



Students' perceptions of digital narratives of compassionate care



Anne Waugh^{a,*}, Jayne Donaldson^{b,1}

^a School of Nursing, Midwifery and Social Care, Edinburgh Napier University, Sighthill Campus, Edinburgh EH11 4BN, UK

^b University of Stirling, School of Health Sciences, Stirling FK9 4LA, UK

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ABSTRACT

This study set out to explore the learning that occurred from listening to narratives of compassionate care, and to identify students' preferred story formats and other potential uses of such stories. Four short stories in different media formats were used. Data was gathered from an evaluation questionnaire and thematic analysis undertaken; this generated two themes: 'Learning from the stories' and 'Students' perceptions of the value of different media formats and other potential uses'. Sub-themes related to the narratives themselves emerged from first theme these included: person-centredness, compassion, relatives, effective mentor support and 'the world of the student nurse'. There was evidence of the stories acting as a trigger for reflection and discussion although sometimes, cognitive dissonance arose. Audiofiles suitable for use as podcasts, with and without music, and digital stories all proved to be effective digital narratives for this type of learning activity. Students suggested such stories would be also useful for preparing them for practice placements and training of mentors.

In conclusion, digital narratives can promote effective reflective thinking and discussion about compassionate care. The findings support many aspects of narrative pedagogy previously reported but add to this by providing insight into student nurses' learning from peer experiences.

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Background/literature

Since the late 1990s, the emphasis on compassion, person-centredness, dignity and respect in healthcare has accelerated internationally to the point that these values must now explicitly underpin contemporary professional healthcare education (Nursing and Midwifery Council, 2010) and practice (Department of Health, 2008; European Association for Communication in Healthcare, 2013; International Council of Nurses, 2012; Scottish Government, 2010).

There is a growing body of evidence around the definition of compassion (Nussbaum, 1996; Schantz, 2007; Schulz et al., 2007; Von Dietze and Orb, 2000) and how it can be delivered in healthcare practice, for example, through Schwartz Rounds (Point of Care Foundation, 2015) or through values-based recruitment of appropriate candidates (NHS Employers and NHS Health Education England, 2014). Writing on what compassion looks like in practice is increasingly debated, along with the question of how it could

be measured. For example, Gilbert et al. (2011) proposed that demonstrating compassion includes listening, protecting dignity, anticipating anxieties and acting to prevent or minimise these. Compassion is an understanding and accurate knowledge of the feelings of another (empathy) and an emotional reaction of pity towards the misfortune of another (sympathy), but it also requires emotion and action of the part of the respondent. Compassion is actualised in the disadvantaging of oneself for the benefit of another (Gilbert, 2005; Goetz et al., 2010).

Current policy and public opinion suggests that there could be a lack of compassion in some healthcare services. Professional, government and statutory bodies have responded to continuing concerns by establishing guidelines and initiatives to focus on improving caring practices. For example, the Codes of the International Council of Nurses (2012) and the Nursing and Midwifery Council (2015) both espouse compassion as a professional value that nurses are expected to demonstrate. UK healthcare strategies contain visions for nursing care to be underpinned by compassionate practice (NHS Commissioning Board et al., 2012; Scottish Government, 2010).

There is increasing evidence suggesting that compassion can be taught (Adamson et al., 2009; Ballatt and Campling, 2011; Chochinov, 2007; Edinburgh Napier University and NHS Lothian,

* Corresponding author. Tel.: +44 0131 455 5650; fax: +44 0131 455 5631.

E-mail addresses: a.waugh@napier.ac.uk (A. Waugh), jayne.donaldson@stir.ac.uk (J. Donaldson).

¹ Tel.: +44 01786466345.

2012; Gilbert, 2010). Dewar et al. (2010) successfully used appreciative inquiry to identify and share good compassionate care practice in wards settings. Adamson and Dewar (2011) found that actor-patients were instrumental in prompting compassionate interactions in students learning clinical skills in simulated settings. The high profile Francis report (2013) suggests that both undergraduate nursing programmes and professional development activities should focus more on culture and caring, with emphasis on the practicalities of delivering compassionate care.

As part of a larger programme in Scotland entitled Leadership in Compassionate Care Programme (LCCP) (Adamson and Dewar, 2011; Edinburgh Napier University and NHS Lothian, 2012) there was a strand of work in which the main aim was to develop compassionate nursing graduates. The programme developed its findings based on stories from patients, carers and registered and student nurses in ward settings. This study evaluates the use of digital stories developed by, and used by, nursing students in the classroom.

Reflection can be a powerful tool to aid learning from a particular event or situation (Atkins and Murphy, 1993). It is argued that description of an event or situation is enhanced by using a reflective framework to express and analyse thoughts and feelings, and evaluate the relevance of knowledge and any learning that occurred. Personal narratives are increasingly recognised to stimulate connection to events and facilitate reflection on them. Storytelling, or, use of narrative, is increasingly used in both healthcare practice and education and is explored further below.

Narrative pedagogy

Ironside (2006) argued that narrative pedagogy challenges students' assumptions and thinking, which can lead to new understanding on which future practice can be based. McAllister et al. (2009) suggest that this methodology can facilitate students' understanding of caring contexts and development of their professional identities. Narrative pedagogy has other evidenced advantages including gaining students' attention quickly, exposing students to moral dilemmas or problem-solving exercises, and enabling students to use the framework of storytelling to share success and develop a sense of community (Koenig, 2002; Woodhouse, 2007). It can also encourage interaction between learners, clinicians and educators (Andrews et al., 2001). Charon (2006) described the use of storytelling in student nurses and qualified nurses as a way of exploring and reflecting upon the realities of clinical practice.

Storytelling within healthcare emerged predominantly with service-users and carers using stories to share their personal knowledge and experiences to help healthcare practitioners understand and empathise with their situations and perspectives in order to enhance their interpersonal skills and promote person-centred practice (Costello and Horne, 2001; Edinburgh Napier University and NHS Lothian, 2012; Wood and Wilson-Barnett, 1999).

Moon (2010) provides an in-depth exploration of dimensions of storytelling within education and emphasises not only the importance of the context and language used but also the impact of both spoken and unspoken aspects of stories. She argues that their value lies in promoting learners' analytical and critical thinking skills. Moon and Fowler (2008) also propose that effective use of storytelling can offer educators a framework to promote powerful learning.

Digital storytelling

Digital storytelling uses contemporary technologies to help people tell their own stories in a compelling and engaging form. A digital narrative is a short (2–5 min) narrated piece of personal reflective writing, which may be combined with a musical soundtrack and photographs and/or other still images (see Table 1). The approach values and respects the power of individual voices and recognises that sharing and witnessing other peoples' stories can lead to learning and positive change (StoryCenter, 2015). Moon (2010) concludes with a caution regarding digital media, namely that it merely provides technology-enhanced ways of using story, and therefore the use of media format stories remains subject to all the other influences and nuances of traditional storytelling in learning.

Digital stories are increasingly used in healthcare settings as tools for service improvement (Patients Association, 2012), inter-professional education (NHS Education for Scotland, 2013), health promotion (Silver, 2001) and patient education (NHS Choices, 2012). The affordances of these technologies also offer new, exciting and creative opportunities to enhance learning within nursing curricula. Literature suggests that stories are grounded in reality that is recognisable to learners (Abma, 2003), can provide a multiplicity of viewpoints (Haigh and Hardy, 2011) and can be 'sense making' for learners (Boje, 1991). They can encourage students to examine their values and attitudes, a process that would be difficult to achieve by other methods (Brown et al., 2008). Adamson and Dewar (2015) found that podcasts posted in the virtual learning environment (VLE) encouraged students to reflect online about their placement learning although engagement with the task was limited. In addition they are inexpensive to develop and can be created to be culturally appropriate for the population (McAllister et al., 2009; Silver, 2001).

The Patient Voices Programme (2014) argues that there may be benefits for the story tellers themselves, including an increased sense of well-being, greater confidence and satisfaction. However, other literature suggests that stories can represent only one viewpoint, and that participants may be fearful or repressed in telling their stories (Abma, 2003; Haigh and Hardy, 2011).

The use of stories in learning and teaching within nursing education therefore requires further evaluation to strengthen the evidence base around it.

Aim and objectives

The overall aim of this study was to evaluate the use of digital narratives of compassionate care as a learning resource. In order to achieve this aim, two objectives were identified:

- To explore learning that occurred from listening to or watching compassionate care stories.
- To identify students' preferred story formats and other potential uses of compassionate care stories.

Design

Developing the stories

All undergraduate nursing students were invited to submit a short reflective account (500 words) of an experience which had deepened their understanding of compassionate care as part of the larger Leadership in Compassionate Care Programme, for which appropriate ethical approval was sought and gained from the relevant NHS Board and Faculty Research Ethics Group. The NHS

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