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Using narratives to enhance nursing practice and leadership: What makes a good nurse?

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ABSTRACT

Storytelling is an ancient practice that has functioned to maintain history, deepen empathy and understanding, and empower groups and individuals. Unfortunately, nurses are not encouraged to share their stories of contributions to patient care. In this article, 3 nurses share stories about learning to be good nurses, even while going against long-held nursing ideals. The authors argue that narratives can lead to a deeper understanding of nursing as a practice and discipline. The authors also contend that narratives facilitate the empowerment in nurses and patients using narratives; nurses recognize their power and facilitate their patients' recognition of power.

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Life must be lived forwards but can only be understood backwards.
[*-Soren Kierkegaard, Danish Philosopher.*]

Throughout our lives, we tell stories in various contexts and settings to communicate with others and construct meaning. Storytelling helps us develop our sense of coherence about the world in which we live. Scholars agree that using narratives as a teaching strategy encourages learners to critically reflect upon scenarios in deeply personal ways. Reflection and evaluation occur when learners consider why the actor in a story chose one path over another or why an outcome resulted from a particular course of action (Goodson, Biesta, Tedder, & Adair, 2010).

A narrative tells a story. Goodson (2006) defines *narrative learning* as the ways in which we learn through storying. It is not simply learning from the stories but the learning that happens in and through narration that is important (Goodson, 2006; Goodson et al., 2010). The narrative learning technique has been used extensively with adult learners in a variety of settings and recently in nursing education (Benner, Tanner, & Chesla, 1997; Crawley, 2009; Hunter, 2008; Ironside, 2003). Storying as a way of knowing is appealing to nurse educators grounded in Carper's fundamental patterns of knowing (Carper, 1978), which include empirical, ethical, aesthetic, and personal methods. Whereas, empirical knowledge gained through systematic investigation has earned the spotlight in recent years, the personal way of knowing is no less essential to good nursing practice. Berragon (1998) argues that the opportunity to reflect on personal emotions enables nurses to identify and respond most effectively to others' needs.

Narratives can help develop knowledge and respect for the diverse roles that nurses adopt. Narratives can help break down walls and assumptions within the discipline of nursing that label nurses *good* and *bad* (Goodson, 2006; Goodson et al., 2010). Two powerful forces divide nurses against each other: group oppression and the current health care environment, which often devalues meaningful interactions (Buresh & Gordon, 2006; Goodson, 2006; Goodson et al., 2010; Roberts, 2011; Roberts, Demarco, & Griffin, 2009). Both of these can be addressed with narratives.

According to Roberts (2011), group oppression is common in nursing. In health care, nurses are an oppressed group, subsumed by the medical model (Roberts, 2011; Roberts et al., 2009). To succeed, a member of an oppressed group must blend in and act and look like the dominant group (Roberts, 2011; Roberts et al., 2009). In this environment, being a "good nurse" means not challenging the system (Roberts et al., 2009). Often, this means accepting the medical model

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for nursing, which emphasizes the performance of tasks relegated by the dominant group (Roberts, 2011; Roberts et al., 2009). Group oppression is associated with lack of self-esteem and cohesion (Roberts, 2011; Roberts et al., 2009).

The health care environment can also alienate nurses from each other and their patients (Bowles, 1995). The emphasis on cost management turns hospitals into profit centers and subjects nursing units to an "increasingly scientific style of management in which skill mix and psychomotor competencies" (Bowles, 1995, p. 266) are valued over meaningful interaction. This paradigm is significant and can leave nurses, especially student nurses, in desperate need of clarity about what it means to be a nurse.

Humans are by nature "storytelling organisms" (Connelly & Clandinin, 1990, p 2). Although nurses are socialized to downplay their contribution to patient care (Buresh & Gordon, 2006; Roberts et al., 2009), we agree with Somers (1994) that narratives are a powerful method to discover, empower, and transform ourselves as individuals and groups. The empowerment of nurses is critical to reducing stress, improving commitment and job satisfaction (Wagner et al., 2010) and engaging patients in their health care. Empowered nurses are more likely to facilitate empowerment in their patients (Laschinger, Gilbert, Smith, & Leslie, 2010), which in turn facilitates optimal health outcomes (Jerofke, Weiss, & Yakusheva, 2014; Purdy, Laschinger, Finegan, Kerr, & Olivera, 2010; Shearer, 2009). Access to information, support, and resources allows the nurse to actively engage in change and innovation within the health care setting (Laschinger et al., 2010; Purdy et al., 2010). An empowered patient engages with her personal and social contextual resources to facilitate her own wellbeing (Shearer, 2009).

This article shares three narratives that can be used to enhance nursing students' practice and help them recognize empowerment in nurses and patients. In addition, this article explores various roles nurses play, what makes a good nurse, and the value of storying to develop critical thinking. Finally, the narratives in this article may foster discussion about the role of empowerment in nursing practice and how it relates to patient care outcomes. Discussion questions are provided to stimulate reflection and critical thinking.

Narrative #1: What Makes a Good Nurse? Allow the Family to "Interfere" in Patient Care

The qualities of a good nurse depend on who gives the definition. During my first year as a registered nurse on a cardiac step-down unit, a good nurse, according to fellow staff nurses and hospital administration, was efficient, smart, organized, helpful, a team player, and compassionate (without being too compassionate). During my first year as a registered nurse, I had several role models who taught me valuable practical skills—how to start an iv, read a telemetry monitor, calm upset patients, and talk to physicians. I will always look back at this formative year with vivid memories of important lessons learned. One of the most important lessons, however, was about the silent rules that dictated whether I was a good nurse or a bad nurse. I learned that doing what is best for patients and families could make me a "bad nurse" in the eyes of administration and fellow nurses.

On our unit, visiting hours were strictly enforced. Visiting hours provide quiet time for patients to heal and allow health care staff to do their jobs efficiently, without "interference" from patients' families and friends, and I did not question this rule until I took care of Sam. Sam normally resided on the oncology ward, where he received palliative treatment for lung cancer. Recently, he had developed a heart arrhythmia that required monitoring. When I first met Sam's wife and three daughters, I was overwhelmed by their questions and determination to remain in the hospital despite the strictly enforced visiting hours.

One daughter expressed mixed emotions about hearing her baby's heartbeat for the first time earlier in the day. She and her husband were excited about their first pregnancy. She was sad, too, that her dad would not live long enough to meet his first grandchild. She said, "I know that I could never hope for him to live long enough to see our child, but I just wish that he could have been healthy enough to come with me for this visit – to hear the heartbeat for the first time. It is such a miracle." Suddenly, I had an idea. I found the Doppler, which was only for detecting distal pulses on our patients. Tears streamed down the faces of the entire family as we listened to the heartbeat of Sam's first grandchild. By administration standards, I was a bad nurse for breaking rules: allowing family to stay beyond visiting hours and using hospital equipment against its stated purposes on someone who was not even a patient.

When I look back on my interactions with Sam and his family, I feel proud that I was able to help him "meet" his first grandchild. I also feel sad that I did not feel brave enough to share my story and work with fellow nurses and hospital leadership to empower nurses and patients. But I do feel empowered by sharing my story with current and future nurses. I hope we continue to share our stories with each other.

Discussion Questions

1. Have you ever written or spoken to a fellow nursing student, nurse, or nonnurse about your positive contribution to patient care? Did you experience different reactions (including your own thoughts and feelings) with different audiences?
2. Do you feel that hospital environments are set up to provide maximum efficiency, optimal and holistic care, or both?

Narrative #2: What Makes a Good Nurse? Value Each Other

As the sole registered nurse in an outpatient cardiac rehab program, I was responsible for conducting every intake, midterm, and concluding history and physical examination with each woman in our program. I enjoyed visiting with program participants in this quiet and relaxed setting. The hour-long appointment provided great insight into a woman's perspective, goals, and judgments about her ability to succeed in our exercise program. We spent a great deal of time discussing cardiac risk factors, reviewing evidence-based guidelines for treatment goals, and talking about what she was willing to do to reach her goals. After the history, I performed a thorough physical examination, listening for carotid and femoral bruits, checking breath and heart sounds, palpating peripheral pulses, percussing lung fields, and taking blood pressures. One day, a participant said, "You know, this is more time than my own doctor has ever spent with me, and certainly a better physical exam than I have ever had since I was diagnosed with heart problems." I clearly remember the appreciation and the relief in that woman's eyes as she made her confession. Upon reflection and years of experience with health care systems in two countries, I can relate to the significance and joy people feel when they are actually heard and someone (anyone!) stops long enough to pay attention to their concerns. When a nurse stops and pays attention, great things can happen.

As a nurse that day, I felt I was working to my highest and best use. I felt like a good nurse. However, that is not what the establishment had to say. The department was criticized by administrators who wondered why our appointments were 60 minutes long. I was criticized by nurse friends who thought that I spent my days "making flyers" (producing cardiac risk factor education material) and "acting like a doctor" (performing history and physicals). Annually on skill day, the facility's nurse educator wondered what to do with me because I did not insert nasogastric tubes or draw blood. Because I did not fit the mold, I was labeled a bad nurse and told that my

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