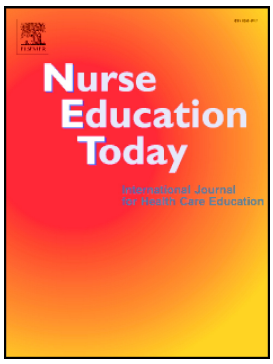

Narratives in student NURSES' knowledge development: A hermeneutical research study

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NARRATIVES IN STUDENT NURSES' KNOWLEDGE DEVELOPMENT: A HERMENEUTICAL RESEARCH STUDY

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ABSTRACT

Background

Knowledge development, and how student nurses learn to be nurses, is essential in nurse education and has implications for quality of care. There is a lack of research concerning how student nurses' knowledge development is expressed through narratives and how they deal with challenges in patient situations in professional learning.

Objectives

To clarify the usefulness of narratives in student nurses' knowledge development and the narratives implications for learning in clinical training.

Design and methods

The study has a qualitative design with field methodology. Data consisted of observations, interviews, and fieldnotes. The data was analysed, and narratives were developed using Gadamer's hermeneutical circle.

Participants and settings

Seven first- and second- year student nurses from a bachelor programme were closely followed in different patient situations during their eight weeks of clinical studies in nursing homes.

Results

In a sample narrative, a student nurse explained how she reflected on her actions and decisions made when she shielded a patient who was in a difficult situation.

Conclusion

Narratives are useful for the development of student nurses' knowledge in clinical training. Student nurses' decisions and actions in the patient situation are made evident through narratives. Nursing educators and student nurses awareness of the relevance of this knowledge for understanding student nurses learning processes is of importance in professional education. Nursing educators should be more open minded to narratives as a starting point for reflection. Increased use of narratives in professional education will contribute to development of knowledge so that student nurses can manage to face patient situations as long as the situation themselves demands. Areas for further studies is other professional educations, for examples, doctor, physiotherapist, and occupational therapist.

Keywords: Student Nurses, Narrative, Nursing Education, Knowledge, Learning, Clinical Studies, Hermeneutic

INTRODUCTION

Knowledge development is recognized globally as a key element at all levels in nursing education (International Council of Nurses, ICN, 2018). In Norway, a bachelor's in nursing consists of 50% theoretical studies and 50% practical training. To ensure that all students are prepared with an adequate amount of knowledge, students study theory before practical training. The goal is to teach students to integrate theory into practice so that they can meet today's complex health care needs and improve the health of society.

The theme chosen for the current study was developed through field methodology in nursing homes in Norway while students learned to integrate theory into practice. Student nurses told narratives in which they reflected on their actions and decisions made in real-life situations with patients. Their reflections provided evidence for their knowledge development. A central challenge in the student's reflection is to adapt their learning processes to the experience they do in their own efforts to integrate theory into practice. To encourage this vital skill, a nursing student's personal experiences with the patients must receive greater attention in nursing education.

BACKGROUND

The interest in exploring student nurses during nursing training is based on the simple fact that bachelor's-level education determines the professional level of the individual nurse. Throughout their education, student nurses are educated and formed to be exemplars of the profession. The knowledge an individual nurse develops during his or her bachelor education has an impact on how he or she meets with each patient in, for example, caregiving situations, eating situations, and provisions of injections to patients. A one-sided focus on learning through theoretical knowledge may imply that professional practice is narrowed in a professionally unsatisfactory manner, and a one-sided focus on learning through practice-based knowledge that a purely theoretical understanding that is not reinforced by practical experience can cause a situation to fail. Theory taught in the classroom is not always being transferred to the clinical training environment, creating a disconnect between theory and practice (e.g., Alteren and Bjørk, 2006; Bennett et al., 2017). A balance in which student nurses manage to integrate relevant knowledge for the individual patient situation is of paramount importance when providing the patient with competent health care.

In nursing, narratives contribute to the development of knowledge in different areas (Riessman, 1993). For example, narratives provide accounts of patients' experiences of illness (Gaydos, 2005; O'Brien and Clark, 2010). Other examples are reflection and critical analysis of narrative as a concept (Frid et al., 2000) and how to use narratives in research (Aranda and Street, 2001; Casey et al., 2016; Frid et al., 2000; Overcash, 2004). Narratives may also serve as an approach to make sense of student nurses' professional dilemmas concerning moral distress (Rees et al., 2014), to illumine how (new graduate) students fare through the initial phase of career development (Walton et al., 2018), and to capture and spotlight the hidden subjective experiences associated with nursing practice that in turn contribute to the development of nursing/knowledge and research practice (Chan et al., 2013; Riessman, 1993).

In a study of Rees et al. (2014) narratives are used to help students make sense of their experiences, actions, and identities and to prepare them better for future professional dilemmas. Nursing students told narratives of the most memorable challenges they encountered in patient situations. The authors found that narratives can help students make sense of their negative professional dilemmas, their actions, and their identities, and ultimately help them develop emotionally coherent narratives to cope with previous and future negative experiences (Rees et al., 2014). Walton et al. (2018) identified the challenges and learning experiences in written assignments of new graduate nurses undertaking a postgraduate course as part of their transition to registered nurse practice. The authors concluded that challenges relating to the emotional labour of nursing work were particularly evident. New graduates find it challenging to deal with their own emotional reactions, to stand up for themselves and their patients, to feel part of the team, and to ask for help (Walton et al., 2018).

Narratives are a powerful tool for assisting health personnel in their reflection on opportunities inherent in current clinical practice environments (Walton et al., 2018). A study of Solvoll and Heggen (2010) revealed lack of reflection on nurse students' experiences when being trained in nursing care. Questions were not asked about the students' experiences of care. The practice supervisor focused on *practical* problem-solving and procedures, whereas school assignments at the university college tend to do the opposite, placing *theory* in the centre. This also helped to create a neglect for the students' experience of care. This paper calls for nursing educators to be more open-minded to the integration of students' in-depth

experiences into their professional formation during graduate school and find new and constructive ways of linking reflections and nursing theory with students' experiences of caring for patients.

Narratives are also a useful approach to creating focus on students' experiences (Riessman, 1993). Little research has been published on student nurses' knowledge development through narratives and how to deal concretely with challenges in the patient situation during professional learning. Reflection as a method to integrate theory into practice has been considered to be essential to nursing education and practice since the 1980s (Coleman and Willis, 2015). The process of reflection is both cognitive and affective (Poldner et al., 2012). My educational philosophy and the use of the term *reflection* fit well with the theories of Dewey (2005a, b, 1904) and Schön (1987), where reflection is emphasized as central in learning and knowledge development.

Experiences and reflection about how to integrate theory into practice are central to John Dewey's theory of "Experiential learning." The reflection process is a dynamic movement in which experience is developed and theories are integrated into practice. We develop because of reflection on lived experience (Dewey, 1904). Through reflection on experiences—for example, when helping a patient in eating situations—we develop new experiences. Within this active adaptation, we situate ourselves within an interaction between practice and theory, where the intention is to integrate theory into practice.

Schön's theory of "Knowing-in-action" refers to the knowledge that is in the action and how to use tacit knowledge. He defines "knowledge in action" as tacit knowledge. Through reflection on a surprising result—for example, more pain and swelling than expected when providing an injection to patients—we can learn how to apply tacit knowledge. Reflection goes behind the available rules, facts, and theories. A skilled practitioner manages to integrate reflection as a steady flow throughout the performance of the skill. Schön (1987) defines "reflection-in-action" as a reflective dialogue with the elements and dimensions of the situation. He argues that "knowing-in-actions" and "reflections-in-actions" become parts of the experience, thinking, and actions. Through reflection, students learn new ways of applying their competence in helping patients. This is what makes reflection a vital component of nursing education.

RESEARCH METHODOLOGY

Objective

To clarify the usefulness of narratives in student nurses' knowledge development and the narratives implications for learning in clinical training.

Data Collection

The students represented in this study, were purposely selected from first- and second-year students enrolled at a Norwegian University. Their practice period was in six different wards at four nursing homes over eight weeks. Seven student nurses, all women, consented to participate. Before their practice period in nursing homes, the students acquired theoretical and practical knowledge at the university. They conducted theoretical studies and passed exams concerning basic nursing and associated support subjects. They also completed a 100% flawless test in medication administration. As a practical preparation, they practiced various basic nursing skills in the universities' practice department.

Research data was collected through field work in nursing homes. I followed closely the students in different situations such as care, eating situations, and providing injections to patients. In the interviews, the students were asked to tell about experiences and challenges making impressions on them. The student nurses told about how they met, made decisions, and helped patients. Each recording lasted between 45 and 90 minutes. The recordings were transcribed by me.

After the end of the day in the field, I wrote field notes regarding students' clinical training during the current day and also personal notes regarding my reflections and considerations related to the nursing home department. I followed the students for 30 days in the field, mostly during dayshifts, and conducted 22 conversations. Each visit lasted between three to five hours.

Research Approach

The analysis of the data and development of the narrative presented in this article employed a hermeneutical approach that used the hermeneutical circle described by Gadamer (2003). The students' individual narratives were brought together interpretively by constructing a narrative that was grounded in their actual experiences and was representative for the participants. In

the interpretation the analysis moved toward the understanding of the essence of the narratives and of the students' experiences and challenges. The narratives have been rewritten to remove identifiable details about the students, the patients, and the internship.

When listening to an reviewing the interviews, I asked two questions. The first was: What is the conversation about? The second was: What are the experiences and challenges of the student being interviewed? I first listened through the whole conversation without noticing in order to attaing an overall impression of the conversation. When I listened again, I tried to form a picture of the central in the students' narratives. Starting with my first understanding of what the conversation was about, I listened to the conversation again. In the next round, I interpreted these descriptions in relation to my first understanding of the content of the conversation and the whole conversation.

This work process took place as a continuous movement back and forth between the whole and the parts, between the phenomenon that was interpreted and the surroundings, and between the phenomenon and the understanding, often referred to as the hermeneutical circle (Gadamer, 2003). In this movement, I first made a preliminary opinion about what the conversations were about, constituting the whole. Understanding what the students told me about in the interviews entailed preparing a preliminary draft in the form of narratives that became a starting point for the further development of understanding. This draft, the narrative, was constantly edited considering what emerged as I entered the conversation theme further. This process resulted in constant composition of new draft narratives describing the students' learning processes.

The result of the analysis became several narratives that are described in four themes: "the first-time experience," "interpreting others based on personal feelings," "technical and personal skills," and "knowledge to help the patient." The narrative presented below is a sample narrative from the theme "knowledge to help the patient."

Ethical Considerations

The research was reported to the Norwegian Social Science Data Services, NSD. The nurse teacher asked the students if they wanted to participate, and they gave verbal and written informed consent. The nurses informed the patient about the study and got consent for my

presence in the care situation. Before entering the care situation, I personally got consent from the patient.

SAFEGUARDING THE PATIENT'S INTEGRITY: A SAMPLE NARRATIVE

I want to tell you about Mr Nilsen. He wanted to leave the nursing home. Leaving the nursing home was impossible for many reasons. We could not let him leave on his own, because he had difficulties with orientation for time and place. We also were afraid he would get lost or get in an accident.

The situation I want to tell about, happened when I was on late duty. Mr Nilsen was upset. He had just had a stroke and he has aphasia. He manages to say a few words. When he talks, it could be much babbling. In the evenings, he used to get upset. Then, he walked back and forth around the department. That evening I am going to tell about, he had visitors. The situation arose after the visitors had left. Also, this evening, he was upset and walked back and forth around the department. He was looking for the front door. Therefore, we went and locked it. We are not allowed to lock the front door to an ordinary nursing department. Nevertheless, we were understaffed. If he went out and disappeared, we had no chance to run after him. He used to go out. Now, he did not get up to the front door. He did not give up and tried repeatedly. He lay down on the floor. I needed help and told the nurse that we had to get him into his room.

I saw a man who needed help. He could not lie on the floor in front of the front door where other patients and relatives went in and out. It is neither good for him nor for the other patients. The other patients may be frightened. The nurse and I helped Mr Nilsen away from the door and followed him to a couch where he could sit down. Then he began to cry for help. The cry came at short intervals. We chose to shield him from the other patients and followed him into his room. This was because the other patients should not be scared, and that he himself should be able to recover. Inside the room, he became violent. He grabbed my arm and held me tight, at least for 20 minutes, before the grip loosened. Then he started hitting, biting, and kicking. We helped him to bed and tried to calm him down by holding him. We talked quietly with him, but nothing reached him. He sat and cried constantly. There was not a moment of silence between the shouts. This, he kept on with at least for three-quarters of an hour. Then he was calmer, and we could put him in bed. I sat on the bed, and I held my hand

on his arm. Then the nurse and I went out of the room. He came after us. I turned, and we followed him into his room again. When he again entered the room, he calmed immediately. He went to bed and lay in the foetal position. Ha lay and followed us with his eyes, and after a while, he fell asleep.

After two hours, he got up and came into the department again. He told of a dream he had. He had been so angry. This made quite an impression on me. It had to do with keeping and forcing. I saw that he was afraid. I saw fear in his eyes, and I did not understand what he felt or thought. He could not communicate what he was afraid of. He reacted by beating and sticking the staff, and we had to hold him until he had calmed down. If we had not held him, he would have hurt himself. It was not he who was difficult, but the situation.

THE NARRATIVE: SPACE AND TIME FOR REFLECTION

The student is actively participating and acts in the narrative. She tries to shield the patient. The narrative takes time, and it provides space and time for reflection. According to Schön (1987), reflection provides a basis for considerations, so the student can act through the narrative. The narrative ends with an acknowledgment that the situation is about the man's fear and that the student does not understand what the patient wants. He responds to striking and holding the staff and expressing fear in his eyes. The student must act, otherwise the patient will harm himself.

The situation with Mr Nilsen, where the student must use force, is a strong and emotional experience. At the same time, an experience of success in protecting the patient's integrity in a highly challenging situation. The student finds that she does not like forcing and that one should try other actions first. She experienced that she managed to be in the situation, a new experience was developed (Dewey, 2005ab, 1904). "When we held him," she says, "I feel all the forces he used to get away." The student experiences with her body how someone who does not have language can express himself when he is so physically strong. She experiences how much effort we as human beings can recall when one becomes afraid. "We had to keep him, otherwise, he would have injured himself."

KNOWLEDGE DEVELOPMENT THROUGH NARRATIVES

The analysis shows that the student nurse's decisions and actions in the patient situation are made evident through the narrative. The student is in a dialogue, where she reflects and acts within the situation with the patient and with the nurse both in and after the situation.

A dialogue between the student, patient, and nurse

In the interaction between the student and the patient, they exchanged experiences and knowledge, with the aim that the patient should receive help in a competent manner. The student observes that the patient is getting more and more restless after visitors have left. He searches for the doorway and finds it locked. When he lies down on the floor, the student helps him away from the door and to a couch where he settles down. After a while, he begins to shout for help. The student chooses to shield him and follow him into his room. He shouts and grabs the arm of the student and holds her tight. The student and the nurse try to calm him down. As they leave the room, he follows. The student turns and follows him into his room again. Then he falls asleep. After two hours he gets up and tells the student he dreamed he was so angry.

In this course of events, the student and the patient meet several times. The student brought knowledge about the patient into the situation, such as knowledge about aphasia and difficulty communicating. The student observed the patient's expression—fear, and anxiety in his eyes and unrest--and the patient's actions: walking, turning, holding the staff, and falling asleep. She observes that the patient is afraid, and she is wondering what the patient wants. The experiences, observations, and knowledge the student and patient exchange in each meeting takes the student into the assessment and consideration of the patient's situation. The student interprets what the patient expresses, and this interpretation increases the students' understanding of the individual patient. Through the observations and the development of meaning, experiences, and knowledge in the repeated meetings, she develops knowledge of what the patient wants. This is a reflection process (Schön, 1987) where the relevant theory for this patient and situation are integrated.

The reflection does not stop at this point. To learn of the situation, she is also dependent upon a glance from outside the situation together with the nurse. The student and the nurse exchanged knowledge and experiences about the incident. She gets feedback that she has acted well. The feedback confirms the students' knowledge and perception that the patient was afraid, and it confirms the attitude and her emotions. The feedback confirms that she took

care of the patient's integrity when she held him until he fell asleep, and when she meets him again when he stands up later, he is happy. In addition, the feedback confirms their common experience when the nurse agrees that she has acted appropriately. Consideration and interpretation of what the patient expresses and the dialogue with the nurse increased the student's understanding of the individual patient. This situation demonstrates that the student has learned how to use the knowledge she is in possession of (Dewey, 2005ab, 1904; Schön, 1987).

The student is in a learning process during which she develops knowledge both in a patient situation and in her reflection with the nurse. To help describing what kind of knowledge the student develop through the narrative, I have chosen Aristotle and his description of the three forms of knowledge: *episteme* (theoretical scientific knowledge), *techne* (skill knowledge) and *phronesis* (practical knowledge) (refer to 2006, 3rd issue 1999, 3rd edition). To help the patient and by safeguarding his integrity, the student needs knowledge of *episteme*, for example, knowledge of communication and disease studies regarding stroke and aphasia. This knowledge is basically general and applies to all people (Aristotle, 2006). The student also needs knowledge of *techne*, technology and thinking. That is, the way and the background for how the student can follow the patient with a safe, determined, and steady hand to his room. In the dialogue with the patient and the nurse, *techne* and *episteme* are integrated with the patient she faces. In the reflection in the dialogue, this knowledge is interpreted and integrated. The student sees the knowledge relevant to the patient, the individual patient and the knowledge, *phronesis*, of the patient can emerge. The student sees the patient's need to be shielded and rest, and she sees what she needs to do to shield him in his room. Reflection through the narrative makes the process where the student integrates and develops the various forms of knowledge, visible. Her understanding of the patient's situation increases.

Facing patient situation as long as the situation themselves demand

Knowledge development requires reflection, meaning that the student needs to be in a physical and cognitive movement (Poldner et al., 2012). When the student is in a physical movement she moves in and out of the situation with the patient, and in and out of the conversation with the nurse. This physical movement is necessary in order to perform the task she is going to perform, to safeguard the patient's integrity. She has a responsibility toward this patient, which makes her contact with him several times, and she can observe the patient's state. In this responsibility to follow up with the patient there are at least two

conditions that are of importance to the student's knowledge development. One is the repeated contact she receives with the patient by physically moving in and out of the situation. The second is, as discussed previously, the exchange of the meaning, experiences, and knowledge she can access because she physically moves in and out of the situation. The repeated contact provides different opportunities for the exchange of experience and knowledge. This shows that the student's reflection of the observations she makes does not stop at one point but can evolve further. If the student is not responsible for following up the patient, she will not be able to observe the patient's fear. Reflection that develops knowledge about the patient's fear will not then proceed, neither will knowledge development, and the student might not develop the knowledge needed to help the patient in a competent manner.

When the student is facing the patient, she is also engaged in a cognitive movement. She and the patient exchange experiences and knowledge about the situation, and the student observes the patient's fear. This exchange occurs every time the student is with the patient. By interpreting the observations and what the patient expresses, the student develops knowledge about the patient's situation. The physical and cognitive movements are mutually important to or dependent on each other within the process of knowledge development. The student's physical movement toward the patient can be terminated when she helps him up from the floor to the sofa. She can withdraw from the situation, perform other tasks, or leave the responsibility of the patient to other nurses. Now we know that the story does not stop when the patient is helped over to the sofa. He is still uneasy and shouts. If the student withdraws and does not follow the patient in relation to his unrest, she does not attain the cognitive movement necessary to develop her knowledge of the patient. She would not follow him into his room with a firm hand, been stuck or ready to lay him in bed so he fell asleep. She had also not participated in his experience of the situation. A lack of contact with the patient gives her lack of observations and feedback about the patient's unrest. As the student's movement in the reflection shows, the physical and cognitive movement does not stop in the patient situation. The student moves toward the nurse or toward other health personnel in the practice room and exchanges knowledge and experience about the patient. The dialogue with the nurse develops her knowledge of how she can help the patient. In this situation, the student's sense of insecurity changes to the sense of safety. She experiences that she is in control of the situation. Theoretical knowledge of dementia and turmoil and the perception that the situation is unworthy of the man, makes her go into the situation.

CONCLUSION

Narratives are useful for the development of student nurses' knowledge in clinical training. Student nurses' decisions and actions in the patient situation are made evident through narratives. Nursing educators and student nurses awareness of the relevance of this knowledge for understanding student nurses learning processes is of importance in professional education. Nursing educators should be more open minded to narratives as a starting point for reflection. Increased use of narratives in professional education will contribute to development of knowledge so that student nurses can manage to face patient situations as long as the situation themselves demands. Areas for further studies is other professional educations, e.g., doctor, physiotherapist and occupational therapist.

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