PAPER FOR ORAL PRESENTATION

Developing compelling spaces of learning in Nurse Education
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This paper introduces the concept of a compelling space derived from empirical research which uses an auto/biographical methodology to explore the learning of post-registration nurses. A compelling space is one that invites meaningful learning, where people feel able to take the risk of acknowledging that they do not know and become proactive in developing enquiry. When people are not distanced from one another, physically or psychologically, they can begin to discern where they might learn from as well as with one another. Key aspects of a compelling space are offered and explained and from which I tentatively draw some suggestions for developing nurses’ learning. Definitions of learning as used here draw upon notions of learning as something that may take many forms both formal and non-formal, not least when considered in life-wide as well as lifelong terms (West, Alheit, Siig Andersen and Merrill, 2007).

The overall purpose of the research was to develop an understanding of registered nurses’ lifelong learning and subjective agency within their learning in order to inform the development of learning opportunities for nurses. Traditional assumptions of lifelong learning in terms of accumulating knowledge (Knapper and Cropley, 2000) do not address the psychosocial and emotional complexity of the lived experience of the demands for perpetual learning among registered nurses. The particular focus here was on illuminating what motivates and shapes nurses’ learning experiences, their use of resources and how they define knowledge, from a biographical perspective.

The research questions were:

- What does an exploration of the learning biographies of nurses, including my own, say about what helps and hinders the learning of nurses?
- What is meant by learning and knowledge in the professional context of nursing?
- How do qualified nurses’ learning biographies and their professional contexts influence their perceptions of resources for learning?
What can an analysis of the learning biographies of nurses, and my own auto/biographical experience, contribute to the development of nurse education?

An auto/biographical approach was used which employed focus groups and following up the silenced individual with two in-depth biographical interviews and an oral history approach towards transcription. Oral history approaches treat the data as it is produced and not tidied up, or split into units. Themes were developed through use of a pen portrait that looked holistically at interaction. The pen portrait illustrates everything that could have a bearing on interaction and interpretation. An interpretive frame for analysis was used based on merging meanings of participants interpreting themselves and myself interpreting us. Inclusion of the auto/biographical promotes transparency in making apparent what knowledge is brought to the research, and the decision-making process. For example, seeing changes in nurse education through the lens of nurses’ biographies helps bring to light how learning becomes shaped by what is viewed as knowledge in this context. Sharing lives within a research space also honours participation, and may lead to discovering more intimate insights that have potential to change a life. An academic colleague acted as a facilitator to help reflect on personal aspects of the research which might arise from hearing participant stories. This also helps to examine professional issues which can arise in those stories.

**Exemplar one: Learning by mistake**

“Every day you get experience and you learn from it... when you've had a little bit mistakes and those mistakes putting your heart... like I mean two weeks ago the doctor was quite busy, I know...busy is not an excuse. I got two patients, one ventilated and one less...and then during handover time they said, “The doctor... is trying to seek advice from (named hospital)...what they have going to the patient.” So in handover... doesn't say that this was given...So because it has all been written and signed I don't go and look in the details because it's all been already given. But the doctor doesn't have proper communication of what is happening, and the nurses also we don't have proper communication, so I missed that point...So in that scenario you reflect... that next time...even though we are doing... two person check, sometimes it's still miss[ed] because you don't...properly check it... You need to reflect on your practice, safe practice is very important.... you know the five rights of giving medication... You need the qualification to be a nurse, but after that you need to improve your progress in the way how you care with your patient.” [FG4MB1]

There appear to be definite stages to learning in this way.
Emotional response
Stage 1 – shock and grief – it is not by accident that Sorin tells us early in his story of “putting your heart…”

Stage 2 – defending by projecting blame reasons and others involvement are given “is sometimes busy… So in handover time doesn't say that this was given… But the doctor doesn't have proper communication of what is happening…”

Cognitive response
Stage 3 – scrutinising own contributing practice acknowledges own action shortcomings “So because it has been all written and signed I don’t go and look in the details.”

Stage 4 – scrutinising others contributing practice identifies others influences “it's all been already given.”

Stage 5 – identifies core problem accepts joint responsibility “and the nurses also we don't have proper communication, so I missed that point.”

Stage 6 – checking core knowledge does not lack knowledge – “you know the five rights of giving medication.”

Affective response
Stage 7 – reflection on response error & presents behaviours and values “next time you even though we are doing check, two person check, how to change it sometimes it's still miss because you don't do properly check it… You need to reflect on practice.”

Stage 8 – regaining identifies how “you need to improve your progress… confidence in the way you care for your patient.”

Sorin’s account illuminates challenges to the self-concept and identity, questioning his knowledge and skills base and application of learning as a nurse. The study brings the idea of a ‘compelling space’ that supports learning, not in the sense of coercion, but through the creation of the desire to learn through processes of human agency and developing an interpretive imagination. Such a space builds on Winnicott’s concept of transitional space that exists between people as they negotiate and renegotiate their place in the world (Winnicott, 1965). Within such a space it becomes possible to build better relationships with one another and to develop an interpretive imagination.
Exemplar 2: An imagining learning journey

“I think if you’re on that side, like the patient’s side. Do you think you want your nurse to do it less for you? You put yourself onto their condition in what will you feel. I think that’s the main thing. It’s more on conscientious, conscience…because in the Philippines we are used to care for the elderly, and respect the elderly…I can see some staff who comment, although they don’t do it in front of the patient, but they do comment…Honestly, I do sometimes comment, but…only when my temperament goes to the limit …But I do try my, my best to calm down and not to think of any bad things for them because I do try to understand their condition… Here the first, the first time…the first few months…we were shocked with the fact that the elderly here they bring them to the homes and their families don’t take care of them. They do take care of them, but in a different way. The carers might feel, might feel love, but different love… but it is just a matter of understanding the cultures…And just to ask us or anyone overseas nurses… how they are. How they are doing? Did they understand the process? Do they know what to do? [I1EKB2]

Of great concern to her were differences in caring for patients, and being cared for herself as an overseas nurse. This required enormous socio-cultural imagining and change on her part to ‘love’, or be caringly concerned, differently. Eowyn equated ‘love’ with the will to act for another. She struggled with a more detached approach that she was experiencing here. The interpretive imagination begins to emerge in trying to explain and understand nursing through the possibilities of empathising with all those involved, and translate love into care in the way she would like to be cared for herself. To develop the interpretive imagination involves starting from a position of uncertainty, emotionally and intellectually.

Eowyn: “Because it was hard for me”.

Uncertainty is the point of, what Jarvis (2007:11) calls ‘disharmony’ that disturbs the mind, and to start considering what to do. The first consideration is the meaning that is given to a situation drawing from personal and cultural scripts, and communicated to others.

Eowyn: “They do take care of them, but in a different way.”

If the interpretation is rejected then meaning becomes fixed within normative behaviours.

Eowyn: “I do sometimes comment.”

If the meaning is discussed, concepts can become translated with further consideration of others’ views:

Eowyn: “It is just a matter of understanding the cultures.”
However, where these become the accepted concepts meaning might again become fixed, and conform to behavioural norms.

**Eowyn: “And just to ask us.”**

If, however, ideas continue to develop there is a possibility to diversify experience and reach out to the unknown while considering reflexively how the self is changing.

**Eowyn: How did it change?...“Alright then” I said to myself...I think that’s the important and the most horrifying.......to become in charge.”**

**Schematic of the interpretive imagination**

- Reflexive awareness
- Diversifying experience
- Developing ideas of possibility and consequence
- Translating concepts
- Interpreting own meaning to others
- Conforming to behavioural norms
- Rigidity
- Rejected
- Feeling brave enough to reach out to the unknown
- What does this feel like and how might this be for others?
- Uncertainty
Imagining, in the form of building a mental picture, can be a way of thinking about and questioning possibilities by considering authority and resistance, and bringing new ideas to light as part of human becoming (Parse, 1998; Bunkers, 2002). I propose a deliberately loose representation of developing an interpretive imagination of how interpretation and imagination co-operate in ways of coming to know and that either open up or close down thinking. I contend that anxiety at the crossing points marked with an X, restrain the interpretive imagination from developing further and direct learning into alternative conforming behaviour. The arrows represent emotional drivers which maintain momentum in the suggested direction.

C. Wright Mills (2000) developed the idea of the sociological imagination. This type of self-consciousness enables individuals to envision themselves and their problems within a larger historical and social scene. This may be difficult where individuals do not share a history or culture, or where they are isolated. Developing discussion groups where this process can take place in a facilitated and secure environment can be one way of developing interpretive imagination and cultural understanding.

Exemplar 3: Biography as a form of repair

Past
“I just had so much trouble when I was younger with my education, with fighting and mum fighting for me. Everything was just so hard... the teasing... the special classes and someone reading with me.” [I3MB1]

Present
“I don't get too hung up on the past otherwise I'll end up getting upset by it, and I don't want to get upset by it anymore...didn't like learning, I didn't like what it put me through...So I don't like reflecting on what happened to me because I don't think that would achieve anything. It was bad, and it was demoralising and...was degrading, and I don't... like looking back at it. Because it's not who I am now.” [I3MB1]

Future
“...the way I handle doctors. The fact that I do know a considerable amount helps when I'm with my staff... I never will have an easy time of it...education wise. It's not going to cure my
dyslexia...and that is the demoralising part of my education unfortunately. I'm never going to be able to retain information the way that others do. And I am never going to be able to function on a certain level as much as certain people do...

....You'll look at things in a different way. I think that is the positive thing.” [I3MB1]

There is a need for containment for anxiety. When thought is interwoven with emotion and finds expression in the social, spaces become invigorated when surfacing a conflict of ideas. How this is managed in working with the ambiguity of not knowing determines whether this becomes a compelling or a closing space. Biographical and reflexive forms help to contain some of the anxiety issues that have come to the fore in this study, and assist in making spaces more compelling, especially for those with English as a second language.

**Exemplar 4: Using biography in teaching and learning**

“....So what I did for this talk was I started where I started with nursing....I started thinking about (named institution) where I did my training.... “I wonder how long ago that opened.” And when I looked on their website it was the anniversary of them opening that day....And I started there and built this up.....

“....Last week I went round to visit a lady who....was suddenly falling into a big heap and realised she [has] got far too much on her plate....And sort of talking to her....you never end up being the one comforting and talking, you always get something back from that don't you....So I think....learning....reflective thinking....I have come away having learnt a lot myself.”[I2EKB2]

Integrating thinking lies at the heart of a compelling space. Emotional aspects of learning become suppressed in an effort to conform with cognitive expectations. Where nurses are able to exert agency in their learning such spaces becoming ‘compelling’ to learning. Collaboration makes spaces much more reflexive.
Linking to this are aspects of connecting with others, reflecting and imagining, with thinking reaching out to inform as well as be informed by these activities. But, thinking can also create uncertainty and anxiety in perceiving knowledge gaps which lead to reflecting and imagining to consider possible courses of action and consequences. Likewise, reflection and imagining may also perceive such gaps, as well as become stimulated by uncertainty and anxiety. Lives can be drawn together through processes of biographical reflecting and imagining and, when drawn together, may collectively expand reflection and imagination. When these connections are encompassed in a containing space that frames the processes within clear and manageable boundaries, it might be said that this is a compelling space for learning to take place. Learning becomes irresistible and undertaken for its own sake. Innovation in teaching might be better served, not through increasingly complicated technological systems but, through facilitators and tutors collaborating with learners on a more equal plane of really reflexive learning.
**Contribution to Nurse Education - shaping future learning**

What this study contributes to Nurse Education is grounded in the idea that biographical work is an important vehicle for creating compelling spaces of learning which enable nurses to make sense of what they bring to learning, what they do as well as how they might develop. Potential ways in which compelling spaces might be developed include situating a course of biographical work within programmes of study to help nurses to make real sense of their progression through the differing levels of study and integrate learning in more authentic ways. Beginning return to study with structuring and exploring the personal biography could provide a way to interrogate possible blocks and open knowledge gates. Offering a pathway of study which begins and ends with a biographical module could holistically draw past, present and future into a whole. My argument, derived from the research, is that embedding biographical reflexivity into nurse educational provision could help to harness this valuable resource and enable nurses to use it not only in their own learning, but in teaching others.

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References


