

Dispelling desperation in prelicensure nursing education

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Abstract Traditional nursing education that is perceived as autocratic and conformist produces feelings of isolation and desperation in many prelicensure nursing students. This article illustrates, through the voices of two nursing students, how prelicensure students can dispel their isolation and desperation. Implications for nurse educators are discussed.

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1. Introduction

Traditional nursing education that is perceived as autocratic and conformist produces feelings of isolation and desperation in many prelicensure students. Hall's (2004) descriptions of the dehumanizing practices in nursing education and the desperation of nursing students are consistent with our experiences. Desperation, according to Hall, is "the condition of being without hope, feeling less than a full person, seeing few options" (Hall, 2004, p. 147). She suggests that "desperation may be fostered, at least in part, by conditions of educational pressures... students feeling isolated, misunderstood, and dismissed" (p. 147).

Desperation felt by prelicensure nursing students about their nursing education may be influenced by generational differences in teaching/learning. Evidence suggests that

generational differences influence learning (Skiba, 2003). Today's traditional prelicensure nursing students are predominantly from Generations X and Y (Generation Y is also known as the iGeneration or Internet Generation). Generation Xers (who are currently 24–44 years old; born 1963–1983) are self-directed learners who enjoy working in teams; want clear information with practical value; and use humor, games, and activities to learn (Billings & Kowalski, 2004). Generation Yers (who are currently 23 years old or younger; born 1984–1999) are active learners. They seek innovation, want immediate responses to learning needs and questions, and enjoy being mentored by older generations. They prefer to work in groups and teams, can multitask, and use hyper-learning models as opposed to linear acquisition of information (Billings & Kowalski, 2004).

As noted by Hodges, Keeley, and Grier (2005), "current curricula are typically natural science based and university housed... Conventional pedagogy, with teacher-as-authority, revolves around prescriptive content and outcomes" (p. 549). Prelicensure nursing curricula (and teaching methods), which are content focused rather than learner focused, were developed and are perpetuated by members of the Baby

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Boomer generation (born 1945–1964) and those who came before. These seemingly autocratic and conformist educational programming and teaching styles, which worked for many years, are less than optimal for today's students. These independent and creative students expect to be engaged in the decisions and directions of their learning. This article is designed to extend Hall's analysis of prelicensure nursing students' desperation by describing how some of today's prelicensure nursing students express their desperation, discuss how they dispel it, and present implications for nurse educators.

2. Desperation expressed in social networking web sites

Most prelicensure nursing students today are part of Generation Y, who never knew a time without the Internet. Two of the most trafficked Internet web sites, used primarily by the Y Generation, are the social networking web sites MySpace and Facebook (Rosenbush, 2006), ranked second and seventh, respectively, by users; these web sites combined have more than 23 million users. Integral aspects of MySpace and Facebook are networking groups for any imaginable interest area (and more), including networking groups of prelicensure nursing students.

A cursory review of nursing student networking groups reveals the desperation that Hall (2004) noted. The following groups, which include several hundred members, illustrate their experience: "And We Chose to go to Nursing School, WHY?" "I Heart [Love] Nursing School... But Nursing School is Cruel and Unusual Punishment," "ATSINS—Alliance to Stop the Intimidation of Nursing Students," "I Hate Being a Nursing Student," "I'm About to have a Nervous Breakdown from Nursing School," and "Are Your Nursing Professors Out to Get You?"

The networking groups used by hundreds of prelicensure nursing students are only one way that desperation is expressed. The prelicensure nursing students whose stories are presented below are not MySpace and Facebook users. Their desperation was expressed and dispelled through two classroom assignments: an art exhibit and an honors project. These classroom assignments served as conduits through which their desperation in nursing education and their escape from desperation could be experienced and communicated. What follows are their stories.

3. Students' experiences and suggestions for dispelling desperation through creativity

3.1. Katie's experience—Finding self-awareness and self-expression

Through nursing school, there have been papers, care plans, journals, and objectives. Classes typically consist

of PowerPoint presentations and lectures. I take in as much information as I can and later pour it into whatever mold required. The work seems never ending, monotonous, and unnecessary. I cannot help but wonder how conforming the information presented in classes, readings, and clinical experiences to a prestructured format is helping me become a good nurse. I can count on one hand the assignments I have completed that allowed room for any sort of personal expression. While I respect the pressures on teachers to guide students through school, I would like to encourage aspects of nursing education that allow self-exploration, self-expression, and mind-expanding skills.

Optimal nursing care requires understanding and respect for the human spirit, working with clients as individuals, and seeing and appreciating who they are. But before we can respect another as an individual, must we not respect ourselves? Without acknowledging the individual in each nursing student, is nursing education leaving out a vital aspect of good client care? As students, we are taught and retaught the significance of respecting a client's autonomy, but this is abandoned in our own education. To meet the needs of others, we must have an understanding of our own needs, emotions, beliefs, and values. An optimal nursing school experience would acknowledge this need for self-awareness and foster student growth while acknowledging the qualities that make each of us unique.

During my psychiatric nursing rotation, we were studying substance abuse and, coincidentally, there was an art exhibit of paintings of artists who had died of heroin overdose. Our teacher ended the lecture early, and as a class, we went to see this exhibit. The paintings included Billie Holiday, Jimi Hendrix, Charlie "Bird" Parker, and others. The instructor asked us to write about what we saw in the paintings and what they made us feel. Funneling energy into interpretation of someone else's perceptions on canvas required me to explore my own feelings about substance abuse. For once, I felt I was allowed complete freedom, no format, no grade, and no right answer, and I appreciated the opportunity to express my thoughts and feelings. By acknowledging the perceptions and experiences of each student and allowing students to share these, the instructor gained insight into the minds of her students. There have not been enough such experiences in my nursing education, with open communication between student and instructor as fellow human beings, outside the power hierarchy. But understanding and appreciation for one another are vital to the nurse–client relationship and should be demonstrated more in nursing education.

I would like to encourage educators to acknowledge the individuality of their students, just as they do their clients. Opening students' minds to art and receiving their perceptions can provide insight into the mind of individual students. By opening and expanding the minds of students, educators arm students with an appreciation for self-expression as well as a new level of self-awareness.

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