelt support as a friend, colleague, and classmate. It has been a pleasure going through this program with you. And of course all that chocolate, well that goes without saying.

To the other members of my cohort, also a debt of gratitude for showing me an insiders view of education, student affairs, social work, mental health, and of course how will I ever forget globalization? I will smile fondly at all the memories we have going through those long nights in Waterman.

To the faculty, thank you so much for your continued support and encouragement along the way. I especially appreciated your flexibility in allowing my nursing perspective to guide assignments and projects. I was able to apply so much of what I learned and will continue to do so for years to come. This was a wonderful educational experience.

I would also like to acknowledge my committee members, Deb Hunter, Cheryl Mitchell, Katharine Shepherd, and my committee chair Jeanine Carr. You had unique expertise that so guided this dissertation. It was the perfect combination of what I needed to find my way in re-presenting these students' stories. I am so grateful to have had your support, most especially to Jeanine for your editing help in "fine tuning" these articles for publication. Thank you all so much.

Lastly, to my advisor Cindy Gerstl-Pepin, thank you from the bottom of my heart for your unwavering support for me as a student, a teacher, a leader and most importantly

as a writer. I am a natural story-evoker so your skill as a qualitative researcher was a godsend in helping me find my way through these narratives and ultimately to my own evolving story. My subjective I (or is that “eye”) will remain forever open and on the move.

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CHAPTER 1

INTRODUCTION

Exploring the Benefits of Storytelling in Nursing Education

Excellence in nursing practice has long been defined as a “delicately balanced movement between art and science” (Peplau, 1988). Nursing education programs therefore, must somehow integrate these two concepts within their curricula in order to graduate individuals who can demonstrate the highest quality of nursing practice. In order to meet this goal, national standards of nursing practice and specific core competencies have been established by professional nursing organizations (ANA, 2001, AACN, 1998). These fairly prescribed requirements have essentially provided nurse educators with a standardized road map of the scientific knowledge and technical skills required for beginning level professional practice. While this may seem fairly straightforward, nursing faculty remain challenged to creatively incorporate the art of nursing practice within their curricula. This synthesis of art and science has more recently been referred to as holistic practice, or seeing people as “whole persons” (Yorks & Sharoff, 2001).

Transforming nursing situations into the thoughtful nursing care that is the benchmark of holistic practice has led to the development of many innovative approaches in nursing education. Several of these strategies involve some measure of self-reflection, which not only allows students to integrate their own lived experiences, but also better prepares them to think critically from multiple perspectives (Baker, 1996; Heath, 1998).

Creating a space for both conventional and alternative learning models also allows for a more mindful approach to the myriad of patient care situations graduate nurses will face in practice (Diekelmann, 2001). Thus, nurses must essentially learn to speak two distinct languages, one of empirics and scientific evidence, and one of aesthetics; the language of people, personal wisdom, insight and creativity (Leight, 2002). Yorks and Sharoff (2001) summarize these points nicely, “the evolution of nurses to holistic practice lies in the process of healing and gaining an awareness of their own being before they can begin the process of participating in the healing of another” (p. 22).

In my own classroom of undergraduate nursing students, I too faced this transformative challenge and sought a creative strategy to not only enhance students’ aesthetic learning, but also to create a connected environment within the classroom. I was also interested in challenging these eager young men and women to examine what being a nurse meant to them. Infused with this desire to encourage “thinking about thinking” (Staib, 2003), I began to incorporate a narrative writing assignment as part of the maternal newborn course I was teaching. Many other nursing courses required scholarly papers and I wanted to get the students writing. More importantly, however, I wanted to create an assignment that would connect their personal stories and ideas to the content of the course and, thus, cultivate their understanding of holistic practice. As Leight (2002) so aptly asserts, stories are merely “texts to be interpreted” and as such have tremendous potential to foster the active listening and reflection skills so essential to establishing meaningful relationships with patients.

Considering that some students might need a more objective assignment, I also included a second option of writing a position paper on any ethical issue in maternal/newborn nursing. While the position paper had clear research and content guidelines, the narrative assignment on the other hand simply required them to share a personal “story” that either they or a family member/friend had experienced related to the course topics. The story could also include artwork, music, or poetry if they desired. Both options, however, required students to conclude with a “take home message” for nurses and to explore how the issue or story might shape their own nursing practice. Papers were kept confidential and promptly returned to the students. I retained no copies of their narratives without a student’s express permission.

Interestingly, over the three years this assignment was included in the course very few students opted to do a position paper. They eagerly wrote their stories and seemed to approach the assignment positively rather than as another tedious project. Their stories were well written, thoughtful and at times, extremely personal and poignant. Many contained photographs, poetry or music and I was often overwhelmed with what these students were willing to share. The depth and breadth of these experiences also convinced me that this writing assignment provided these students with a unique learning opportunity to connect, not only to the content of the course, but more importantly to themselves and their future as nurses. Furthermore, student feedback informally and on course evaluations indicated overwhelming enthusiasm and support for this assignment. It was this feedback that ultimately led me to conduct this research project.

What follows in this chapter is an overview of the purpose of this research, a discussion of the study's significance, and the specific research questions addressed. I will also introduce the methodology chosen for analysis, define terms, and conclude with an organizational overview for the remainder of this dissertation.

Purpose

Despite the myriad of articles published on storytelling in the health care literature, there were no examples found in which the personal stories written by nursing students were collectively analyzed from a qualitative research perspective. The overall purpose of this study, therefore, was to explore the benefits of storytelling as a means to promote students' understanding and integration of both the art and science of nursing. Using Carper's (1978) Fundamental Patterns of Knowing as a guiding framework for narrative analysis, the texts of students' stories were examined for empirical, ethical, personal and esthetic patterns of knowing. It was further hoped that this methodological approach would also identify possible benefits to nursing faculty who strive to promote holistic nursing practice within their classrooms.

Significance of the Study

This study has great potential to influence nursing education, especially in regard to enhancing the holistic thinking ability of graduating nurses. Storytelling as a teaching strategy is an innovative and unique method of assisting the personal growth of students by helping them connect to the content of their nursing courses in significant ways that go beyond empirical knowledge. Encouraging students to write about their experiences also helps them develop their own voice in contemplating the many challenges inherent

in professional practice (Scanlan, Care, & Udod, 2002). There is much support in the literature on the importance that this type of reflective learning has in helping students assimilate the art and science of nursing. This study will add to this growing body of knowledge by lending scholarly support for storytelling in facilitating the integration of these two essential dimensions of nursing practice.

Moreover, nurse educators will greatly benefit from the authentic connection reading these stories will facilitate with their students. The root of the word “educate” means literally to “draw out” and the primary task of the teacher therefore is “not to fill the student with facts but to evoke the truth the student holds within” (Palmer, 1996, p.43). Creating a safe space for students to reflect on where they have been and what they have learned will only serve to foster this community spirit within their classrooms. The telling of and listening to stories promotes the reciprocity that affords faculty the opportunity to develop authentic relationships with students and remain fully engaged in the process of helping them learn how to holistically practice nursing.

Furthermore, today’s nursing students are individuals with diverse backgrounds and an abundance of life experiences. Employing teaching strategies such as storytelling allows students to creatively integrate their experiences into their future nursing practice which may be invaluable in facilitating authentic and meaningful connections with patients. By modeling these authentic connections in their classrooms, nurse educators become the “threshold people” students need to not only challenge and inspire them but also to create learning environments that cultivate transformation and discovery (Parks-Daloz, Keen, Keen, & Daloz Parks 1996). It is hoped the exploration of these students’

stories for patterns of knowing will add to this thoughtful dialogue and continue to inspire innovation and creativity in nursing education.

Research Questions

In order to explore the use of narrative writing in nursing education, this dissertation addressed the following research questions:

1. Did writing narrative stories facilitate nursing students' understanding and integration of the art and science of nursing?
2. What are the benefits to nursing faculty of using stories as a teaching strategy in their classrooms?

Overview of the Methodology

The purpose of this study was to determine if storytelling facilitated nursing students' understanding and integration of the art and science of nursing. Since analysis of the stories themselves was requisite to meeting this goal, qualitative narrative analysis methodology using Carper's (1978) Fundamental Patterns of Knowing as a guiding framework was used (Reissman, 1993). A description and rationale for this choice of methodology will be further explored and delineated in Chapter Three: Methodology.

Definition of Terms

Throughout this dissertation the terms *aesthetics* and *esthetics* are used interchangeably. Literally they are spelling variations of the same word and refer to a branch of philosophy that deals with the nature of beauty and artistic expression (Random House, 2005). Linguistically however, some authors cited in this study used this word to impart a more theoretical meaning as applied to different scopes of nursing practice. The

variation used at particular point throughout this document reflects the version used by author discussed in the text. The author's intended meaning is also defined when necessary.

Summary

In this chapter, I introduced the challenge nurse educators face in designing creative strategies that teach both the art and science of nursing. Narrative analysis methodology is used to orient this research study, which was designed to address this problem by examining the content of students' stories for evidence of these dimensions. Carper's (1978) Fundamental Patterns of Knowing provided a guiding framework for this analysis that further enables exploration of how these stories might integrate patterns of knowing. This research will add to the growing body of literature on storytelling as a creative teaching strategy with benefits to both students and faculty.

The rest of the dissertation is laid out as follows. In Chapter Two, I present a comprehensive review of the literature on storytelling in the health care arena. This literature review provides a thorough background for this study and is organized around the use of storytelling in nursing practice, education and research. In Chapter Three, I explain the methodology for this study and describe the rationale for narrative analysis. An overview of Carper's Fundamental Patterns of Knowing in nursing are included as well as the data collection and analysis procedures. The role of the researcher is also discussed.

The findings from this study are presented as two journal articles formatted for publication. The first article, "Transforming the Teacher: One Novice Professor's

Journey” is presented in Chapter Four. This article describes my personal experiences and reflections using storytelling as a teaching strategy and how this facilitated my own growth as a novice teacher. The second article, “Stories as Integrated Patterns of Knowing in Nursing Education” is found in Chapter Five. This article summarizes the qualitative research study exploring nursing students’ stories for patterns of knowing and presents the findings from this analysis.

Chapter Six: Summary and Implications concludes this dissertation with a summary of the research findings and their implications for students and faculty. Limitations and recommendations for using storytelling as a teaching strategy are offered. A final take home message is also included.

CHAPTER 2

REVIEW OF THE LITERATURE

Overview of Storytelling

Humans are most certainly a storied people and stories can be seen as living entities of human existence (Milton, 2004). As one of the oldest methods of communication, stories serve to educate others, record historical facts, teach cultural values, bridge generations, set standards and values, and share common experiences (Calman, 2001; Chelf, Deschler, Hillman, & Durazo-Arvizu, 2000; Banks-Wallace, 1998; Kelly, 1995; Koenig, & Zorn, 2002; Milton, 2004). McKenna (1997) powerfully captures this essence, “The shortest distance between human beings and the Truth is a story. One’s words, the truth and life are all bound as one” (p. 134). For nurses especially, the telling of and listening to stories provides a vital means through which treasured human experiences can be honored and respected in practice, education, and research (Milton, 2004).

This review therefore will primarily focus on storytelling within the health care literature and will be organized around the following three themes: (a) Storytelling in Practice, (b) Storytelling in Education, and (c) Storytelling as Research.

Storytelling in Practice

There is much written about the therapeutic benefits of storytelling. At the very least, encouraging patients to tell their stories assists them on the most basic level of attempting to make sense out of a chaos of memories, thoughts and emotions (Maguire,

1998). Stories in this realm, according to Maguire (1998) are therefore not seen as a way to entertain or educate others but more to engage them in one's own experience. In her work with cancer patients, Heiney (1995) developed a conceptual framework in which stories were used to help patients find meaning in their cancer experience. Within this framework, Heiney (1995) primarily advises nurses to listen to patient's stories with an open heart. She also provides examples of how stories can be used as specific treatment strategies to help patients and their families gain new perspectives on their situations. Taking the time to listen to the patient's story or by offering your own story as a therapeutic intervention, health care providers can extend their helping abilities (Heiney,1995).

Chelf et al. (2000) used this framework to develop a community based storytelling workshop as a way to help cancer patients and their families cope with their diagnosis and treatment. Their findings showed that 97 % of participants felt that storytelling was beneficial in helping them cope with cancer (Chelf et al. 2000). Likewise, Simmons (2002) believes stories to be a path for creating faith; in ourselves, our goals, and our hopes. She further asserts that telling meaningful stories inspires listeners, who will ultimately draw their own conclusions, alluding to the tremendous power stories have to connect us. Moreover, Kelly (1995) reminds us that the strength of a well-told story not only lies in the vicarious experience of the listener, but also in the essence of the experience, which will be remembered long after the facts and figures are forgotten.

Along this vein, Banks-Wallace (1998) found storytelling to be a worthwhile health promotion strategy among women of African descent. Reading the transcripts from focus groups designed to explore the therapeutic benefits of group discussion, Banks-Wallace (1998) noticed that the women spent considerable time sharing stories with each other rather than answering the specific focus group questions. Analysis of these stories thus provided much insight into factors that constrain and enable these women to care for themselves. More importantly, the author found that by simply listening to each other's stories, the women were able to center their individual experiences with each other and consequently develop strategies to make better health decisions (Banks-Wallace, 1998).

Similarly, Williams-Brown, Baldwin, and Bakos (2002) utilized stories to teach older African American women about breast health. Their study design also used a focus group format and analyzed participants' stories about their experiences in regard to breast cancer screening. They found that these women greatly benefited from listening to each others stories and concluded that this peer-teaching approach provided a forum that enhanced learning, corrected misinformation, and validated personal experiences (Williams-Brown, et al.). Likewise, Hodge et al. (2002) used traditional American Indian stories to demonstrate positive and negative health behaviors and their consequences within a "talking circle" of native community members. These authors state that Native stories often guide tribal member's decisions and actions. Thus, the use of traditional folktales to impart a specific health promotion "message" was a worthwhile tool in this cultural setting (Hodge et al.).

Bunkers (2006) expands on this notion of a story's ability to move us from ignorance to understanding. Specifically, she encourages the use of stories and/or fables to prompt discussion around the value laden choices we make in regard to how we care for ourselves and become involved with each other. In other words, when we listen to someone's story, we not only bear witness to the challenges of human experience, but we also gain insight and wisdom as to the specific ways in which we can help them and ourselves. McKenna (1997) refers to traditional storytellers as "servants" who are "bound to remember the wisdom of the past and to hold the tribe together in the face of hardship, persecution, oppression, and hunger" (p.143). Simmons (2002) adds to this view of stories as a way to promote behavioral change by pointing out that the storyteller's ultimate goal is to inspire emotions that create hope and action within the group you want to influence.

Clearly, these authors lend support to the therapeutic benefits of storytelling within the scope of practice in the patient care arena. Health promotion and patient education are just a few examples of the many ways stories can provide useful information and preventative strategies to optimize patient care outcomes. In addition, stories also provide patients and their families with an invaluable means through which to express feelings and describe experiences when faced with devastating situations such as a diagnosis of cancer. Churchill and Churchill (1982) state that people are moved to tell their stories in an effort to connect with the common experience of others in like circumstances. These authors also believe storytelling is marked by both distance and intimacy. As we tell our own stories from the reflective posture of an observer, a space is

created that allows us to recognize our actions more objectively. Intimacy is then created as a result of the personal stake we have within the context of the actions we've described. From this viewpoint, Churchill and Churchill (1982) emphasize the importance of storytelling in the development of one's self-knowledge, a critical factor in one's professional growth as a health care provider (Churchill & Churchill, 1982). As Heiney (1995) so nicely summarizes these points in this quote from *Alcoholics Anonymous*, "In the hearing is the learning, but in the telling is the healing" (p. 901).

Storytelling in Education

Nursing scholars have long recognized the importance of teaching students both the art and science of nursing. Leight (2002) posits that in order to completely understand the theoretical, scientific framework for practice, nurses must also have the ability to reflect on their own experiences. In other words, nurses must speak two distinct languages, one of empirics and scientific evidence, and one of aesthetics; the language of people, personal wisdom, insight and creativity. Leight (2002) further asserts that since human beings have an innate need to narrate their experience, storytelling is the perfect vehicle to teach nursing students aesthetic knowing. Seeing "stories as texts to be interpreted" fosters the active listening and reflection skills so essential to establishing meaningful relationships with patients (Leight, p. 109). Moreover, this conceptual model has been used by many nurse educators to assist students in transforming nursing situations into the thoughtful nursing care that is the benchmark of holistic practice.

Furthermore, in the same ways stories, fables, and folktales facilitate educating patients about their health, these non-traditional methods enhance students'

understanding of complex human experiences in much the same way. In an effort to incorporate aesthetic knowing into their undergraduate pediatric nursing course, Northington, Wilkerson, Fisher and Schenk (2005) used fictional books and popular movies to foster students' learning of how to care for patients and families with a variety of childhood issues. These authors felt the students greatly benefited from applying concepts discussed in the movies and stories to real life clinical situations, concluding, "We continually strive to increase the students' awareness that nursing is much more than skills (p. 70). Likewise, Sakalys (2002) strongly supports the use fictional and autobiographical stories to teach understanding of human experiences. Sakalys (2002) believes Literary Pedagogy (or the reading and interpreting of literature) enhances reflective thinking and the development of relationship skills, both essential components of nursing practice.

In further review of the literature on storytelling in nursing and medical education there are clearly two ways in which stories are used as a teaching strategy. In many instances, stories are often told or shared for the purposes of teaching a particular issue or phenomenon in order to enhance knowledge or skills. For example, Taylor, Bank-Wallace, and Tripp-Reimer (2001) used storytelling as a teaching strategy to increase awareness and screening for domestic violence. They purposely chose traditional folktales and legends to enhance physicians and nurse practitioners' insights regarding the role culture plays in the recognition, acceptance, and prevention of violence against women (Taylor et al., 2001). Likewise Milton (2004) believes using stories in a case study approach facilitates students' decision making, especially when dealing with ethical

dilemmas. Playing out these “what-if” scenarios, students then have the opportunity to discuss and analyze risks and benefits to various outcomes from a moral “do the right thing” perspective (Milton, 2004).

Davidhizar and Lonser (2003) are firm supporters of using storytelling in nursing education and found that storytelling enhanced students’ development of assessment skills, cultural competence and critical thinking ability. They gave several examples of how stories could be used as a teaching strategy such as: role modeling good and bad nursing interventions, analyzing case studies or vignettes, and for reflective learning activities. They further asserted that by allowing the student to learn vicariously from the experiences of others; whether a patient’s, fellow classmates’ or the instructor’s, their development of empathy and critical thinking was greatly enhanced (Davidhizar & Lonser). Similarly, Lee and Lamp (2005) had students conduct a birth story interview with patients as a means to facilitate understanding of the social, cultural, and healthcare system influences on childbirth. The authors found the assignment not only reinforced key course concepts but also helped students gain understanding of the influences health care providers have on the life experiences of others (Lee & Lamp, 2005).

Moreover, Kelly (1995) stresses it is not the story itself but the connection made between storyteller and listener. Students then gain courage and are often comforted by the stories of expert nurses who have experienced the same fears and concerns as they have. Darbyshire (1995) agrees that by listening to and talking about these lived experiences, students develop interpretive thinking and understanding in ways that traditional scientific and behaviorist educational approaches are unable to do.

Koenig and Zorn (2002) add another dimension to this discussion by recognizing the diversity of students entering nursing today who are filled with their own life stories and meaningful events. These authors believe nurse educators are remiss to ignore the invaluable learning opportunities sitting before them in their classrooms. Stating that storytelling benefits both teacher and learner, this emphasis on reciprocity establishes partnerships between students and teachers in an ongoing search for meaning (Koenig & Zorn). Through this process of active engagement, students value their own (and each others) experiences. Thus a community of shared traditions emerges that again, not only promotes the more holistic aspects of nursing practice, but also reflects the diversity and uniqueness among both students and faculty (Koenig & Zorn). Whether sharing stories of past experiences, actual interactions with patients or “nursing situations” a safe space is created for students to reflect and develop their own definitions of what nursing practice means to them (Boykin & Schoenhofer, 1991).

A second strategy used by nurse educators is to encourage students to write their own stories for the purpose of critical reflection about their experiences or to create a sense of connection and community with their fellow classmates. Higgins (1996) described a transformative process that must happen in nursing education in which caring and the values of caring are threaded throughout nursing curricula in ways that promote students’ abilities to care for others. Students were initially asked to write a story describing what influenced them to choose nursing as their life work. The stories were shared in a “caring space” designed to give voice to the students and to help them discover how their stories might impact their ability to care for others in the future.

Higgins (1996) reported that by allowing students to be “cared for” in this space, and by giving them time to reflect on their own experiences, they were able to develop knowledgeable and intentional caring towards patients. Hudacek (2008) concurs with this conviction that student narratives hold the key to teaching the critical dimensions of caring so unique to nursing practice. She further recommends the ongoing use of narratives in nursing education as both a means to promote caring practices for students and to inform faculty of *how* students are integrating and providing the dimensions of that care to patients (Hudacek, 2008).

This idea of “knowing self” was also explored by Leeherts (2003) in her work with undergraduate nursing students. Believing that personal knowledge of self was essential to establishing a therapeutic relationship with patients Leeherts (2003) developed a “personal knowing journey” assignment (p. 158). This assignment required nursing students to first take the Kiersey Temperament Sorter and then once their “temperament components” were identified, this information was used to analyze their reactions to stories told in class. Leeherts (2003) felt this project greatly enhanced students’ understanding of the ways they might react to different patient care situations and thus helped them gain insight into developing meaningful relationships. Milton (2004) developed a similar self reflection assignment for graduate nursing students entitled “Pondering the Possible” (p. 210). This narrative journaling experience enabled students to “live their professional becoming as observers of their own thinking and stewards of their own learning” (p. 210). One could then see how storytelling not only

facilitates important connections among classmates but also provides a mechanism for critical reflection.

According to Baker (1996), the ability to critique one's own practice is a crucial skill graduate nurses must develop in order to learn and develop critical thinking as practitioners. Baker (1996) further defines this as a reflective learning process in which "an individual responds to a lived experience and cognitively reviews and explores the experience in such a way as to create and clarify meaning" (p. 19). Heath (1998) adds that reflection moves us beyond the empirical and is a means of surfacing experiential knowledge, a vital component to the development of expert nursing practice.

Furthermore, Heath (1998) points out that expert practice does not result merely from an accumulation of experiences but develops as one reflects on these varied nursing situations. Critical thinking in her opinion thus develops over time within the realm of intuitive knowing. While the exact definition of critical thinking in nursing remains nebulous, both of these authors concur that it is well grounded in reflective learning (Baker, 1996; Heath, 1998).

Mindful of these benefits, Forneris and Peden-McAlpine (2006) posit that analysis of narratives and stories provide a useful means to focus on the "process of thinking". In an effort to operationalize critical thinking in action, they developed an orientation program for new graduate nurses that incorporated narrative reflective journaling. Novice nurses were asked to write weekly "stories" about their experiences and answer specific guided reflection questions. These narratives were shared with other new nurses during focus group sessions to enhance the guided reflection process. The

stories provided a reality based context from which the groups' perspectives were collectively able to not only illuminate aspects of competent critical thinking but to more importantly identify barriers to critical thinking development. This reflective peer "coaching" and storytelling analysis effectively moved these new graduates from "telling *what* they know to *why* they know" (Forneris & Peden-Mc-Alpine, 2006, p 15).

Hunter and Hunter (2006) found similar results after incorporating a group storytelling activity in a nurse-midwifery education program. Students voluntarily shared clinical experiences each week using a storytelling format and these narratives were discussed among the group. Student course evaluations supported the faculty's belief that this strategy provided cognitive insight and emotional clarification for these nurses who were moving on to advanced practice roles. While shared storytelling allowed them to process clinical situations in ways that greatly expanded their problem solving ability, it also allowed for some emotional debriefing. Students felt supported and reassured to know their classmates were having similar experiences and this in turn reduced their feelings of vulnerability in their role transition from staff nurses to beginning practitioners. The authors concluded, "Storytelling provides a powerful tool for collective reflection on the "inside" aspects of practice that a textbook can not teach" (Hunter & Hunter, p.277).

Sheih (2005) provides another example of the use of stories in nursing education. In her study, the primary research questions were to ascertain if the storytelling assignment increased students' knowledge of the course content and if they perceived storytelling to be an effective teaching method. Sheih's (2005) premise was that

storytelling and story analysis would generate opportunities for students to co-create the course content and subsequently make connections with real life experiences they could reflect on and learn from. Students read their stories in front of classmates and instructors with a group dialogue analysis of the story's meaning. Although their sample size was small, the authors concluded that students reacted favorably to the experience and they recommend continued research evaluating storytelling techniques in nursing education (Sheih, 2005).

In summary, these examples from the literature demonstrate that storytelling is a creative educational strategy that can assist students in a variety of ways. Health care is changing rapidly and nurse educators must continue to seek innovative learning opportunities for students, especially those that promote the development of critical thinking. These authors provided worthwhile evidence of the power stories have to facilitate both the personal and professional reflection and growth necessary for critical thinking. Stories in the classroom connect us, teach us, fill us up and move us beyond what we can "see". As nursing education strives to keep up with the ever changing health care environment, storytelling remains an important tool that very nicely integrates what we *know* with what we *do*.

Storytelling as Research

While understanding the depth of human experience in the telling of and listening to stories quite naturally lends itself to qualitative inquiry, actual research specifically involving storytelling is sparse. Regardless, qualitative studies in the nursing literature abound. Striving to discover new ways to interpret and find meaning within educational

and patient care experiences, nurse researchers have nevertheless begun to use stories as a way to transform “knowing into telling” (Sandelowski, 1991, p. 162). As stories are often rooted in oral traditions, Banks-Wallace (2002) further recommends that researchers design studies that structure human behavior and experiences within a storytelling format. She refers to this process as “storying” and states that stories serve as “touchstones” into deep seated memories and experiences that otherwise would be difficult to articulate. Greenhalgh (2001) concurs that stories provide the ideal medium for conveying and learning complex human and clinical experiences. By listening to the story, we live through the patient’s experience and essentially begin to explore their unique “otherness”, a critical segue into developing the creative imagination necessary for clinical decision making (Greenhalgh, 2001).

Koch (1998) thoughtfully explores the weight of storytelling as legitimate research. Pointing out that even though much of what we do in health care is quantitatively defined, nursing’s work is imbedded in the “intensely personal, highly emotional, often brutal stories of everyday life as lived by clients and witnessed by nurses” (p. 1183). Koch (1998) sees stories as a means to make these core practice experiences visible and as such challenges nurses to develop research projects that bring these stories to life. Koch (1998) wisely cautions us that doing this type of interpretive research involves a level of reflexivity not to be taken for granted. She reasons that since stories are always constructions of experience, they are then always “on the move” and the subjective bias of the researcher is an important component of this journey. She recommends researchers keep a journal as they travel through the stories so that readers

can easily follow along. In the end, as in all qualitative studies, the interpretation, vis a vis the meaning, is ultimately left up to the reader (Koch, 1998).

Several nursing authors also deem stories a useful framework for the development and testing of theoretical knowledge (Geanellos, 1995; Younger, 1990). One of the best examples in the nursing literature of this type of narrative analysis can be found in Benner's (1984) seminal work *From Novice to Expert*. Using narrative "critical incidents" Benner was able to capture the essence of how one develops clinical expertise in nursing practice. The clinical exemplars in Benner's study provided a comprehensive and well grounded causal explanation as to how nurses with different levels of expertise would respond to particular situations. Accordingly, these stories essentially uncovered the hidden meaning behind behavior and provided a plausible explanation of the difference between actions and intentions, a crucial step in the "naming of knowledge" (Geanellos, 1995). As the art of nursing practice is rooted in the human condition, research that seeks to uncover knowledge of human responses will continue to provide worthwhile foundations for how we care for each other and our patients (Younger, 1990).

In a more recent example, Schwartz and Abbott (2007) participated in the design and implementation of a model for teaching health care management in community health settings. With a focus on providing holistic care, this project was originally designed to cross-educate acute care nurses to community health situations and then translate this process into learning situations for nursing students. It was during these clinical encounters with students that the authors discovered the importance that stories played in every aspect of this project with observed benefits to patients, students and

faculty (Schwartz & Abbott, 2007). Identifying four key themes related to storytelling; listening, partnership, reciprocity, and solidarity; the authors concluded, "Storytelling is sharing. Someone teaches; someone learns; someone is vulnerable and exposing; someone is compassionate and validating" (Schwartz & Abbott, 2007, p. 186).

It is within these lived experiences of nursing situations that nursing knowledge is firmly grounded in ways we can learn from each other and facilitate the education of student nurses (Boykin & Schoenhofer, 1991). Storytelling illuminates the richness of these experiences by bringing these "situations" to life and allows the listeners to reflect on and assimilate the story into the context of their own values, beliefs, knowledge, and experiences (Greenhalgh, 2001). Knowledge is then generated through the retelling of the story and enables students especially to transfer this knowledge and knowing to practice (Boykin & Schoenhofer, 1991). Demonstrating pragmatic applications to practice, discerning right from wrong, gaining insight into your own self, and appreciating artistic expression are all ways that stories capture the holistic essence inherent in nursing care (Boykin & Schoenhofer).

Summary

This review is just the beginning of the many ways storytelling can tap into the art of holistic nursing practice. Nurses are natural storytellers and even better story-evokers. Grounded deep in this spirit of discovery is the authentic desire to make a difference in patient's and each others lives. This review clearly demonstrates there is much to gain from this worthwhile strategy and at the very least nurses are in prime positions as practitioners, educators and researchers to develop a storytelling mindset. We are limited

only by our own imaginations and willingness and it is from here that all of our stories should continue.

CHAPTER 3

METHODOLOGY

Introduction

This study was conducted using narrative analysis methodology with Carper's (1978) Fundamental Patterns of Knowing as a guiding framework. A description of this methodology, the rationale for its use and a brief overview of Carper's (1978) work are included in this chapter. Also described are the setting and sampling procedures, data collection methods, and the steps taken in data analysis. This chapter concludes with a discussion of my role as the researcher specifically addressing subjectivity and reflexivity.

Rationale for Narrative Analysis

The stories in this study are a diverse collection of personal narratives that contain rich data for analysis. Since they were written for a particular purpose, and thus served a functional quality, one could consider using a more objective methodology such as content analysis (Coffey & Atkinson, 1996). This approach was used by Schaefer (2002) in her study examining the caring narratives of graduate nursing students. Students wrote their narratives specifically as part of the study and were provided organizational guidelines to follow as they described a caring encounter. The narratives in this dissertation however are subjective representations of how each student chose to express their experiences and do not contain linguistic commonalities one can easily identify and measure objectively. Rather, these stories are texts to be interpreted, and as such, lie at the center of narrative analysis (Reissmann, 1993). Moreover, this qualitative

methodology allows for examination of the story itself so the common “themes” if you will, are imbedded implicitly in the interpretation of what the texts mean, not necessarily what they say. The research questions that naturally evolve from this premise ask, “What does this narrative or story reveal about the person and the world from which it came” (Patton, 2002, p. 115).

One of the advantages of narrative analysis as a specific methodological approach is the flexibility given to the researcher in how stories can be interpreted, vis a vis, “there is no *one* method here” (Reissman, 1993, p. 5). For example, narrative analysis is often used to identify common themes within the texts themselves (Reissman, 1993). This approach is most useful when the subjects all wrote or spoke about the same experience and were essentially asked the same questions. The goal of the research is then aimed at identifying cultural or social patterns as seen through the “lens” of the narratives (Patton, 2002). By interpreting and editing the narratives, the researcher essentially creates a “hybrid story” to represent what the experience collectively means (Reissman, 1993).

Another strategy is to apply some type of framework to the narratives in which a specific coding schematic is used (Coffey & Atkinson, 1996). This approach is similar to content analysis, in which common phrases are identified and then quantitatively counted and statistically analyzed. As Schaefer’s (2002) study demonstrated, students wrote their narratives addressing each predetermined coding scheme with careful attention to interrater reliability and content validity during the data analysis. From a qualitative perspective however, codes are used merely as a reductionist approach to organize and identify relevant phenomena, collect examples of that phenomena from the narratives,

and interpret these examples from a more heuristic stance (Coffey & Atkinson, 1996). As in this case, where the subjects all wrote about something different but are in a common situation, the thread if you will, lies in the consistency in which specific patterns of knowing (i.e. the codes) were found within each text. Hence, there was no one final metastory to report here, but more a “chorus of voices” yet to be uncovered within the heart of these narratives (Reissmann, 1993).

In either case, the goal of narrative analysis remains poised to describe the meaning of the experience as seen through the interpretive eyes of the researcher (Marshall & Rossman, 1999). Stories do not speak for themselves in these cases and as constructions of experience, they are always “on the move” (Koch, 1998). While subjectivity is inherent in this process, the purpose of narrative analysis is not to generalize the findings but to illuminate the question at hand (Koch, 1998). The researcher interprets the story’s meaning and then essentially constructs a story *about* the stories (Reissmann, 1993). So continues this interpretive cycle in which a “fusion of horizons” occurs and empathetic forms of understanding are advanced (Koch, 1998, p. 1183).

Carper’s Patterns as a Guiding Framework

In 1978, Carper outlined an integrated typology of nursing knowledge based on four fundamental patterns of knowing: empirical, ethical, personal, and esthetic (Carper, 1978). These patterns formed the original framework for much of what is known about nursing knowledge today and remain one of the most influential pieces of nursing writing in the twentieth century (Wainwright, 2000). Jacobs-Kramer and Chinn (1988)

subsequently developed a model that expanded on Carper's (1978) original definitions to include how each pattern is created, expressed, and assessed. Subsequent authors expanded these patterns to include sociopolitical knowing (White, 1995) and the concept of "unknowing" (Heath, 1998). Since then, these patterns have been extensively written about and still widely accepted as the essential components of the integrated knowledge base necessary for holistic nursing practice (Averill & Clements, 2007, Clements & Averill, 2006, Fawcett et al., 2001, Leight, 2002).

In addition, many nursing authors have described practical applications of Carper's patterns in a variety of ways. For example, Johns (1995) used Carper's (1978) patterns as a context in which to frame a guided reflection exercise for practicing nurses. His premise was that these patterns represented the complexity of knowing and that aesthetic knowing in particular was the unifying pattern that enabled nurses to "see, value, and embrace human caring" (Johns, 1995, p. 233.). In another creative application, Carper's (1978) patterns provided the conceptual structure for a clinical ladder program promoting advancement among practicing registered nurses (Schmidt, Nelson, & Godfrey, 2003). The authors felt that Carper's patterns were consistent with the definition of professional nursing and therefore offered a meaningful framework for this program.

Carper's (1978) patterns have also been used by nursing educators as a guiding framework for teaching. For example, Carr (1999) integrated Carper's (1978) original four patterns of knowing into her undergraduate nursing course. Each pattern was threaded throughout the course in creative and meaningful ways that gave equal

importance to both the subjective and objective experience of health. Students gave positive feedback about the course and the author concluded using Carper's patterns as a framework for teaching offered students "the opportunity to understand themselves and their patients through multiple modes of awareness "(Carr, 1999, p. 27). Other nursing educators have also incorporated the personal and aesthetic patterns of knowing into their courses with the same goals in mind; to integrate the art and science of nursing to promote holistic care to patients (Leight, 2002; Little, 2006).

A more practical application of Carper's (1978) patterns can be found in Clements and Averill's (2006) thoughtful essay exploring the works of Florence Nightingale. Although not defined as a narrative analysis, these authors carefully examined the writings of Nightingale for evidence of Carper's (1978) patterns of knowing. Their findings indicated many examples supporting the experiential nature of Nightingale's practice. This application of Carper's (1978) patterns is similar to their intended use as a framework for narrative analysis in this study, providing a useful example for comparison.

In summary, as the primary aim of this study was to explore how storytelling might facilitate students' understanding of both the art and science of nursing, Carper's (1978) patterns provide a well established framework for narrative analysis. Furthermore, as demonstrated in this section, the dimensions of each essential pattern have been so thoroughly described in the nursing literature, using them as a guiding framework for narrative analysis lends additional credibility to the value of storytelling. In addition, this application of Carper's (1978) patterns is a unique methodological

approach that will expand our understanding of how these patterns can be creatively integrated to promote holistic nursing practice. A description of each fundamental pattern and its application to the stories with respective samples from the narratives are presented in Chapter Five.

Setting and Sample

The setting for this study was an undergraduate nursing program at a public university in New England. A purposive criterion (Patton, 2002) sample of approximately sixty nursing students was approached to voluntarily participate in the study by resubmitting their story for analysis. All of these students met the inclusion criteria of having attended a required nursing course the previous semester that I taught on maternal child nursing. During this course, they each completed a writing assignment that included a storytelling option. All of these papers were graded and returned to the students. I retained no copies prior to the onset of this study. Originally I received 34 signed consent forms; however seven of these students could not find their story and were eliminated from the study. Two students submitted more scholarly position papers that were not included in the analysis, leaving a final sample of twenty-five personal stories. All identifying data was removed from each story prior to the formal analysis and no other information was collected from the students who agreed to participate.

Data Collection Methods

Expedited IRB approval was obtained in March, 2006. I then made arrangements to approach junior level nursing students during the last ten minutes of a required class time. In April, 2006, I personally invited the students to participate in the study by

reading the scripted study explanation (see Appendix A) and the approved consent form (see Appendix B). Copies of the consent form were distributed around the class and I collected the signed forms at the end of class. There were approximately sixty students in attendance in the class that day and I received thirty-four signed consent forms.

Those students who agreed to participate were contacted by me via email to arrange submission of their story. Several students responded that they had not saved a copy of their story and were withdrawn from the study. The stories that were submitted were sent to me directly from the students by email and once I checked off on the consent form that I had received the story, all identifying data on the title page and within the text was immediately deleted. The stories were randomly labeled “Story 1, Story 2...” respectively and a hard copy of each story was then printed. The final sample consisted of twenty-five stories which have since been stored in a password protected folder on my home computer. The hard copies of the stories and a back up CD-ROM disc have been kept in a locked file cabinet in my home office with the signed consent forms and IRB documents. At the time of this data collection I could have approached other students who had taken my course, however I felt this final sample size would adequately represent the variety of stories I had seen and provide enough data for analysis. Consequently enrollment was then closed.

Data Analysis Procedures

It is important to acknowledge that these stories were not written for the express purpose of data analysis so revisiting them at a later date posed some challenges in the design of this research project. As a result, all identifying data was removed from each

story in the study and data analysis was purposely delayed until a year later. This distance and time greatly hindered my ability to recollect who actually wrote each story. This strategy helped in the analysis considerably and I can honestly say in all but three cases I did not remember who the author of the story was. In addition, using Carper's (1978) patterns as a framework further facilitated my capacity to view these stories not simply as assignments to grade but more holistically as texts to be interpreted.

Consequently, in preparation for this analysis, I spent considerable time reviewing the existing literature defining Carper's (1978) patterns. This included Carper's (1978) original work, the subsequent model developed by Jacobs-Kramer and Chinn (1988), and more recent articles published by Heath, (1998), White (1995), and Silva et al. (1995). These esteemed nursing scholars provided much insight into my understanding of the dimensions of each pattern and I was able to revisit these stories through the reliable lens of their thorough descriptions and examples. I also kept careful notes as I poured over these narratives to ensure consistency in my interpretation of each pattern. These reflections and assessments further enabled me to identify appropriate examples of each pattern within the texts. Definitions of each pattern with its specific application to the stories and samples from the narratives are presented in Chapter Five. There are additional samples from the narratives presented in Chapter Six as part of the summary discussion on the implications this research has for nursing education.

My Role as Researcher

Reflexivity

Reflexivity asks us as researchers to remain cognizant of our perspectives and voice as we attempt to interpret the perspectives and voices of others (Patton, 2002). From the beginning, this study was purposefully designed because I believed this assignment would benefit other students and faculty in the same ways it had so positively affected me and my students. I wanted to tell a vital story that would capture my experience and present a credible interpretation of these narratives. As a result, my evolving role in this study has subsequently remained a reflective consideration in every decision I have made throughout this project. As constructions of experience, stories too are always “on the move” so the reflexive posture in this case is partially imbedded in the historical context of why these stories were written in the first place and also in how they evolved to be the phenomena of investigation they are in this dissertation.

One important design decision I made in addressing my personal attachment to the stories was to immediately remove all identifying data and to let considerable time go by before rereading them. Getting to know these students was originally one of the most rewarding aspects of the storytelling assignment for me as their teacher. In this research project however, their identities posed a limitation to my trustworthiness in presenting authentic representations of the data. Even though I was bound to protect their confidentiality as part of their informed consent, I was compelled to do what I could to de-personalize the narratives so I could look at them from a shifting perspective that was not so immersed in my own subjective experience.

In addition, choosing narrative analysis as a methodology provided me with the flexibility to look not at the specific content of the story per se but to delve deeper into its meaning. Carper's patterns facilitated this exploration by outlining a credible framework I could "look" through. Having been the faculty member who originally graded these stories as an assignment, this was another important reflexive transition to make. The stories were no longer full of grammar or writing style issues to "correct". They were now patterns of knowing for me to discover and required me to find a balance between the insider's voice of the teacher and the authentic voice of the researcher. I think the results embodied both perspectives and have integrated all of our voices into rich data that has hopefully illuminated the goal at hand; facilitating students' understanding of holistic nursing practice.

Subjectivity

In my own journey as a teacher, researcher, and leader it is important for me to first acknowledge that I am a person who thrives on connections. It is at the center of everything I do in both my personal and professional life. My interest in other people, their stories, their lives, and how they experience things is what originally drew me to nursing, to midwifery and ultimately to teaching. As I have integrated these core philosophies in every aspect of my practice, I am most definitely a story-evoker or as Belenky, et al. (1986) would say, a passionate knower who has learned to "use the self as an instrument of understanding" (p. 141). Consequently, this storytelling assignment became a tool that I could use to create a safe space in my classroom for students to find their own voices and connections to what they were learning.

What resulted was a profound experience for me as a novice teacher. These narratives turned out to be some of the most beautifully written, heartfelt stories I could have ever imagined. I was moved to tears at the poignancy of some of these students' life experiences and I gained much insight about them as individuals. I looked forward each year to reading them and became convinced this was a worthwhile teaching strategy to continue. My first challenge was in designing a study that would present this information to others not with the "insider's voice of intimacy" as their teacher, but with the "excited voice of discovery" as the researcher (Patton, 2002, p. 65). Despite my attempts to objectively approach this project, the subjectivity remains threaded throughout. This study is as much about me as it is about these stories.

Palmer (1993) reminds me though that much overlap exists and reality is never "out there" apart from us but "in here" between us and the rest of the world (p. 107). He also states humility as a virtue is central to creating space for voices other than our own (Palmer, 1993). From here I am encouraged to continue and have humbly stepped aside to let these stories, mine included, speak for themselves. Just as there is no one method in narrative analysis, there is no one "result". In the end, as with all qualitative research, the findings and conclusions are ultimately left up to readers to interpret for themselves.

Summary

In this chapter I have outlined the methodology for this dissertation and presented rationale for narrative analysis. Data collection and analysis procedures were described and the subjective role of the researcher was addressed. The findings of this study are presented in the next two chapters in the form of two journal articles that were formatted

for publication in peer reviewed nursing education journals. The first article (Chapter 4) represents my own narrative reflections as a novice teacher searching for ways to connect with students. The second article (Chapter 5) presents the findings of the storytelling research study.

CHAPTER 4: ARTICLE ONE

TRANSFORMING THE TEACHER: ONE NOVICE PROFESSOR'S JOURNEY

Introduction

In this chapter I present my experiences with storytelling as a novice teacher in the form of a journal article that was submitted for publication in the Journal of Holistic Nursing. It is reprinted here exactly as submitted and meets the publishing and content guidelines established by this journal. It is intended as a brief narrative essay describing a holistic approach to teaching and purposely contains no headings within the body of the article.

Abstract

This article describes one aspiring teacher's journey towards understanding and creating connection in a classroom of nursing students. Drawing upon insights gained from her own experiences as a doctoral student, the author used strategies such as a storytelling assignment to enable students to reach beyond the empirics of their education. By allowing students the creative space to integrate their own experiences, they were able to interact with the content in many meaningful ways. This assignment in turn, promoted a more constructivist approach to education for the author, one that greatly enhanced her own experiences as a novice professor.

As a practicing nurse-midwife, I have spent countless hours engaged in the very intimate experience of being with families in the birth. Listening to women has been a

central guiding the familiar mantra of my profession and I have grown to understand the power and significance of each person's unique narrative. Consequently, I have become a natural "story-evoker" who thrives on connections and relationships. Over the years though, "making a difference" has moved well beyond patient care for me towards a more holistic perspective that has invariably included a desire to teach. I wanted to share what I had learned and encourage others to develop their own reflective listening abilities as aspiring nurses and practitioners. So when the opportunity came up for me to join the faculty of an undergraduate nursing program, I wholeheartedly embraced the chance to do just that.

Despite all my idealistic optimism, however, I certainly had my own lingering doubts, about this risky venture into the unknown world of academia. Even with all of my expertise as a practicing nurse-midwife, I had no formal teaching experience. The reality of the nursing shortage was looming large though, and nursing programs across the country were literally bursting at the seams. The program I joined was no exception with upwards of ninety students enrolled in each class. It was a daunting prospect for a novice faculty member. Regardless, I had much enthusiasm and passion for women's health and was very motivated to design a course that would teach these students what they needed to know about both the art and science of maternal child nursing.

From a practical standpoint, I understood that in order to meet national academic standards much of a nursing program's curricula are fairly prescribed. But the absolute last thing I wanted was for the students to simply view this course as material they needed to memorize in order to "pass". Excellence in nursing practice incorporates far

more than empirical knowledge and like many nursing professors before me, I wanted to capture the students' interests and creatively challenge them on a more personal level. I wanted to get them thinking about the larger meaning of nursing practice. As ethical issues abound in the maternal child arena, I naively thought this task would be easy.

That very first year of teaching however went by for me in a blur. I hit the ground running and spent hours working on lectures, writing test questions and finding clinical placements for students. It was a challenging transition, to say the least, and I sought much advice and guidance from my more experienced colleagues. Like any other novice, I initially utilized similar teaching strategies already incorporated within other nursing courses and observed the teaching styles of many of my co-faculty. These observations and my own fledgling teaching style initially led me to include a reflective journaling assignment as part of the students' clinical practicum experience.

Reflective journaling was threaded throughout the clinical components of our curriculum as a means to foster students' experiential learning. Encouraging students to write about their patient care experiences was also consistent with a national trend in nursing education promoting reflection as a technique to help students develop their own voice in understanding the challenges inherent in professional practice (Scanlan, Care, & Udod, 2002). My initial experiences reading these journals wholeheartedly supported this premise. I found these students had plenty to say about what they were learning in the hospital and I was amazed at their ability to articulate their feelings and observations. They were also keenly interested in my responses and we had many thoughtful dialogues in our post-clinical conferences as a result of some of their journal entries. I began to

suspect if given the chance, they would welcome the opportunity to do more creative writing and I was very curious about what more they had to say.

When I raised this issue with some of my colleagues though, I was met with gentle discouragement from including narrative writing in my classroom. Most of the core nursing courses relied on more objective assessments and while many incorporated writing assignments, these were more scholarly in nature. A few of my coworkers wondered how narrative writing would help students successfully meet the course objectives. I had also heard repeatedly that the amount of time required to grade written assignments was overwhelming. With upwards of ninety students in a class and a tremendous amount of content to cover in class, I could certainly understand these concerns. But my instincts and the thoughtful journals I had read told me otherwise. These students sought connected relationships and the opportunity to creatively express themselves in the same ways I did. In the end, their voice was more important to me than the time it might take out of my own life to listen.

In my own doctoral studies I had taken an elective course on the philosophy of education that really helped ground me as a new teacher. This course, among many other things, emphasized the importance for teachers to create a safe space within their classrooms to allow for the emergence of voices other than their own. The root of the word “educate” means literally to “draw out” and the primary task of the teacher therefore is “not to fill the student with facts but to evoke the truth the student holds within” (Palmer, 1996, p.43). Palmer (1996) further asserts no matter how impassioned we might be about the subjects we are teaching, it is critical that we let students find their

own relationship to it on their own terms. Students are ultimately looking for something to believe in, something to relate to on a personal level. They are looking for something to give their hearts to.

It behooves us then as educators to begin with our own spiritual transformation in teaching. What are we willing to give our own hearts to? What risks are we willing to take in order to create this type of connected environment in our classrooms? Palmer (1996) would say we must first begin to see the world with a rounder way of knowing he refers to as “wholesight”. We must also begin to abandon “either/or” thinking and integrate knowledge learned from others with knowledge felt intuitively. Boldly step outside of the standard expectations and practices in order to speak with a more authentic voice. In other words, we must become constructivist thinkers, bump up against the narratives of our students, and essentially “let the inside out and the outside in” (Belenky, Clinchy, Goldberger, & Tarule, 1986, p. 135).

So armed with wholesight, curiosity, and a passion for stories, I was ready that second year to stretch the boundaries within my class. I started by including a personal philosophy statement in my syllabus, an unusual practice among other nursing faculty. My goal was to open the door of connection by letting the students know a little bit more about me. In essence, create a sense of community within the classroom in which the teacher is learner and the learner is teacher (Palmer, 1996). I also wanted to stimulate their creative minds and challenged them to be curious, delighted, compassionate, and mindful. I wrote that we must search between the “lines” of weekly quizzes, exams, lectures, readings, and care plans to discover what was in our hearts and of what a

profound difference we were making not only in our patients' lives but in each others lives as well.

Next, I added a storytelling assignment to the course requirements. I wanted to know them in return and give them some opportunity to be constructivists in their own growth and learning as future nurses. While I was partially motivated from a more academic perspective to simply get them writing, I was sincerely interested in their experiences and ideas. This assignment would then give them the chance to write about whatever they felt connected to. My only absolute requirement was that the story or topic had to be somehow related to women's health, obstetric or newborn nursing.

We negotiated as a class that the paper would be worth 15% of their total grade as well as what the grading rubric would focus on. As college students I certainly expected them to use proper grammar and spelling but this paper was designed primarily to be a first person true story describing something that had happened to them or someone they knew personally. They also had complete creative freedom in which they could include music, poetry, pictures, or artifacts. I also offered a second option of a more scholarly position paper for those students who might be hesitant to write about their personal experiences. Both papers required the students to answer some reflective questions though, such as how this story (or position) might change their own practice as a nurse and whether they felt others should read or hear about it. I guaranteed confidentiality and promised to return them promptly after grading them. I also split them up into two groups with different deadlines to give myself sufficient time to read their papers over the course of the semester.

I held my breath as the first deadline approached and began to worry the students would see this as a “fluff” assignment, an easy 15%. I worried most would write a position statement and that I was wrong in my assumptions about their need for connection. I could hear the doubts and skepticism of my faculty colleagues. I had taken a risk and was afraid it was about to backfire. But as I began to read those first forty papers, I very quickly realized my fears were unfounded.

First of all, only a few students did position papers, the remainder were all narrative stories. To my delight, these narratives turned out to be some of the most beautifully written, heartfelt stories I could have ever imagined. The students wrote about things such as giving a baby up for adoption at age 15, or watching their mother die of breast cancer while they were pregnant with their own child, or overcoming an eating disorder. There were stories of their own births, discoveries of events in their own parents’ lives as a result of pregnancy complications, stories about losses, stories about survival. There were pictures, music cd’s, poems, quotes, and even humor. I was moved to tears at the poignancy of some of these students’ life experiences and I gained much insight about them as individuals. They were no longer a sea of blurred faces. They were now people whose names I easily remembered. Whose stories connected me to them in very meaningful ways.

The students in return awaited my reactions with equal anticipation. I can still remember standing in front of them after returning those first papers and thanking them tearfully for trusting me enough to share their stories with me. Even as junior level nursing students, they were able to make important connections to the content we were

studying and to their own beliefs about nursing practice. It reminded me of the “home base” metaphor described in the book *Common Fire* as the place where someone “hears” and cares about your story (Daloz, Keen, Keen, & Parks, 1996). These students are very much in the “adolescence” of their nursing careers and need support and encouragement to venture out and reflect on where they have been and what they have learned. Home base then becomes the familiar anchor they can return to tell their story, sort through its meaning, and develop a sense of trustworthy belonging to their professional aspirations and each other (Daloz, et al 1996).

Daloz et al. (1996) further states that students need “threshold people” to not only challenge and inspire them but also create learning environments that cultivate transformation and discovery. In my mind this is the crux of what midwifery is really all about, helping women, or in this case students, “give birth to and nurture their own voice and ideas” (Tarule ,1996, p. 29). I had believed in their abilities to move beyond the empirical and integrate their own personal stories with the content of the course. I had taken a leap of faith and gave them a chance to venture out of the boundaries and try something different. The inside had indeed gone out.

For the students, the spirit of discovery and transformation was so evident in their writing and continued to amaze me for the next three years as I continued to teach this course and include the storytelling assignment. They were willing to take huge risks and revealed many inner fears and extremely personal stories. I was their story evoker, their threshold person, but mostly just their midwife teacher who sincerely wanted to listen.

My willingness to step aside and allow them to speak from their hearts had literally caused the flood gates to open and the outside came pouring in.

I have often wondered though, in true constructivist fashion, who was the steward of whose transformation here? For a novice teacher it was a profound experience, one that continues to ground me today in my clinical teaching practice. It is also my story, and as such, a narrative that I hope inspires other nursing educators to thoughtfully consider as they search for ways to integrate both the art and science of nursing in their classrooms. Teaching the science part is easy. But students need so much more from us if we are sincere in our desire to cultivate caring and compassionate nurses. They need us to remember that while we may have more experience and knowledge, they need space to interact with it in their own way. I know this is *not* the easy part. It takes time. It requires us to practice humility. It requires us to think about our own connections to nursing practice. It requires us to want more for students. But mostly, it requires us to open our own hearts and simply let ourselves be known, both to ourselves and to our students.

References

Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986).

Women's ways of knowing. New York: Basic Books.

Palmer, P. J. (1993). *To know as we are known*. New York: Harper Collins.

Parks Daloz, L. A., Keen, C. H., Keen, J. P., & Daloz Parks, S. (1996). *Common fire*. Boston: Beacon Press.

Scanlan, J.M., Care, W.D., & Udod, S. (2002). Unraveling the unknowns of

reflection in classroom teaching. *Journal of Advanced Nursing*, 38(2), 136-143.

Tarule, J. M. (1996). Voices in dialogue: Collaborative ways of knowing. In N. R. Goldberger, J. M. Tarule, B. V. Clinchy & M. F. Belenky (Eds.), *Knowledge, difference, and power* (pp.274-304). New York: Basic Books.

CHAPTER 5: ARTICLE TWO

STORIES AS INTEGRATED PATTERNS OF KNOWING

IN NURSING EDUCATION

Introduction

In this chapter I present the results of the research study exploring students' stories for patterns of knowing as outlined in the methodology section of this dissertation. This research has been reprinted here exactly as submitted for publication to the Journal of Nursing Education. It meets the publishing and style guidelines as well as the formatting and maximum page allowance required by this journal.

Abstract

This primary aim of this qualitative study was to explore the scholarly benefits of storytelling as a means to promote students' understanding and integration of both the art and science of nursing. As one of the oldest methods of communication, storytelling has been used in a variety of ways in nursing education. Despite this myriad of literature, there were no studies found that analyzed the actual content of students' stories. Using Carper's (1978) Fundamental Patterns of Knowing as a guiding framework for narrative analysis, twenty-five personal stories written by junior level nursing students were examined for evidence of empirics, ethics, esthetics, and personal knowing. Results indicated students were able to not only integrate art and science within their experiences but were also to see themselves one day as caring nurses. Moreover, Carper's patterns

add credibility to storytelling as a worthwhile teaching strategy with benefits to both students and faculty.

Storytelling as a Teaching Strategy

Excellence in nursing practice has long been defined as the delicately balanced movement between both art and science (Peplau, 1988). This synthesis of art and science has been more recently referred to as holistic practice, or seeing people as “whole persons” (Yorks & Sharoff, 2001). Transforming theoretical knowledge and clinical practicum experiences into the thoughtful nursing care that is the benchmark of holistic practice has led to the development of many innovative teaching strategies. Many of these strategies have involved some measure of self-reflection, which not only allows students to assimilate their own lived experiences, but also better prepares them to think critically from multiple perspectives (Baker, 1996; Heath, 1998).

One such reflective teaching strategy is storytelling. As one of the oldest methods of communication, stories serve to educate others, record historical facts, teach cultural values, bridge generations, set standards and values, and share common experiences (Calman, 2001; Chelf, Deschler, Hillman, & Durazo-Arvizu, 2000; Banks-Wallace, 1998; Kelly, 1995; Koenig, & Zorn, 2002; Milton, 2004). For nurses, the telling of and listening to stories related to health and illness provides a vital means through which human experiences can be honored and also facilitates the integration of the essential patterns of knowing that are crucial to understanding the whole of nursing care. What better way to expand students’ thinking beyond the empirical than by giving

them an opportunity to link their personal experiences with classroom learning in such a creative and meaningful way?

With these goals in mind, a storytelling writing assignment was incorporated into a maternal newborn course taught to junior level nursing students. This assignment gave students the option to share a personal experience either they or a family member had in relationship to obstetrics, gynecology, or women's health. Students could also write an ethical position paper if they did not feel comfortable with this type of narrative writing. In either case they were to conclude with a "take home" message that addressed how their story or "position" might shape their own future nursing practice. Both options also required citations from the nursing literature. Students who wrote narratives were additionally asked if they thought other nurses would benefit from reading their story. Lastly, confidentiality was guaranteed and their papers were promptly returned after they were graded.

Interestingly over the three years this assignment was included in the course, very few students opted for the position paper. These stories turned out to be a collection of engaging, thoughtful, humorous, and sometimes extremely personal and poignant narratives. Students approached the assignment with much enthusiasm and some even included artwork, music, or poetry to enhance the significance of the experience for them. Informally students repeatedly stated how much they enjoyed writing their stories and course evaluations indicated overwhelming support for continuing to include it as a course assignment. It was this feedback that ultimately led to revisiting the stories as a qualitative research project.

Storytelling in the Literature

Humans are most certainly a storied people so not surprisingly; there is a plethora of literature on storytelling. More specifically within the nursing and medical education literature, there are clearly two ways in which stories are used as a teaching strategy. First, stories are often told or shared for the purpose of teaching a particular issue or phenomenon in order to enhance knowledge or skills. For example, utilizing traditional folk tales and legends (Taylor, Bank-Wallace, & Tripp-Reimer, 2001) or review of case studies (Milton, 2004) has been shown to enhance cultural insights and facilitate ethical decision making.

Likewise, storytelling has been used to illustrate both good and bad nursing interventions (Davidhizar & Lonser, 2003). Playing out these “what-if” scenarios, students then have the opportunity to discuss and analyze risks and benefits to various outcomes from a moral “do the right thing” perspective (Milton, 2004). Additionally, Kelly (1995) stresses it is not the story itself but the connection made between storyteller and listener. Students gain courage and are often comforted by the stories of expert nurses who have experienced similar fears and concerns. Darbyshire (1995) agrees that by listening to and talking about these lived experiences, students develop interpretive thinking and understanding in ways that traditional scientific and behaviorist educational approaches are unable to do.

Eliciting the patient’s story adds another dimension to the creative use of storytelling in nursing education. Lee and Lamp (2005) had students conduct a birth story interview with patients to facilitate understanding of the social, cultural, and

healthcare system influences on childbirth. The authors found the assignment not only reinforced key course concepts but also helped students gain understanding of the influences health care providers have on the life experiences of others (Lee & Lamp, 2005). Clearly sharing stories whether real or simulated “nursing situations”, creates opportunities for students to reflect and develop their own definitions of what nursing practice means to them (Boykin & Schoenhofer, 1991).

A second strategy used by nurse educators is to encourage students to write their own stories for the purpose of critical reflection about their experiences or to create a sense of connection and community with their fellow classmates. Higgins (1996) described a transformative process that occurred when she had students share stories about why they chose nursing as their life work. Providing them with a “caring space” to give voice to their experiences helped them reflect on their own experiences and develop knowledgeable and intentional caring towards patients. Similarly, Sheih (2005) found that personal storytelling generated opportunities for students to co-create the course content and subsequently make connections with real life experiences they could reflect on and learn from. Sharing their stories with faculty and each other stimulated the collective reflection necessary to move them beyond the empirical world and into the inside aspects of practice a textbook could not teach them.

In summary, these examples from the literature demonstrate that storytelling is a creative educational strategy that can facilitate student learning in a variety of ways. Health care is changing rapidly and nursing educators must continue to seek innovative learning opportunities for students, especially those that incorporate the esthetics or “art”

of nursing. Stories can act as an important bridge between art and science which facilitates both the personal and professional reflection and growth necessary for holistic nursing practice. Furthermore, today's nursing students are a diverse group filled with countless life stories and meaningful experiences. Nursing educators are remiss to ignore this invaluable and often reciprocal learning opportunity that is available to them in the classrooms.

Research Aim

Despite the myriad of articles published on storytelling, there were no examples found in which the personal stories written by nursing students were collectively analyzed from a research or scholarly perspective. As demonstrated in the literature review however, students clearly benefited from the opportunity to examine nursing practice from a variety of perspectives and enjoyed the esthetic and personal knowledge gained from telling and listening to stories. The primary aim of this study therefore was to explore the scholarly benefits of storytelling as a means to promote students' understanding and integration of both the art and science of nursing. Carper's (1978) Fundamental Patterns of Knowing were used as a guiding framework for the narrative analysis.

Methodology

Rationale for Narrative Analysis

One of the advantages of using narrative analysis as a specific methodological approach is the flexibility given to the researcher in how texts, or in this case stories, can be interpreted. For example, narrative analysis is often used to identify common themes

within the texts themselves (Reissman, 1993). This approach is most useful when the subjects all wrote or spoke about the same experience and were essentially asked the same questions. The goal of the research is then aimed at identifying cultural or social patterns as seen through the “lens” of the narratives (Patton, 2002). By interpreting and editing the narratives, the researcher essentially creates a “hybrid story” to represent what the experience collectively means (Reissman, 1993).

Another strategy is to apply some type of framework to the narratives in which a specific coding schematic is used (Coffey & Atkinson, 1996). This approach is similar to content analysis, in which common phrases are identified and then quantitatively counted and statistically analyzed. From a qualitative perspective however, the codes are used merely as a reductionist approach to organize and identify relevant phenomena, collect examples of that phenomena from the narratives, and interpret these examples from a more heuristic stance (Coffey & Atkinson, 1996). As in this case, where the subjects all wrote about something different but are in a common situation, the thread if you will, lies in the consistency in which specific patterns of knowing (i.e. the codes) might be found within each text. Hence, there is no one final metastory to report here, but more a “chorus of voices” yet to be uncovered within the heart of these narratives.

Fundamental Patterns of Knowing as a Guiding Framework

In 1978, Carper outlined an integrated typology of nursing knowledge based on four fundamental patterns of knowing: empirical, ethical, personal, and esthetic (Carper, 1978). These patterns formed the original framework for much of what is known about nursing knowledge today and remain one of the most influential pieces of nursing writing

in the twentieth century (Wainwright, 2000). Jacobs-Kramer and Chinn (1988) subsequently developed a model that expanded on Carper's original definitions to include how each pattern is created, expressed, and assessed. Since then, Carper's (1978) patterns and the Jacobs-Kramer and Chinn (1988) model have been extensively written about and are widely accepted among nursing scholars as the essential components of the integrated knowledge base necessary for holistic nursing practice (Fawcett, Watson, Neuman, Walker, & Fitzpatrick, 2001, Heath, 1998, Silva, Sorrell & Sorrell, 1995, White, 1995).

As the primary aim of this study was to explore how storytelling might facilitate students' understanding of both the art and science of nursing, Carper's patterns provided a well established framework for analysis. Furthermore, the dimensions of each essential pattern have been so thoroughly described in the nursing literature, using them as a guiding framework for narrative analysis lends additional credibility to the value of storytelling, especially to nursing educators who may be hesitant to use this type of assignment in their courses. Each fundamental pattern, its application to the stories, and respective samples from the narratives will be explored more thoroughly in the findings.

Setting and Sample

The setting for this study was an undergraduate baccalaureate nursing program at a public university in New England. After obtaining IRB approval, a purposive sample of approximately sixty nursing students was approached to voluntarily participate in the study by resubmitting their previously written story assignments for analysis. Originally thirty-four signed consent forms were received, however seven of these students could

not find their story and were eliminated from the study. Two students submitted more scholarly position papers that were not included in the final analysis, leaving a final sample of twenty-five personal stories. All identifying data was removed from each story prior to the formal analysis and no other information was collected from the students who agreed to participate.

Findings: Patterns of Knowing Within the Stories

Empirical Knowing

Thought simply as the “science” of nursing, empirical knowledge can be systematically organized into general laws and theories that are used to describe, explain, and predict (Carper, 1978). Thus knowledge is measurable, verifiable, and valid; asking the critical question “What does this represent?” (Jacobs-Kramer & Chinn, 1988). While many scholars believe that empirical knowing in medicine and nursing is the most important, both Carper (1978) and Jacobs-Kramer and Chinn (1988) countered that any one pattern alone could not thoroughly capture the whole of nursing practice. In their opinion, the inherent value of each pattern was found within the integration of all the patterns as applied to a specific nursing situation. Said more simply, despite its status and importance, empirics would afford only one dimension of a patient’s total health state at any given moment in time.

In this study, each story described a specific medical problem faced by the student or someone he or she knew. Empirics then acted as an important introduction or segue into the set of circumstances the student chose to write about. The “facts” also set the dramatic tone and effectively led the reader into the heart of the story. For example,

many students wrote about birth experiences, describing medical events or obstetric complications that actually happened during labor and delivery. Others described specific health problems either they or a family member had experienced such as thyroid cancer, eating disorders, or miscarriage. As one student wrote,

From birth he had a port wine stain all over his body, making him look very different than most babies. Having a child with so many physical and mental challenges was a huge wake up call for my parents. Everything they had planned in their life changed the moment he was born.

Ethical Knowing

Carper (1978) believed that nursing practice is deliberate and as such it required nurses to function within a moral code that was, and still is today, based on service to people and respect for human life. Carper (1978) also acknowledged that traditional ethical principles often offer no help in solving the myriad of moral dilemmas nurses face in practice. By valuing, clarifying, and advocating nurses must answer the critical questions in Jacobs-Kramer & Chinn's (1988) model, "Is this right? Is this just?" White (1995) later added to this discussion by reminding us that in nursing, moral dilemmas often involve much conflict between caring and justice. In other words, doing the "right" (or caring) thing, may not necessarily be seen as "just" in some contexts and must include dialogue, reflection, and congruence with the patient's personal values (White, 1995).

Students in this study either wrote about something that happened to them personally (n = 10) or described situations that happened to others (n = 15). Interestingly, in the first person narratives the students all had something eventful happen to them and

they clearly wanted to describe it, reflect on it, or in some cases to simply express their feelings. On the other hand, the third person stories more obviously reflected the student's actual opinion of the events, both positive and negative. In both cases though, the students obviously had an "insider's" view of the situation and many of these stories included important take home messages that addressed aspects of ethical knowing. Listening to the patient, respecting choices, and advocating were often mentioned. In this example, despite suffering a traumatic experience as a patient, the student was able to conclude with an important ethical take home message about caring and advocacy,

I've learned in my classes this year that nurses are the advocates for patients.

They should be on the patient's side and try to do what is in the best interest for that patient. They should take the time to listen to what the patient says. I would never want anyone to go through the anxiety I felt when I thought no one believed me.

Personal Knowing

In order to enter into a therapeutic relationship with patients, Carper (1978) stated nurses must first understand themselves. This process of "knowing self" or self-actualization allows the nurse to enter into authentic interpersonal relationships with patients that promote wholeness and integrity. Patients are then seen holistically as unique individuals. While Carper (1978) felt this pattern was the most difficult to teach and master, she also stressed its crucial importance in understanding another's sense of well being. Jacobs-Kramer and Chinn (1988) suggested that through reflection and response, nurses gain insight and develop congruence between their private authentic self

with their public disclosed self. Consequently, as nurses gain more awareness of their own being they can then begin in the healing process of another (Yorks & Sharoff, 2001).

White (1995) further described personal knowing as one of reciprocity between the nurse and the patient in which the nurse gains a sense of well being in response to helping another person. It is this essential feature of care that makes nursing practice more than just a set of technical skills (White, 1995). Carper (1978) clearly believed however that personal knowledge was something more privately actualized within the nurse over time with continued experiences and could not be expressed in language. White (1995) on the other hand stated that nurses could gain much personal insight through the use of art, literature, poetry and storytelling, further enabling them to see the “inside” of the patient’s experience with the health care system.

Including a take home message in the students’ writing assignment required some degree of personal reflection as to how the experience might shape their future practice as a nurse. These students lacked much experience caring for patients so this personal reflection was important in facilitating their insight and knowledge of self. Consequently, this pattern of knowing was fairly easy to find in each of these stories. By writing about the experience, whether positive or negative, students were able to reconcile their feelings and opinions and see themselves in the future on the “other side of the fence” as the nurse. One student described this scenario perfectly,

While we were all in the hospital with my mom on the oncology unit I was so grateful for the care that was given to us by the nursing staff. Something as simple as sitting in the room with us instead of at the nurse’s station made all the

difference. I hope I can be that helpful in my nursing career. The nurses went above and beyond to make us feel better and I will never forget what they did for us. I think that this will really shape my nursing career by really focusing on the whole picture and not just the surface with the patient.

Esthetic Knowing

Often referred to as the art of nursing, esthetic knowing according to Carper (1978) was characterized primarily through empathy and understanding the subjective experience of others. As nurses gain experience perceiving and identifying vicariously with diverse patient care situations, they develop the ability to design more individualized plans of care (Carper, 1978). Thus they begin to synthesize all of the patterns into a more holistic practice model. Jacobs-Kramer and Chinn (1988) actually saw esthetics as both a separate knowledge form and a synthesis of all of the patterns of knowing. On its own, esthetic knowing was dependent on the context and characterized by how the nurse interpreted and creatively chose to respond to a particular situation or behavior (Jacobs-Kramer & Chinn, 1988). Described as an “art-act”, this inspired and individualized response was integrated with the other patterns of knowledge to ask the most quintessential question of all “What does this mean?” (Jacobs-Kramer & Chinn, 1988).

It is within these artful acts that the true beauty of nursing practice can be found and as Carper (1978) originally stated, through esthetic knowing we strive to understand the deeper meaning behind the patient’s behavior. While she also believed that esthetics, like personal knowing, developed over time, creative imagination was necessary in every aspect of nursing and enfolded within the other patterns of knowing. Since esthetics

relies on subjective interpretation, it can also generate thoughtful dialogue among nurses as they seek some congruence in their understanding of the absolute meaning behind a particular response or behavior.

In writing these stories, some students described caring art-acts that they experienced themselves as patients and others described art-acts as told to them by someone else. This gave them the opportunity to reflect on the situation and try to find some meaning for themselves as future nurses. The esthetic question implicit in their writing was, “Is this how I want to behave in the future toward a patient or family?” The stories then became the means that inspired them to creatively imagine themselves in these types of hypothetical situations. Students also took the time to write with a narrative and at times include a humorous flair to create a more engaging story. One student even wrote the whole assignment in prose in a creative attempt to poetically describe the experience of being a student nurse on labor and delivery. Whether through the artistic expression of simply writing a story or in the vivid descriptions of the art-acts they witnessed and reflected on, these narratives demonstrated integration of most, if not all of the four fundamental patterns. In one example that illustrates this synthesis, a student wrote,

I think my mom’s story will definitely affect how I personally practice as a nurse. It gave me an inside look of how the patient is feeling. I feel like I will be more understanding of how vulnerable they feel. I think I will be able to connect with them on a closer level because I have her experience to use as a comparison. I

will try to be mindful of how they are feeling, not just mindful of how I am doing at the technical aspects of my job.

Discussion: The Benefits of Storytelling

As a well defined and accepted scholarly typology of nursing knowledge, Carper's (1978) patterns provided a useful framework for narrative analysis of students' stories. Examination of these narratives revealed numerous examples of empirical, ethical, esthetic and personal knowledge. This is an important finding as much of nursing education has been founded on more objective empirical benchmarks. Certainly our goals as educators should be to graduate nurses who demonstrate the highest clinical competence, however as Carper (1978) so astutely reminds us, there is also an art to the practice of nursing that is much more subjective in nature. The challenge for faculty then lies in designing creative strategies that integrate the science and art into nursing. This study adds to that dialogue by lending some scholarly support for storytelling as a means to facilitate that connection.

In addition, these students were still very much in the infancy of their nursing careers and had yet to experience the myriad of patient encounters that will undoubtedly shape their practice in the years to come. However, as the results of this study suggest, storytelling provided students with a window into their future as nurses that afforded them the opportunity to contemplate how they might respond in similar circumstances. By creating a safe space within our classrooms for students to share their personal experiences, as teachers we move beyond the empirical as well. Carper (1978) would consider this a therapeutic use of self and as such an important segue into helping both

students and faculty experience the reciprocity so integral to self-actualization. In other words, the telling of and listening to stories facilitates an authentic relationship between students and faculty that is focused on seeing students as unique individuals and staying fully engaged in the process of helping them learn how to holistically practice nursing.

Limitations and Reflections

It is important to acknowledge that these stories were not written for the express purpose of data analysis so revisiting them at a later date posed some challenges in the design of this research project. This study was originally developed not only in response to positive student feedback but also due to how these stories affected me personally as a teacher. I already thought this was a worthwhile teaching strategy so there was considerable subjectivity present at the outset. As a result, all identifying data was removed from each story in the study and data analysis was purposely delayed until a year later. This distance and time greatly hindered my ability to recollect who actually wrote each story. Using Carper's (1978) patterns as a framework further facilitated my capacity to more objectively view these stories not simply as assignments to grade but more holistically as texts to be interpreted.

Furthermore, considering all of the stories were about different experiences, narrative analysis provided a flexible methodological approach. Koch (1998) wisely reminds us though, that as constructions of experience, stories are always "on the move", thus doing this type of interpretive research involves a level of reflexivity not to be taken for granted. Keeping this in mind, the analysis evolved to explore these stories not only through my subjective lens as their former teacher but through Carper's (1978) more

grounded lens as a nursing scholar. I think the results embody both perspectives and have integrated all of our voices into rich data that will hopefully illuminate the goal at hand; facilitating students understanding of holistic nursing practice.

From a practical standpoint, I would recommend fairly clear guidelines for students to follow when writing stories as a course requirement. Students may view the assignment as an opportunity to purge their feelings about a negative experience as a patient. This could be constructive if they are able to extrapolate how the experience will positively shape their practice. Care must also be taken to prevent disclosure of highly personal information some faculty may be uncomfortable reading. The goal of this assignment should be to creatively link students' experiences to the course content. There is a risk involved however in giving students "cart blanche" as to what they write about so providing a grading rubric with critical questions to answer may eliminate this possibility.

In this study the great majority of students wrote thoughtful narratives that provided rich data for analysis and interpretation. Patterns of knowing were found throughout the stories lending further support for storytelling as a means to integrate art and science in nursing education. Furthermore, as a faculty member, I personally benefited from getting to know students as individuals which in turn fostered authentic relationships with them. Re-presenting these stories as a qualitative research project has also enabled me to think about teaching as an integrated pattern of knowing in its own right. In other words (as Carper might have stated) approaching students from a more

holistic stance affords us the opportunity not only to teach what we know but also to *know* what we teach.

References

- Baker, C.R. (1996). Reflective learning: A teaching strategy for critical thinking. *Journal of Nursing Education, 35*(1), 19-22.
- Banks-Wallace, J. (1998). Emancipatory potential of storytelling in a group. *Image: Journal of Nursing Scholarship, 30*(1). 17-21.
- Boykin, A., & Schoenhofer, S. (1991). Story as link between nursing, practice, ontology, epistemology. *Image: Journal of Nursing Scholarship, 23*(4), 245-248.
- Calman, K. (2001). A study of storytelling, humour and learning in medicine. *Clinical Medicine, 1*(3), 227-229.
- Carper, B. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science, 1*(1), 13-23.
- Chelf, J.H., Deschler, A., Hillman, S., & Durazo-Arvizu, R. (2000). Storytelling: A strategy for living and coping with cancer. *Cancer Nursing, 23*(1), 1-5.
- Coffey, A. & Atkinson, P. (1996). *Making sense of qualitative data*. Thousand Oaks, CA: Sage Publications Inc.
- Darbyshire, P. (1995). Lessons from literature: Caring, interpretation, and dialogue. *Journal of Nursing Education, 34*(5), 211-216.
- Davidhizar, R., & Lonser, G. (2003). Storytelling as a teaching technique. *Nurse Educator, 28*(5), 217-221.
- Fawcett, J., Watson, J., Neuman, B., Walker, P., & Fitzpatrick, J. (2001). On nursing

- theories and evidence. *Journal of Nursing Scholarship*, 33(2), 115-119.
- Heath, H. (1998). Reflection and patterns of knowing in nursing. *Journal of Advanced Nursing*, 27, 1054-1059.
- Higgins, B. (1996). Caring as therapeutic in nursing education. *Journal of Nursing Education*, 35(3), 134-136.
- Jacobs-Kramer, M. & Chinn, P. (1988). Perspectives on knowing: A model of nursing knowledge. *Scholarly Inquiry for Nursing Practice: An International Journal*, 2(2), 129-139.
- Kelly, B. (1995). Storytelling: A way of connecting. *Nursing Connections*, 8(4), 5-11.
- Koch, T. (1998). Story telling: Is it really research? *Journal of Advanced Nursing*, 28(6), 1182-1190.
- Koenig, J.M., & Zorn, C.R. (2002). Using storytelling as an approach to teaching and learning with diverse students. *Journal of Nursing Education*, 41(9), 393-399.
- Lee, C. J., & Lamp, J. K., (2005). The birth story interview: Enhancing student appreciation of the personal meaning of pregnancy and birth. *Nurse Educator*, 30(4), 155-158.
- Milton, C. L. (2004). Stories: Implications for nursing ethics and respect for another. *Nursing Science Quarterly*, 17(3), 208-211.
- Patton, M.Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

- Peplau, H.E. (1988). The art and science of nursing: Similarities, differences, and relations. *Nursing Science Quarterly*, 1(1), 8-15.
- Reissman, C. (1993). *Narrative analysis*. Newberry Park, CA: Sage Publications.
- Shieh, C. (2005). Evaluation of a clinical teaching method involving stories. *International Journal of Nursing Scholarship*, 2(1), 1-13.
- Silva, M.C., Sorrell, J.M., & Sorrell, C.D. (1995). From Carper's patterns of knowing to ways of being: An ontological philosophical shift in nursing. *Advances in Nursing Science*, 18(1), 1-13.
- Taylor, J., Banks-Wallace, J., & Tripp-Reimer, T. (2001). Storytelling and violence against women. *The ABNF Journal*, March/April, 28-31.
- Wainwright, P. (2000). Towards an aesthetics of nursing. *Journal of Advanced Nursing*, 32(3), 750-756.
- White, J. (1995). Patterns of knowing: Review, critique, and update. *Advances in Nursing Science*, 17(4), 73-86.
- Yorks, L., & Sharoff, L. (2001). An extended epistemology for fostering transformative learning in holistic nursing education and practice. *Holistic Nursing Practice*, 16(1), 21-29.

CHAPTER 6

SUMMARY AND IMPLICATIONS

Introduction

This chapter begins by discussing the implications this study holds for nursing education and explores the benefits of storytelling for both students and faculty. A “take home message” follows addressing how this research has shaped my own evolving nursing practice. This dissertation is concluded with a final summary.

Implications of the Research Findings

Benefits to Nursing Students

Although the primary results of this study are presented in Chapter Five, continued discussion of the benefits storytelling holds for nursing students is warranted here. Using Carper’s (1978) patterns of knowing as a guiding framework for analysis, the stories in this study revealed many rich examples of empirical, ethical, personal, and esthetic knowing. In fact all twenty-five stories contained evidence of at least three of these patterns. This important finding supports the use of storytelling as a means to connect the art (*vis a vis* personal or esthetic knowing) and science (empirical knowing) of nursing practice. Furthermore, the identifiable presence of these well respected patterns threaded throughout the students’ stories suggests that writing about their experiences facilitates integration of these multiple ways of knowing. This is impressive considering these stories were written during their first clinical semester as student nurses

prior to any substantial patient care experiences. In this excerpt from one student's story, this integration is demonstrated nicely,

As a healthcare professional, we may get caught up in the technical aspects of our job but we should always remember that the number one priority is the patient.

We should always be educating, informing, and reassuring our patients. We should educate them so they can make informed decisions and we should support them in those decisions, not force our views on them.

While many of these stories demonstrated evidence of all four patterns of knowing, clear examples of ethical knowing were somewhat harder to extrapolate unless the story itself revolved around a specific ethical issue, such as abortion. This is an interesting finding, especially considering the importance ethics and moral reasoning plays in most of what we do as nurses. Carper (1978) believed every decision nurses make as they approach a patient or family is grounded on a "do the right thing" foundation based on service and respect. While the students in this study may not have clearly articulated this tenet in every story, they chose topics that had significant meaning for them personally which implied a certain degree of caring, advocacy, and respect. Likewise, writing about their own moral conflicts gave some students insightful glimpses into how their experience might shape their future nursing practice. Storytelling not only enabled integration of art and science in these cases but also afforded some students an opportunity to look beyond and critically reflect and reconcile their experience. For the student in this example, who experienced a personal moral dilemma, this ethical reflection and insight are evident,

I hope that in the future I can take this negative moment in my life and make it a positive. I believe that it is my responsibility as a future nurse to not judge based on mistakes – mistakes are just that, and we must try to teach and learn rather than dwell on them. This is an important message for anybody in my profession where you will interact with people of all ages, races, and ethnicities.

In the same way storytelling encourages moral reflection, storytelling also enables students to link their experience with the course content. This might have been somewhat leading in this study as students were required to write about some aspect of maternal, child or women's health and include at least one scholarly reference. While storytelling is often seen as an art form, this format interestingly did not override the central focus of empirics found within each narrative. These medical circumstances often added to the drama of the story and were an important segue into how the situation affected the student or their family. But the more interesting finding here was not the student's ability to simply reiterate a set of factual events in a scholarly fashion. These stories demonstrated a much deeper processing of how the students might apply that knowledge in real life situations as future nurses.

Many nurse educators would agree that teaching the science is easy, however teaching practical applications of this knowledge continues to evoke challenges. Supervised clinical practicum experiences are paramount to nursing education but cannot always teach students everything they need to know. The results of this study merely suggest storytelling provides another valuable tool to move students beyond their

textbooks. One student who cared for a woman in active labor while working as an ambulance driver made this important link,

This also taught me that as a nurse, and wanting to be an ER nurse, I will be faced with many similar situations where I do not have full control, that I will not know what to do. I can study and be more prepared and know that I have support around me. It is a good lesson to all nurses how important having the correct knowledge is and knowing that people around you are there to help. Never be afraid to ask for help.

If we are to see these stories as a means to integrate nursing science with nursing art then esthetics deserves our greatest attention. Carper (1978) saw this pattern in particular as a measure of one's ability to empathize and understand the subjective experience of another human being. Furthermore, when we strive to uncover the deeper meaning behind a patient's behavior we begin to integrate all of the patterns into a more holistic model of care. The esthetic enfolding of all the knowledge patterns has been referred to as an "art-act" and is at the core of nursing practice (Jacobs-Kramer & Chinn, 1988).

Students in this study described many caring art-acts in their narratives that provided them with opportunities to reflect on their experiences and extract some meaning for themselves as future nurses. The esthetic question implicit in their writing was, "Is this how I want to behave in the future toward a patient or family?" Whether through the artistic expression of simply writing a story or in the vivid descriptions of the art-acts they witnessed and reflected on, these narratives demonstrated integration of

most, if not all of the four fundamental patterns. In this last example, a student was able to make these important connections after writing a story about a male family member's experience grieving the loss of his baby,

If I am ever a labor and delivery nurse I can honestly say if this situation occurs I would pull the husband aside and ask him how he is doing. Perhaps this would afford him the chance he might not have had. Even though men do not always show grief, that does not mean they are not hurting. I now understand how my boyfriend was feeling during his mother's illness. Even though he did not always show it that doesn't mean he was not upset. He was coping the best way he knew how. I feel the last important aspect of grief that I learned is that everyone grieves differently. I will try in my personal and professional life not to expect anyone to grieve a certain way.

Lastly, this study also demonstrates a unique application of Carper's (1978) Fundamental Patterns of Knowing as a guiding framework for narrative analysis of nursing students' stories. Since Carper (1978) first published her seminal work describing these patterns, nursing authors have continued to advance the understanding and use of these patterns in practice, education and research. In their thoughtful critique of Carper's work however, Silva et al. (1995) caution that these patterns should not be used as the end points of knowledge Carper originally intended. Arguing from an ontological perspective, they state the more important questions lie imbedded in the process of *how* one comes to know. As the gap between art and science continues to converge, it

becomes even more crucial for nurses to explore the “in between” and “beyond” of these knowledge patterns (Silva et al., 1995).

In this study, Carper’s knowledge patterns provided a somewhat deductive framework in which to view the stories. On the other hand the qualitative nature of narrative analysis encouraged a more fluid, dynamic exploration that allowed for this interpretive analysis of meaning. The results are not a conclusive hybrid story for each pattern but more a chorus of voices suggesting reflective and thoughtful integration of these fundamental patterns of knowing. While it is important to recognize that scientific knowledge continues to provide a foundation for what we do in practice, our greatest strengths as nurses reach well beyond empirics to include caring, humanity, and curiosity. As nursing educators we are charged with creating opportunities for students to actualize all of these dimensions. This study makes an important contribution to this quest and adds thoughtful breadth to this ongoing dialogue.

Benefits to Faculty

The second aim of this research study was to ascertain the potential benefits storytelling has for nursing faculty who choose to use this teaching strategy in their classrooms. Although the analysis of these stories revealed identifiable benefits to students, the reciprocal benefits to teachers are not as easy to uncover. It is hoped that my personal reflections in Chapter Four coupled with the analysis of the narratives in both Chapters Five and Six address this question and inspires other nursing educators to consider adding storytelling to their armamentarium of creative teaching strategies. I use the word armamentarium to recognize that there are many approaches we can use to

facilitate comprehension of the art and science of nursing in our classrooms. We are only limited by our imaginations and the willingness we may have to venture outside of the standard empirical focus of nursing education.

But it is out there in the “beyond” where storytelling offers its greatest benefit to nursing faculty. If our goal is to graduate nurses who demonstrate the highest quality of holistic nursing practice and we espouse equal value to both the art and the science of our profession, then it behooves us as educators to approach teaching with this same holistic philosophy. However, much of nursing education is centered around scientific inquiry and our curricula implode with standard lectures, objective multiple choice tests, textbooks, and scholarly papers focused on evidenced based practice. Granted, many nursing faculty have adopted creative strategies such as reflective journaling, group projects, seminar discussions and even storytelling in an effort to direct at least some attention to the art of nursing practice. But the question still remains; to what degree does congruence exist between what we say and what we do in our classrooms?

Carper (1978) would respond by stating that this internal connection between our authentic and disclosed self allows us the openness to experience reciprocity in relationships. Teaching then has the potential to be an art-act in its own right that Carper (1978) might consider a therapeutic use of self and as such an important segue into helping students and faculty experience the authentic personal connections that lie at the heart of reciprocity. Furthermore, if writing about their personal experiences effectively integrates what we hold valuable about nursing as a whole, then incorporating this type of strategy facilitates congruity for faculty by connecting what we believe to be true about

nursing practice with how we attempt to teach it. This connected approach to teaching allows us to be fully engaged in the process of helping our students to actualize what nursing means to them. As a result, our own personal growth is enhanced through the process of caring about our students as unique individuals and the way in which we express that caring in our classrooms.

From this perspective, storytelling does afford more obvious benefits to nursing faculty that center around congruence and reciprocity. These concepts result from one's willingness to engage in knowing, encountering and actualizing the "self", an integral component of personal knowing (Carper, 1978). This process of knowing the self is something we actualize privately as individual human beings which Carper (1978) believed the most difficult pattern to understand and teach. While not easy to measure, Carper (1978) also stated personal knowing was the most important pattern and essential to establishing authentic and meaningful relationships with others. As nurses, the therapeutic interpersonal connections we establish with patients enables us to approach them as unique individuals and through this relationship, positively influence their health and well being. Likewise in our classrooms, the degree to which we are willing to engage in authentic connections with our students has great potential to facilitate their growth as future nurses. Furthermore, this connected environment enables congruity between what we believe to be true about the whole of nursing practice and how we holistically chose to teach it. The reciprocal benefit is then felt by the sense of pride and well being experienced as we nurture and witness the growth of our students into their own becoming as our future nursing colleagues.

Limitations and Suggestions

Despite these benefits, there are some limitations for faculty to consider when using this type of assignment in their classrooms. Some students in this study for example viewed this assignment as an opportunity to purge their feelings about a negative experience they had as a patient. While other students were able to thoughtfully reflect on how the experience could shape their future nursing practice, a few of the narratives were simply angry diatribes of frustration directed at the doctors or nurses who had taken care of them. One possible solution to this might be to set clear guidelines and limitations on the potential topics students could write about. On the other hand you might eliminate the therapeutic effects the assignment may have for other students who are able to reconcile how this experience will positively shape their practice. In either case, asking students to answer reflective questions will hopefully lead them to write narratives that connect them to what they are learning in meaningful holistic ways.

Care must also be taken to prevent disclosure of highly personal information some faculty may be uncomfortable reading. I always guaranteed confidentiality for the stories as a good faith gesture of my sincerity in connecting with the students. The students took this to heart however, and I subsequently received many very private and personal stories. This begs an important question for faculty about our how our own values and beliefs may conflict with those of our students. Creative freedom aside, there is an inherent risk involved in giving students “cart blanche” as to what they write about. Many of these students are young adults and have had some things happen to them you may not want to know about as their teacher. Ask yourself what the goals are for the

assignment and think about what you are hoping to get out of it in return. Then set the appropriate boundaries, provide a grading rubric and ask reflective questions at the end.

These few cautions aside, what you are more likely to receive, as this study and my personal experience demonstrate, is a rich collection of stories that will enable you to view your students as interesting and unique human beings. You will also see connections to your course content and thoughtful reflections on how the story will inform the student's future nursing practice. In return, you will feel a sense of personal satisfaction in knowing your students trust you enough to share their experiences. This will enhance your own personal growth as you develop insights about yourself and your teaching philosophy. Storytelling will also facilitate congruity with what you are trying to teach and how the students are learning. Lastly, the authentic personal connections you will establish with your students will inspire and mentor them far into their future nursing practice.

My Take Home Message

As part of their storytelling assignment, I asked my students to conclude with a take home message addressing how their story would shape their future nursing practice. In as much as I loved reading their stories, these reflections are what really inspired me as a teacher and gave me the insight to design this research study. What has resulted has essentially become my own story to tell. It seems fitting then to include a similar take home message here for who ever may one day read this dissertation. Like all good stories however, mine remains on the move and continues to evolve as my own nursing practice grows and changes. But regardless of the setting in which I am practicing, or the

type of student I have standing in front of me, I remain a story-evoker and as such a midwife-teacher committed to helping others “give birth to and nurture their own voice and ideas” (Tarule ,1996, p. 29).

I am also a constructivist thinker who long ago abandoned the idea that only one absolute Truth exists. This is a challenging mindset to have when dealing with doctors in such an empirically laden profession as medicine. And while I do not discount the importance of scientific knowledge in shaping much of what we know about wellness, illness, birth, or death; I am still willing to consider that exceptions to all these “rules” exist and we must remain open to possibilities. From this stance as a teacher, and as someone who “leads from the middle”, I continue to provoke my students and colleagues; doctors and nurses alike, to think through their assumptions and really *look* beyond the “facts” in front of them. A woman about to give birth then becomes so much more than a simply the sum of her vital signs, fetal heart rate, and cervical dilation. She is a living breathing human being with hopes, dreams, aspirations, fears and what ever else make up her story. When we listen, we learn. When we learn, we help. When we help, we get something back that helps us in return. And so the cycle goes.

Even from a research perspective, I am a skeptical critic and not so easily persuaded. Subjectivity is imbedded in every aspect of our lives and greatly influences even the most scientific of studies (Patton, 2002). The outliers still exist. And they are there for a reason to remind us that nothing is black and white, and that phenomena are simply just stories expressed in one dimension or another, measured and tallied up in a variety of ways. Maybe that’s my final take home message, my final self reflection, that

life is on the move, and we need to move in harmony with the whole of it and continue to seek strategies that connect us to each other and our varying perspectives. Especially in health care where it is so easy to diverge away from the art of practice. Science has such a firm hold on what is credible. But I am one of those outliers, a curious border dweller who isn't willing to settle for the status quo. I am at home in the "beyonds" and "in between" and will continue to search for stories that give voice to those perspectives, practices, and beliefs that attempt to converge art and science as equal partners in medicine and nursing practice.

Final Summary

In summary, this dissertation has demonstrated many benefits of storytelling for both students and faculty in nursing education. Stories written by nursing students were found through narrative analysis to contain evidence of empirical, ethical, personal and esthetic knowledge patterns. These stories also demonstrated that students were able to integrate these knowledge patterns into thoughtful conclusions they could apply to their own future nursing practice. This is an important finding as much of nursing knowledge develops over time with ongoing patient care experiences. Storytelling then facilitated an important connection for novice nursing students between the empirical and ethical discussions of the typical classroom with the art of practice embedded in personal and esthetic knowing.

In addition, creating a space within their classrooms for students to share their personal experiences, nursing faculty begin to move beyond the more customary empirical focus traditionally found in nursing education programs. Approaching students

and teaching with a more holistic stance facilitates congruence between the art and science of practice in the classroom. Teaching then becomes a therapeutic art-act which facilitates the reciprocity needed for self actualization and personal growth for both students and faculty. While there are some limitations of using storytelling as an assignment, these challenges can be easily overcome by setting clear guidelines and boundaries at the outset. Regardless, storytelling affords faculty a meaningful opportunity for to not only to teach what they know but also to *know* what they teach.

This dissertation also reported a plethora of articles written on storytelling in the nursing literature that addressed many creative uses of stories to assist nursing students in their education. There are no examples however in which stories written by nursing students were analyzed for patterns of knowing. This study then adds a thoughtful dimension to this body of work through the creative use of narrative analysis methodology. The unique application of Carper's (1978) Fundamental Patterns of Knowing as a guiding framework also contributes to the breadth of this dialogue. It is hoped other researchers will consider both strategies in future studies examining the work and practice of nurses, students, and faculty.

Lastly, even the most scholarly of dissertations would benefit from the inclusion of the writer's subjective voice. In this dissertation, my voice is threaded throughout this work as both teacher and learner. In as much as the main objective was to re-present these students' stories with authenticity and trustworthiness, so was it equally important to include my subjectivity, reflexivity, and the final take home message. All of our stories are subjective constructions of knowledge and as such will remain forever on the

move. This dissertation attempted to capture a meaningful glimpse of that journey for this group of nursing students and their teacher. The voyage is ongoing for all of us though and as we “play it forward” it opens other avenues to explore, new stories to tell, and old stories to remember.

BIBLIOGRAPHY

- American Association of Colleges of Nursing (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- American Nurses Association. (2001). *Standards of clinical nursing practice (2nd edition)*. Washington, DC: Author.
- Baker, C.R. (1996). Reflective learning: A teaching strategy for critical thinking. *Journal of Nursing Education*, 35(1), 19-22.
- Banks-Wallace, J. (1998). Emancipatory potential of storytelling in a group. *Image: Journal of Nursing Scholarship*, 30(1). 17-21.
- Banks-Wallace, J. (2002). Talk that talk: Storytelling and analysis rooted in African American oral tradition. *Qualitative Health Research*, 12(3). 410-426.
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). *Women's ways of knowing*. New York: Basic Books.
- Benner, P. (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park, CA: Addison-Wesley.
- Boykin, A., & Schoenhofer, S. (1991). Story as link between nursing, practice, ontology, epistemology. *Image: Journal of Nursing Scholarship*, 23(4), 245-248.
- Bunkers, S.S. (2006). What stories and fables can teach us. *Nursing Science Quarterly*, 19(2), 104-107.
- Calman, K. (2001). A study of storytelling, humour and learning in medicine. *Clinical Medicine*, 1(3), 227-229.
- Carper, B. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing*

- Science*, 1(1), 13-23.
- Carr, J. M. (1999). Integrating patterns of knowing in an undergraduate nursing course. *Nurse Educator*, 24(4), 26-30.
- Chelf, J.H., Deschler, A., Hillman, S., & Durazo-Arvizu, R. (2000). Storytelling: A strategy for living and coping with cancer. *Cancer Nursing*, 23(1), 1-5.
- Churchill, L.R., & Churchill, S.W. (1982). Storytelling in medical arenas: The art of self-determination. *Literature and Medicine*, 1(2), 73-79.
- Clements, P.T., & Averill, J.B. (2006). Finding patterns of knowing in the work of Florence Nightingale. *Nursing Outlook*, 54(5), 268-274.
- Coffey, A. & Atkinson, P. (1996). *Making sense of qualitative data*. Thousand Oaks, CA: Sage Publications Inc.
- Darbyshire, P. (1995). Lessons from literature: Caring, interpretation, and dialogue. *Journal of Nursing Education*, 34(5), 211-216.
- Davidhizar, R., & Lonser, G. (2003). Storytelling as a teaching technique. *Nurse Educator*, 28(5), 217-221.
- Diekelmann, N. (2001). Narrative pedagogy: Heideggerian hermeneutical analysis of lived experiences of students, teachers, and clinicians. *Advances in Nursing Science*, 23(3), 53-71.
- Fawcett, J., Watson, J., Neuman, B., Walker, P., & Fitzpatrick, J. (2001). On nursing theories and evidence. *Journal of Nursing Scholarship*, 33(2), 115-119.
- Fornieris, S.G., & Peden-McAlpine, C.J. (2006). Contextual learning: A reflective learning intervention for nursing education. *International Journal of Nursing*

- Education Scholarship*, 3(1), 1-18.
- Geanellos, R. (1995). Storytelling: What can it reveal about the knowledge of mental health nursing? *Australian and New Zealand Journal of Mental Health Nursing*, 4, 87-94.
- Greenhalgh, T. (2001). Storytelling should be targeted where it is known to have the greatest added value. *Medical Education*, 35, 818-819.
- Heath, H. (1998). Reflection and patterns of knowing in nursing. *Journal of Advanced Nursing*, 27, 1054-1059.
- Heiney, S.P. (1995). The healing power of story. *Oncology Nursing Forum*, 22(6), 899-904.
- Higgins, B. (1996). Caring as therapeutic in nursing education. *Journal of Nursing Education*, 35(3), 134-136.
- Hodge, F.S., Pasqua, A., Marquez, C., & Geishirt-Cantrell, B. (2002). Utilizing traditional storytelling to promote wellness in American Indian communities. *Journal of Transcultural Nursing*, 13(1), 6-11.
- Hudacek, S. (2008). Documenting dimensions of caring using narratives. *Nurse Educator*, 33(1), 7-8.
- Hunter, L.P., & Hunter, L.A. (2006). Storytelling as an educational strategy for midwifery students. *Journal of Midwifery and Women's Health*, 51(4), 273-278.
- Jacobs-Kramer, M. & Chinn, P. (1988). Perspectives on knowing: A model of nursing knowledge. *Scholarly Inquiry for Nursing Practice: An International Journal*, 2(2), 129-139.

- Johns, C. (1995). Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *Journal of Advanced Nursing*, 22, 226-234.
- Kelly, B. (1995). Storytelling: A way of connecting. *Nursing Connections*, 8(4), 5-11.
- Koch, T. (1998). Story telling: Is it really research? *Journal of Advanced Nursing*, 28(6), 1182-1190.
- Koenig, J.M., & Zorn, C.R. (2002). Using storytelling as an approach to teaching and learning with diverse students. *Journal of Nursing Education*, 41(9), 393-399.
- Lee, C. J., & Lamp, J. K., (2005). The birth story interview: Enhancing student appreciation of the personal meaning of pregnancy and birth. *Nurse Educator*, 30(4), 155-158.
- Leeherts, M.H. (2003). Teaching personal knowledge as a way of knowing self in therapeutic relationship. *Nursing Outlook*, 51(4), 158-164.
- Leight, S.B. (2002). Starry night: Using story to inform aesthetic knowing in women's health nursing. *Journal of Advanced Nursing*, 37(1), 108-114.
- Little, M. (2006). Preparing nursing students to be health educators: Personal knowing through performance and feedback workshops. *Journal of Nursing Education*, 45(3), 131-135.
- Maguire, J. (1998). *The power of personal storytelling*. New York: Tarcher/Putnam Books.
- Marshall, C. & Rossman, G. (1999). *Designing qualitative research (3rd ed.)*. Thousand Oaks, CA: Sage Publications Inc.
- McKenna, M. (1997). *Keepers of the story*. New York: Orbis Books.

- Milton, C. L. (2004). Stories: Implications for nursing ethics and respect for another. *Nursing Science Quarterly*, 17(3), 208-211.
- Northington, L., Wilkerson, R., Fisher, W., & Schenk, L. (2005). Enhancing nursing students' clinical experiences using aesthetics. *Journal of Professional Nursing*, 21(1), 66-71.
- Palmer, P. J. (1993). *To know as we are known*. New York: Harper Collins.
- Parks Daloz, L. A., Keen, C. H., Keen, J. P., & Daloz Parks, S. (1996). *Common fire*. Boston: Beacon Press.
- Patton, M.Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications Inc.
- Peplau, H.E. (1988). The art and science of nursing: Similarities, differences, and relations. *Nursing Science Quarterly*, 1(1), 8-15.
- Random House. (2005). *Random House Webster's unabridged dictionary* (2nd ed). New York: Author.
- Reissman, C. (1993). *Narrative analysis*. Newberry Park, CA: Sage Publications Inc.
- Sakalys, J.A. (2002). Literary pedagogy in nursing: A theory based perspective. *Journal of Nursing Education*, 41(9), 386-392.
- Sandelowski, M. (1991). Telling stories: Narrative approaches in qualitative research. *Image: Journal of Nursing Scholarship*, 23(3), 161-165.
- Scanlan, J.M., Care, W.D., & Udod, S. (2002). Unraveling the unknowns of reflection in classroom teaching. *Journal of Advanced Nursing*, 38(2), 136-143.
- Schaefer, K.M. (2002). Reflections on caring narratives: Enhancing patterns of knowing.

- Nursing Education Perspectives*, 23(6), 286-293.
- Schmidt, L., Nelson, D. & Godfrey, L. (2003). A clinical ladder program based on Carper's fundamental patterns of knowing in nursing. *Journal of Nursing Administration*, 33(3), 146-152.
- Shieh, C. (2005). Evaluation of a clinical teaching method involving stories. *International Journal of Nursing Scholarship*, 2(1), 1-13.
- Silva, M.C., Sorrell, J.M., & Sorrell, C.D. (1995). From Carper's patterns of knowing to ways of being: An ontological philosophical shift in nursing. *Advances in Nursing Science*, 18(1), 1-13.
- Simmons, A. (2001). *The story factor*. Cambridge, MA: Basic Books.
- Staib, S. (2003). Teaching and measuring critical thinking. *Journal of Nursing Education*, 42(11), 498-508.
- Schwartz, M. & Abbott, A. (2007). Storytelling: A clinical application for undergraduate nursing students. *Nursing Education in Practice*, 7, 181-186.
- Tarule, J. M. (1996). Voices in dialogue: Collaborative ways of knowing. In N. R. Goldberger, J. M. Tarule, B. V. Clinchy & M. F. Belenky (Eds.), *Knowledge, difference, and power* (pp.274-304). New York: Basic Books.
- Taylor, J., Banks-Wallace, J., & Tripp-Reimer, T. (2001). Storytelling and violence against women. *The ABNF Journal*, March/April, 28-31.
- Wainwright, P. (2000). Towards an aesthetics of nursing. *Journal of Advanced Nursing*, 32(3), 750-756.
- White, J. (1995). Patterns of knowing: Review, critique, and update. *Advances in Nursing*

Science, 17(4), 73-86.

Williams-Brown, S., Baldwin, D., & Bakos, A. (2002). Storytelling as a method to teach African American women breast health information. *Journal of Cancer Education*, 17(4), 227-230.

Yorks, L., & Sharoff, L. (2001). An extended epistemology for fostering transformative learning in holistic nursing education and practice. *Holistic Nursing Practice*, 16(1), 21-29.

Younger, J.B. (1990). Literary works as a mode of knowing. *Image: Journal of Nursing Scholarship*, 22(1). 39-43.

Zafon, C.R. (2005). *Shadow of the wind*. New York, NY: Penguin Group Inc.

APPENDIX A: RESEARCH PROTOCOL

Exploring the Benefits of Storytelling

In Undergraduate Nursing Education

Linda A. Hunter, MS, CNM, Principal Investigator (PI)

Objectives/Aims

During their junior year, nursing students here at UVM are required to take a course entitled: PRNU 129, Family Centered Care of Childbearing Women and Children. For the past three years, students in this class were required to complete a writing assignment which could be in the form of a personal narrative story. These stories represented true accounts of experiences the student (or a friend/family member) had related to content taught in the course, such as women's health, labor and delivery, newborn care, etc. Students were guaranteed confidentiality of their stories, which were graded and immediately returned to the student. No copies were retained by the professor teaching the course (the PI of this study). Since incorporating storytelling into this nursing course, students have expressed much satisfaction with this type of writing assignment both informally to the PI and formally on course evaluation surveys. This feedback and the stories themselves, has led to the design of this research study.

The purpose of this qualitative research study, therefore, is to explore the benefits of storytelling in undergraduate nursing education. It is the belief of this researcher that narrative writing assignments enables students to develop critical thinking skills in a creative way, integrates patterns of knowing, and ultimately enhances their learning of course content.

Procedures

Junior and senior students currently enrolled in the nursing program here at UVM will be approached personally by the principal investigator and invited to participate in the study. These students are known to the PI and will be contacted by email and approached as a group during a prearranged class time (see attached protocol clarification). Interested students will be asked to read/sign the consent form and to then re-submit a clean, uncorrected copy of their story for analysis. Once the PI receives the signed consent form, the student will be contacted via email to arrange submission of their story directly to the PI either as a hard copy or email attachment. The submitted stories will be immediately edited to remove any identifying data, coded by the PI only to indicate receipt (see protocol clarification), and kept in a secure folder on the PI's home computer, requiring a password for access to the file. The signed consent forms and any stories submitted as a hard copy will be kept in a locked file cabinet in the PI's home office.

A theoretical framework utilizing Carper's Patterns of Knowing will be applied to the content of the stories and data will then be analyzed using qualitative narrative analysis methodology. Results will be written up for publication in a scholarly nursing journal and possibly used in the future as part of the PI's doctoral dissertation project.

APPENDIX B: PROTOCOL CLARIFICATIONS

MEMO TO: University of Vermont, Committees on Human Research
Mary Canales, Ph.D., CHRBS Chair
Gail Weld, Research Review Administrator

FROM: Linda a. Hunter, MS, CNM, Principal Investigator

SUBJECT: CHRBS 06-134, "Exploring the Benefits of Storytelling in Undergraduate Nursing Education"

Protocol Clarifications:

1. The following statement will be used as the text for the initial individual notification email to invite students to participate and also as the script for face to face group recruitment during a prearranged class time.

"Good morning/afternoon. I am writing [I am here today] to invite you to participate in a study I am conducting to explore the benefits of storytelling. As you recall, during the maternity course you took with me last year, you submitted a story as part of the class assignments. I am interested in analyzing these stories together to demonstrate how they might benefit your nursing education. I think it is important to include this kind of narrative writing and I am hoping you will be willing to resubmit a clean copy of your story to me. There are no risks to you in participating and once I receive your story, your identity will be completely deleted. I will also delete or change any identifying data within the text. I may use brief excerpts from your story but they will not contain any identifying data about you or anyone in the text of your story. You will need to read and sign a consent form and then may either submit your story to me in person or via email. Please feel free to contact me with any questions. I will be coming to one of your classes in the near future to talk to you further about this project. Are there any questions I can answer now?"

2. In the class I will then pass out consent forms and collect the signed forms. I will then make arrangements with each student individually to collect the story.

3. Coding will be done only to keep track of who has submitted or not submitted a story once I receive a signed consent form as follows:

Once I receive the story I will make a check mark on that particular student's consent form so I can keep track of who has not submitted their story and re-contact them to collect it. All identifying data will then be deleted from the story and I will not have any other record of who the author is. I will not reread them until they are all in and will have no way to identify which student wrote which story. This anonymity and actual lack of coding will help reduce my own bias as I have previously read and graded these stories 6 months to a year ago.

APPENDIX C: RESEARCH CONSENT

Informed Consent

Title of Research Project: Exploring the Benefits of Storytelling in Undergraduate

Nursing Education

Principal Investigator: Linda A. Hunter, MS, CNM

Sponsor: Cynthia Gerstl-Pepin, Ph.D

You are being invited to take part in this research project because you have previously written a narrative story as part of a course assignment for PRNU 129, Family Centered Care of Childbearing Women and Newborns. This study is being conducted as part of my ongoing coursework in qualitative research as a doctoral candidate in the Educational Leadership and Policy Studies program here at the University of Vermont.

We encourage you to ask questions and take the opportunity to discuss the study with anybody you think can help you make this decision.

Why is This Research Study Being Conducted? This study is being conducted to explore the benefits of storytelling in undergraduate nursing education and to hopefully demonstrate how narrative writing enhances students' professional development, critical thinking, and understanding of course content.

How Many People Will Take Part In The Study? Approximately 75-100 junior and senior nursing students will be invited to participate in this study.

What Is Involved In The Study? You will be asked to resubmit a clean uncorrected copy of the original narrative story you wrote as part of the course assignment for PRNU 129, Family Centered Care of Childbearing Women and Newborns. You can submit your story to me either in person or through my confidential email. All identifying data (including your name as the author) will be immediately removed and any names in the text will be changed to protect the identity of anyone else mentioned in the story. Your story will then be analyzed together with other students' stories for common patterns and themes. Brief excerpts from your story may be used to demonstrate specific patterns of

knowing. The final results will be submitted to a scholarly journal for publication and may ultimately serve as the topic for my dissertation project.

What Are The Risks and Discomforts Of The Study? There are no risks to you in participating in this study. Participation is voluntary.

What Are The Benefits of Participating In The Study? The results of this study may assist nursing educators in designing creative and worthwhile strategies to enhance learning and development of critical thinking.

Can You Withdraw or Be Withdrawn From This Study? You may withdraw your consent at any time and if you decide to withdraw, there will be no consequences to you as a student at this university or in the nursing program.

What About Confidentiality? Upon receipt of your story, your identity and any identifying data within the text will be completely deleted and/or changed and will be completely protected. If excerpts from your story are used, they will contain no identifying data about you or anyone in your story. Your story will be kept in a locked file cabinet within my home or in a password secure file on my home computer. Once the project is completed your story will be destroyed and/or deleted. The results of this study may eventually be published or used for my dissertation project, however no information about you will be exchanged with any other person and your confidentiality will be strictly maintained.

Contact Information

You may contact Linda A. Hunter, MS, CNM, the Principal Investigator in charge of this study, at 802-878-1442 or Linda.Hunter@uvm.edu for more information about this study. If you have any questions about your rights as a participant in a research project or for more information on how to proceed should you believe that you have been injured as a result of your participation in this study you should contact Nancy Stalnaker, the Institutional Review Board Administrator at the University of Vermont at 802-656-5040.

Statement of Consent

You have been given and have read or have had read to you a summary of this research study. Should you have any further questions about the research, you may contact the person conducting the study at the address and telephone number given below. Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty or prejudice to your present and/or future care.

You agree to participate in this study and you understand that you will receive a signed copy of this form.

Signature of Subject

Date

This form is valid only if the Committees on Human Research's current stamp of approval is shown below.

Name of Subject Printed

Signature of Principal Investigator or Designee

Date

Name of Principal Investigator or Designee Printed

Name of Principal Investigator: Linda A. Hunter, MS, CNM, WHCS, 353 Blair Park Rd. Williston, VT 05495, 802-847-1600 or 802-878-1442