



Doctorate Studies

Becoming student kind: A nurse educator's reflexive narrative inquiry

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ABSTRACT

This reflexive narrative inquiry examines reflection as a living learning strategy. My doctoral inquiry aims to illuminate a journey of transformation as a nurse educator within higher education. An innovative self-study, reflexive narrative methodology frames the research. Philosophical influences draw upon auto-ethnography, critical social theory and hermeneutics, guided by six dialogical movements. Nineteen reflections generated the data. Insights emerged through reflection, engagement with literature and guidance within a reflective community. Snapshots from reflective texts form the basis for dialogue presented in this paper. Emerging Insights are expressed as being available becoming student kind in relationship with students as a foundation for developing person centred nursing weaves through the narrative. This dynamic concept is expressed through The Being Available Template interlinking vision, knowing the person and compassion, poise and creating and sustaining a learning environment. Tensions in representing storied findings from innovative methodologies are identified. The contribution of reflection and potential of reflexive narrative for knowledge and practice transformation are shared. Challenges for educators in supporting reflective learning in curriculum in an ever complex landscape of higher education are considered.

1. Introduction

Theoretical debate abounds surrounding reflection as a learning strategy within professional practice including pioneers like Schön (1983), Boud et al. (1985), Brookfield (1995), Bulman and Schutz (2013), Johns (2017) and Bolton and Delderfield (2018). Within nurse education, Bulman et al. (2012) note that reflective practice while a frequently used term is an infrequently defined concept. O'Connor et al. (2003) and Tate (2004) suggest that reflection and reflective practice are terms often use synonymously and interchangeably. I take a practical focus to analysis using Johns (2017, p. 3) description

'being mindful of self, either within or after experience, as if a mirror in which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand and move towards resolving contradiction between one's vision and actual practice ...'

Reflection, thus described is a purposeful activity whereby, the individual seeks to look beyond an experience, informed by literature towards gaining insight into looking at doing things in a better way, guiding future development. From a Canadian perspective, Schwind et al. (2017) support the view that reflection on experience deepens our

understanding of personal and professional practice. Australian Taylor (2010) highlights how developing reflective practice is part of learning how to value self and be human as a nurse or midwife, and as a person. Given these ideals it is reasonable that reflective practice, as a learning strategy has received attention by registration bodies. The Nursing and Midwifery Board of Ireland, [NMBI] (2016) and in the United Kingdom, the Nursing and Midwifery Council (2015) promote reflection within education programmes. Gallagher et al. (2016) describe the positive contribution of reflective practice for student development. Educators' views of facilitating reflective practice as a learning strategy have also been published (McCarthy et al., 2013). There is, however, little literature published by nurse educators describing their personal reflective processes. Accepting the benefits of guiding students to reflect poses a question. Do people facilitating such activities engage in reflection themselves? As a foundation for my doctorate, I considered how only if, I 'walk the walk', can I gain an appreciation of the potential and challenges within reflective practice. Such insights further my role as an educator in facilitating reflection within undergraduate pre-registration curricula. And through gaining understanding I believe that I can then, truly support and guide students. My self-inquiry aimed to reveal a journey of being, towards becoming as illuminated by Johns (2010 p.viii) notes

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'being is the reflection of the practitioner's clinical practice as known through reflection. Becoming is the reflection on the practitioner's own journey from where she is now to where she wants to be'.

In addressing such intentions, I heed St Pierre's (2000, p. 27) statement when seeking to 'produce different knowledge and to produce knowledge differently' through constructing a reflexive narrative'.

2. Narrative construction design

Johns (2010) extends insights on reflection towards creating a reflexive narrative methodology design, based on the premise that practice based self-research may not be served by traditional research designs. Johns constructed reflexive narrative as a self-inquiry towards self-realisation. The design is informed by original works related to critical social science (Fay, 1987), auto-ethnography (Ellis and Bochner, 2004), hermeneutics (Gadamer, 1989) and dialogue (Bohm, 1996) amongst other diverse influences.

Narrative methodology is reflexively constructed to communicate insights through cognitive, symbolic and affective means (Polkinghorne, 1988). Narrative research is a non linear emerging process 'legitimising peoples' stories as sources of empirical knowledge (Bruce et al., 2016, p.1) At the outset it is accepted that my doctoral study has been influenced and supervised by Johns. A methodology used by health practitioners; Fordham (2014), Jarrett (2015), and now used for the first time in nurse education. Reflexive narrative construction is illuminated in a hermeneutic spiral through six interrelated dialogical movements (Johns, 2010).

Central to Johns narrative methodology is guidance within a reflective community of fellow students and supervisors based on a caring ethos. We met monthly and participated in winter and summer schools. The process began with diary writing, describing experiences towards creating a reflective text. Reflections were posted within a closed narrative website. Tentative insights were framed within wider literature, informed by dialogue with guides and community. At sessions we dialogue sharing sources, perspectives in supporting each other along the way.

Within Johns (2010) methodology, the narrative unfolds as understanding evolves between the parts and the whole. Thinking about experiences again with greater reflexivity, creating a narrative text demonstrates the meaning of experiences, and plots a journey of being and becoming. Insights are revealed about self and practice, in keeping with hermeneutics (Gadamer, 1989). It is an ever evolving process. Finally, sharing insights enables interaction between self and readers as illustrated in the 6 dialogical movements adapted from Johns (2010) (Fig. 1).

3. Ethical considerations

Self-inquiry as a methodology is founded on the premise that the research is about me and my work and how I respond to situations rather than interpreting other people's perceptions (Ghaye, 2011). Being ethically mindful, I take responsibility to self-regulate throughout the inquiry. I am guided by the ethical principles related to anonymity, confidentiality, respect, dignity and privacy. Pseudonyms are used to protect people and place (Ellis, 2007). I follow the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014). I uphold a duty of care, intending no harm to individuals, while preserving the integrity of the narrative. University research ethics board approval was obtained.

4. Narrative

Nineteen reflections form the raw data of the research. Reflections differ in length and depth, placing a challenge in adequately representing the messy realities of life experiences within academic

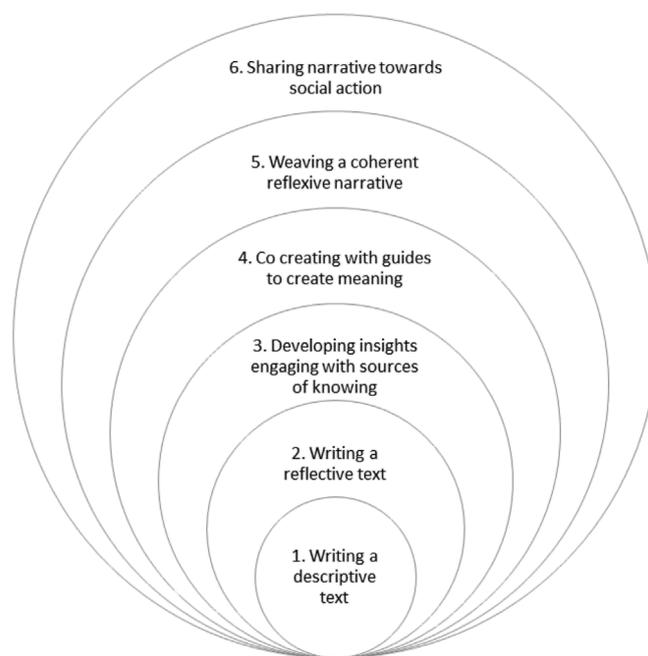


Fig. 1. 6 dialogical movements of narrative construction adapted from Johns (2013).

conventions (Mitchell and Clark, 2018). The narrative is kept as a whole rather than thematically deconstructed. Grant (2016) acknowledges such challenges in narrative design representation. In this paper, I present snapshots, sharing an early excerpt and a later reflective conversation. I endeavour to show how insights about student kind emerge as a concept guiding my practice. These excerpts are shared with permission from students. Throughout the dialogue italicised text illustrates reflective conversations and author [MG] and student pseudonyms [Mandy and Anna] are assigned.

4.1. A phone call ... reflection 3

Friday morning an influx of emails. Some need thought, some simple, news and events. I want to go to the library, my 'to do list' is lengthy. The phone rings. I can't hear the person at the other end of the line. The voice sounds muffled and distant. I don't recognise the voice. I hear a deep breath.

Mandy: *I am sorry for cancelling the meeting, for not being in touch. I was going to email you but it is so hard. I am so behind on my final year project.*

MG: *it is hard trying to do everything*

Mandy: *I have problems*

MG: *sorry to hear that ... is there anything, I can help with?*

MG: *You must be very upset, must be hard you don't have to explain anything to me.*

Mandy starts to give me details

MG: *you don't need to tell me anything, you sound very anxious. Have you talked to anyone about this?*

Mandy: *no one knows. I lied to my parents*

MG: *what can I do to help? [wondering what will I do here?]*

Mandy: *what am I going to do about my final year project (FYP)?*

I listen some more giving several 'mmm'

Mandy: *could I get an extension? It's hard, to work and everything. I am not sleeping.*

MG: *If you like I can talk to the course leader about seeking an extension. I won't divulge anything merely say that you are distressed. Would you like to come in a talk about it?*

Over the summer the story continues. I meet with Mandy, much later the FYP is submitted.

I began, being kind to students, trying to sort problems, distressed at witnessing student distress. I reacted to the student's emotional distress with a sense of helplessness, hindering my ability to be available. I tried to sort things out, taking on a burden which was not my burden acting on behalf of Mandy. Gradually, reflections lead to insight as I move across time and space towards *Helix*, a later reflective conversation with another student Anna reveals.

4.2. *Helix* reflection 18

4.2.1. *Prelude*

My reflection tells of meeting Anna a fourth year internship student. Anna has extended patterns of sick leave and struggling to meet final year programme placement requirements. The complexities of student dual status, as employee and student, serving two masters come to the fore.

MG: *I am here to listen.*

Anna: *Occupational health have said that I am fit to return to work*

I am not ready to go back [ward], I had an 'episode', my medication changed.

I am tired, sleeping a lot, have no energy, that's why I didn't contact you.

It's my dream to be a nurse

MG: *I wonder does Anna want me to make the decisions.*

Anna: *I can't go back too much is expected of a final year student.*

I can't go back, can't do the assignment.

I think ... I'll ask occupational health for referral back to the mental health service.

MG: *You can avail of college services ...*

We agree to not make decisions about placement today.

Anna: *I would like to meet again.*

MG: *that is up to you, take care.*

4.2.2. *Later*

My journal notes previously I would have arranged a further meeting caught up in maternalism. I now see my practice tightly woven within my interpretation of Bohm's assertions that

'listening, respecting, suspending and voicing are four practices that are key building blocks to dialogue' (Bohm, 1996, p. 78).

Questioning how best to respond, I ask myself, Are my actions in tune with merging vision of student kind?

Do I have the skills; do I need to improve them?

Previously worries would dominate

What if

4.2.3. *Some weeks later*

I prepare for another meeting with Anna. I walk across the campus down to the river taking time to breathe in the beauty of the moment. The midst of summer, most people are on leave, the car park empty. I

struggle with energy juggling and trying to find time to work on my narrative.

Anna and I meet.

Anna: *It has been going on for long time ...*

I am broke I want to leave this town I want a fresh start

I needed to work on what happened before

I thought I was coming today to be told the decision had been made for me

I wished a decision had been made for me

I notice Anna clasping her hands tightly, a skeletal vice like grip. Pelias (2004) comments that 'hand movements may give evidence that can be trusted'.

MG: *It's hard for you*

Anna: *I knew deep down, that you would do what you always do, leave it to me.*

MG: *You know what's best for you*

Anna: *It has to be me, I want to move on,*

MG: *It's been going on for a long time*

I take a deep breath, pause, aware of my tensions, breathing in calmness. In so doing, I become aware of what I am doing, while I am doing it, following the first cue in the Model of Structured Reflection 'bring the mind home' (Johns, 2013). This foregrounds my sense of mindfulness as 'a quality of mind that notices what is present, without judgement, without interference' (Goldstein, 2002, p. 89).

Anna: *I'm broke, I want to leave. I want a fresh start*

I needed time to work things out in my head

I loved the course

I dreamt about being a nurse ...

I have to look after my health. I don't think that I could handle that crazy world of placement, I am too sensitive.

MG: *You've made your decision*

Anna: Yea

MG: *it takes courage to make this choice, taking a general degree*

Anna: *Yea, I am going to get a job, dreams don't pay rent*

I am ready

4.2.4. *Afterwards*

Anna applies for and is awarded a general degree based on accrued credits.

5. Discussion

Both snapshots of reflections from my narrative serve to illustrate insights about me as an educator in relationships with students who are vulnerable and in some distress. Moving through reflections as core data towards analysis took time and effort in considering how best to represent insights. Analysis suggests that for me, becoming student kind mirrors the Being Available Template devised by Johns (2013). It offers a framework to consider the extent of my transformation flowing through an interlinked concept student kind (Fig. 2).

The six interrelated elements which illustrate student kind guiding my work are considered. These elements are vision, knowing the person, having compassion, aesthetic knowing, poise and creating and sustaining an environment where being available is possible.

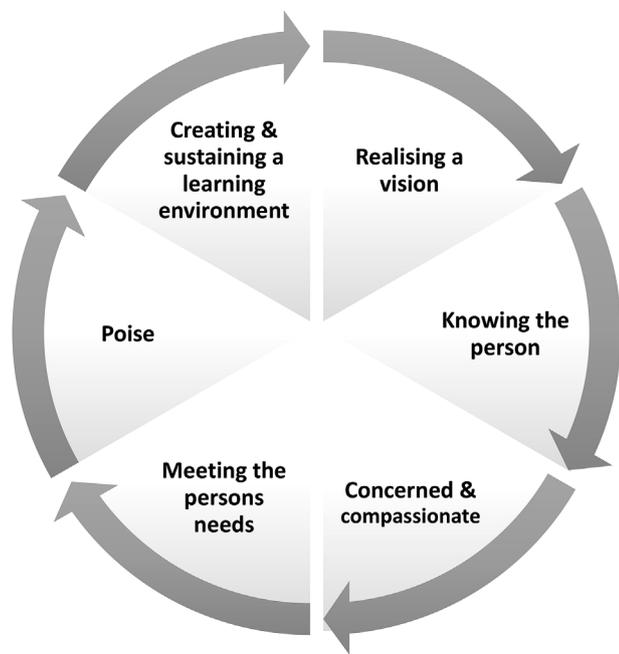


Fig. 2. Being available, becoming student kind adapted from Johns (2013).

5.1. Realising vision

Student kind, a way of being with students becomes the heart of my narrative giving direction to my practice. It is an ephemeral quality, showing caring and compassion through dialogue. As Adamson and Dewar (2015), report learning to care with compassion requires reflection and understanding of values guiding practice. This vision is expressed in my professional goals;

to be available to student nurses and colleagues

to enable a culture of student kind, congruent with the ideal of developing nurses, whereby I am available to each student, to help her or him to identify and meet their learning needs.

Being available in this way is in keeping with the seminal writings of Mayeroff (1971) believing that in helping an individual to grow into being an independent person, one must allow the student to make her own decisions. Over time, I listen with students; witness their struggles, their resilience, appreciating the complexity of student lives.

5.2. Knowing the person

This concept initially framed within nurse patient relationships, requires clarification for application within student nurse education. Student kind is illuminated using the questions;

To what extent do I need to know a student/person?

Does student kind require a different, more human approach to individual students?

As an educator, I am aware of boundaries while engaging with students. Relationships between student and teacher differ from nurse and patient. I pay attention, to the flow of a student's experience, listening with sensitivity, attuned to what is said, what is not said. Listening as stories unfold, respecting, suspending assumptions, appreciating the meaning that an individual gives to their challenges, key practices integral to dialogue (Bohm, 1996). I may not have a deep knowing of the person, but can be present. I listen to multi-layered stories from students perspectives. Realising, while I cannot change their circumstances, I can show concern, yet, aware of my limitations. I can be available, aware of the individuality of students, identified as a

quality of an ideal teacher (Hughes and Quinn, 2013). A relationship between student and teacher may be brief or lengthy as seen with Anna. Maintaining equilibrium in knowing the student as a quality in being available is intertwined through presence, poise, balancing ethical positions, managing self as student distress surfaces.

5.3. Concerned and compassionate

Concern for another, to be moved by another's experiences is a fundamental human endeavour (Waddington, 2016). My understanding of compassion clarifies my ability as an educator to support students to be self-caring and compassionate nurses. Insights show the inter-relationship between emotional distress and the influence of maternalism as disempowering approaches to compassion. A view asserted by Wilson Barnett's (1986) that maternalism is part of a nursing heritage in a female dominated profession. By inference this can translate to traditional student nurse teacher relationships.

My appreciation of caring as concern for the other is influenced by Mayeroff's (1971) comment that caring demands a 'heightened awareness and responsiveness'. I began with being kind to students, trying to sort problems, distressed at witnessing student distress. I reacted to the emotional distress of students with a sense of helplessness, taking on a burden which was not my burden as seen in *A phone call*. Emotion clouded my ability to be available to be present. My understanding of empathy grows, distress lessens and increased self-efficacy emerges (Chana et al., 2015) I now respond with compassion in a meaningful way with students in the midst of their struggles. As Johns (2013) suggests thinking and writing about feelings is 'cathartic'. Johns expands this view when commenting that is not so much detaching from feelings but rather acknowledging and accepting them and turning this energy into 'positive action'. Caring as an interpersonal quality has been confirmed as valued by patients (Edvardsson et al., 2017). Hence, being cared for in this way has relevance for students' abilities to enact caring practices.

5.4. Meeting the person's needs – the aesthetic response

My reflection *Helix* shows interactions with Anna, struggling to fulfil her dreams and my concerns about Anna's wellbeing and competence. Aware of Anna's distress, I review my response, a listening presence, paraphrasing, desisting from giving direction, responding in adult to adult conversation, becoming student kind. At the same time, aware of ethical tensions in a duty of care towards the health service, my responsibilities as an employee, and power within student-teacher relationships. Significantly, this is about shifting responsibility and power, away from kindness, towards being student kind as part of an advocacy-enablement (Egan, 2014). My intention in being available enables students to identify their own learning needs. In turn, this may inform the discussions about how students themselves foster caring in practice and ultimately consider being and becoming patient kind. Compassion makes the practitioner vulnerable and poise manages the vulnerability (Johns, 2013).

5.5. Poise

In *Helix* an emerging sense of poise in connecting and being present and compassionate with a vulnerable student. For me, being available with distressed students as expressed in student kind requires self-caring practices. Lewis (2018) illustrates students' feelings of shame and embarrassment when unsuccessful. Poise involves self-care concepts inherent in emotional intelligence as described by Goleman (1995). I have become increasingly mindful, in the present moment, creating for me a sense of peace, and calmness in managing stressors (Walker and Mann, 2016). Such practices have the potential to foster wellbeing (Schwind et al., 2017). Being student kind requires a different kind of relationship where rules are less clear. There are subtleties in moving

from being fearful of my inability to know, what to and how to be with students in distress, pausing, remaining calm (Cope, 2006). Heeding Freshwater's (2003) advice, I have become informed about resources and services for distressed students. Instead of worrying about the 'worst' case scenario I now recognise my own limitations, in crossing boundaries of counselling relationships. I appreciate that my fears and anxieties are a legacy from the historical and societal influences of maternalism (Wilson Barnett, 1986). Awareness that being compassionate has a 'flip side', an increased vulnerability, is a significant empowering practice for me. Poise is not about detachment and attachment; instead it is about being present, slowing down thinking, connecting and opening spaces for dialogue (Senge et al., 2004).

5.6. Creating and sustaining a learning environment

Creating a positive learning environment is integral to being available. Sharing insights through dissemination is critical to self-inquiry research and part of social action. Nevertheless, fostering learning environments through reflection is challenging for nurse educators with higher education. Integration in higher education has seen increasing student numbers with 'neglect' of student centred learning strategies (Mackintosh-Franklin, 2016). I illustrate relationships with students within academia. I appreciate factors that influence and constrain me in working towards resolving the tension between my ideal vision of student kind and lived reality. I have begun to understand that things are the way they are, a first step on the road to empowerment (Fay, 1987). My reflective dialogue illustrates the person behind student attrition rates. They are stories of respect for individual resilience. They are not necessarily good news stories. Lewis (2018) reports on emotional burdens of failing with the hidden nature of attrition. My doctoral inquiry reveals the potential of reflection as a key learning pedagogy. Insights emerged through sustained participation in dialogue within a guided reflective community group. It was a privilege to refine meanings and purpose of reflection as a foreground to fostering reflective learning, such time may not be available to nurse educators. There is a need to move beyond curricula rhetoric promoting the development of reflective practitioners as a learning outcome (NMBI, 2016) Paying attention to how these aspirations are realised is critical. Johns (2017) advocates a curriculum revolution which embeds reflection as a key learning strategy. I differ from Johns believing in a 'velvet glove' tactic of curriculum evolution.

I continue to champion reflection but appreciate that resources are critical in sustaining change otherwise there is a risk of token inclusion of reflection. I seek opportunities to voice these concerns about the emergence of 'peraversity' as expressed by Rolfe (2013) where business models and bureaucracy rules at the expense of a core learning ethos. Changing landscapes of higher education show increased research output demands with diminishing resources and spiralling student numbers (Mackintosh-Franklin, 2016; Gibbs, 2017). Discourse around the value of universities, as compassionate places with a primary role in helping students to learn is beginning to appear (Waddington, 2016). Providing reflective learning environments in preparing and sustaining students for lives as compassionate healthcare practitioners is critical (Plante and Halman (2016). Dialogue on ethics of these concerns with wider audiences is timely.

6. Challenges

My narrative aims to provide a perspective on the potential of reflection as a living learning strategy in a lifelong journey of transforming self and practice. I share reflections, therein revealing the value for nurse educators in engaging in reflective practice. I now understand reflection differently and as a consequence enhance my ability to guide students.

Being available becoming student kind is a novel concept that has revealed the value and potential of Johns reflexive narrative as a

practice based inquiry methodology. The purpose of a doctorate as articulated by Wellington (2010, p. 136) is considered in light of several questions;

'to what extent was the doctoral journey a vehicle for personal development, learning and growth; and to what extent is it a contribution to the body of knowledge in an area of study?'

Three interrelated elements show insights around the use of reflexive narrative contributing to knowledge around my personal growth and transformation and the challenges for educators in supporting reflective learning are considered.

A self-study derives data that is intended to contribute to global discussions without any claims for generalisation. Self-study blurs boundaries between researcher and research, in looking into the innermost self. Guidance in supervision is critical within dialogue as interpreted by Johns (2010). Nevertheless, methodological tensions persist when conducting innovative research, despite the expectation that creativity is expected in scholarly activity (Grant, 2016; Lorelli et al., 2017). Narrative inquiry is based on a show not tell premise (Phoenix et al., 2010). Such writing may be problematic in presenting lengthy narratives as Mitchell and Clark's (2018) comment writing well can be demanding and messy. My narrative is grounded in my understanding of my experiences based on the subjectivity and context emerging from data. Remaining true to reflexive narrative within academic conventions in representing original reflections can but give glimpses of the qualities within The Being Available Template. Furthermore, illustrating coherence in reflexive narrative may not capture the entirety, dilemmas and struggles along the way. In resolving such tensions, Ellis and Bochner (2004) ask -does the paper tell a story?

6.1. Personal growth and development

Insights around qualities that articulate student kind as a vision and guide my relationships with individual students and in the classroom and beyond have been identified. It is hoped that glimpses of transformation can be seen in shared conversations. I am becoming reflective in practice, being mindful, 'seeing things for what they really are without distortion' (Johns, 2013, p. 3). The potential for deep learning within education requires conversations to advance such possibilities.

6.2. Education

Nurse educators need to refine meanings and purpose of reflection as a foreground to fostering reflection with students. Discussions are needed to move beyond the rhetoric of curricula that promote the development of reflective practitioners as a learning outcome (NMC, 2015; NMBI, 2016). Paying attention to how these aspirations are realised has implications for policy makers devising nursing curricula standards.

Consideration needs to be given to the challenge - are all educators best suited to facilitating guiding reflection with students (McCarthy et al., 2013). Achieving a deeper understanding of reflection as lived is challenging, involving time, energy and resources. It can never be assumed that a person participating in guided reflection will realise their potential, in being reflective, in keeping with Johns interpretation.

My inquiry has brought to the fore the tensions between the ideas espoused in nurse education in higher institutions and daily realities. How can students be available to individuals and their families unless they are supported to develop as individuals? How can students practice person-centred care in environments that are stretched to breaking point? These questions draw attention to nurse educators at a crossroads between faculty as educators and/or researchers.

7. Concluding thoughts

My inquiry is a reflexive narrative a spiral of practice, engagement

with theory, informing practice and therefore, emerges as praxis. The paper aims to provide a perspective on the potential of reflection as a living learning strategy in a lifelong journey of transformation. I share reflective conversations, therein revealing the value for nurse educators in engaging in reflective dialogue. I now understand reflection differently and as a consequence enhance my ability to guide students. The influence of Johns guidance, methodology and frameworks is acknowledged and further deliberation on the robustness of the methodology is welcomed. Refining meaning and shared values of reflection in dialogue with students and colleagues in an ever shifting education landscape is a never ending journey.

Conflicts of interest

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Ethical approval

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Appendix A. Supplementary data

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