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# History as reflective practice: A model for integrating historical studies into nurse education



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**Summary** The role of history in developing professional identity in nursing is well known, and the discipline of nursing history research continues to flourish. Yet this work often struggles to find its way into undergraduate university nurse education courses.

We put forward a model for ‘‘history as reflective practice’’ in which we suggest that historical studies can be used as a form of evidence to develop critical thinking and clinical reasoning, as well as situate nursing practice within its social and political context.

In this model, we draw on historical scholarship related to the profession, practice and person, focusing on work which demonstrates nursing’s contribution to broader systems of health care.

Drawing on Lewenson and Lynaugh’s ‘history by stealth’ approach, curriculum mapping and constructive alignment techniques are used to identify the moments in an existing programme where historical scholarship is relevant to an intended learning outcome. We then use an interdisciplinary team to develop learning activities and assessment tasks drawing on both primary and secondary sources that are then embedded within existing subjects.

This model encourages students to consider history as a way of knowing and as a form of evidence within their reflective practice. Furthermore, it creates knowledge that continues to foster and acknowledge nurses’, and nursing’s, contribution to the development of human health.

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## Introduction

The role of ‘history’ in nursing has been the subject of much discussion for some time (D’Antonio, 2006b; D’Antonio & Fairman, 2010; Lynaugh & Reverby, 1987; Nelson, 1997b) with scholars arguing that it serves a number of important purposes for the profession in relation to identity, education

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and research (Borsay, 2009; Lewenson, 2005; Lewenson & Herrmann, 2007; Toman & Thifault, 2011). At the same time, the field of nursing history as a research discipline continues to flourish, with a great deal of work being produced that tells the many and complex stories of nursing's rich past. The significance of this research is that it demonstrates the role of nurses and nursing in the development of modern approaches to health and health care, situating nursing practice in its broader historical and social context. However, this research does not often find its way into Western, university based nurse education programmes, despite attempts to develop strategies for its use (Madsen, 2008; McAllister, Madsen, Godden, Greenill, & Reed, 2010). These scholars have identified that there are a number of factors which contribute to the overt sidelining of history in nurse education, namely lack of space in the curriculum, lack of expertise in historical teaching and research, and a perceived lack of relevance to the requirements of clinical practice (Lewenson, 2004; McAllister et al., 2010). Yet there are many aspects of historical knowledge and method that resonate with nursing practice (D'Antonio, 2006b) and are essential to the development of 'clinical reasoning' (Levett-Jones, 2013). In this paper, we explore existing strategies for integrating history into the curriculum and put forward a model for 'history as reflective practice'. In this model, we organise historical scholarship into three areas of relevance: professional, practice and personal, and argue that 'history' can be thought of as both a form of evidence, and a way of knowing; especially where it used for developing critical skills relevant to contemporary nursing practice. To do this, we argue, historical scholarship must be used critically, and should fully integrated into the curricula.

## History for teaching and learning

While there are strong arguments as to the importance and role of history and historiography within the nursing curriculum, it is only recently that attention has been paid to specific types of sources and evidence to work with (Bates, 2010; Toman & Thifault, 2011), the ways of conducting both historical research and the issues and/or themes that could be focused on (Boschma & Grypma, 2010; McPherson & Stuart, 1994), and finally, ways to integrate this within curricula (Lewenson, 2004, 2005; Padilha & Nelson, 2009). Within history-oriented subjects in a nursing curriculum in Canada, for example, Toman and Thifault have identified the positive use of primary source analysis, both textual and non-textual, available to nursing students through an online course (2011). The course enables the analysis of the changes and continuities experienced by Canadian nurses, through the examination of primary and secondary sources focusing on what nurses carried in their nurse bags/kits. Similarly, Bates has suggested that nursing artefacts offer a fruitful lens through which to analyse socio-cultural shifts and trends relevant to nursing (2010). Their use provides students with a visually stimulating way to come to terms with historical continuities between the past and the present. Boschma (2012) argues that the use of oral history interviews offers a significant and fresh source of historical evidence. This is because oral history is understood to explore in a subjective fashion the creation of identity through 'stories,

language, memories and life experiences' (Boschma, 2012: 106). The very act of gathering patient information in order to make a clinical assessment is itself an overt historical practice. The nurse is required to listen, to sift through evidence, to understand the patient in the context of their broader lives, and to work with subjective information as if it is a fact as important as any other. Thus, oral history as a scholarly research method complements the core clinical competencies required of nurses (Boschma, 2012; Goldman et al., 2003).

Perhaps the most comprehensive attempt to integrate historical studies into nursing curriculum has emerged from North America. In a number of important works, including the edited collection *Capturing Nursing History* (Lewenson & Herrmann, 2007), Lewenson and her colleagues draw on Joan Lynaugh's 'history by stealth' approach (Fagin & Lynaugh, 2000; Lynaugh & Reverby, 1987), to suggest that historical analysis be integrated throughout a curriculum, rather than offered as a stand-alone unit. In this way, historical content is seen to be an integral part of nursing education at all levels.

Specifically, Lewenson suggests mapping a curriculum for spaces in which historical knowledge or methodology can be used to enhance the learning objectives. For example, where the required outcome is an understanding of the factors that affect contemporary clinical practice, students can be asked to read about and then present historical research that has influenced practice in a specific clinical area to show changes in nursing interventions over time. Similarly, in leadership or management subjects, where the outcome is to understand the organisational or sociological factors affecting the nursing profession, students can be asked to critically analyse existing histories about nurse leaders and look for historical precedents to particular professional issues, identifying the ways these may still be active in the modern health care system (Lewenson, 2004: 378). The key point in Lewenson's work is to clearly identify the required learning outcomes so as to ensure that the significance and relevance of historical knowledge to practice is made explicit.

## History as reflective practice

Within our curricula we are drawing on Lewenson's approach and using curriculum mapping and constructive alignment techniques (Biggs & Tang, 2011) to develop history as a form of reflective practice, situated as a 'way of knowing' (Carper, 1978). In her seminal work Barbara Carper articulated four distinct but overlapping ways of knowing in nursing practice: the empiric, the aesthetic, the personal and the ethical (Carper, 1978). As she clearly stated, while each pattern has its own distinct characteristics, they are not mutually exclusive and together form a paradigm for nursing practice that is dynamic and reflexive. Together, these 'ways of knowing' should facilitate the ability to critique, to problem solve, to reflect, to integrate evidence into practice, and to understand clients in their social context: all essential components of nursing practice (Levett-Jones, 2013; Levett-Jones, Gersbach, Arthur, & Roche, 2011; Watson, Stimpson, Topping, & Porock, 2002).

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