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**Telling and listening to practice-related stories:
Views and experiences of final year midwifery students**

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Abstract

Stories are used to communicate culture, belief, knowledge and understanding. This study filled a gap in the evidence and explored final year midwifery students' views and experiences of practice-related storytelling as a means for learning.

The initial study of four participants used an interpretive phenomenological approach. The main study, conducted in a different university in England, was informed by social constructivism and phenomenography. A purposive sample of 15 participants was recruited from two cohorts of final year students. Data were collected between November 2015 and March 2016, through four focus groups and two semi-structured interviews. These were analysed using a seven step phenomenographic process.

The findings indicate that stories are viewed as '*vehicles*' to communicate childbearing women's stories; '*signposts*' to help avoid mistakes in practice; '*batons*' to pass on learning to other students; '*comfort blankets*' to reassure and as '*capstones*' of learning. These metaphors are connected through the analogy of midwifery students' journeys towards registration.

Stories and storytelling link theory to practice, and engage students' emotions. They facilitate transformational learning, and are a memorable way to learn about practice. Stories are '*held onto*', particularly in challenging situations, and are a means for '*containing*' students' emotions. Students deliberately tell stories in their '*communities of practice*', within the '*liminal space*' of clinical practice, and when returning to university.

A conceptual model illustrates how stories and storytelling are viewed and experienced by midwifery students. Storytelling is a valuable pedagogical approach to learning. Educators should ensure story-sharing is embedded in curricula, and draw on their personal '*store of stories*' to enhance teaching. Service users' digital and face-to-face stories should be used to enable compassionate practice. Mentors should be able to debrief their own critical experiences before passing these stories on to students. Peer storytelling and listening opportunities should be facilitated in practice and university.

Acknowledgments

The origins of this study lies a long way back . . . ‘Rosalind loves a good story’ declared my infant school teacher in an end of term report. It was listening to women’s birth stories, many years ago as an independent midwife, which first inspired me on my research path.

Without the willingness and enthusiasm of the nineteen students who shared their views and experiences about stories and storytelling with me, this study could not have been written. Thank you so much, I am truly grateful. This is dedicated to you and all the midwifery students who follow after you. I hope that it has done justice to you.

Another storyteller who has greatly influenced me over the years is C.S. Lewis. In the *Horse and his Boy* he wrote about two horses named Shasta and Bree. Thank you, Judith and Josie, my research supervisors, for keeping me on track and riding alongside me on my journey. Your wise words, detailed feedback on every progress report and drafts of the whole study, along with your considerable experience as supervisors have been invaluable.

I greatly appreciated the Iolanthe Midwifery Trust for awarding me funding, and for being the recipient of the Ann Stuart award. Thank you as well to my university employers for contributing significantly to enable me to undertake this research study.

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Chapter One: Introduction and Background

1:1 Introduction

From the beginning of human history, stories have been used to educate, pass on values, and enable the sharing of common experiences (Banks-Wallace, 1999).

The primary place that oral storytelling played in teaching and preserving cultural identity was highlighted in Jordan's (1993) ethnographic study of birth in four cultures, where a 'store of stories' (p. 195) were accrued, ready to be drawn on and retold. In their work with adult learners, Caminotti and Gray (2012) likewise suggested that the majority of significant life events are shared through stories.

Smith and Liehr (2005) have challenged researchers and educationalists to recognise the fundamental role that stories play in both human experience and clinical practice. Whilst Farley and Widman (2001) recognised that women have always shared their life-defining birth stories with each other, thereby strengthening social connections. Meanwhile, within the world of nurse education, Yoder-Wise and Kowalski (2003) illustrated how stories can assist learners to contextualise and respond to unexpected situations.

This chapter provides the rationale for the research study, which explored final year midwifery students' views and experiences of practice-related stories and storytelling, and is set within the context of Higher Education and current midwifery practice. A resume of my midwifery career is given, along with a brief

account of how my research interest developed in exploring storytelling as a pedagogical means for teaching and student learning. Definitions are provided for the key terms which informed this study: narrative pedagogy, narrative, stories and storytelling and communities of practice. Finally, the content and structure of the research study is outlined.

1:2 Background

In 2014, the King's Fund, an influential English health policy organisation, identified the importance of using patient stories to inform care provision (Kings Fund, 2014a). At the same time, the Chief Nursing Officer's review of nursing and midwifery education in Scotland acknowledged that listening to patients' stories can make a significant contribution towards promoting effective and compassionate health care (Scottish Government, 2014). The work of the Kings Fund was later taken forward by the Point of Care Foundation (2017), which also recognised that stories help to explore how patients feel about what happens to them. The five-year plan to improve maternity services, the *National Maternity Review: Better Births* (NHS England, 2016) was also partly informed by stories of women and their families regarding the care they had received from professionals, including midwives.

Philosophers Ricoeur (1991) and Polkinghorne (1991) claimed that people remember their lives through stories. In a review of new pedagogies for teaching health professionals, Diekelmann (2003) suggested that stories not only provide

context and convey emotion, but can also inspire change. Drawing on twenty years of narrative inquiry research, Connelly and Clandinin (2004) also contended that stories and storytelling have communicative, connecting and transformative potential. Furthermore, stories provide a mechanism for coping with ambiguity in the workplace, as identified in Bird's (2007) action research inquiry, which took an interpretive ethnographic case study approach to explore narrative in a women's resource network.

In relation to using stories in Higher Education, however, Moon (2010) cautioned against presuming that humans are storied people. Nevertheless, storytelling has long been used as a teaching technique to facilitate 'teachable moments' by capturing students' emotions and imaginations (Woodhouse, 2011, p. 219). When Schwab (2013) used life story narrative interviews with 15 undergraduate and graduate psychology students to explore issues such as individual's spiritual belief systems, stories were found to enable a sense of identity, as well as assisting in meaning-making.

In their guide for educators and policy makers, Sharples et al. (2014) likewise identified that storytelling can be used as an innovative pedagogy, to evaluate specific events in the past and to anticipate future actions. They suggested that storytelling supported the ability of Higher Education students to connect different learning experiences coherently. As Murray (2015, p. 85) stated, in relation to undertaking narrative psychology:

Narrative pervades our everyday life, we are born into a narrative world
[and] live our lives through narrative . . . [Narrative] is concerned with the
human means of making sense of an ever changing world

1:3 Rationale for the research study

The Quality Assurance Agency (QAA, 2012) report presented a challenge for Higher Education to enhance academic quality, and the Higher Education Academy (HEA, 2012) report made key recommendations for transforming teaching, learning and assessment. Both suggested that this can be best promoted by actively facilitating students' participative learning, within communities of social and collaborative practice.

In their influential work on communities of practice, Lave and Wenger (1999) suggested that students learn more effectively through participative storytelling. In moving from talking about to talking within practice, they suggested that this facilitates a learning curriculum, as opposed to a teaching one. Building on this understanding, Koenig and Zorn (2002) described the benefit of using storytelling with students experiencing academic difficulties in order to facilitate more inclusive approaches to learning. In undertaking my research, I wanted to explore whether stories and storytelling enabled midwifery students' learning in these sorts of ways.

Boud et al. (1985) identified reflection as being central to transformative learning. They understood this to be a process of intellectual and affective activities that lead to

exploring experiences and developing understanding and appreciation of practice.

Other influential educational theories regarding how students learn through reflective practice include Kolb's (1984) cycle of experiential learning, Schön's (1987) understanding of the reflective practitioner and Moon's (1999) ideas about learning and professional development. These theories therefore informed my research study, which was also interested in how stories and storytelling can contribute to developing midwifery students' reflective practice.

Bailey and Tilley's (2002) ethnographic study of the relationship between patients and the family nurse recognised that stories told by patients living with acute episodes of chronic illness assisted nurse practitioners to understand how people make sense of acute illness. Rashotte (2005) likewise reflected on the useful role of storytelling as a means of providing moral structure within critical paediatric nursing practice. More recently, another ethnographic study by Martin (2011) explored five patients' stories in depth. The study highlighted the importance of imagery and metaphor as dominant features in storytellers' narratives. The findings suggested that narrative approaches to therapy are valuable, both to the practitioner and to those experiencing significant health changes.

Proposing that stories and storytelling can play a significant part in developing practitioners' empathy in health and social care practice, Fairburn (2002) acknowledged that they provide therapeutic and educational value within the caring professions. Frank (2013) took these ideas further in a collection of narratives told by people living

with illnesses, suggesting that listeners are drawn into the storyteller's values. Stories were thus seen to provide a helpful basis for making sense of complex health situations. More recently, Tevendale (2015) as a student nurse, recognised the enhancing role that storytelling can play, when she found that reading stories about excellent care was an inspirational and reassuring way to learn.

Despite this increasing appreciation of the value that storytelling brings to the learning process in Higher Education, Stephens (2009) highlighted that many lecturers remain ambivalent about deliberately incorporating stories and storytelling techniques into their classes. This reluctance, it was suggested, stemmed from a perception that this form of teaching was more akin to hearsay: the casual passing on of information from one person to another. It was perceived as being less robust than more formal lectures. My research study sought to provide evidence to counter this claim.

A further rationale for my research study was to explore whether storytelling strategies could contribute to the critical reflective learning opportunities that the current *Standards for supporting learning and assessing in practice* (NMC, 2008) and *Standards for pre-registration midwifery education* (NMC, 2009) require of midwifery students.

Gaining evidence to understand how learning about midwifery practice through listening to stories and storytelling could be a further means of enhancing the student learning experience. This could assist in developing compassionate midwifery students, and potentially help to make the transition more secure from being a student to a registered practitioner.

1:4 Personal interests in storytelling

As a midwifery educator and researcher I share the overarching philosophy of Smith and Liehr (2005), that stories are integral to most human interaction. This understanding has been undergirded by over 25 years in practice as a clinical midwife, of which 12 were as a self-employed, independent midwife. As a senior midwife, I worked in stand-alone birth centres, and attended many home births, in rural areas in England, Wales and Scotland. Within these diverse settings, I frequently observed friends and family members talking animatedly with pregnant women and new mothers about their own birth experiences. This provided motivation to undertake a small qualitative study, exploring the influence of friends and family members' birth stories on first-time pregnant women (Weston, 2001). The findings suggested that these stories played an influential role in their decision-making concerning plans for the place and mode of birth, as well as with regards to infant feeding.

When I moved into Higher Education in 2006, I observed similar lively conversations occurring between midwifery students – this time, concerning their practice and learning experiences. I subsequently conducted a small narrative inquiry on the value that midwifery students place on telling and listening to birth stories (Weston, 2011; 2012). Since then, I have regularly used storytelling activities in my teaching, often drawing on McDrury and Alterio's (2003) understanding, that storytelling enables reflection on experiences and contributes to improved learning opportunities.

1:5 Midwifery education and practice context

Midwifery students are required to gain a wide range of knowledge, understanding, skills and personal and professional attributes during their undergraduate programme.

The subject benchmark statements for health care programmes in midwifery (QAA, 2001) outlined the need for midwifery award holders to provide woman-centred care.

This also needs to be combined with understanding the cultural, social and psychological factors that influence pregnancy, childbirth, parenting and midwifery practice. Along similar lines to the QAA (2001), the current NMC (2009) *Standards for Pre-registration Midwifery Education* also set out how Higher Education Institutions and practice placements are required to prepare students to practice safely and effectively as accountable midwifery practitioners. These NMC (2009, p. 6) standards state that students are expected to be:

Woman-centred and responsive to the needs of women and their families . . .
with respect to individual needs, contexts, cultures and choices

In the present *Standards to Support Learning and Assessing in Practice*, the NMC (2008) requires midwifery mentors to create a positive environment for learning. This includes supporting students to reflect critically on their experiences, selecting appropriate opportunities to meet individual students' learning needs and facilitating appropriate strategies to integrate learning from practice and academic experiences.

As part of a wide-ranging review of midwifery practice, the UK Programme Midwifery 2020: Delivering Expectations (DH 2010) outlined the future shape and direction of

midwifery education. Promoting normality in the childbirth continuum was viewed as being a priority, whilst also preparing midwifery students to be able to provide care for pregnant, intrapartum and postnatal women with complex needs. The report also required midwifery educators to develop midwives with effective interpersonal skills and highly developed 'emotional intelligence', which was defined as:

Skills and knowledge to sustain authentic, empathetic behaviors and compassionate caring. (DH, 2010, p. 34)

Focusing specifically on midwifery education, the NMC commissioned the *MINT Midwives in Teaching Project* (Fraser, 2010) to evaluate midwife teachers' unique contribution to outcomes for women and their families. This wide-ranging, national study gathered data from 165 midwifery students, who completed questionnaires, and 120 who participated in focus groups. Fifty-one Lead Midwives for Education completed questionnaires, as did 228 midwife teachers, of whom 37 participated in focus groups. Additionally, 35 newly qualified midwives provided diary accounts of their experiences. A key finding from this report identified the role that midwife teachers played in assisting midwifery students to navigate the transition processes to becoming newly qualified midwives. An important recommendation was for greater integration of theory and practice, with regular timetabled opportunities to facilitate reflection on practice situations.

In a two year, multi-method evaluation of 'Flying Start NHS', a national web-based educational resource in Scotland designed to support the transition from student to

newly qualified health professional, final year nursing, midwifery and allied health students emphasised the importance of feeling valued as part of a team (Banks et al., 2010). Data were gathered from a large sample of 547 recently qualified practitioners and 228 employers. Students reported feeling afraid of making mistakes during their transition to becoming newly qualified practitioners. The evaluation identified the need for all NHS staff to be aware that they are role models for future health professionals, and for students to be well supported in placements.

In considering the context of midwifery education and the wider setting, my research study has the potential to inform education and practice. The use of stories and storytelling in undergraduate midwifery education could be a way to contribute to the requirements of both the QAA (2001) and NMC (2009) and also respond to Midwifery 2020 (DH 2010) the MINT project (Fraser, 2010) and the Flying Start Programme (Banks et al., 2010).

1:6 Definitions of stories, storytelling and narrative pedagogy and communities of practice

In their exploration of community-based nursing practices, Sorrell and Redmond (2002) stated that stories represent individual accounts of an event, creating memorable pictures in the listener's mind. In relation to how storytelling can be used to develop empathy and understanding in the caring professions, Fairbairn (2002) defined real stories as:

Stories about actual people . . . who are either experiencing or have experienced the events that are described (p. 23).

Reflecting on the narrative research approach, Moen (2006) viewed storytelling as a way of recounting and creating order out of experiences. Moon (2010) similarly suggested that stories are an active means of inquiry, permitting interpretations to be compared and researched. Moon differentiated between stories and narrative, which she described as telling a sequence of events that the narrator considers significant for the audience. East et al. (2010) expanded on this definition, viewing narrative as structured, formal accounts that contain researcher additions and omissions. By contrast, Ironside (2003) defined narrative pedagogy as a means whereby educators and students share stories of their lived experiences. This approach to teaching challenges assumptions about learning, in which students and educators explore together the meaning of caring in nursing practice. It also builds on Deikermann's (2001) definition of narrative pedagogy, which brings together conventional, critical, feminist, postmodern and phenomenological perspectives.

The primary definitions which have informed my research study are derived from Moon and Fowler's (2008) story-defining framework. This views personal stories as the description of, and reflection on, personally experienced events that have been made public to at least one other person. I also used their definition of *known* stories which are told in a shared setting – for example, within a common profession or workplace – and *non-fiction* (or not personally known) stories, which are taken to be authentic, such

as a case history or critical incident. Wenger-Traynor's (2015, p. 1) definition of 'communities of practice' informed the study, whereby:

groups of people engage in a process of collective learning in a shared domain of human endeavor. They share a concern or a passion for something they do and learn how to do it better as they interact regularly.

1:7 Thesis structure

This chapter has introduced the background to the research topic and provided a rationale for the study, along with a brief overview of my personal interest in stories as a means for learning. Chapter Two presents a critical review of the literature. This identifies what is already known about the research topic, as well as highlighting gaps in knowledge and understanding, providing further justification for this study. The review additionally considers the theoretical evidence around phenomenography, contrasting this with phenomenology. It includes examples of empirical studies that have used a phenomenographic approach in Higher Education and health care practice, and explains why this approach was used in my main research study.

The research design and methods are justified in Chapter Three, which also considers the social constructivist theoretical framework that has been taken. Philosophical, ontological, and epistemological issues are explored, and ethical issues, including consent and anonymity, discussed. An overview of how the initial study was conducted, and how this informed the main study is also presented. The methods of data collection

and how data were analysed using a phenomenographic approach are then explained in detail.

The findings are presented in Chapter Four through phenomenographic ‘categories of description’. Metaphors explain how stories and storytelling are viewed and experienced by midwifery students. These are connected through the phenomenographic concept of the ‘outcome space’, using the analogy of students being on a journey to becoming qualified midwives. The discussion of these findings is then presented in Chapter Five. These are interpreted through the lenses of aspects of four influential theorists’ work: Bion’s (1984) containment theories, Winnicott’s (1989) ‘transitional objects’ with infants, Van-Gennep’s (1960) rites of passage – specifically the ideas surrounding liminality – and Vygotsky’s sociocultural theories, where social interaction leads to conscious changes in thoughts and behaviours (Cole, 1978), and later developed by Lave and Wenger (1999) as communities of practice. From this I have developed a new conceptual model. This shows how stories are viewed and experienced by final year midwifery students, by being told in both the liminal spaces of clinical practice and university, and within their communities of practice. Chapter Five also provides a critical reflection of the strengths and limitations of the study.

Chapter Six makes suggestions for further research, discusses the implications of my study for educators and practice. It also makes a series of clear recommendations for midwifery education, practice, and health care policy – which could have wider implications for other educators in Higher Education.

1:8 Conclusion, Research Aims and Question

This introductory chapter and background evidence has pointed to the potential value of stories and of storytelling in both Higher Education and clinical practice. To date there has been limited specific research into how storytelling could be used in midwifery education. There is also a paucity of evidence about how midwifery students themselves view stories and storytelling as a means for learning, and this was part of the rationale for undertaking this research study, in which I have sought to contribute to the evidence gap by exploring the role of storytelling and story-listening as a pedagogic tool in midwifery education.

The aims of the research study were therefore to explore how *telling* practice-related stories was viewed and experienced by final year midwifery students, and to explore how they also viewed and experienced *listening* to practice-related stories.

The research question asked:

What are final year midwifery students' views and experiences of telling and listening to practice-related stories?

Chapter Two: Literature Review

2:1 Introduction

This chapter presents a critique of the literature which explored what was already known about stories and storytelling, particularly in Higher Education. This critique, informed both the initial study and the main study, and enabled a wide consideration of the evidence base concerning storytelling as a pedagogical approach to student learning. A definition of transformative learning is provided, with a brief description of storytelling as a transformative learning experience as it relates to the literature, being presented in the discussion. The gaps identified in the literature search provided a justification for undertaking the research. This chapter also includes a critique of the literature regarding the chosen methodology. It offers a rationale for using phenomenography in the main study, rather than the broadly interpretive phenomenological approach that was used in the initial study. According to Mezirow (2009, p. 22):

Transformative learning may be defined as learning that transforms problematic frames of reference to make them more inclusive, discriminating, reflective, open, and emotionally able to change.

Transformative learning has a number of elements whereby a person can be initially engaged in activities which contributes to a sense of having a 'disorientating dilemma'. This then causes an adaptation or 'shift' in one of their 'meaning schemas' or perspectives, which are part of their 'frame of reference' (Mezirow, 1991).

Furthermore, this change can be rapid or 'epochal' or slow and 'incremental', over a longer period of time. Consequently, suggested Howie and Bagnell (2013), this contributes to a degree of uncertainty in a person, so much so that critical reflection occurs with efforts being made to seek to make sense of experiences.

As a result of critically appraising the literature, six themes emerged which have provided structure to the analysis. The first considers the wider use of storytelling in Higher Education. The second provides an overview of the use of stories specifically in relation to medical education. The third examines the evidence for using narrative pedagogy in nursing curricula, and also critiques storytelling innovations in nurse education. The fourth investigates the use of digital and multi-media storytelling in health care education. The penultimate theme considers how service users' stories can contribute towards student learning, whilst the final one reviews the evidence for the use of storytelling with midwifery students and narrative-based curricula in midwifery programmes.

2:2 Search strategy

As a result of conducting the initial study key search terms were expanded and revised. The following words were used in a variety of combinations, along with the Boolean operators AND/OR to expand or narrow the search:

Midwifery/Midwives/Nurse[s]/Students/Views/Experiences/Mental health nurse
/Psychiatric/students/Children's nurse/ Learning disabilities

Students/Medical students/Social work students/ Occupational health students

Story/Stories/Storytelling/Narrative[s]/Practice/Practice-related/Reflection/Emotion[s]/Compassion/Higher Education/Undergraduate/Learning Pedagogy/Pre-Registration/Curricula[um]/Programme[s]/Digital /Multi-media/Stories/Learning technologies/Service users/Child-bearing women's/Peer[s]/Mentor[s]/Lecturer[s] Stories.

Phenomenography/Phenomenographic /Phenomenology/Higher Education/Health/Stories/Storytelling

Research studies and theoretical papers were included if they were concerned with how narrative pedagogy and storytelling are used in Higher Education. Papers were included if they reported on how stories and storytelling are used in undergraduate learning in allied health professions, medical, nursing and midwifery programmes. Studies were also included if they explored how digital stories may enhance student learning in Higher Education and health care programmes. In order to maintain focus on practice-related storytelling in undergraduate health programmes, studies were excluded which focused on storytelling in business, leadership, organisations outside Higher Education or those concerned with graduates and registered health practitioners. Papers published in the United Kingdom (UK), Europe, United States of America, Canada and Australasia, between 1995 and 2015, were accessed for the purpose of conducting the main study. These countries, and this time frame, were considered sufficiently wide-ranging, yet also focused enough to elicit relevant evidence to inform the main study.

A consideration of theoretical papers which discussed phenomenography has justified using this methodological approach in my research study. Six empirical studies in Higher Education and health care were critiqued to give examples demonstrating how phenomenography can be used as an approach when interested in learning about the differences and variations of peoples' experiences.

The following search engines and databases were accessed, from March 2014 to December 2015: Ovid online, Medline, CINAHL, Blackwell-Synergy, Taylor Francis, Science Direct, Sage online, Google Scholar, SUMMON, along with ResearchGate, the British Library EthOS, and the Open University's access to online theses and dissertations. Research alerts were set up via Research-Gate, and RSS feeds, to identify relevant unpublished literature.

Abstracts were screened for pertinence, and full texts obtained for those that met the inclusion criteria. Relevant references from these articles were also followed up. Upon reading the full texts of these papers, several were excluded because they were opinion papers, were of insufficient quality, or not directly relevant to the topic. Empirical research, literature reviews and key theoretical papers were included See Appendix 1 as an example of the process taken, using one search engine.

Aveyard's (2010) recommendations were applied by ensuring the literature was analysed using appropriate methodological critiquing tools, before being synthesised and presented thematically. Accordingly, the checklist for critiquing qualitative research from the Critical Appraisal Skills Programme (CASP, 2013) was used (see Appendix 2).

This funneling down of evidence ensured a rigorous process for selecting the final papers for the literature critique. This included 29 empirical research studies and literature review papers. For ease of cross referencing to the summarised and enumerated papers in Appendix 3, each paper is numbered in the main text, in square brackets.

Subsequent to conducting the literature review, for the main study, I continued to access literature published after 2015. I used the same search criteria in order to update on any further studies that would be relevant to inform the discussion chapter. As a result, five further studies were identified and are critiqued in a separate section at the end of this chapter.

2:3 Storytelling in Higher Education

The first theme identifies the wider use of storytelling and some of the potential strengths and limitations for using storytelling as a means for pedagogy in Higher Education. Health researchers and educators McDrury and Alterio (2003, p. 8) offered a 'Reflective Learning through Storytelling Model' for lecturers working in Higher Education. This strategy included a five stage storytelling approach: story finding, storytelling, story expanding, story processing and story reconstructing. They viewed storytelling as a powerful tool which supports students in developing their professional practice, and a useful structure to develop reflective learning in Higher Education. This assertion is well supported by evidence presented throughout the book, which is based

on the authors' work in Higher Education teaching practice, their expertise adding authenticity to the recommendations.

Moon's (2010) theoretical proposals for using storytelling in Higher Education are similarly wide-ranging, suggesting that stories can stimulate thinking, judgment and decision making, and assist in illuminating multiple perspectives about situations. Moon stated that when students and educators learn to tell oral stories effectively, engagement in learning, which is central to good teaching, is facilitated. Stories also enabled students' memory and recall of thoughts, feelings and ideas. As with McDrury and Alterio, Moon's extensive experience in Higher Education helps to validate her assertions.

Tomkins' (2009a) learning and teaching guide, which explains how undergraduates can develop skills in critical reflection through stories about mentoring, was adapted from both Moon's (1999) *Map of Learning* and McDrury and Alterio's (2003) *Stages of Learning through Storytelling Model*. This provided a useful framework for active learning, enabling students to prepare stories about significant events, and to develop critical thinking skills, in the context of peer mentoring.

Building on this framework Tomkins (2009b) [1] subsequently explored the development of skills in critical reflection, by taking a case study approach with six leisure management final year undergraduate students, who were on a post work experience module. The students' assessment required them to reconstruct prior learning from critical incidents experienced in the workplace. These were then

developed as stories of personal development for use in mock interview situations. Data were thematically analysed, and the themes linked this to the five stages of learning through storytelling (McDruy and Alterio, 2003).

The outcomes of Tomkins' (2009b) study suggested that students valued the collaborative learning facilitated by creating various perceptions of their work-based stories, whilst being supported by peer mentors. Students reported that transformation in their own learning had occurred as a result of the storytelling process. Direct quotes from students' evaluations of the learning experience added authenticity to the findings.

The impact of storytelling with undergraduate dietetics students was examined in Lordly's (2007) [2] small-scale exploratory research study. This was a 28-item, self-administered survey of a class of 17, with a high response rate of 88%. The results showed the value of storytelling in nutrition students' education, assisting students to instigate discussions about challenges within practice. The study concluded that storytelling developed ways of knowing about practice by promoting dialogue about their clinical practice. It further suggested that storytelling had the potential to influence how students respond in practice by becoming more critical practitioners. Lordly highlighted the dangers of overvaluing personal experience through narrative, but counterbalanced this warning by recommending the importance of using both student and educator initiated stories to enhance individual and group learning.

Brady and Gringras (2012) [3] also explored dietetics students' experiences and perspectives of storytelling to enhance food and nutrition practice. The target population was 19 undergraduate students in a nutrition class. Ten participants took part in a qualitative survey which was repeated at three points during their programme. In order to illicit deeper responses, a focus group was conducted with four participants, who had also completed the survey. These indicated that storytelling allowed students to develop their persona as dietitians as they found their professional voice, suggesting the therapeutic and educational value in storytelling. Storytelling was also shown to help students to more readily connect the academic and practical aspects of dietetic training and practice.

Brady and Gringras (2012) suggested that although there is a perception amongst some academics that storytelling lacks pedagogical validity, the findings of their study did not support this, with dietetics students perceiving storytelling to be a creative part of learning. It also helped students to develop greater empathy for those people who used dietetic services. These findings also counter Stephens' (2009) claim that stories are less pedagogically sound than more didactic ways of teaching and learning. Although the sample size, together with the low response rate, limits the study findings to one practice environment, data triangulation, with two methods of data collection, enhanced the credibility of the findings. Direct quotes from participants and the longitudinal study design also contributed to the richness of the data and authenticity of the study. Further recommendations were made, proposing a study to analyse how other forms of storytelling could inform future dietetic programmes.

2:4 The use of narrative and stories in medical education

Lowry (1993) suggested that medical students quickly learn to standardise and structure any encounter with patients. As a result, they often lacked listening and interpretive skills. General Practitioners and Senior Lecturers in London teaching hospitals Greenhalgh and Hurwitz (1998) asserted that the full potential of stories had yet to be realised in medical education. They viewed patients' narratives as ways of developing empathy and promoting understanding between clinician and patient.

As a Professor of Medicine, Connelly (2005) suggested that narrative opportunities are a central aspect of the relationship between doctor and patient, noting furthermore that the potential for error or misdiagnosis is increased if doctors do not listen attentively to the patient's story. More recently, Frank (2013), a Professor of Sociology, suggested that patients are like wounded storytellers, who can enable doctors to understand their experiences of ill-health through the vehicle of storytelling.

D'Alessandro et al. (2004) [4] undertook an evaluation of a paediatric Digital Storytelling System (DSS): *Virtual Pediatric Patients*, in which eight digital stories were created for third year medical students and other health professionals. Over a period of four and a half years, 360,000 users accessed the story pages. Online survey responses were collected from 1999-2003, but only 393 respondents completed a ten item online survey using Likert scales to respond to questions. The findings suggested that the majority of students felt that they would remember some part of the case in the future, although this was not confirmed by a follow-up survey. The low response rate, and the

possibility of those who were more positive about the DSS having completed the survey, could have biased the findings. The study is also limited in that the original stories were compiled in 1996, and may therefore not be so up-to-date and relevant to practice.

More recently, Yue-Hung Hu et al. (2012) [5], stated that 'war stories' (p.63), or stories about things going wrong during operations, are common-place in surgical education. Little is known, however, about their purpose or use in terms of educating trainees. Their grounded theory study analysed ten complex operations, which were both videoed and audio taped. In nine cases out of ten, 24 stories told by surgeons to medical students were identified. The findings suggested that these were intuitively used by surgeons to teach both operative techniques and professionalism. The study concluded that whilst this often under used approach had considerable potential, they cautioned that stories may be told as a result of selective memory or embellishment, and thus hinder or even bias student learning. Two methods of data collection were used, achieving a degree of data triangulation which enhanced the quality of this small exploratory study. A larger sample size could enable greater transferability of the findings.

2:5 Narrative pedagogy and innovative storytelling in nurse education

The following theme presents theoretical perspectives of narrative pedagogy from nurse educators and evidence for how storytelling has been evaluated and researched in nurse education. Nursing theorist and academic Benner (2001) suggested that storytelling provides a memorable means for learning and contributes towards nurses

progressing from being novices to expert practitioners. Having noted that interactions between patients and nurses give the opportunity to gather stories, Professors of Nursing Smith and Liehr (2005) proposed a story theory that nurses could use in practice. Here, intentional dialogue between a nurse and a patient becomes a narrative encounter, with the potential for creating a patients' ease and comfort, which helps them move towards a resolution on a health challenge – a process which they claimed is fundamental to all nursing practice.

Over a 12 year period, Deikermann (2001)[6] undertook a Heideggerian hermeneutical analysis of 200 students, teachers and clinicians in nurse education, asking them to tell stories about what their lived experiences meant to them. From the themes identified, it was theorised that narrative pedagogy was an effective method for transforming nursing students from passive listeners to active learners. It brought teachers and students together to focus on interpreting peoples' experiences and to explore new possibilities in practice and education. Direct quotes from participants supported these findings, and added transparency to the discussion of the findings. No limitations to the study, however, were presented.

Exploring examples of narrative pedagogy, Brown et al. (2008a), theorised that it transforms traditional nursing education. The aim of the paper was to explore how narrative pedagogy could be used in nurse education to expand the pedagogical literacy of nurse educators. Drawing on Deikermann's (2001, p. 283) work, the paper described narrative pedagogy as:

A way to develop critical thinking, analyse concepts, ideas and situations . . . when the ability to know and connect with students becomes the focus of the learning environment.

The evidence suggested that this could be one of the most effective ways of recalling events, capturing imagination and bringing facts to life. Storytelling and relating personal experiences, in particular, promoted empathy and understanding, and enabled students to think about lived experiences and the meaning of caring. This was a theoretical paper, rather than empirical research, but in recognising that limited evidence existed about the effectiveness of narrative pedagogy in enhancing the student learning experience, it offered a helpful critique of the issues.

Another theoretical paper, presented by McAllister et al. (2009) challenged the 'illness model' of health care, which similarly showed the effects of narrative pedagogy when it was introduced into a new nursing curriculum in Australia. Students were encouraged to develop a clear sense of professional identity, and to re-orientate themselves away from technique-driven care. Student evaluations suggested that narrative pedagogy assisted understanding of the complexity of providing care, raised cultural awareness, and deepened awareness of political and social practices. It also developed understanding of nursing within a community, emphasising the importance of the context of care.

Narratives also facilitated exploration of personal and professional roles and development, particularly when preparing for the role transition involved in becoming a

qualified nurse. Engagement in personal stories was shown to encourage transformative thinking and learning. Although direct quotes from student evaluations added authenticity to McAllister et al.'s (2009) discussion, this was a theoretical paper and limited to one university, but it nevertheless provides some non-empirically based insight into how stories and narrative pedagogy inform student learning.

In America, Davidson (2004) [7] adopted a Heideggerian hermeneutic phenomenological approach to examine the experiences of undergraduate students enrolled on a women's health issues course, where storytelling was the main teaching and learning tool. A single focus group was used to gather data from a purposive sample of ten participants. Although the response rate is not identified, ethical issues were discussed and a clear explanation of the data analysis process was given, along with returning the transcribed data back to participants for member checking, thus enhancing the trustworthiness of the findings. These identified that storytelling was perceived as personalising learning, enabling participatory learning and facilitating group trust in a safe environment. Additionally, storytelling promoted active learning, linked real life examples to theoretical evidence, triggered information recall and made learning more 'real'. This was seen to lead to increased discussion and consideration of alternative perspectives. The study concluded that the use of more diverse teaching tools, such as storytelling, enhanced the student learning experience in the classroom.

The methodological approach used in Davidson's (2004) [8] study was appropriate since phenomenology is concerned with the meaning of life experiences, language and

common practices. The choice of a focus group for the data collection aligned with the methodology, as the study was interested in the phenomenon of storytelling in a classroom setting. Data saturation was described as being reached after two hours of discussion, using open-ended questions.

Furthermore, bracketing, as described by Husserl (1970), was used to set aside personal biases and assumptions until after the data were analysed. It was recognised how challenging it is to set aside personal opinions and to be completely objective when the researcher is also an educator, but it was suggested that the bracketing used in this study helped to achieve a more authentic account. The data analysis process was explained in detail, enhancing the credibility of the study. Limitations of the study were recognised in that the participants were all female. It concluded that student learning outcomes also need to be measured, which should include observation of students' retention of knowledge, and interaction with clients.

Reporting on a two year grant-funded university educational project, American nurse educators, Schwartz and Abbott (2006) [9], along with ten faculty members, designed and implemented a model for teaching health care management to student nurses. Using storytelling techniques, such as case studies, journals, stories from practice and reminiscence therapy, the evaluation suggested that this enabled nursing students to apply theory to clinical practice. Furthermore, they considered the concept of storytelling to be a vital way of teaching students, and recommended it as an effective method for both communicating knowledge and problem solving. Faculty members also

reported that this strategy helped students remember content and listen attentively to what patients had to say. Quotes of nurse educators, along with students' perspectives on storytelling as a means for learning, enhanced the credibility of the four themes that emerged from the project: listening, partnership, reciprocity, and solidarity. No explanations were provided, however, as to how the themes were analysed, therefore limiting the transparency of the project and its outcomes.

Sochacki's (2010)[10] postmodern constructivist phenomenological study, also conducted in America, aimed to discover how nine nurse educators used real life stories to add authenticity when facilitating learner-centred construction of meaning in nursing care. Purposive sampling was conducted using a 'snowball' technique; data were collected through interactive interviews, and follow-up telephone calls or emails. Observation of participants was also used to collect data along with analysis of the curriculum and instructor documents. This data triangulation added rigour to the data collection process.

Using a constant comparison process, Sochacki (2010) [10], analysed data, and coded and compared this across categories. Since the study was concerned with the lived experiences of nurse educators, this was an appropriate method of data analysis. It strengthened the findings, which showed that educators carefully considered the ways in which they used storytelling to develop students learning, helping them to reflect on patients' care, as well as to think critically about the story itself. Stories were perceived to engage students' affective domain, by provoking their emotions, thereby supporting

Bloom's (1956) influential taxonomy of learning. The use of frequent direct quotes contributed to the authenticity of the findings. The study concluded by making recommendations for nurse educators that:

If stories are to be used, then the educator must ensure that the content of the story has a clear connection to the expected student learning outcome.

(Sochacki, 2010, p. 127)

Pertinently, Sochacki (2010) [10] stated that pedagogical issues should also be taken into account, and that stories should not just be used because they are enjoyable. Sochacki further cautioned that stories with advanced concepts or complex interventions may not be suitable for novice student nurses, and that nurse educators with limited patient care experience may have a smaller 'store of stories' to draw from.

A limitation of the study was that it was conducted in one university, with participants who were already making positive use of stories in their teaching practice. A range of recommendations was made for further research, including a longitudinal study and another involving other institutions. It also recommended that student learning from stories required additional assessment to ensure that the method was achieving its goal.

As part of a larger research project which involved interviewing nurse educators to explore how they made teaching engaging and meaningful for student nurses, Crookes et al. (2013) [11] undertook a wide ranging critical review of 205 papers, between 2003 and 2013. Ten papers were identified as specifically showing how narrative teaching techniques facilitated links between theory and practice, making course content more

memorable. Data were thematically analysed, with the findings suggesting that narrative enabled students to reflect on theoretical content and apply this in practical settings. Using narrative as a way of learning also made course material easier to recall in practice. Although this review focused on only ten papers, the explicit search strategy gave sufficient detail to show how papers were included or excluded, thus contributing to its quality.

An innovative and creative tutorial exercise was evaluated by Morrison (2009; 2010) [12] in Australia with a small group of eight general nursing students. This was in order to support the production of an assignment which required students to develop a critical awareness of how the media influences peoples' perspectives of mental health and mental illness. Students were asked to write a short narrative, based on their understanding of mental illness from its portrayal in the media, and to share these stories in small groups in a classroom setting.

The tutorials were undertaken using an adapted method, known as 'reflecting teams' and 'outsider witness' (Morrison, 2010, p. 21), which is often adopted in therapeutic care and mental health practice. Students fulfilled the role of a reflecting/outsider witness team. A three stage approach was taken: first the telling of the story, then the re-telling of it by the outsider witness team, and finally the storytellers themselves reflecting on the new ideas that emerged. Subsequent to the tutorial, students were asked to respond in writing to their reflections on their learning. Students reported feeling they had acquired a much better understanding of peoples' pain and sense of stigma. They further

considered that their perceptions and stereotypes had changed as a result of the learning experience.

Students' direct quotes strengthened the evaluation of this storytelling classroom exercise. Caution was sounded about overemphasising the use of this approach within the complexity of learning about mental health, without further revisiting the classroom exercises on a regular basis. Nevertheless, this paper illuminates the benefit of storytelling as a means for critical reflection.

Shaw's (2009) [13] discourse analysis, based on social constructivism, was used to analyse 39 taped verbal stories told in a classroom setting by five learning disability nurse lecturers to learning disability students. It aimed to explore the meanings rooted in stories about client care, considering the language used in learning disability nursing. The five year longitudinal study involved different cohorts of students and lecturers. Data were gathered from 20 teaching sessions, of which seven were observed and 13 non-observed. Five interviews with lecturers were taped and transcribed verbatim. Open coding was used to analyse data, which were read and re-read to identify common and influential themes and the discourse around the language used in the stories.

The study's findings identified four key discourses: medicalisation, professionalisation, political inclusion and exclusion. Two illustrative vignettes of lecturers' stories were presented to support the findings, which showed that the language used by lecturers was that of medicalisation of people with learning disabilities, with the dominant discourse being an attempt to justify control of them. These vignettes provided evidence to

support the findings and a degree of confirmability. There was, however, limited discussion on the negative terminology and language used in the stories. No recommendations were made as a result of the study; neither was any recognition of the limitations of the study provided, which limited its transferability to other practice settings.

Nursing students can face feelings of high anxiety when on mental health placements, as Koskinen et al. (2011) [14] suggested. In a narrative study that drew on a small sample of twenty Finnish second year student nurses, Koskinen et al. (2011) aimed to describe the means by which nursing students learn about mental health and their responses to the challenges of working in a psychiatric practice placement environment. The purpose was to improve mentoring and supervision for future student cohorts. Students were asked to write a critical narrative about a significant event from their practice. Based on Polkinghorne's (1995) five steps for narrative analysis, Koskinen et al. (2011) subsequently analysed 39 critical incidents which were written by the participants, by using firstly an initial working framework, then a trial framework, followed by a story configuration phase and finally a storyline phase. This structured approach to data analysis added to the credibility of the findings. This suggested that there were three consistent themes throughout all the critical incident narratives: firstly, that narrative increased students' self-awareness and self-esteem; secondly that it helped them to gain a greater understanding of the nurse/patient relationship, and finally that it enabled a wider exploration into how mental health care methods could be used in practice.

Whilst the study was limited by a small sample size and by being conducted in only one university, the findings were considered more trustworthy as the result of inter-collegial review of the data. Examples of students' narrations are included in the text, presenting clear evidence to support the findings, thereby adding transparency to the study. Reliability and ethical considerations are discussed and clearly explained. The study concluded that critical incident writing stimulated students' narrative skills and potentially sensitised them to listening to the stories of future patients. A caveat is also given in that students, by writing their stories, must sense:

A feeling of belonging, they need encouraging mentorship, active involvement in patient care and space for reflection on feelings and emotions. (Koskinen et al., 2011, p. 627)

Hunter's (2008) [15] narrative analysis study also used students' written reflections on stories as data to be analysed. Part of the aim was to explore whether writing stories facilitated nursing students' understanding of the art and science of nursing. Twenty-five personal stories, written by junior nursing students, were analysed. These had originally been submitted by students for a course assignment to explore how personal experiences of health – or ill health – may affect students' practice. Carper's (1978) theoretical model '*Fundamental Patterns of Knowing*' was used to examine the content of the stories for empirical, ethical, personal and aesthetic patterns of knowing. Direct quotes illustrated the findings, contributing to the trustworthiness of the study.

The potential for researcher bias was recognised from the outset of the study in that the researcher had taught the students, and considered storytelling to be a beneficial teaching strategy. To minimise this potential risk, reflective strategies based on Carpers' (1978) model were used to assist with being more grounded when analysing data and writing up the study. These contributed to reducing bias in the findings which concluded that story writing and storytelling *is* a means to integrate the art and science of nursing education.

Finally, Haigh and Hardy (2011) presented a conceptual paper exploring storytelling in health care education, conducting a wide-ranging review of literature from 1975-2007. This aimed to identify evaluations of the use of storytelling techniques in education, along with the role of storytelling in healthcare delivery, and the skills learned, and the benefits derived, from storytelling. The findings suggested that stories and storytelling enhance education in that they instill tacit values in a learner community. Narrative pedagogy enabled greater understanding of the values of the profession, along with promoting group identity. The main source for stories came from students or educators, rather than service users or patients. Since much of the literature reviewed was old, some of the evidence may not be relevant to current nurse education teaching and learning environments. It concluded, however, that although service users' stories were comparatively neglected in health care, they had the potential to affect change, particularly when communicated by means of digitally facilitated storytelling.

2:6 Digital/multimedia storytelling

Since the publication of the Chief Nursing Officer for England's *Compassion in Practice Vision and Strategy* (DoH, 2012) and the report of the *Mid-Staffordshire NHS Foundation Trust Public Inquiry* (Francis, 2013), the need for compassionate care in midwifery and nursing practice has been brought into sharp focus. Hardy and Sumner (2014) suggested that one way for this to develop was through digital stories. This is when people create their own short narratives through a combination of visuals, music and recorded voice, an activity that Ironside (2013) described as a modern expression of the ancient art of oral storytelling and cave pictures.

Firth-Cozens and Cornwell (2009) conducted a review of the literature on compassion in health care and ran a workshop on the Point of Care programme. Here the use of real patient stories, especially if the patient was actually talking, was perceived as being powerful, helping to change professionals' attitudes towards care. Hardy and Sumner's (2014) ongoing work with health professionals and service users, in their ten year 'Patient Voices' programme, has also recognised that digital stories can contribute to fostering compassion and transforming health care.

Hardy's (2007) [16] action research study: *An Evaluation of the Patient Voices' Programme* aimed to evaluate the impact that these stories had on health care education, practice and decision-making. The sample population was drawn mainly from universities and healthcare organisations where the Patient Voices programme had been used in teaching. Of 100 people invited to take part in the study there was a

40% response rate. A second sample of 30 undergraduate 2nd year nursing students also took part. Focus groups and interviews were used as data collection tools. Data were coded and thematically analysed.

The findings of Hardy's (2007) study identified digital stories as being a valuable means by which to effect change, as well as to humanise health care delivery and clinical practice. Their particular strength was recognised in that they fostered greater empathy and understanding of patients' experiences of health care. Direct participant quotes provided evidence to support the findings. Limitations of the study were not identified, although the reasonably large sample and two different methods of data collection enhanced the quality of the study.

Christiansen (2011) [17] undertook a phenomenographic study which aimed to identify the different ways in which patient digital stories influence students' professional learning. Twenty final-year pre-registration nursing students from all four fields of nursing: adult, child, mental health and learning disability were interviewed in depth, ensuring the variation phenomenographic studies require. Transparency of data analysis and participants' direct quotes added credibility to the findings, which suggested that digital stories encouraged students to reflect on practice and to engage with other's life experiences. Because phenomenographic researchers are challenged to stay open to students' descriptions without their own preconceived ideas influencing the study, it was appropriate that a second researcher was used to provide confirmability of the findings. In keeping with phenomenographic approaches the

sample size aimed to maximise a variation of responses, rather than being able to generalise findings to other contexts. This enabled deep insight to be gained about digital stories, which was rooted in the student experience.

Terry (2012a) discussed an innovative student learning experience, in which a digital story was created by a spinal-injured man of his in-hospital experiences. Students then participated in online discussions with him. The students' evaluations suggested that this type of interaction developed empathy, helped to improve care delivery and assisted deeper reflections on their own practice. As this related to a single service user's story, further research would be required to validate the suggestion that service users' digital storytelling benefit students' learning in developing critical, reflective and compassionate care.

Stacey and Hardy (2011) [18] undertook an evaluation of an innovative learning environment for nursing students, initially with eight newly qualified nurses, who created digital stories of their reflections on their recent experiences as registered practitioners. The stories that emerged could not claim to be representative of all newly qualified nurses' experiences, but they did reflect the dissonance between the expectations of practice and the actual reality of practice. An evaluation of the nurses' experiences in creating the digital stories then took place in a focus group in Phase One, with the data that were collected being thematically analysed. In Phase Two, a learning environment workshop in which the digital stories could be used was developed by five

nurse educationalists. A further focus group elicited their responses to the digital stories.

In Phase Three, 58 final year nurse students who had attended the learning environment workshops completed a semi-structured questionnaire. The findings suggested that digital stories *can* provide insight into the transition from student to newly qualified practitioner, enabling students to be better prepared for clinical practice. They also suggested that the creation and use of digital stories can facilitate greater resilience for students. This was a well-designed evaluation, which enhanced its findings by gathering different participants' perspectives on digital stories. These suggested that digital stories appear to offer a chance for students to gain insight into the experiences of newly qualified nurses, and so become better equipped to manage that transition as a result. Participants' quotes added to the confirmability of the findings, and overall quality of the evaluation.

Guise et al. (2012a) [19a] found that students who undertook an e-learning Narrative Virtual Patient [NVP] simulation considered that it assisted them in developing essential mental health nursing skills, such as critical thinking, communication and decision-making. NVPs are constructed around a clinical case scenario, and feedback is given to the student electronically at each point of making a decision. Thirteen nurses from England and Finland completed the pilot of the e-learning package. The findings suggested that the NVP created an environment in which students felt safe to practice their decision-making skills. Their conclusions suggested that essential nursing skills,

such as cultural sensitivity, empathy and self-esteem, can be developed by mental health and psychiatric nurse students using a NVP. Minimal evidence is presented in the paper, however, to support this wide ranging statement, making its transferability to other settings problematic. Neither did the paper make clear how many nurses were from England, and how many from Finland, thus further contributing to the lack of transparency in this pilot evaluation.

Guise et al. (2012b) [19b] recognised that there is minimal research into the development of NVPs, but equally appreciated the involvement of service users and clinicians as a means of improving the authenticity of the scenario narratives. These were tested by a convenience sample of 90 participants. Their description of the five phases of the NVP development across six European countries includes the positive evaluation by clinical nurses (n=10 per country), and nurse educators with mental health and/or e-learning experience (n=5 per country). The findings indicated that the educators thought that the NVPs helped link theory and practice in meaningful ways. Direct quotes from participants would again have enhanced the transparency and quality of the evaluation.

The *Leadership in Compassionate Care Programme* (LCCP) was a three-year action research project conducted in Scotland by Adamson and Dewar (2015) [20] which aimed to capture the essence of what compassionate care may mean in practice. Stories gathered from clinical practice in a nursing module about acute illness and deterioration were used to promote reflective learning. This involved 37 pre-

registration nursing students and post-registration nurses listening to podcasts about practice, gathered from the experiences of patients, relatives, staff and students.

The findings of the study suggested that these podcast stories enhanced knowledge and skills about compassionate caring; and that students subsequently felt emotionally engaged and empathetic towards the patients. An important aspect was that these stories encouraged reflection on practice. This was found to be particularly beneficial when students faced similar situations themselves in practice. Less than half of the participants contributed to the online discussions, however, which could have biased the findings towards those with more positive responses about the podcasts.

2:7 Service users' stories

Service user involvement is an essential part of pre-registration nursing and midwifery programmes (NMC 2010), an issue that was highlighted by The Kings Fund (2014b), and which explored how narrative has the power to transform the patient and staff experience. It was recognised that listening to patient stories can inform delivery of health care services. This supports Frank's (2013) assertion, that patients are like wounded storytellers, who he defines this as '*anyone who has suffered and lived to tell the tale*' (p xi). Frank further claimed that storytellers and their 'illness stories' facilitated health practitioners to understand their experiences of ill-health. This therefore enabled them to construct new meaning in their worlds of illness.

In the influential midwifery text, *The Midwife-Mother Relationship*, Kirkham (2010) viewed partnership between midwives and women as vital to midwifery practice.

Earlier, Kirkham (1997) had warned that the 'personal story' of history-taking from childbearing women was at risk of being subsumed by the professional story of clinicians – something that Lowry (1993) had previously found to be a common occurrence among medical students. Describing a particular midwifery model of care, Guilliland and Pairman (1995) proposed that stories contribute to the partnership between women and midwives, thereby shaping the ways in which childbearing women 'know' about birth.

Terry (2012 b) [21] undertook a literature review of eight papers comprising of four review articles and four research studies. This aimed to identify how service users were involved in pre-registration mental health nurse education classroom settings. Six of the studies reported that service users' involvement in class contributed positively to student nurse learning, and noted the importance of really *listening* to service users' stories. The search strategy was clearly explicated, adding to the robustness of the review. Terry recommended that further longitudinal studies be undertaken, suggesting that face-to-face contact with service users in the classroom may be of more benefit than e-learning, when it comes to understanding service users' perspectives on care. The findings concluded that service user involvement can enable students to increase their awareness of user perspectives on health care provision.

Grassley and Nelms' (2009) [22] feminist hermeneutic study aimed to explore how the process of storytelling may facilitate women's emancipatory ways of knowing, using examples from stories about women's breastfeeding experiences. Secondary data

analysis was conducted on thirteen women's stories, which were originally gathered for a feminist hermeneutic study of maternal confidence in infant feeding. Data were collected through audio-taped interviews. The stories were re-examined through the lens of the emancipatory functions of storytelling, identified by Banks-Wallace (1999). The findings recognised the importance of storytelling in a community to generate new knowledge. Quotes from participants' stories authenticate the findings. No recognition of the limitations of the study were given, however, such as the influence that the researcher, as a lactation consultant, may have had on the data collection or data analysis. Recommendations are made, however, to further investigate how storytelling can educate others and affirm experiences.

The final paper to be critiqued in this section is Gidman's (2013) [23] descriptive phenomenological study which explored twelve nursing, midwifery and social work students' views of listening to patients' stories. This study design enabled in-depth conversational interviews with participants. The findings suggested that stories were a valuable source of knowledge for students, particularly in understanding service users' perspectives on their healthcare. The limitations of the study were acknowledged; it was considered debatable how far a lecturer could explore the students' actual *lived* experience of listening to patients' stories. Although the process of bracketing could have been problematic for the researcher, care was taken to maintain a reflexive approach, to avoid subjectivity in the data analysis process. The sample size was also small, but the findings are theoretically transferable. The study indicated that students

considered service users' stories as a valuable way of understanding their perspectives of their own healthcare, and suggested that opportunities should be provided for facilitating active reflection on their learning in practice.

2:8 Storytelling and midwifery students

Jordan's (1993) ethnographic study of midwives in four cultures suggested that stories about midwifery practice played a vital part in holding communities together. Midwife educator Kirkham (2000) claimed that midwives are often skillful storytellers. McHugh (2001) theorised that storytelling has an influence in passing on birth culture through the generations, suggesting that stories are therefore often a valuable source of learning for many aspects of the art of midwifery.

These claims were reflected in Blaka's (2006) [24] case study of seven first-year midwifery students' experiences of their first placement on a labour ward, along with seven preceptor midwives in Norway. Data were collected by participant observation and two interviews, six months apart. The findings identified the vital role that reflective conversations with mentors played in developing students' learning. They also suggested that novices learnt about midwifery practice through the stories that mentors told about specific aspects of care. A complex social unit of real-life situations meant that a case study approach was appropriate, along with the small sample size. Examples from the fieldwork and interview data are given, which illustrate and support the findings. A sample of seven cannot be representative of all midwifery students, and this limitation was recognised – although theoretical transferability is possible.

In America, Ulrich's (2004) [25] study analysed the written descriptions of 38 novice student midwives' first birth stories, exploring how they internalised the values and beliefs of the midwifery model of care. The purpose of the study was to examine the socialisation on midwifery students who were undertaking a community-based midwifery programme. These stories succinctly described the sense of awe students felt whilst attending women in birth. Although the content, analysis and organisation of data are critically presented, the study does not specifically address *how* students learnt through the process of storytelling.

The findings from Ulrich's study showed that students' stories demonstrated how preceptors provide support to students in their learning, and that midwifery students do provide woman-centred care. Because the study only included students from one midwifery programme, however, its transferability is limited. This qualitative approach is also limited by the trustworthiness of the data and the researcher's own interpretations.

In a longitudinal four-year evaluation, which used surveys to gather data, Hunter and Hunter (2006) [26] explored the effectiveness of purposive storytelling as an educational strategy for midwifery students. Of the sample of 30 participants, 29 provided overwhelmingly positive comments. The findings suggested that students developed skills in active listening, role transition and communication. Few direct quotes were given to support these assertions. Also, it was not stated how the questionnaires were analysed, which limits the transparency and trustworthiness of the

findings. Some limitations regarding the strategy were recognised however, which suggested that students' responses could not be generalised to the wider midwifery population, although theoretical generalisation is possible. Recommendations were made to undertake more formal research study into the benefits of storytelling in midwifery programmes.

As part of a large longitudinal action research study with midwifery students, Leamon et al. (2009) [27] explored the experiences of story-sharing as an educational tool within a UK midwifery programme. Phase One of this wider study, about midwifery students' views of self-assessment, was reported on by Wilkins et al. (2008). Data were collected from 146 questionnaires completed by (n=65) first year students, (n=37) second year students and (n=44) third year students, enrolled on a pre-registration midwifery programme, out of a possible total of 220 students. Phase Two was reported by Brown et al. (2008b) and data were gathered from 16 participants who took part in four focus groups; two groups with first year midwifery students, and two with second year ones. The focus groups were used to seek midwifery students' views of enquiry-based learning. This data triangulation strengthened the validity of the findings, in which four key themes were identified regarding story-sharing: selecting and preparing stories, sharing experiences, listening and being listened to, and the tutors' role in the learning process. Participants' direct quotes illustrated the themes, contributing to the credibility of the findings. These concluded that story-sharing is congruent with creative problem solving, reflective practice, and enhances listening and communication skills.

Gilkison's et al. (2015) [28] participatory hermeneutic study investigated the experiences of five midwifery teachers and fourteen midwifery students who had participated in a narrative-centred curriculum, in New Zealand. This was based on a modified problem based-learning curriculum, using narrative stories from women, lecturers, students and digital stories. Data were collected through focus groups with seven students, along with an analysis of 79 reflections that students had written. Seven in-depth research conversations were also undertaken with five midwifery lecturers.

The findings of Gilkison et al.'s (2015) study suggested that the emotions which students experienced while listening to the narratives, which were not differentiated from stories, helped them to think about each woman's unique history. Narratives also assisted in consideration of the participants' own beliefs, values and assumptions. The participatory hermeneutic approach made for an appropriate study design, because it enabled reflections on how narrative pedagogy fits into the pre-figured world of education.

The discussion of the findings argued for the need for midwives to be skilled at interpreting narratives. It also challenged educators to use narrative to facilitate the *phronesis*, or the 'art of practice', which was viewed as being so vital to the complex world of midwifery practice. The significant drop out response rate in the student focus groups during this study could have limited the students' perspectives, but strategies used for ensuring research rigour mitigated this limitation.

Multi-method data collection provided a range of perspectives and this, along with the sample size, added to the credibility and authenticity of the findings. The combination of these data sources made the findings more transparent and trustworthy. The study might have had different outcomes had an outsider conducted the research, along with taking an alternative philosophical approach. Further research would be required to confirm the informal comments from clinicians, that a narrative-based curriculum enabled students to link theory to practice, and to perform better in clinical environments.

Finally, my own small narrative analysis study was based on a purposive sample of five final year midwifery students, and explored the value that midwifery students place on telling and listening to birth stories as a means of learning (Weston, 2011)[29]. Data were collected using a focus group and one semi-structured interview; the findings suggested that listening to peers' stories not only validated experiences, but also enhanced their learning, as they reflected on the significant stories they had heard and deliberately passed on to others. They also suggested that students valued opportunities for story-sharing, but did not want to be judged when recounting stories. Lecturers' humorous stories were particularly remembered, and helped to link theory to practice (Weston, 2012)[29] Participants' quotes illustrated the findings and contributed to the credibility of the study. Recommendations were made to explore the topic further, with a larger sample size and a greater variety of participants.

2:9 A summary of the literature review on storytelling in education

The purpose and use of storytelling in education is wide ranging, as the critique of the literature has demonstrated. To summarise, storytelling can be used to help students evaluate their practice and enable lecturers to link theory to practice, whilst service users' 'face-to-face' or digitally mediated stories are particularly helpful when considering sensitive or emotive issues in practice. This was also shown in Hardy's (2007) study, which found digital stories to be a valuable means by which to effect change, whilst at the same time humanising health care delivery and clinical practice, and by fostering greater empathy and understanding of patients' experiences of health care.

Christiansen (2011) similarly suggested that digital stories encourage students to reflect on practice and to engage with others' life experiences. Terry (2012a) further recognised that digital stories develop empathy, improve care delivery and assist deeper student reflections on their own practice. Critical thinking, communication and decision-making were also skills that were developed (Guise et al., 2012a).

Furthermore, Stacey and Hardy's (2011) evaluation considered that digital stories enable students to be better prepared for clinical practice.

In nurse education, Benner (2001) suggested that storytelling provides a memorable means for learning and contributes towards nurses progressing from being novices to expert practitioners. McDrury and Alterio (2003) likewise recognised that stories and storytelling are effective tools by which to support students in developing their

professional practice, as well as reflective learning in Higher Education. Moon (2010) further suggested that stories can stimulate thinking, judgement and decision making, and assist in illuminating multiple perspectives about situations. Lordly (2007) similarly recognised that stories and storytelling assist students to instigate discussions about challenges within practice. Emphasising that storytelling develops ways of knowing about practice by promoting dialogue about their clinical practice, Lordly further suggested that storytelling has the potential to influence students' practice, by helping them to become more critical practitioners.

Tomkins' (2009a) evaluation of the role stories play in peer mentoring identified that they enable active learning, and development of critical thinking skills. As a result, students recognised that the storytelling process had led to a transformation in their own learning process. Hunter (2008) too considered that story writing and storytelling are a powerful means to integrate the art and science of nursing education. This reflects Brady and Gringras' (2012) findings, in which storytelling served to empower students to develop their persona as dieticians as they find their professional voice, suggesting that storytelling has therapeutic and educational value. As in Greenhalgh and Hurwitz's (1998) work, where patients' narratives were viewed as ways of developing empathy and promoting understanding between clinician and patient, Brady and Gringras' (2012) findings also indicated that storytelling helps students to develop greater empathy for the patients and their care needs.

Deikermann (2001) suggested that narrative pedagogy is an effective method for transforming nursing students from passive listeners to active learners, enabling interpretation of peoples' experiences and the exploration of new possibilities in practice and education. Brown et al. (2008a) similarly suggested that it can be used in nurse education to expand the pedagogical literacy of nurse educators, because it is one of the most effective ways of recalling events, capturing imagination and bringing facts to life. In particular, storytelling and relating of personal experiences has been shown to promote empathy and understanding, and enable students to think about lived experiences and the meaning of caring. McAllister et al. (2009) also recognised that narrative pedagogy assists understanding of the complexity of providing care, raises cultural awareness, and deepens awareness of political and social practices.

Haigh and Hardy (2011) found that stories and storytelling enhance education in that they instill tacit values in a learner community, and that narrative pedagogy enables greater understanding of the values of the profession, along with promoting group identity. Koskinen et al.'s (2011) similarly concluded that narrative increased student self-awareness and self-esteem, expands understanding of the nurse/patient relationship, and enables wider exploration of how mental health care methods could be used in practice. In considering the purpose that service users' stories can play in education, both Terry (2012 b) and Gidman (2013) suggested that it can enable students to increase their awareness of user perspectives on health care provision.

Davidson (2004) perceived storytelling in student nurse education as a way for personalising learning and facilitating group trust, in a safe environment. It promotes active learning, links real-life examples to theoretical evidence, triggers information recall and increases the impact of teaching by making learning more 'real'. This concurs with Schwartz and Abbott (2006), who found that story-telling enable nursing students to apply theory to clinical practice. As a result, they considered the concept of storytelling to be a vital way of teaching students, as well as an effective method for both communicating knowledge and problem solving.

These findings are confirmed by Sochacki (2010), who recognised that students engage their affective domain, by provoking their emotions because real-life stories add authenticity by constructing meaning in nursing care. Storytelling enables reflection on patient care, as well as encouraging students to think critically about the story itself. The findings of Davidson (2004), Schwartz and Abbott (2006), Sochaki (2010) and Crookes et al. (2013) all suggested that narrative teaching techniques facilitate links between theory and practice, as well as making course content more memorable.

Ulrich (2004) showed that students' stories demonstrate how preceptors provide students with support in their learning. Blaka's (2006) study with midwifery students also recognised the vital role that reflective conversations with mentors play in developing students' learning. Blaka (2006) also suggested that novices learnt about midwifery practice through the stories that mentors tell about specific aspects of care. Hunter and Hunter (2006) likewise acknowledged that, as an educational strategy,

purposive storytelling amongst midwifery students develops skills in active listening, role transition and communication. Leamon et al. (2009) similarly concluded that story-sharing is congruent with creative problem solving, as well as developing the ability to practice reflectively and to enhance skills in listening and communication.

My own research likewise demonstrated that listening to peers' stories not only validates experiences, but also enhances student' learning, as they reflect on the significant stories they hear and deliberately pass on to others (Weston 2011). It also suggested that students value opportunities for story-sharing, but do not want to be judged when recounting stories themselves. Lecturers' humorous stories were particularly remembered, and helped to link theory to practice. Finally, Gilkison et al. (2015) stated that stories help students to think about each woman's unique history that they encounter, assisting students in considering their own beliefs, values and assumptions.

2:10 A critique of the methodological literature

This section presents an exploration of the literature around phenomenography, comparing and contrasting it with phenomenology and justifying the use of a phenomenographic approach in the main study. Six phenomenographic studies are also briefly considered to show how this methodological approach has been used in health and educational research.

First developed by Swedish educational researchers Marton and Säljö (1976), phenomenography is defined as a means by which to describe the different ways

people understand phenomena in the world around them. Phenomenography has been used to describe the now commonly recognised theory of 'deep' and 'surface' learners (Marton 1983). Subsequently Marton (1986) stated that it could be used to investigate the different ways in which people experience a phenomenon, particularly in educational settings.

In my initial study, I adopted a tentative phenomenological perspective. This was because, at that stage of the research, I was centrally concerned with the potential meanings that storytelling may hold for final year midwifery students, in keeping with Marshall and Rossman's (2010) recognition that phenomenology aims to study lived experience. Further reflection and reading about methodological approaches was undertaken once the initial study was completed.

Phenomenography shares common roots with phenomenology, and has many similarities, in that both have human experiences as their primary focus. Sjöström and Dahlgren (2002) contended, however, that they differ in purpose, specifically in that phenomenography emphasises the collective meaning of a phenomenon. This is where a relationship can be described between the phenomenon and the ways in which that phenomenon is experienced by participants. By contrast, phenomenologists seek to find the singular essence of a phenomenon by asking how a person experiences their world (Creswell 2007).

Phenomenography is therefore distinguishable from phenomenology, in that it prioritises *collective meaning over individual experience* (Barnard et al., 1999). Whilst

both approaches have the potential to capture individual lived experiences (Marton, 1986; Svensson, 1997; Richardson, 1999; Åkerlind, 2005), phenomenography focuses more on conceptions of the experience related to the phenomenon under investigation, rather than on the phenomenon itself. Phenomenographers are therefore more interested in seeking out people's conceptions of the world as they experience it, and to explore the variation of a phenomenon between people (Marton and Booth, 1997). Barnard et al. (1999) compared and contrasted the differences between phenomenography and phenomenology, as shown in Table 1 opposite.

Table 1

Differences between phenomenology and phenomenography:

Adapted from Barnard et al. (1999)

Phenomenography	Phenomenology
The structure and meaning of a phenomenon as experienced can be found in pre-reflective and conceptual thought.	A division is claimed between pre-reflective experience and conceptual thought.
The aim is to describe variation in understanding from a perspective that views ways of experiencing phenomena as closed but not finite.	The aim is to clarify experiential foundations in the form of a singular essence.
An emphasis on collective meaning.	An emphasis on individual experience.
A second-order perspective in which experience remains at the descriptive level of participants' understanding, and research is presented in a distinctive, empirical manner.	A noumenal first-order perspective that engages in the psychological reduction of experience.
Analysis leads to the identification of 'meaning units' or 'categories of description' and 'outcome spaces'.	Analysis leads to the identification of conceptions.

Because phenomenography views the phenomenon from the participants' conceptions of their experience, and remains at the descriptive level of participants' understanding, Marton and Booth (1997) described this as being a second-order perspective. By contrast, phenomenology was considered to be a first-order perspective, in that it engages in the psychological reduction of experience. Underlying phenomenographic research, therefore, is the assumption that people are guided in their actions by interpretations of a particular phenomenon (Säljö, 1988).

Svensson (1997) claimed that phenomenography aimed to describe conceptions of the surrounding world, identifying and exploring the range of different ways in which people perceive and experience specific phenomena. Prosser and Trigwell (1997) echoed this, suggesting that phenomenography illuminates participants' experience through the variation and relevance of dominant and non-dominant themes. Booth (1997) also described there being an internal logic and connectedness between the phenomenon being explored and the learner.

Important insights into students' learning processes evolved from Marton and Säljö's (1976) initial work, particularly that the learning gained through any learning task can be problematic, since different students can understand the same concept in a variety of ways. Central to phenomenographic research, as Prosser and Trigwell (1997) stated, is the premise that the way in which people experience the same phenomena differs. They went on to describe how 'Variation Theory' developed out of phenomenography. Booth (2008) defines this as learning about a phenomenon, which not only constitutes

discerning new features of the phenomenon, but also in perceiving the *relationship* between these features in structurally new ways. This therefore elicits new meaning in the phenomenon.

Åkerlind et al. (2014) explained how phenomenography has been used to investigate the different ways in which students understand a concept, suggesting that variation theory can have specific pedagogical uses, where students can best understand new concepts through variation of learning. Since the ultimate aim of phenomenography is to understand how participants make sense of their experiences, and the meanings which those experiences hold, Booth (1997) and Barnard et al. (1999) considered that it is a particularly useful approach in educational research. Stenfors-Hayes et al. (2013) recognised the benefit that phenomenographic research brings to teachers, in terms of considering the outcomes and processes of learning in Higher Education. This approach aligned more closely than phenomenology, because the focus of my main research study was on the phenomenon of midwifery students' views and experiences of stories and storytelling, and how this related to their learning. Therefore as my research study focused on the phenomenon of practice-related storytelling in a Higher Education setting, and the different ways in midwifery students experienced this, phenomenography was considered to be an appropriate approach to take for the main study.

2:11 Phenomenographic research in Higher Education and health care

Phenomenographic researcher Saljö (1979) suggested that student learning can range from seeking purely to increase knowledge to acquiring specific skills or learning necessary procedures for practice. Orgill (2012) recognised phenomenography as being an empirical research approach, which is often used to answer questions about teaching and learning, particularly in the context of educational research. In order to show how phenomenographic research has been undertaken in Higher Education, and to provide a context to my research study, six phenomenographic studies are described. These illustrate two of the essential and distinctive aspects of reporting the findings of phenomenographic studies, where the '*categories of description*' are identified, and the '*outcome space*' that links these together is explained.

Arvidsson and Franke (2013) described the experiences of twenty nurses undertaking doctoral research and suggested that phenomenography is a particularly useful approach to take when exploring the variation and differences in how students conceive their learning processes. Three different categories of description of the findings emerged from their study:

A learning process that provided a synthesis of different parts of the research process aimed at developing preparedness for action within the nursing profession; a learning process where practical problems were integrated with and problematised in relation to scientific theories; a learning process involving the transformation from nurse to researcher. (Arvidsson and Franke, 2013, p. 55)

These categories of description were linked together as steps in a learning process and were then compared to the transformation phase in Kolb's (1984) learning cycle.

Participants' quotes enhanced the findings, although no strengths or limitations were discussed.

Wright et al. (2007) conducted twenty interviews to explore supervisors' lived experiences of supervising doctoral students, with the aim of understanding what supervisors perceived supervision to be, and how this took place with students. The inclusion criteria required supervisors to have 'lived' the experience of being both a student who had been supervised, and to be someone who is currently supervising a student. Participants were employed in three universities in Australia and, as a phenomenographic approach requires, these represented a variety of different supervisors, in terms of age, gender, experience and disciplines. Data were collected by phenomenographic interview techniques which sought to be both 'open' and 'deep' (Booth, 1997).

The same three questions were asked of all participants – which added a degree of auditability and trustworthiness of the findings. Highly detailed explanations were given, to show how data were analysed using phenomenographic approaches. This provided transparency and authenticity to the process. Five qualitatively different ways of conceiving supervisors' roles were identified: first as a *quality assurer*, to ensure that a completed PhD was free from flaws, then as a *supportive guide*, as a *research trainer* and

mentor to the student and finally a *knowledge enthusiast* to encourage students on their journey of discovery.

These five conceptions were presented as an 'outcome space' in a clear visual diagram, linked together by the analogy of *push* and *pull* factors. Conceptions of supervision therefore had both a goal and a role aspect. Different supervisors were shown to have qualitatively different conceptions of what it means to supervise students. The study concluded that supervisors and their own experiences of having been supervised cannot be separated. They are shaped by their understanding and interpretation of the meaning of their lived experiences of their work as a supervisor. These findings therefore had implications for student-supervisor relationships. The limitations of the study were recognized in that it could not be universally generalisable, because the interview data were gathered solely from Australian supervisors, although the findings could be viewed as being theoretically transferable.

Prinsloo et al. (2011) used phenomenography as a way to explore the reflections of twelve students, which had been documented in online journals, but no specific guidance for writing this was provided. The students were undertaking an online professional certificate in management award at a university in the UK. The analysis aimed to arrive at a sense of the worlds that the learners themselves experienced and described. Five categories of description were identified: the nature of reflection, the act of being online, the nature of online learning, learning online together, and becoming a manager.

Direct students' quotes were given to illustrate the categories, adding to the authenticity of the findings. The relationships of the categories were linked together by using Gray's (2007) descriptions of different 'tools' that aid reflection – a log, diary, an aide memoire and reflective journal. This provided a degree of transparency and auditability of the findings. The paper rightly concluded that further research would be required to discover whether unstructured online learning journals are not only valuable but essential in online learning.

Dahlgren and Chiriac (2009) explored how teacher education programmes prepared students, who were undergoing the final year teacher training, for managing everyday life in school as professional teachers, with a focus on professional identity and professional teacher role. Ten student teachers and ten newly graduated teachers took part. Data were collected through individual semi-structured interviews and analysed using steps outlined by Dahlgren and Fallsberg (1991). In the student group, two ways of experiencing the concepts were identified by having an educational context orientation and a work-life context orientation. The teacher group focused only on work-life context orientation.

Lengthy quotes from students and teachers support these conceptions. The outcome space linked these together by taking the perspective of the role ranging from beginning to understand the professional role of the teacher, through searching for it and then finally establishing it. This was a small study, limited to a specific time, and therefore did not follow through participants in their longer-term transition to employment as

teachers. A longitudinal study could have been a useful design and may have generated different findings.

Phenomenographic approaches have also been applied in health care contexts, to help understand how patients experienced their illnesses in different ways. Heiwe et al. (2003), for example, explored the ways in which patients who were living with chronic renal failure experienced their physical and functional capacity in their daily lives. Data were collected via semi-structured interviews from 16 participants, all of whom were experiencing various stages of chronic renal failure, with a range of background variables such as gender, age employment, those living with different stages of renal failure, and those on regular renal dialysis or not. The findings are presented as three aspects, or 'categories of description': the experience of fatigue; reduced functional capacity and temporal stress. The internal relationships, or 'outcome space', were presented as a diagram by linking together the three aspects of low endurance, limited performance, lack of peace and the need for time within the physical and mental domains. Strategies were used to reduce the potential risk of interviewer bias, enhancing the quality of the study.

Finally, Röing and Sanner (2015) conducted a meta-ethnographic synthesis of 12 phenomenographic studies of 148 individual patient experiences of chronic illness. Four categories describing patients' experiences were identified: a different lived body, a struggle with the threat to their identity and self-esteem, a diminished life world and a challenging reality. The outcome space, as in Heiwe et al.'s (2003) study, is also

presented as a diagram where the four categories relate to each other in recurring loops, and the different ways of experiencing chronic ill health influence each other over time. Despite this being a small scale literature review, the large number of patient experiences adds authenticity to the findings and could enable some theoretical generalisability.

2:12 A further recent search of the literature

A further ongoing search of the literature was conducted between 2016 - 2017. This enabled recent evidence to be identified, which could inform the discussion of the findings. The same search strategy was employed as for the main literature review. RSS feeds and alerts via ResearchGate were also set up. Five new qualitative papers were found and critiqued, which concerned nursing students' online postings, written stories and mentors, mental health nursing stories, stories about compassionate care and neonatal care using digital stories.

Paliadelis and Wood's (2016) descriptive qualitative study aimed to explore the learning potential of a reflective storytelling activity by final year nursing students, who were nearing the end of a three year nursing degree programme. Of a potential population of 123 students, 92 gave consent for their online narrative postings to be thematically analysed one year after their work had been archived. These had been written about two significant events that had occurred during their practice, as part of an assignment. The students' narratives were analysed by two researchers, first independently and then together to agree the best way to represent the findings.

Four themes were identified: recognising the impact of experience; understanding workplace complexity; confirming career choices, and transitioning to registered nurse practice. These showed how students understood and learned from both positive and negative clinical experiences. There was a strong desire to fit into their new role, along with considering their capacity to think about how they might respond to clinical events when registered as nurses. This study was limited by the data collection method, because the online postings did not permit the researchers to engage the participants in further discussion or to ask for clarification of potential meanings. If focus groups or interviews had been the data collection tools these might well have enabled further exploration of the issues to have occurred.

Waugh and Donaldson's (2016) exploratory study aimed to evaluate the use of four different types of digital narratives of compassionate care as a learning resource. These had been created by nursing students who had taken part in a larger Leadership in Compassionate Care Programme. All nursing students present at a second year tutorial were invited to participate, but as the population number is not mentioned, the response rate cannot be identified. A convenience sample of 13 student nurses agreed to take part in the study. All listened to the four different digital stories. Data were collected with a 7-item questionnaire, and were analysed using Braun and Clarke's (2006) 6-point approach to thematic analysis. The findings emerged as three key themes: learning from stories, students' perceptions of the value of different media formats and other potential uses of stories. They showed that peers' stories enabled deep engagement with the events and situations they faced in practice. Viewing the digital

stories generated enthusiastic discussion, and engaged the emotions and their affective domain, thus supporting Bloom's (1956) taxonomy of learning, and reflecting the nurse educators' perspectives of real life stories in Sochacki's (2010) phenomenological study.

One important finding from this study was the insights into the 'world of the student nurse' (Waugh and Donaldson, 2016, p. 27), in that stories engendered a sense of community, enabled critical reflection on the realities of practice, and enabled a sense of professional identity. The importance of supportive mentorship was also significant, in that effective role modeling had a lasting impact on the student learning experience in practice. The need for debriefing through supportive discussion after watching the digital stories was recognised as being vital. In terms of choice of digital formats, digital stories that used narrated words, music and pictures were generally the preferred option in the classroom setting. The conclusion of this study recommended having a larger sample as well as further investigation into students' perceptions of stories that were told by others, such as service users, carers and mentors. These recommendations have therefore provided further support for undertaking my research study.

Petty (2017) undertook a narrative analysis study which used an interpretive and constructivist approach. This aimed to create stories from narratives of student nurses on a neonatal placement, to identify what key themes for learning emerged from their experiences, in order to develop a storytelling resource which could be shared with their peers. A purposive sample of six pre-registration nursing students participated in the study. Semi-structured interviews were used to collect data. Narrative analysis of the

data and core story development enabled key themes for learning to be identified, and construction of digital stories to be used as a pedagogical resource.

Four key themes emerged from the findings of this study: the nature of neonatal care, parents' and neonates' experiences, the neo-natal environment and students' own learning transition. Initial peer evaluation of the digital stories identified storytelling as an interesting and innovative approach to teaching and learning. The benefits of learning from peers were also recognised, enabling preparation for practice along with gaining valuable insights into a new specialist area.

Strengths and limitations of the study were identified. These related to the willingness of student nurses to share their stories about their experiences of the neonatal unit environment, the process of 'emplotment', as described by Polkinhorne (1995), in this case where the storyline of a neonate's journey through the unit was developed. They were also considered in relation to narrative analysis, manual transcription of the data contributing to the thematic analysis, and the effective pedagogical approach of peer learning. The researchers also identified that the study was initially limited by the way in which the interview questions had been asked, until a further questioning process occurred, although even then this did not enable a more fluid approach to explore the issues.

Treloar et al. (2017) used a case study methodology to analyse 100 stories from experienced nurses working in a variety of mental health settings. The study aimed to explore both the *purpose* of clinical anecdotes as told by experienced nurses to

undergraduates and newly qualified nurses, and *how* these anecdotes were used to explore contemporary mental health practice and education. Recruitment was by purposive sampling, along with snowball and opportunistic sampling. Participants either e-mailed the researchers a written anecdote that they had shared with a student, or attended a workshop, facilitated by someone other than the researcher. This reduced the possibility of bias or coercion. Data were analysed using template analysis, and coded. A case study approach was appropriate because it sought to gather in-depth information and consolidate understanding.

The results of the study showed three different types of anecdotes about mental health nurses' work: 'surface' stories, which were humorous or historical in nature, but which gave minimal opportunity to teach about clinical work, 'middle depth' stories which provided insight into the day to day life of a mental health nurse, in which 'teachable moments' occurred, and which could act as catalysts for learning. Finally, were the 'deep' stories, which showed aspects of the essence of mental health nursing, which often included descriptions of mental health nurses making an error, or feeling 'out of their depth,' or pushed beyond their limits.

Member checking and testing of the stories contributed to quality of the study. The study concluded that discussion of stories from clinical placement can assist students in gaining an understanding of the clinical environment in the imperfect world of practice. Students, however, were not directly asked their views about the value of hearing stories about mental health nursing from experienced nurses. This may have provided

additional evidence to support the findings. The ongoing lack of studies that sought students' perspectives on storytelling provides further support for undertaking my research study.

Edwards' (2017) narrative analysis study aimed to explore the potential of stories as aids to learning. This research illustrated what nursing students can reveal about being mentored through their stories of clinical practice experience. Fifty-five nursing students in their 2nd and 3rd year in a degree programme, or undertaking a diploma or post graduate and masters level nursing programme, volunteered to take part in the study. Participants wrote an account about an experience from practice and the learning gained from it. If they chose to do so, they could use a 'six cues storytelling process' to structure the story.

One of the main themes from the study was learning from and with others. The findings indicated that supportive mentors who were effective role models facilitated students' learning, and helped mentors to use stories to link theory and practice, and to engage students in their learning. Stories brought theoretical knowledge to life, and facilitated learning about caring, compassionate nursing. The study was strengthened by the wide variety of nursing students from different stages of their respective programmes who wrote the stories, thus enabling a range of different perspectives. Participants' quotes illustrated the findings and added authenticity to the discussion. No limitations were discussed in the paper which could have considered whether a survey, focus groups or semi-structured interviews, rather than the analysis of written stories, could have

elicited other perspectives. The structured or less structured ways in which the learning accounts were written could have also influenced how data were analysed and the outcomes of the findings.

These five recent papers highlight that both written and digital stories play an important role in students' learning. This further search for evidence continued to confirm the ongoing gap in the literature. This highlighted that there is limited evidence about students' views and perspectives on whether telling and listening to stories and practice-related storytelling enhances learning.

2:13 Conclusion

This chapter has identified the value of storytelling as an influential means of learning for students. It has provided insight into how students in Higher Education across a variety of disciplines can use storytelling as a medium for critical reflection on practice. Several studies have identified the benefits of integrating narrative pedagogy into a curriculum. The evidence that has been critiqued in this chapter suggests that the ways by which students engage with narrative pedagogy would benefit from further exploration, as does the educational processes for shaping students' practice through storytelling.

The majority of the evidence identified in this critical review of the literature has been drawn from small-scale, qualitative research studies or evaluations of innovative teaching and learning that used narrative or storytelling strategies. Whilst many of these proposed the benefit of storytelling and narrative pedagogies in Higher Education, and in midwifery and nurse education, very few sought students' own views concerning the

value of storytelling to their learning. Although it relates to nurse education, Sochacki's (2010, p. 130) recommendation provides additional justification for undertaking my research study in midwifery education:

The perspective of the student was not a goal of this study but would add to the body of knowledge related to storytelling. Examining the perceived learning from the student's perspective would be critically important in measuring the full effect of storytelling in nursing education.

A number of studies described the integration of service-users' stories into teaching and learning, recognising that multimedia technologies helped students to reflect on practice and to develop compassionate care. Several papers identified nurse students' positive perspectives on innovative storytelling activities within their curricula, but limited evidence was found about how midwifery students viewed and experienced stories. This literature review has therefore justified undertaking my research study by exploring this further with midwifery students.

This literature review has informed and shaped the development of my research study, by considering the evidence around storytelling in Higher Education. The decision to take a phenomenographic, rather than a phenomenological approach, in the main study, has been justified by considering a range of theoretical papers and five empirical research studies. This approach aligned well with my research with its focus on the collective views and experiences of final year midwifery students' perspectives on the value of practice-related stories and storytelling. The critique of the literature has identified a

current gap in the evidence specifically related to midwifery students' views and experiences of storytelling in midwifery curricula in the United Kingdom.

2:14 Research Question

The research question for the initial study originally asked: *What are the views and experiences of final year mental health and midwifery students' telling and listening to practice related stories?* Partly due to the lack of recruitment of mental health nurses, this question was adapted in order to conduct a more focused research study, with the research question being refined still further after having conducted the literature review and initial study. The existing research evidence also strengthened the case for conducting a research study specifically on the topic of storytelling and midwifery students. This literature review has therefore provided justification for the research question in the main study:

What are the views and experiences of final year midwifery students' telling and listening to practice-related stories?

Chapter Three: Methodology, design and methods

3:1 Introduction

This chapter presents the methodology, design and methods used in the study. It gives an explanation of the social constructivist theoretical perspective which guided the research. Philosophical viewpoints of how students learn are considered, along with the ontological and epistemological concepts which have underpinned the study.

Justification is given for using phenomenography as the approach for the main research study, along with an explanation of how this was informed by the initial study, which took a broadly interpretive phenomenological approach. An explanation is given for the educational context, in relation to the use of storytelling in the curriculum, of both the initial and main studies.

An explanation is given to show how my study has adhered to all the ethical issues of the research. Methods of recruiting a purposive sample of participants are also described, as are the inclusion and exclusion criteria. The initial study used a focus group and a semi-structured interview to test out methods of data collection. Justification is provided for using these data collection tools in the main study. A detailed description is presented showing how data, collected in the main study, were analysed using Dahlgren and Fallsberg's (1991) and Sjöström and Dahlgren's (2002) steps for phenomenographic data analysis. An explanation is also provided regarding why data which were thematically analysed in the initial study, were re-examined and re-analysed through a

phenomenographic lens. Issues surrounding research quality are examined, evidencing a transparent, auditable and trustworthy process.

3:2 Theoretical perspective - Social constructivism

The following section explores the theoretical perspective underpinning the research.

Constructivist learning is understood by Adams (2006) as being fluid in nature, with each learner constructing knowledge differently. Creswell (2012) similarly considered that multiple interpretations can be made of a phenomenon, whilst also recognising that this depends on the position of the researcher and the social context of the research.

Creswell (2012, p. 20) described this as a 'worldview', where:

Individuals seek understanding of the world in which they live and work and the goal of this form of research is to rely as much as possible on the participant's view of the situation.

Gray (2013) suggested that truth and meaning do not exist in an external world, but are created by participants' interactions with the world. Creswell (2012) also theorised that meaning is constructed, rather than discovered, and that people create their own meaning in differing ways, including in relation to the same phenomenon. My research study considered this type of socially constructed knowledge specifically in relation to how midwifery students build knowledge of midwifery practice through stories and storytelling.

Phenomenography reflects this theoretical framework of social constructivism, because it can be used when exploring complex social phenomenon. It emphasises how meanings and understandings grow out of social encounters, along similar lines to Vygotsky's social development theory with children (Cole et al., 1978). Phenomenography is especially useful in learning and education, where research is often centred on exploring the differences in meaning of a phenomenon between diverse groups of people (Sin 2010). It is contrasted with phenomenology, which is more focused on describing the essence of a phenomenon itself (Bevan, 2014).

Limberg (2008) asserted that phenomenography is also mediated by how different people interpret a similar phenomenon in their own ways. My literature review had identified a gap in knowledge and understanding about how various groups of midwifery students viewed and experienced the phenomenon of stories and storytelling. My main research study took a phenomenographic approach, centred on the notions of the different forms of meaning-making, agency and subjectivity as they related to students' learning through storytelling. Social constructivism was therefore an appropriate theoretical perspective underpinning the research study, since this aimed to explore the connections between midwifery students and the social and cultural contexts of learning through stories and storytelling.

3:3 Ontological assumptions

Ontology is concerned with the nature of reality, and refers to the way the social world is seen to be, as well as what can be assumed about the nature and reality of the social phenomena that make up the social world (Matthews and Ross, 2010).

Phenomenographers such as Marton and Booth (1997) claimed that there is no such thing as a real world 'out there' and a subjective world 'in here'. They suggested that the world, as experienced, is constituted as an internal relation *between* learners and their worlds. Limburg (2008) likewise viewed this subjectivity as relating to *how* a particular phenomenon is experienced and how this informs a response, connecting thoughts, actions, and feelings.

As a phenomenographer, Marton's (1986) ontological perspectives conjectured that it is not possible to describe a world independent of peoples' descriptions of their own world. Other phenomenographic researchers, Sjöström and Dahlgren (2002) concurred by stating that the only world which can be reported is the one that is experienced by participants. As Ireland et al. (2009) suggested it is the *relationship* between the participant and their experience of the phenomenon that is crucial for phenomenographic research. Limberg (2008) recognised the experiential aspect of interpreting data, suggesting that it is not the outside world as such that is being explored, so much as one that is being experienced by specific individuals, through their own lenses, which are informed by personal history. Because my research study sought to explore midwifery students' interpretations of the 'worlds' of university and clinical

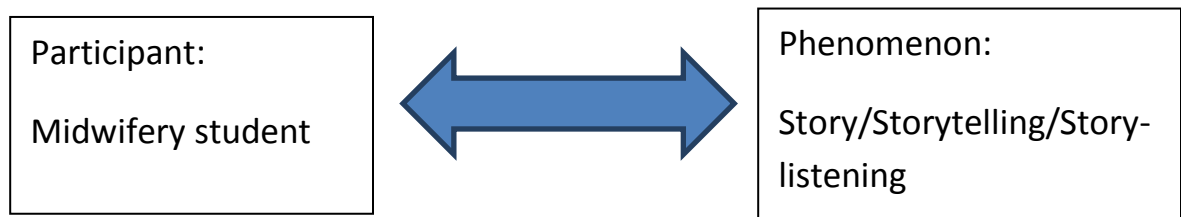
placement, where stories and storytelling occurred, this phenomenographic ontological perspective aligned with the research design.

Bruce (2003) diagrammatically portrayed these concepts about the relationship between the phenomenon of interest and the world of the participant (see Diagram 1). I have adapted this diagram for my research study, looking at the relationship between midwifery students and the phenomenon of stories and storytelling, taking a phenomenographic approach.

Diagram 1

A representation of a phenomenographic conception

(Adapted from Bruce 2003)



Relationship between midwifery students, stories and storytelling

These ontological viewpoints underpinned my research study, which specifically sought to explore the *relationship* between midwifery students and stories and storytelling, and how they experienced the phenomenon of storytelling. Phenomenography was therefore considered an appropriate ontological approach, given its emphasis on the subjective nature of reality.

3:4 Epistemological orientation

As defined by Blaikie (2007), epistemology is a theory which presents a view of, and a justification for, what can be known – and what criteria must be met in order for this to be considered knowledge, rather than belief. Collier-Reed et al. (2009) challenged the phenomenographic researcher to demonstrate transparency throughout the research process in order to develop aspects of pedagogical, social and epistemological legitimacy. Barnard et al. (1999) and Larsson and Holström (2007) both pointed out that phenomenography can help educators to specifically understand learners' experiences of how they gain knowledge, within an educational setting. Edwards (2007) similarly suggested that learning-related phenomena, and *how* these are experienced, are frequently the focus of investigation in phenomenographic studies.

In considering the epistemological assumptions within phenomenography, Svensson (1997) emphasised the importance of describing the characteristics of the phenomenon. Knowledge was perceived by Svensson as the meaning and understanding of complex phenomena, which could then be described in the form of conceptions. Phenomenographically, this understanding of knowledge is described in terms of similarities and differences of meaning of the phenomenon. Sjöström and Dahlgren (2002) also suggested that phenomenography makes assumptions about how knowledge is acquired through people's ways of experiencing the world, and that this is often dependent on personal history. They stated that:

The epistemological assumption is that humans differ as to how the world is experienced, but these differences can be described, communicated and understood by others. (Sjöström and Dahlgren, 2002, p. 340)

In common with midwifery researchers and educators Gilkison (2011) and Ólafsdóttir (2009), my perspectives on student learning in clinical practice have been influenced by Belenky et al. (1997). Their study asked 135 women, from a variety of contexts including educational settings, about their self-image, relationships, decision-making, moral choices, personal growth and aspirations for the future. The study explored the ways in which women described their approaches to knowledge and learning, and how they related to knowledge and truth, as well as their conceptions of themselves as knowers. The findings identified five primary epistemological perspectives about knowledge that could be either: silenced, received, subjective, procedural or constructed. For Belenky et al. (1986), connectedness with others was crucial for transformative learning; they also viewed collaboration as a vital part of education.

Feminist researchers Hazel et al. (1997) have argued that women's voices are often missing from phenomenographic research, and that this approach can lack gender-sensitive perspectives. They further asserted that since feminist research is concerned with patriarchy, there may be a potential for an impression of 'maleness', or dominance, when the outcomes of phenomenographic research are described in terms of hierarchies. Hazel et al. (1997) also maintained that although the affective ways of learning are closely associated with women's 'ways of knowing', as described by Belenky

et al. (1986), they are inseparable from the cognitive dimension of knowledge. They claimed that phenomenography is of particular value when exploring women's experiences of learning. They encouraged phenomenographic researchers, therefore, to explore the emotional responses to learning, and to make this explicit in how the findings are reported.

These phenomenographic perspectives on epistemology informed my research study, which sought to identify the different conceptions of how learning is gained through stories and storytelling. I have drawn on my interest regarding the ways in which different midwifery students, who are predominantly women, as the NMC (2016) report shows, learn and gain knowledge through the experience of practice-related storytelling. I have also attempted to respond to Hazel et al.'s (1997) challenges, in the way in which the findings of my research study have been presented, by clearly explaining the analytical process to show how the findings are connected. I have sought to avoid the potential risk of presenting the findings in a hierarchical way, in terms of certain findings being given more prominence, or weight, than others. My findings are therefore presented in a more flexible, linear and inter-connected phenomenographic 'outcome space' in Chapter 4.

3:5 The Research Design

This next section provides an overview of the research design. It gives a background to the initial study and explains how it informed the main study. Ethical considerations of consent, anonymity, confidentiality and data storage are outlined. The recruitment procedures for the main study are described, along with an explanation of the sampling. Justification is given for using both focus groups and semi-structured interviews as data collection tools, in both the initial and main studies. The controversies about the use of focus groups in phenomenological research are acknowledged. A detailed explanation is then provided to show the process of data analysis.

3:5:1 Background to the initial study

Prior to commencing this research study, I had undertaken a small, exploratory narrative inquiry study about midwifery students and birth stories (Weston 2011; 2012). My original research proposal for the Doctorate built on this. Initially, a narrative inquiry approach seemed appropriate for the research design, following Clandinin and Connolly's (2000) definition of narrative inquiry as a way of understanding experience of real-life stories, lived and told, with the aim of generating detailed accounts.

More recently, Andrews et al. (2009) described narrative inquiry to mean an exploration about the life experiences of storytellers, along with their thinking and feeling about events. Holloway and Freshwater (2007) added to this, by suggesting that narrative inquiry enables narrators to derive meaning from experiences and allows multiple voices

and multiple perspectives to co-exist. Riessman (2008) viewed this as a form of research design which facilitates keeping the story itself intact.

The preliminary literature search for the research study had identified a gap in the literature about students' views of storytelling in Higher Education learning.

Consequently, the original initial study question aimed to explore storytelling from the perspectives of students in two separate disciplines, including midwifery students, asking:

What are the views and experiences of final year mental health and midwifery students' telling and listening to practice related stories?

As the plans for the initial study progressed, the topic of interest was refined, with an increased focus on *how* students experienced stories and storytelling, rather than just the content of the stories themselves. It became apparent that a narrative inquiry approach would not have aligned with the initial research study design. The aim of the initial study was to test out a possible methodological approach and methods of data collection and analysis. Therefore, rather than using narrative inquiry, a tentative interpretative phenomenological approach (IPA) was used. This was because, as Smith and Osborn (2008) described, IPA aims to provide insight into personal human experience, and in a limited way, to enter the psychological and social world of participants.

Marshall and Rossman (2010) likewise suggested that phenomenology aims to study lived experience. Since the focus of the initial study was originally to explore how both

midwifery *and* mental health nurse students viewed storytelling as a way for learning, and how they made sense of this and the meanings they ascribed to it, an IPA approach therefore seemed more appropriate. In order to conduct this more focused initial study, a purposive sample of 4 final year midwifery student participants was recruited. Data collection tools consisted of one focus group and one semi-structured interview, using a topic guide to direct the discussions. A relatively straightforward thematic analysis of the data was used, which enabled some preliminary findings to be obtained. These processes informed the design of the main research study, and are explained in more detail in the following sections.

3:5:2 Ethical considerations

Favourable ethics' opinion was given for the initial study from one university Ethics Committee and for the main research study from a different university Ethics Committee. The Open University Human Research Ethics Committee reference numbers were HREC/2015/1891/Weston/1 (initial study), HREC/2015/2098/Weston/1 (main study). The following considerations regarding ethics applied to both the initial and main study.

Both Blythe et al. (2013) and Trowler (2011) highlight potential ethical concerns linked to conflict of interests related to being an 'insider' when conducting research. Aware of the challenge of conducting research within the institution where I was also an employed lecturer, the recruitment process therefore excluded my personal students. As in Clark and McCann's (2005) study, I used a gatekeeper, the Programme Director of the BSc

(Hons) midwifery programme, to introduce the study to potential participants, who distributed a letter of invitation to potential participants (Appendix 4), aiming to reduce the potential risk of coercion.

There were no penalties if students decided not to take part in the research, neither were any incentives provided for their engagement. Participation was voluntary and participants were free to withdraw from the study at any time. The information-giving process made it clear that participants need only share the views and stories that they wanted to share. Prior to undertaking data collection, participants were asked if there were any questions they had about the research. They provided verbal consent, after they had read the information sheet about the study (Appendix 5), and written consent was gained prior to commencing data collection (Appendix 6).

No personal data were collected. Data were separated from personal identity information as soon as possible after collection and codes were used to identify individual participants. Anonymity was protected throughout, by omitting identifying details at the point of transcription, using pseudonyms, during and following data transcription, and in the data analysis and presentation of the findings.

The key linking codes used to identify names and email addresses were kept secure and separate from the dataset, accessible only to me as the researcher and also my supervisors. The data have been stored securely, on an encrypted password protected hard drive computer and will be kept for five years before being destroyed. The British Educational Research Association Ethical Guidelines for Educational Research (2011) has

been adhered to. All stored data has and will continue to comply with the Data Protection Act (1998), Freedom of Information Act (2000), and the Open University and my own university's data protection policies.

3:5:3 How the initial study informed the main study

This section provides a reflection and explanation of how the initial study informed the main study. It also explains the recruitment procedures, data collection, data analysis and findings of the initial study.

3:5:4 The educational context of the use of storytelling in the initial and main study

The educational context for the midwifery students who took part in the initial study, in relation to the use of storytelling in the curriculum, was that their teaching and learning took place in cohorts of 50-60 students. A blended learning approach, similar to Young and Randell (2013) and Sidebotham et al. (2014), was used with a combination of lectures, small group learning, on-line learning skills and simulation and seminar group activities, which facilitated knowledge and understanding. Students attended six week theory blocks in university followed by 6-8 weeks in practice placements.

The context for the participants in the main study was that their teaching and learning took place in cohorts of 20-25 students. An enquiry-based learning curriculum was firmly established, similar to that outlined by Byrne et al. (2018). 'Trigger' scenarios were used to spiral up learning throughout the three years, with students identifying their own learning needs and outcomes in relation to the 'triggers'. Students then spent 1-2 weeks searching for evidence and preparing to feedback and present to their peers. This was

often done with the use of digital stories, role play and drawing on their own practice experiences.

Lecturers were perceived as facilitators of student learning, rather than didactic presenters of knowledge or evidence. Fixed resource sessions were also scheduled into the curriculum, where clinicians and service users contributed to students' learning.

Small group tutorials and skills and simulation supported a student-centred approach to facilitate knowledge and understanding. As with the participants in the initial study, students attended six week theory blocks in university followed by 6-8 weeks in practice placements.

3:5:5 Recruitment procedures

The target population for the initial study was all final year mental health nurses enrolled on an undergraduate BSc (Hons) nursing programme, and all final year midwifery students in an H.E.I. in the academic year 2014/2015. My own personal students, first and second year midwifery students enrolled on the three-year BSc (Hons) midwifery programme in the academic year 2014/15, and students enrolled on the BSc (Hons) Graduate Diploma/78 week midwifery programme, were all excluded. First, second and third year adult, children's and learning disability BSc (Hons) nurse students enrolled in the academic year 2014/15, were also excluded. Final year students were chosen, because it was considered that they may have wider perspectives and experience of learning through stories and storytelling towards the end of their programme.

An introductory letter briefly explained the initial study (Appendix 4). Any student who did not wish to attend my presentation about the study was free to leave the classroom,

prior to this occurring. For those who were interested, however, I gave a short presentation. Potential participants were also provided with a written information sheet about the study (Appendix 5).

My original intention was to conduct a focus group of 5-6 participants, which included both mental health and midwifery students, along with semi-structured interviews. No mental health students, however, expressed an interest in being part of the study, but four midwifery student participants were recruited to the initial study.

As a result of this, the research question was further refined to:

What are the views and experiences of final year midwifery students' telling and listening to practice related stories?

3:5:6 Data collection for the initial study

Following the recruitment processes one focus group was conducted with three midwifery students. Some nurse researchers, such as Webb and Kevern (2001), have asserted that using focus groups as data collection tools in phenomenological studies is problematic, since this approach stresses individual, lived experiences. For the purposes of my study a focus group was considered appropriate, as this type of social gathering and group interaction can elicit a multiplicity of views and emotional processes from the group (Gibbs, 1997). In my study participants also knew each other well and were able to remind each other of events, which stimulated dynamic conversations.

Bradbury-Jones et al. (2008) also recognized that usually phenomenological interviews are conducted with one interview and one participant. They propose a clear argument, however, to suggest that a phenomenological focus group is *not* an oxymoron but have certain advantages in that focus groups can enrich data by participants reflecting on and sharing their experiences. Clarification of experiences can also occur between participants and the researcher, thus generating further understanding of a phenomenon of interest.

Smith and Osborn (2008) suggested that semi-structured interviews are congruent with interpretative phenomenological studies, enabling dialogue to occur between the researcher and participant. They also stated that this research method can enable flexibility when exploring a topic, whilst also facilitating a participant's story to be told. As part of my initial study, one semi-structured interview was also conducted. This enabled deeper exploration of the topic and some sensitive aspects of a story that the participant shared, which may not have occurred in the focus group setting.

The same topic guide was used to facilitate discussions in both the focus group and semi-structured interview. This offered a degree of consistency and auditability between the two methods of data collection. This process also enabled me to incorporate insights gained in the initial study into the main study – such as the importance of ensuring that data collection occurred in an uninterrupted environment.

Data were digitally recorded and transcribed verbatim, including semantic phrasing, 'false starts', significant pauses, and laughter, but not using the detailed transcription

that conversational analysis requires (Smith and Osborn, 2008). To simplify data transcription, the detailed narrative transcription approaches described by Riessman (2008) were avoided. This would have involved adding details about voice inflection and repetitions, which would have been more appropriate for a narrative inquiry study.

Further reflection and reading about methodological approaches continued once the initial study was completed. The initial study showed that focus groups and semi-structured interviews were a relevant and useful way for collecting data. These methods were also used to collect data in the main study, and are explained in more detail in section 3:6:3 of this chapter. This broadly interpretive phenomenological approach had enabled some exploration of the phenomenon of storytelling with midwifery students in the initial study. This, however, did not enable a range of students' various views and experiences of stories and storytelling to be described. As a result I made the decision to take a phenomenographic approach in the main study.

3:5:7 Data analysis for the initial study

In the initial study, I originally considered using King's (2014) Template Analysis, which would have required identifying tentative 'a priori' themes. I had also planned to apply Bogdan and Biklen's (2003) open coding scheme, if any specific stories were shared by participants. This would have used a simplified version of a strategy described by Kucera et al. (2010) of multi-staged narrative analysis. This involves selecting and reading the stories; constructing an adequate paraphrase; identifying themes, rechecking and confirming; identifying narrative aspects, and identifying and interpreting common

qualities. I also considered using Wolf's (2008) interpretation of the meanings and metaphors of the story as a whole. Giorgi's (1989) phenomenological method of analysing data was also contemplated. These data analysis strategies were considered too complex at the initial stage of the research, however, so a more straightforward thematic analysis of the data, as described by Creswell (1994), was adopted.

Thematic analysis is recognised as conventional practice in qualitative research. This involves searching through data to identify recurrent issues (Creswell, 1994; Miles and Huberman, 1994). Using Creswell's (1994) suggestions, the recordings were listened to several times along with reading the transcribed data. This enabled me to become familiar with the material and to view the participants' transcripts as a whole. Smaller sections of the text were then extracted, and themed into broad categories (Creswell, 1998; Braun and Clarke, 2006). Some of these themes were given titles from the direct words of participants, Creswell (2009) described this as being an 'in vivo' term. The themes were illustrated by using lengthy sequences of transcribed text, to ensure that the participants' story remained intact.

3:5:8 Findings from the initial study

The broad thematic findings from the initial study suggested that stories appeared to assist students to reflect on practice, and to make learning more vivid and memorable. In particular, stories about other people's mistakes were remembered, and aided students in trying to avoid making these mistakes themselves. When similar stories were told by lecturers, they were described as being like 'cautionary tales' and students considered

that these had significant impact – both positive and negative – on their learning. Peers' and lecturers' stories were also valued as being a means for building confidence when facing unusual or complex situations in practice.

The initial study findings also suggested that listening to childbearing women's stories, whether in person or digitally mediated, enhanced students' understanding of the need for compassionate care. Stories were perceived as being emotionally cathartic, and were deliberately shared by students to motivate and support their peers. Birth stories written *by* women helped students to empathise *with* women in practice. The findings also indicated that whilst some mentors' stories enabled students to feel part of a team, others caused students to feel fearful, thereby having the potential to inhibit their learning.

3:5:9 Reflections on the initial study

The conduct of the initial study enabled an exploration of the research topic and gave some insight into understanding the value of storytelling as a means for learning for midwifery students. It also enabled me to test out the data collection methods, and to consider a possible methodological approach. The two different data collection tools were both perceived as being effective for collecting data, because they provided a way to explore a phenomenon in depth with participants. The topic guide was reviewed with the participants at the end of the focus group and semi-structured interview, to consider whether any other questions could have been asked, or whether they could have been

asked or phrased differently. Participants clearly expressed that they felt there was no need to make changes to the topic guide questions.

The experience of conducting the initial study and the participants' perspectives informed the main study, in that a broadly phenomenological approach proved useful in the initial study. It provided a framework and means to analyse the data in a relatively straightforward thematic manner. The design of the initial study, however, did not help to explore the collective and varied views and experiences of final year midwifery students. The findings showed that this was a topic worth exploring further, and that rather than using IPA, phenomenography was a more appropriate approach to take in the main study.

3:6 The main study

This next section explains the research design of the main study which was undertaken from 2015-2016. It describes the purposive sampling, demographics of the sample, methods of data collection through focus groups and semi-structured interviews, and the phenomenographic data analysis. Credibility and quality issues are also discussed.

The main study drew on the findings from the initial study, which were that stories were a memorable way of learning, and that lecturers' and childbearing women's stories were valued, especially those that were viewed as cautionary tales to avoid mistakes. This section also explains why data collected in the initial study were re-visited and re-analysed using a phenomenographic approach. As I moved employment during the

research study, the main study was conducted in a different university than that of the initial study.

3:6:1 Purposive sampling

The findings from the initial study showed that final year midwifery students had clear perspectives and experiences of learning through storytelling. There was value, therefore, in exploring the phenomenon further with these types of participants. As in the initial study, the target population was all final year midwifery students enrolled on a three year BSc (Hons) undergraduate midwifery programme in an H.E.I. in the academic year 2015/2016. These students were from a different university to the participants in the initial study.

The purposive sample was recruited from two cohorts with all my personal students being excluded, along with first and second year midwifery students enrolled on the three year BSc (Hons) midwifery programme, in the year 2015/ 2016. After applying the exclusion criteria, there were 33 potential participants eligible for the main study.

Following very similar processes of recruitment outlined in the initial study, the purposive sample in the main study comprised 15 participants, meaning that almost half of the potential participants were recruited.

This sample size of 15 participants was deemed large enough to ensure the sufficient variation that is required for phenomenographic studies, whilst also generating a manageable amount of data to enable sufficient in depth analysis (Stenfors-Hayes et al., 2013). This sample size also complied with Trigwell's (2000) recommendation for

reasonable restrictions to be placed on the number of interviews to enable effective data management.

3:6:2 Demographics

The demographic variation of the sample of 15 participants in the main study is shown in Table 2 below, along with the 4 participants from the initial study. The age of participants was not collected, but the age range was approximately between the early 20s and the early 40s. All the participants were female; all fifteen were White, with one Irish and one Scottish. In comparison, the initial study consisted of three white British and one Asian British female participants. To an extent this reflects the general overall demographics of the nursing and midwifery workforce in the UK (NMC, 2016).

Table 2**Initial and main study participants**

Initial Study 2014- 2015	Gender	University	Cohort	Number of participants	Pseudonyms
Focus group	All female	1	1	3	Nicki, Anna, Haleema
Interview	Female	1	1	1	Danielle
Main Study 2015 - 2016	Gender	University	Cohort	Number of participants	Pseudonyms
Cohort 1					
Interview 1	Female	2	2	1	Sharon
Focus group 1	All female	2	2	3	Fiona, Jenny, Rhona
Focus group 2	All female	2	2	3	Gena, Claire, Maddie
Cohort 2					
Focus group 3	All female	2	3	4	Kay, Amy, Regan, Ruth
Focus group 4	All female	2	3	3	Emma, Lucy, Bernie
Interview 2	Female	2	3	1	Denise

3:6:3 Methods of data collection

This section explores the use of semi-structured interviews and focus groups in phenomenographic studies. It justifies why both were used as data collection tools in my main research study. The suggested method of data generating in phenomenographic research is usually through semi-structured interviews (Marton and Booth, 1997).

Bowden (2000) suggested that the phenomenographic interview should focus on the way in which a participant understands the chosen concept. Bowden (2005) further stated that enough participants should be interviewed to ensure variation in ways of viewing a concept, though not so many as to make it difficult to manage the data.

The dynamic nature of a focus group, in contrast, is a critical element in the data gathering process, its purpose being, as Wilmett and Lidstone (2003) explained, to encourage participants to verbalise the wider aspects of their experiences. Lepp et al's (2003) small phenomenographic study successfully used a focus group with seven participants to explore the experiences of care givers and the use of drama with patients with dementia. Focus groups were likewise successfully employed in phenomenographic research such as that of Borup (2015). This explored why some mothers' groups, initiated by Health Visitors, continued to meet for years afterwards. The focus groups inspired participants to remember how the mothers' groups had started and what had made them continue.

Barbour (2008) warned against using large focus groups as a method of data collection when the primary interest is in peoples' narratives. The focus groups in my study were

therefore kept deliberately small, with just three or four participants. This avoided the 'noise' that Barbour (2008) described, which can make it challenging to distinguish individual people's contributions. It also enabled the participants in my study, who knew each other well, to remind each other of their learning experiences through hearing and telling stories, similar to the participants in Borup's (2015) study.

Despite the potential limitation in the small size of each focus group in my main research study, they were considered appropriate. This type of social gathering and group interaction still elicited varied views along with the expression of emotions that Gibbs (1997) states can occur in focus groups. It also released individual's inhibitions and widened responses and activated forgotten details of the experience (Merton 1972, cited in Hellowell 2006).

Having used a focus group and semi-structured interview successfully in the initial study, and given the preceding discussion about the value of these approaches in phenomenographic studies, both methods of data collection were employed in the main study. These enabled an exploration of storytelling by generating dynamic interchange of ideas between participants in a group setting, whilst also facilitating in-depth conversations with individuals in one-to-one interviews. The added richness of the data collected in the focus groups may well have been lost had semi-structured interviews been the only form of data collection.

Data for the main study were therefore collected through 2 semi-structured interviews and 4 focus groups. A semi-structured interview took place first followed by two focus

groups, with participants from the same cohort. Two further focus groups were undertaken, followed by a semi structured interview with participants from a different cohort. The order of undertaking the interviews and focus groups mainly occurred due to students' availability. Although data saturation was not an intentional aspect of the research design, by the time I conducted the last semi-structured interview I was aware that I was hearing no fresh views concerning the influence of stories and storytelling.

The same topic guide that was used in the initial study was also used in the main study in both the focus groups and interviews (Appendix 7). This enabled a degree of consistency in the data collection processes. Anonymity within the focus groups was not possible, since participants were part of the same cohort. Participants were encouraged to maintain confidentiality concerning what they heard during the focus groups. Ground rules were agreed, along the lines of Gibbs' (1997) suggestion that what is said within a group remains within it.

Data were collected in the focus groups by using an approach similar to that described by Russell (1994), where synergetic focus group discussions occurred. In a detailed examination of its suitability for phenomenographic inquiry, Russell suggested that this method offered the researcher a variety of unsolicited conceptions through non-directed discussion. The conversation was started with an open-ended question, using the same topic guide developed and used in the initial study to facilitate the discussion (Appendix 3). This enabled the participants to lead the discussion themselves, with occasional prompts. The same topic guide was used in the focus groups and semi-structured

interviews to explore or elucidate further specific meaning where required. Participants were therefore enabled to explore qualitatively different conceptions of the phenomenon of storytelling, as experiences were remembered and shared.

Sjöström and Dahlgren (2002) warned of potential challenges related to the phenomenographic interview. The first concerned participants' motivations for taking part in the investigation, the second to the understanding of what participants were trying to convey. Recognising that any misunderstanding in this respect could threaten the quality of the interview data, attempts were made immediately during the interviews and focus groups to elucidate what the participants were saying. This was achieved by reflecting back to the participant what was understood to have been said, in order to decide whether further questioning or probing was appropriate.

In order to minimise any such risks, the interview process was also guided by Kvale's (1996) recommendations for qualitative interviewing. This included being sensitive to each person, focusing on the phenomenon, and providing a positive experience. As in Drew et al.'s (2001) study, which explored students' approaches to learning in fashion design, the relational, non-dualist nature of phenomenographic research required me to focus on the experiences of participants' views of storytelling. This was achieved by carefully eliciting descriptions of those experiences. This critically reflective approach to data collection aimed to achieve Bruce's (1994) goal of the phenomenographic interview, whereby the interviewer's role is to perceive the phenomenon as it is seen by the participant in their life-world. This enabled an exploration of the variation in

participants' experiences of storytelling as a means for learning, exploring *how* they were experienced *by* and *between* individuals.

3:6:4 Methods of data analysis

I was aware that my previous research, Weston (2012), and my positive perspectives on storytelling may have led to an element of bias in analysing the data and interpreting the findings. In the main study, rather than attempting to identify my own standpoint and then 'bracket' this by suspending this viewpoint (Husserl 1970) as in phenomenological research, I sought to apply Dahlberg et al's (2008) and Dahlberg's (2011) suggestions to be mindful and aware of my own life-world, whilst at the same time being open to understand the phenomenon of storytelling from the perspective of the midwifery student. Following Anderson's (2007) suggestions I therefore attempted to 'bridle' my own feelings and thoughts until interpretation of the themes occurred during the discussion of the findings.

3:6:5 Phenomenographic data analysis

A constant iterative approach was taken to analysing all data, using the seven steps described by both Dahlgren and Fallsberg (1991) and Sjöström and Dahlgren (2002). This included familiarisation, condensation, grouping, comparison, articulating, labelling and contrasting data between the focus group and semi-structured interview.

Familiarisation: In order to immerse myself in the data, I dwelt with it in the way that Ashworth and Lucas (2000) described. I listened to the digital recordings of the interviews and focus groups at least twice within a day or two of them taking place. This

was in order to remind myself of the tone of voice, gesticulations and interchange between the participants, before moving onto data transcription. The recordings lasted between 26 and 55 minutes. Data were transcribed verbatim and anonymised at this stage. Anonymity was protected throughout the study, by omitting identifying details and using pseudonyms allocated during data transcription.

I read the transcripts simultaneously whilst listening to the recordings, checking for any inconsistencies or other words missed in the transcription. This aimed to reflect accurately the emotions and emphases of the participant, as Svensson and Theman (1983) recommended. I included anything that was likely to affect the interpretation of meaning and analysis of the data. This enabled empathetic listening, reducing the potential risk of imposing interpretations and presuppositions about storytelling on what was said, at this early stage. It also enabled a degree of openness and reflexivity, in order not to prematurely close the analysis, as Ashworth and Lucas (2000) suggested.

Condensation: Stenfors-Hayes et al. (2013) stated that in phenomenographic data analysis, *all* the data are viewed as one set, rather than as separate individual transcripts. Therefore, initially all four focus group transcriptions were amalgamated into one data set, and the two interview transcripts into another. Each data set was then analysed using the analytical process described below. Variations and differences were looked for in each of the data sets. I selected significant statements of interest to the research focus from the transcripts. I looked for what the participants focused on and how it was described. Data from the four focus groups were condensed together and initial possible

'meaning units' were identified from the participants' responses. Data from the two semi-structured interviews were condensed together and initial possible 'meaning units' identified from the participants' responses.

Grouping: Initially, I undertook separate analysis of the interview and focus group data sets, selecting significant statements which described how participants viewed and experienced storytelling. This was in order to seek any variation and differences between the two types of data collection processes. Seemingly similar statements were grouped together into conceptions. This detailed and methodical process enabled the identification of groups of 'meaning units', and the comparison of these units in terms of similarities or differences. Differences and similarities were then compared, and possible 'descriptive categories' tested, by comparing the interview and focus group data sets. I found the most manageable way of doing this was to print out the data sets, which I then physically cut into significant statements. I then hand sorted these into similar statements, identifying possible meaning units for each of these on post-it notes.

Comparison: The meaning units from the focus groups and semi-structured interviews were then compared and contrasted. Comparable themes were amalgamated, with these condensed meaning units being mapped to the participants' statements from each of the combined interview and focus group transcripts.

Variation and Differences between the meaning units: The next stage was to look for the variation and differences between the meaning units from the focus groups and semi-structured interviews. There were many similarities of meaning units between the focus

groups and semi-structured interview data. Differences and similarities in the meaning units were compared from the focus group data set. The same process was also undertaken with the semi-structured interview data set. Possible further descriptive categories were then mapped, comparing the interview and focus group data meaning units, before these were combined.

Articulating: In this step I endeavoured to give a description of an essential meaning of each group of meaning units.

Labelling: Suitable expressions were found to cover the core meaning of the descriptive categories, which were summarised into one main category. The diversity of these conceptions formed the 'categories of description' which became the basis of the phenomenographic analysis (Russell, 1994).

Contrasting: The categories of description were then compared and contrasted with regard to similarities and differences. The final stage of comparing and condensing the meaning units process was to describe the essential essence of each group of meaning units and allocate a metaphor. This labelling enabled expressions to cover the core meaning of these descriptive categories.

Alongside this structured approach, I also sought to follow Sjöström and Dahlgren's (2002) suggestion, to look for how *often* a meaningful statement was articulated, and the *position of* significant elements in the participants' responses. These were frequently found in the introductory parts of the interview. Additionally, what Sjöström and

Dahlgren's (2002) termed *pregnancy* was also identified, this is when a participant explicitly emphasises certain aspects of storytelling over others.

Ashworth and Lucas's (2000) practical guidance for conducting phenomenographic research was heeded, taking into account the importance of not prematurely closing the analysis, for the sake of producing logical and hierarchical related categories of description. Not only were different meanings ascribed to the phenomenon, but there was also a logical structure relating to these different meanings. As Marton and Pong (2005) pointed out, this structure may not always be a linear hierarchy, but may branch out and be linked to horizontal meanings. This is explained further in Chapter 4, the findings chapter and in Chapter 5, through the discussion of my research study.

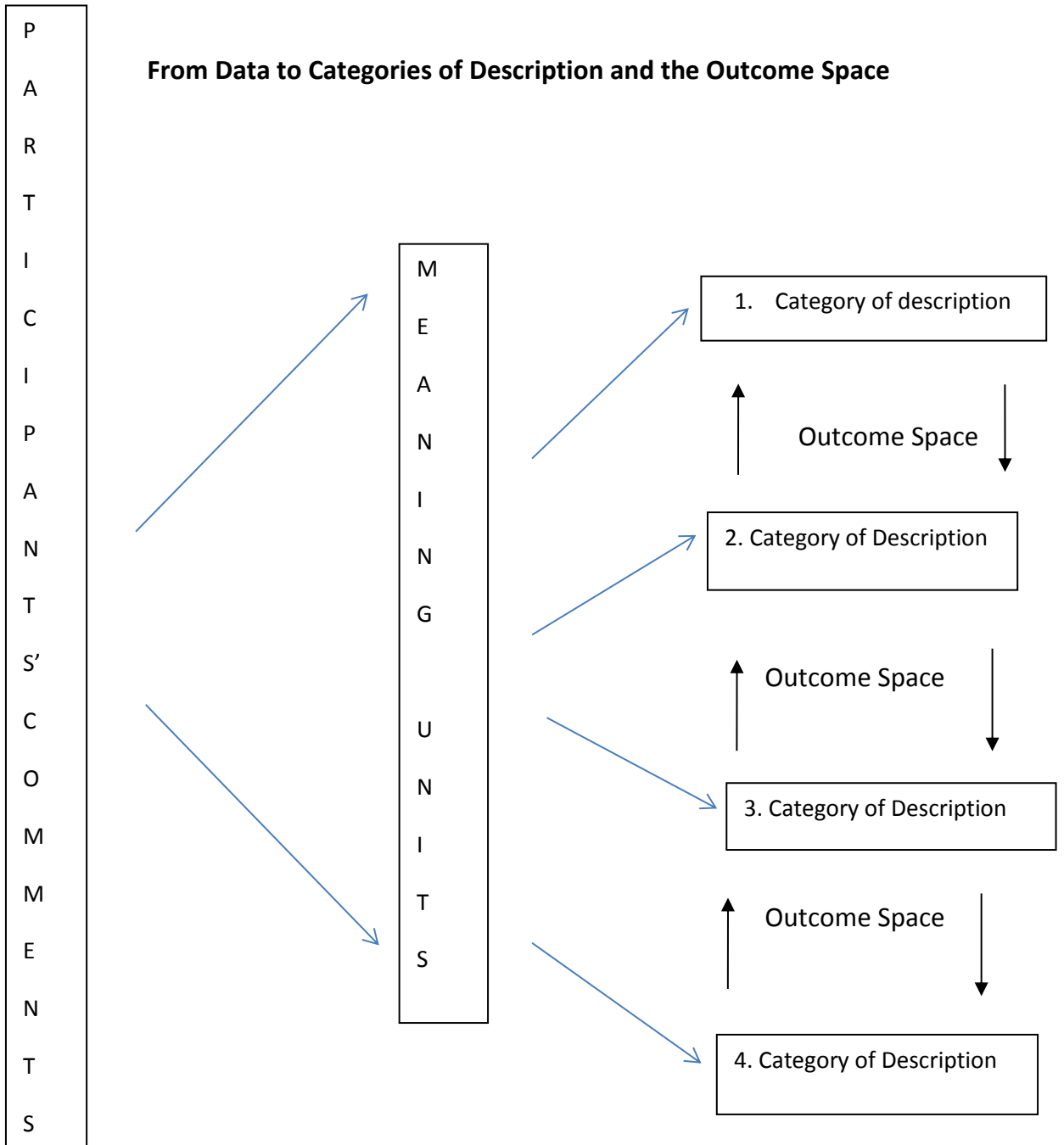
I then sought to apply the final and vital theoretical feature of phenomenographic data analysis to the data analysis. Limburg (2008) suggested that this occurs when a relationship is sought between the ways of experiencing a phenomenon and the categories used to describe them. These are derived from participants' own conceptions of the phenomenon and therefore form the outcomes of the phenomenographic research, as Marton and Booth (1997) and Åkerlind (2005) explained.

The relationship between the categories of description is known as the 'outcome space' (Diagram 2). Åkerlind (2005) suggested that this means that not only are different meanings ascribed to the phenomenon, but that there is a logical structure relating to the different meanings. These can be viewed as a diagrammatic representation of the logical relationships between the conceptions (Ireland et al., 2009). The 'categories of

description' in my research study formed the descriptions of the different ways of experiencing practice-related stories and storytelling.

Data collected from the initial study were also re-visited and re-examined through the phenomenographic lens of the data analysis process described above. This was considered appropriate since the same data collections tools and topic guide had been used in both the initial and main study. This allowed a deeper analysis of the initial study data, beyond the relatively straightforward thematic analysis. It also ensured that the richness of the initial study data was not lost or overlooked, and contributed to further variation in the findings.

Diagram 2



3:7 Credibility and quality issues

The issue of credibility is a key concern in all qualitative studies. Sjöström and Dahlgren (2002) stated that the relationship between the empirical data and the categories for describing the ways of experiencing a particular phenomenon must be clearly explicated. Accordingly, I ensured that the way of describing the differences and similarities in which storytelling was viewed and experienced by midwifery students was well supported by the data analysis process. This has been achieved by providing quotes and excerpts from the interviews and focus groups, to enable authentication of the relevance of the categories. Strategies to ensure rigour have been demonstrated by the application of the criteria of auditability and confirmability, whereby the decision-making processes have been made explicit throughout the research process. I have taken heed of Rolfe's (2006) suggestions that appropriate sampling and strict application of the data analysis approach is used, together with researcher reflexivity, and this has contributed to my study's credibility and fittingness.

In order to address other aspects of credibility, a transparent, detailed description of each part of the research process has been provided. This has included a reflection on my personal perspectives of the phenomenon, explicit presentation of the topic guide and procedures, as well as a careful description of the analysis of the data and findings. The credibility of the study was enhanced by using the same topic guide to facilitate the discussions in the focus groups and semi-structured interviews. This process provided a

degree of trustworthiness, consistency and auditability between the two methods of data collection.

Marton (1988) considered that a demand for replicability is neither justified nor appropriate in phenomenographic studies. It is the actual identification and description of the categories which constitute the findings of the study. Once these categories have been identified, Marton went on to suggest that it should be possible to reach a high degree of intersubjective agreement concerning their presence or absence, enabling other researchers to use them. Although a co-researcher was not involved in my study, I had close involvement with my research supervisors during the data analysis and discussion of the findings to ensure that the categories of description made sense.

Ashworth and Lucas (2000) argued that phenomenography would benefit from a more rigorous consideration of how to engage empathetically with participants' life worlds. They warned the phenomenographic researcher to avoid being distracted from careful listening, and to ensure that it is the research participant's experience which is revealed, rather than their own expectations. Marton and Booth (1997) and Åkerlind (2005) similarly urged researchers not to distort participants' views and perspectives with their own predetermined ideas; I therefore paid particular attention to this process by being an empathic researcher.

In my aim to ensure that that all aspects of dependability were made explicit, I took cognisance of Richardson's (1999) challenge that phenomenographic researchers should adopt a reflexive approach in order to take into account the social relationship between

themselves and the participants. This also helped to meet Collier-Reed et al.'s (2009) call to demonstrate trustworthiness throughout the research process in order to ensure pedagogical, social and epistemological legitimacy. I took note of Dahlberg et al.'s (2008) reminder to researchers to be mindful of their life-world, which, for me, was that of a midwifery lecturer who deliberately used storytelling activities in teaching. I similarly considered issues of researcher reflexivity, along with the concepts described by Blythe et al. (2013) of being an insider-outsider researcher.

3:8 Conclusion

This chapter has provided a detailed explanation of the methodology and research design and methods used in both the initial and main study. A social constructivist perspective has been explicated, along with a consideration of the way students learn relating these to ontological and epistemological assumptions. An explanation has been given for using an interpretative phenomenological approach in the initial study, and why a phenomenographic approach was used in the main study. The reason for using focus groups and semi-structured interviews as methods for data collection in both the initial and main study has been justified. A detailed description of the phenomenographic methods of data analysis that were used for the main study has also been presented, along with a justification for re-visiting and re-analysing the data gathered in the initial study. In the next chapter, the findings are presented thematically, with extracts of participants' comments to illustrate the meaning of the 'outcome space', using the categories of description.

Chapter 4: Findings

4:1 Introduction

This chapter presents the findings of the research study. These suggest that final year midwifery students view and experience practice-related storytelling in a variety of different ways. The findings are presented thematically, using the categories of description that a phenomenographic approach requires. These are presented using examples of the variation and differences between the meaning units derived from the focus group and interview data. Direct quotes from participants reveal the different ways that stories and storytelling are experienced. A series of metaphors are used to describe the categories of description.

The first of these demonstrates how stories are viewed as '*vehicles*' to communicate childbearing women's experiences. The second describes how students experience stories as '*mantles*' or '*batons*' to pass on words of warning, specifically about avoiding making mistakes in practice. The third shows how students experience stories as '*comfort blankets*' and '*containers*' to regulate their emotions, especially about complex or challenging practice situations. In the final category, stories are viewed and experienced as '*deep wells*' and '*capstones*' for reflective and transformative learning.

These categories are drawn together through the central aspect of the phenomenographic 'outcome space'. This is presented diagrammatically, and shows how they are linked together through the analogy of midwifery students being on their

journey towards midwifery registration. The findings indicate that stories and storytelling are an integral part of that journey and that they play a significant role in students' learning.

4:2 The process of meaning unit development

This section shows how the meaning units were initially developed from the participants' responses. Brief examples to show how participants' statements from the focus group data were mapped to potential meaning units are presented in Table 3. Participants' statements from the semi-structured interview data were also mapped to potential meaning units. Some examples of this are shown in Table 4. (See also Appendices 8 and 9 for further examples of this process). In Table 5, the combined meaning units from the focus group and semi-structured interview data are presented, alongside the condensed meaning units. These were the precursors for the 'categories of description' and demonstrate how the categories were condensed.

The development process for reaching the final categories of description is given in Table 6. Some of the differences and variations in the 'meaning units', derived from participants' responses in the focus groups and semi-structured interviews are also presented, along with a presentation of the findings in each of the four final 'categories of description'. This detailed approach provides a transparent, auditable and authentic process in the presentation of the findings, from the initial potential 'meaning units' through to the final 'categories of description'.

Table 3

**An example of the process of mapping of meaning units from data from:
one focus group in the initial study, and four focus groups in the main study**

Participants' statements	Initial meaning units
It is like an 'oral version' of reflecting – saying what happened, then what could've been done better and how it made us feel and all of that sort of thing. Ruth FG4	Listening to other people's stories aids reflection
It's an opportunity to get it all off your chest, isn't it? I think especially if you've had a specifically hard time out in practice as well – it's quite nice to hear whether others have found the same or if they've struggled as well. Jenny FG 2	Telling stories when coming back from practice – helps to 'get it off your chest'
Lorraine [a lecturer] did it very structured – too much and I didn't enjoy it at all. We used to sit in a group and then find one story out of the group and we would like pull it apart. Emma FG5	Structured storytelling when returning from placement isn't always helpful to learning
It helps you debrief with something that you are still a bit hung up on and you can't seem to get over it and you can talk to the whole class and get support as well. Regan FG 4	Storytelling assists with debriefing from practice

<p>I can think of a couple of times where people have fed back and told us . . . something that they've experienced . . . <i>it gives you a bit of insight</i> and I think okay because usually that story gives you more information than just doing anatomy and physiology. <i>It puts it in context and actually the context is kind of what you need.</i> Fiona FG2</p>	<p>Stories put learning into context</p>
<p>I believe that <i>we provide each other with a comfort blanket and that support network is there</i> and we know it is there all the time even if we don't physically see each other we have got quite a strong bond. Maddie FG3</p>	<p>Storytelling gives reassurance and is like a 'comfort blanket'</p>
<p>You initially feel negative about it but then after [hearing] stories from everyone else it kind of makes you think ok well it does happen to everyone else and <i>I'm not the only one.</i> Gena FG3</p>	<p>Sharing stories help to feel 'you are not alone'</p>
<p>I've had <i>a bit of negative experience</i> on this last placement and, erm, it was good to have to be able to reassure me that I'm not just completely useless ... <i>So it kind of motivates you</i> when you get asked for stories. Anna FG1</p>	<p>Sharing stories with peers help to get positives out of negative experiences</p>
<p>I suppose sometimes <i>it's quite cathartic if you tell a story</i> about something that's really troubled you and just getting it out, and having it being listened to and understood by other people who will understand what you might have gone through. Nicki FG1</p>	<p>Telling stories is cathartic and therapeutic, especially if other students are listening</p>
<p>There is something to come from it, maybe something wasn't quite right or yes you did do something right or just to confirm your actions <i>help you work out what you maybe</i></p>	<p>Stories help to work situations out</p>

<p><i>should have done</i> or shouldn't have done or better. Kay FG4</p>	
<p>Hearing other people's stories <i>increases my confidence</i> that even though that was an unfamiliar situation for them at that time, a large proportion of the time they actually coped well with it. Rhona FG2</p>	<p>Hearing stories increases confidence for future practice</p>
<p>[Students listening to a bereavement midwife's stories]: <i>It makes you think for yourself</i> as you are listening to the story you are already thinking about what you would do in that situation – about the language you would use and how you would deal with it. All the different things and have everything ready – who you would be communicating with. Bernie FG5</p>	<p>Stories make you think for yourself</p>
<p>It's also <i>a way of passing on your experience</i> if you happen to speak to someone in a lower year than you if they have got questions then you can also pass on that this is what happened to me or what happened to somebody else. So I tell them their story or your story – you're helping them in their situation as well. Kay FG4</p>	<p>Stories are deliberately 'passed along' to others (including childbearing women) for their learning</p>
<p>It leads you through themes as well – things you wouldn't necessarily be talking about through a story, someone might pick up a certain aspect of that story and be reflective of it and then talk so it is <i>kind of like an organic process – it brings other stories out</i>. One story can lead to another and you end up talking about things that you might not otherwise have talked about. Bernie FG5</p>	<p>One story can lead to another 'organically,' thus building up knowledge and understanding</p>

I think it's just sort of *more captivating*, isn't it? Listening to a story is more captivating than having someone just standing there and telling you, because sometimes, you know, you might switch off. **Nicki FG1**

Stories add interest and colour to learning.

Table 4

An example of mapping of meaning units to participants' statements from one semi-structured interview in the initial study, and two semi-structured interviews in the main study

Examples of participants' statements	Initial meaning units
<p><i>It's a little bit of confirmation when you hear that someone's seen or done something the same way as you, it's sort of confirmation that . . . Yeah! That's okay – I'm alright! I'm on the right track! . . . Sharon INT 2</i></p>	<p>Stories from peers give confirmation about practice</p>
<p>We'd talk about what's happened and, you know, reassure each other if perhaps we're . . . <i>if it's an upsetting story particularly we'll try and give each other comfort through that means.</i> Danielle INT 1</p>	<p>Storytelling is used for comfort and reassurance</p>
<p>When you retell the story, . . . <i>it helps you to contextualise it</i> and deal with it and then move on a bit. Denise INT 3</p>	<p>Shared stories are viewed as a way of reflecting on practice</p>
<p>You remember them saying how they felt and you can ask them questions. You can't ask questions if it is written down. <i>If you want to ask more you can glean a bit more information if it is a told story.</i> Denise INT 3</p>	<p>Listening to stories enables further probing and questioning</p>

<p>I think <i>you remember the event</i> of them actually telling you as well. I often look back and remember when they told you as well. <i>If you are reading it, it doesn't have the same impact.</i> Denise INT 3</p>	<p>Stories are a better way of remembering than just reading about them</p>
<p><i>It is a good way of making a situation real</i> and if you are listening to somebody's story, you remember. You remember the stories – it helps you remember the events so then it can be a good learning experience in that way. Denise INT 3</p>	<p>Stories are a means for making learning real, and for remembering</p>
<p>I think when you hear midwives particularly talking about emergency situations and they tell you the scenario and what happened there; and then when you are in an emergency situation yourself, say a resus[citation] situation, and <i>you can remember the story of the midwife saying this is what happened – it is almost like you are watching the steps of what they did before.</i> Denise INT 3</p>	<p>Mentors' stories are viewed as visual ways to recall emergencies, and reduce anxieties when in similar situations</p>
<p>Like listening today about breech stories . . . There's all sorts of theory and you can say this is a theory and . . . you know . . . But actually doing the job and being there . . . and the stories that come out – that's the <i>real</i> learning, because they're the <i>real-life</i> situations that do happen as opposed to this is the textbook way. You know and this is . . . this is <i>real life</i>. Sharon INT2</p>	<p>Stories are viewed as real-life learning</p>
<p>But you're still learning – like, this is the procedure you need to go through and when we need to do it, but I do think there's nothing better than listening to a proper good</p>	<p>Listening to 'real' stories is better than reading case studies</p>

old story. Sharon INT2	
[The story] also made you think – I can remember – I’ve done the training, I’ve been told in lectures, and then I’ve heard the midwife’s story, and then seen it unfold for yourself. So it kind of reinforces what we’d learned in a session in university. Denise INT3	Stories reinforce learning
If it is a positive story or a good outcome . . . <i>it inspires you</i> to be that way yourself. So I think it helps you learn what kind of a practitioner you want to be. Denise INT3	Stories are deliberately shared for celebration and positive affirmation
[Hearing a story about a women who had an inadvertent high spinal block] I remember asking her ‘ <i>what did happen then, was she ok, what were her vital signs, how did you manage that situation?</i> ’ Because you just never know whether you would be in that situation again. Or it could be that that lady just got an epidural and got very very high block – how would you manage it. MaddieFG3	Stories are used to ask further probing questions
I think you do, absolutely do learn from your mentors’ experiences when they tell you . . . I think <i>you can relate back to that story</i> and think actually this perhaps should be done <i>this</i> time to try and change the outcome of the situation. Danielle INT1	Stories from mentors or peers are remembered and help students to practice differently next time
I think [when you] come back into university and share all your stories – you all come together and it is like a support environment and <i>it is really powerful and positive even when sometimes the stories are negative because you think right well, again that won’t hopefully happen to me because I will do this this and this;</i> or you can see why a situation	Story sharing when returning from placement enables a supportive learning environment.

happened and not get into that situation yourself. I just think it is very supportive way of sharing experiences with people who understand the same situation. Denise INT3

Table 5

Condensed meaning units from focus groups and semi-structured interview data

Combined meaning units from focus group and interview data	Condensed meaning units from combined focus group and interview meaning units
<p>Mentors' stories reassure students</p> <p>Storytelling is like a 'comfort blanket' – it gives reassurance</p> <p>Storytelling is used for comfort and reassurance</p>	<p>Stories for reassurance and comfort</p>
<p>One story can lead to another 'organically' – to build up knowledge and understanding</p> <p>Stories are deliberately sought out to add to knowledge and understanding</p> <p>Listening to stories enables further probing and questioning.</p> <p>Stories are used to ask further probing questions</p> <p>Hearing stories about unusual experiences helps to gain knowledge and understanding</p> <p>Stories reinforce learning</p>	<p>Stories for knowledge and understanding</p>

<p>Listening to other people's stories aids reflection</p> <p>Specific stories are used for reflection and learning</p> <p>Shared stories are viewed as a way of reflecting on practice</p> <p>Telling stories is cathartic and therapeutic especially if other students are listening</p>	<p>Stories for reflection</p>
<p>Lecturers' stories provide reality checks about practice</p> <p>Mentors' stories are viewed as visual ways to recall emergencies, and to reduce anxieties when in similar situations</p> <p>Older midwives' 'Back in the day' stories are appreciated and help students to realise how different practice is now</p> <p>Stories [from mentors or peers] are remembered and help students to practice differently next time</p> <p>Stories by experienced lecturers and midwives are valued highly</p> <p>Humorous or funny stories help students to feel a bond with midwives</p>	<p>Mentors' and lecturers' stories are experienced in various ways</p>
<p>Stories help to absorb information more easily</p> <p>Stories are viewed as ways of embedding learning and building on theory, lectures and</p>	<p>Stories are used as ways for remembering</p>

<p>power points</p> <p>Stories are a better way of remembering than just reading about something</p> <p>Stories are used as a way to remember</p> <p>Stories are used as a way of remembering how <i>not</i> to practice.</p> <p>Stories put learning into context</p> <p>Stories appear to help with ‘deep’ learning – they ‘stay in the head’</p> <p>Stories heard from guest speakers appear to be the vehicle by which learning about the care that someone has received is remembered, and how care delivery can be improved</p> <p>Stories are deliberately ‘passed along’ to others (including childbearing women) for their learning</p>	
<p>Listening to stories about poor practice generates strong feelings and motivates students to provide better care</p> <p>Stories are viewed as ways to avoid making mistakes; ‘wise women’ learn from the mistakes of others</p>	<p>Stories to improve practice</p>

<p>Stories are viewed as a way of 'picking up' good things to take into future practice</p>	
<p>Hearing stories increases confidence for future practice</p> <p>Stories from peers give confirmation about practice</p> <p>Sharing stories help to feel 'you are not alone'</p> <p>Storytelling assists with debriefing from practice</p> <p>Sharing with peers help to get positives out of negative experiences</p> <p>Stories are deliberately shared for celebration and positive affirmation</p> <p>Story sharing when returning from placement enables a supportive learning environment</p> <p>Telling stories when coming back from practice helps you to 'get it off your chest,' especially when they are 'fresh in your mind'</p>	<p>Shared storytelling for debriefing on return from practice</p>
<p>Overly formal structured storytelling when returning from placement is less helpful to learning</p> <p>There are some risks and dangers in storytelling</p>	<p>Negative effects of storytelling and stories</p>

<p>Some mentors stories make students feel silly or even 'bad'</p> <p>Some students do not appreciate stories as a way of learning</p> <p>Mentors' stories can 'put fear into students' minds'</p> <p>Some stories engender fear in students</p> <p>Hearing stories about mentors can affect the student/midwife relationship positively or negatively</p>	
<p>Stories add interest and colour to learning</p> <p>Stories trigger the imagination</p> <p>Stories as childlike ways of learning</p>	<p>Stories enliven learning</p>
<p>Digital stories/ YouTube clips/Blogs have limitations, but are useful for exploring sensitive topics such as sexual abuse or bereavement, or NHS failings</p> <p>Hearing service users/women's stories in class, and in practice, helps develop empathy and strengthens the midwife/mother relationship</p> <p>Stories influences the types of midwives that students want to become</p> <p>Women's online stories are a way of accessing instant support</p>	<p>Service users' stories are useful</p>

<p>Childbearing women's stories help students to empathise with them</p> <p>Sharing stories via online student forums help students not to feel judged, unlike when with mentors</p>	
<p>Stories about medication errors 'make you think'</p> <p>Stories help to work situations out</p> <p>Stories make you think for yourself</p>	<p>Stories for problem solving</p>
<p>Case reviews are valued by some and viewed as stories because they are based on real life experiences, and can be applied to practice</p> <p>Listening to 'real' stories is better than reading case studies</p> <p>Stories are viewed as real life learning</p> <p>Stories are a means for making learning real, and for remembering</p>	<p>Real stories are remembered and applied in practice</p>

Table 6

An example of the concept mapping of the combined meaning units from focus group and interview meaning units:

possible and final categories of description

Comparison of condensed meaning units	Comparison of the differences in the meaning units	Comparison of the similarities in the meaning units	Possible descriptive categories	Final categories of description
<p>Stories are used as a means for reflection</p> <p>Telling stories is cathartic and therapeutic</p>	<p>Mentors' and peers' verbal stories aid recall and critical thinking and influence practice</p> <p>Mentors stories can 'put fear into students' minds'</p>	<p>Storytelling is used for comfort and reassurance</p> <p>Sharing stories help to feel 'you are not alone'</p> <p>Mentors' stories as viewed as visual ways to recall emergencies, and reduce anxieties when in similar situations</p>	<p>Stories could be like having a 'tea break' or to have 'thinking' time</p>	<p>Stories as comfort blankets, and containers for emotions</p>

<p>Stories about 'good or bad' practice help students to aspire to be the type of midwife they want to be</p> <p>Stories help to work situations out</p> <p>Stories make you think for yourself</p>	<p>Stories are viewed as a way of 'picking up' good things to take into future practice</p> <p>Listening to stories about poor practice generates strong feelings and motivates students to provide better care</p>	<p>Stories are viewed as ways to avoid making mistakes, just as 'wise women' learn from others' mistakes</p> <p>Stories about medication errors 'make you think'</p> <p>Stories are deliberately 'passed along' to others, (including childbearing women) for their learning</p>	<p>Stories to improve practice</p> <p>Stories for problem solving</p>	<p>Stories as mantles, batons and sign-posts</p>
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<p>Childbearing women's stories help students to empathise with them.</p>	<p>Listening to women's stories (face-to-face) enables further probing and questioning.</p> <p>Digital stories/ YouTube clips/Blogs have limitations, but are useful for exploring sensitive topics</p>	<p>Hearing service user's stories strengthens the midwife/ mother relationship.</p> <p>Stories heard from guest speakers appear to be a useful vehicle for learning about how care delivery can be improved</p>	<p>Service users' stories are useful</p>	<p>Women's stories as vehicles for compassionate care</p>
<p>Stories are viewed as ways of embedding learning and building on theory.</p>	<p>Stories are deliberately sought out to add to knowledge and understanding</p> <p>Stories reinforce learning</p>	<p>One story can lead to another 'organically' to build up knowledge and understanding</p> <p>Stories help with 'deep' learning – they stay in the head</p>	<p>Stories used as ways for remembering</p>	<p>Stories as deep wells, and capstones of learning</p>

4:3 'Categories of Description'

The following sub-sections present the four final 'categories of description' that were drawn from the meticulous phenomenographic data analysis process.

Examples of some of the meaning units are given to illustrate the categories of description. Analogies provide understanding about how final year midwifery students view and experience practice-related stories and storytelling.

4:3:1 Stories as '*vehicles*' to convey childbearing women's experiences

Childbearing women's stories were viewed as ways to help students develop their compassionate care in practice. Storytelling then becomes a '*vehicle*' to improve practice, facilitating the interchange between real life practice and theory. Stories heard from specialist practitioners about women's experiences, as well as service user's own perspectives on their care, helped students think deeply about women's experiences:

[Listening to women's stories] '*really makes you think about things from their point of view and think about what is important to them*'. **Claire FG3** (Main study)

Focus group meaning units	Semi-structured interview meaning units
Women's stories	Women's stories
<ul style="list-style-type: none"> • Hearing service users/women's stories in class, and in practice, helps develop empathy. • Stories influence the types of midwives that students want to become 	<ul style="list-style-type: none"> • Childbearing women's stories help students to empathise with them • Stories heard from guest speakers appear to be the vehicle by which learning about care received is remembered and how care can be improved

The stories enabled insight to be gained and students to reflect on and improve their practice. Stories appeared to help students to be compassionate, women-centred practitioners:

'I think [listening to service users' stories] is really useful because we can be taught, or have a theory of what is your role, and then the women can have a really different slant on it, and we need to be listening to them so that we are getting it right'. Denise INT3 (Main study)

Focus group meaning units	Semi-structured interview meaning units
Digital stories - limitations	Digital stories - possibilities
<ul style="list-style-type: none"> Digital stories/YouTube clips/Blogs have limitations, but are useful for exploring 'taboo' or sensitive topics such as sexual abuse or bereavement, or NHS failings 	<ul style="list-style-type: none"> Sharing stories via on-line student forums help students not to feel judged Women's online stories are a way for other women to access instant support

There appeared to be a difference in hearing women's stories mediated digitally either in blogs, or as YouTube clips, compared with face-to-face. Digital stories were viewed as a helpful way of exploring sensitive topics such as sexual abuse or female genital mutilation (FGM), or NHS failings:

'[The bereavement midwife] showed us a video of this poor lady who had had a still-born [baby] and it was so moving I almost wanted that lady to be in the room so she could share a bit more with us instead of being up on this big screen.' **Gena FG3** (Main study)

'When I meet a woman that's had FGM, that video's in the back of my head'. **Haleema FG1** (Initial study)

By contrast, hearing women telling their stories face-to-face enabled students to question them further and gain deeper understandings about women's birth experiences:

'You remember them saying how they felt and you can ask them questions. You can't ask questions if it is written down. If you want to ask more you can glean a bit more information if it is a told story.' **Denise INT 3** (Main study)

'[One of the service users] was really excellent and really made you think about the issue that she was discussing, and I spoke to her after . . . it's good to know about this'. **Anna FG1** (Initial Study)

4:3:2 Stories as 'batons' and 'mantles' to pass on words of warning

Stories were experienced as 'batons' or 'mantles' to pass on learning to others.

Stories were also perceived as ways of learning from other people's mistakes, and as such became 'signposts' to warn others, in order to avoid making errors themselves.

'It's almost like you feel like you've been given the mantle and that you kind of pass it on down and you are hoping that they will take that mantle themselves and pass it down and telling stories that you've had can only help the situation . . . You can also take your experiences as a student and when you qualify – keep passing them down to other students.' **Kay FG4** (Main study)

These words of warning, and learning from mistakes, seemed to be particularly significant with regard to the administration of medications:

'She administered a drug incorrectly and there was an investigation it made me think how careful you have to be . . . I shared that with the cohort as well in one of our EBL [enquiry-based learning] sessions because I think it is something that student midwives worry about – drug errors . . . it made me think – definitely a big learning curve for me. So it is taking a negative situation for one person and

trying to help make sure that doesn't happen to you . . . to avoid that happening to you.' **Denise INT2** (Main study)

Mentors' stories were also passed on, sometimes to warn, sometimes to reassure, as is shown in these meaning units:

Focus group meaning units	Semi-structured interview meaning units
Mentors' stories - 'the good and bad'	Mentors stories - 'the good'
<ul style="list-style-type: none"> • Hearing stories about mentors can affect the student midwife relationship positively or negatively • Mentors' stories reassure students • Humorous stories help students to feel a bond with midwives • Older midwives' 'Back in the day' stories are appreciated and help students to realise how different practice is now • Some mentors' stories make students feel silly or even 'bad' 	<ul style="list-style-type: none"> • Mentors' stories are viewed as visual ways to recall emergencies, and reduce anxieties when in similar situations • Stories [from mentors or peers] are remembered and help students to practice differently next time.

In contrast to learning positively from mistakes, some mentors' warning stories, however, could frighten students about practice. These were not favorably viewed by students, who questioned the evidence base for the mentors' stories.

Danielle was aware of the potential for stories about non evidence-based practice to have a negative impact on her learning:

‘If [a mentor has]experienced something that’s quite distressing and then, you know, she’s learnt from that – she obviously wants to teach her students, “actually don’t do this because this is what may happen.” And it does instil fear into you . . . so just be really cautious. Danielle INT 1 (Initial study)

‘I only worked with her for a couple of shifts – you just have to mention like a physiological third stage and she was like “oh no . . . PPH” [Post-partum Haemorrhage] . . . so she has obviously had some experience in that but that is then impacting negatively on my education, so she shouldn’t be telling me that everyone has a PPH after a physiological third stage because it is not true. But that is her mental block’. Emma FG5 (Main study)

There were risks in some types of stories, and not all storytelling was helpful for students in that fear could inhibit their learning as these meaning units identified:

Focus group meaning units	Semi-structured interview meaning units
Risks of storytelling	Dangers of stories
<ul style="list-style-type: none"> • There are risks in storytelling and some stories engender fear in students 	<ul style="list-style-type: none"> • Sometimes stories are not appreciated by students as a way of learning • Sometimes there are dangers in storytelling • Mentors’ stories can ‘put fear into students’ minds’

There were differences and variation of how ‘warning’ stories and other types of stories are viewed.

Focus group meaning units	Semi-structured interview meaning units
Stories to avoid mistakes	Stories for improving practice
<ul style="list-style-type: none"> • Stories are viewed as ways to avoid making mistakes • Case reviews are valued by some and viewed as stories because they are based on real life experiences, and can be applied to practice • Stories are deliberately ‘passed along’ to others (including childbearing women) for their learning 	<ul style="list-style-type: none"> • Stories are used as a way of remembering how <i>not</i> to practice • Stories are viewed as a way of ‘picking up’ good things to take into future practice • Listening to stories about poor practice generates strong feelings and can motivate students to provide better care • Stories about medication errors ‘make you think’

As this quote shows, the style and manner in which mentors shared their own learning experiences through stories appeared to have a direct impact on a student’s learning and responses:

'I think it really depends on the mentor and I think it depends on whether they are using their stories to install fear in you in what you are doing or control over your practice or whether they are actually sharing the story to be able to share one of their mistakes so you don't make that mistake at the same time.'

Kay FG4 (Main study)

The vicarious nature of learning *about* mistakes, without actually *making* them, was viewed as being helpful, as can be seen in the quotes below, and in the meaning units highlighted above about avoiding making mistakes.

[Storytelling] *'is a way of learning from mistakes without making them.'* **Nicki FG1.** (Initial study)

'It's also a way of passing on your experience if you happen to speak to someone in a lower year than you, if they have got questions then you can also pass on, "this is what happened to me or what happened to somebody else" . . . you're helping them in their situation as well.' **Kay FG4** (Main study)

This is clearly seen in the stories below, concerning what Anna heard about a doctor in theatre, or when Claire understood the importance of auscultating the fetal heart prior to using electronic fetal monitoring.

'Even now – even though that was my first ever shift, it [a story heard about a doctor fainting in theatre] makes me realise that everyone's human. Everyone can make a mistake, and actually that's alright.' **Anna FG1** (Initial study)

'I remember a story my mentor told me about how she looked after a lady in labour and she didn't check the foetal heart before she put on the C.T.G. so she had a nice trace of the mum's heart and the baby had passed away – so that makes me think that's why we always check the foetal heart. Good learning – rather than someone just telling you to check the foetal heart – I know why.' **Claire FG3** (Main study)

This is also illustrated in the following example which showed that Maddie had learnt not to assume that all would be normal, such as at a water-birth where a baby's cord had snapped, potentially placing the baby at risk of haemorrhage, or hypoxia. The emphasis that she, like Claire, placed on the word 'always' demonstrated that memorable learning had occurred by hearing this story:

*'[I don't think] anyone just sort of realised that the baby was actually changing colour . . . I guess the learning point from that will be that even though you are in that sort of so called normal environment, that actually, you have got to keep an eye on that baby and I will **always** think about that. **Always.**' Maddie FG3 (Main study)*

In passing on stories to her peers, Denise perceived the role that reflection played in her learning:

'When you retell the story and especially if you have come to the end and it is a good outcome, it helps you to contextualise it and deal with it and then move on a bit.' Denise INT 2 (Main study)

4:3:3 Stories as 'comfort blankets' to reassure

Stories were viewed as being like '*comfort blankets*' for reassurance and self-validation, in particular regarding practice, such as described by both Maddie and Danielle:

'I believe that we provide each other with a comfort blanket and that support network is there and we know it is there all the time. Even if we don't physically see each other we have got quite a strong bond.' Maddie FG3 (Main study)

'We'd talk about what's happened and, you know, reassure each other if perhaps we're . . . if it's an upsetting story particularly we'll try and give each other comfort through that means'. Danielle INT 1 (Initial study)

In both the focus group and interview data stories were viewed as playing an important role in reassurance about practice:

Focus group meaning units	Semi-structured interview meaning units
Stories for reassurance	Stories for reassurance
<ul style="list-style-type: none"> • Storytelling is like a 'comfort blanket', giving reassurance • Sharing stories help to feel 'you are not alone' 	<ul style="list-style-type: none"> • Stories from peers give confirmation about practice • Storytelling is used for comfort and reassurance.

In turn, telling and listening to stories appeared to become '*containers*' for reducing anxieties in practice. Maddie, for example, described feeling isolated in practice, Gena felt concerned about a negative experience whilst on placement, while Jenny found reassurance from hearing that others were experiencing similar difficulties as these quotes illustrate:

'I think it is hugely beneficial. I think when you are out in practice sometimes it can be a little bit isolating in terms of – you don't often see some of the other students and then when we do get together and we can share our stories and we are reassured that what we are going through is normal. It might be that someone has experienced something and can give you some advice. I think it really does help'. Maddie FG3 (Main study)

'A negative experience and you come away and you think – Oh my god that was so terrible, and then you get chatting to other members of the cohort and you say, "well, actually, something like that happened to me," and that kind of almost makes you feel better. You take a positive away from it and you think well, perhaps I would do that differently next time, or you know – it's ok because Maddie has done it, so you know you kind of feel "that's ok, it's ok."'

Gena FG3 (Main study)

*'I think especially if you've had a specifically hard time out in practice as well – it's quite nice to hear whether others have found the same, or if they've struggled as well'. **Jenny FG 2** (Main study)*

Sharing stories and storytelling on return to university, from practice, were generally seen as positive and helpful, although structured storytelling was not appreciated by participants in one focus group.

Focus group meaning units	Semi-structured interview meaning units
Stories on return from practice	Stories on return from practice
<ul style="list-style-type: none"> • Telling stories when coming back from practice helps you to 'get it off your chest', especially when they are 'fresh in your mind' • Structured storytelling when returning from placement is not always helpful to learning • Sharing stories with peers help to get positives out of negative experiences 	<ul style="list-style-type: none"> • Story sharing when returning from placement enables a supportive learning environment

Peers' stories were used to enable reflection on practice, as well as providing reassurance about students' own practice, such as this example which Claire described:

'I didn't know what to do in the middle of a PPH either! It's alright. Especially in the third year . . . and you are thinking that, "well I should be knowing what to do in these situations" . . . So you are starting to challenge yourself and think, "can I cope in these situations?" So it is nice to hear what has happened to other people.' **Claire FG3** (Main study)

'It's a little bit of confirmation when you hear that someone's seen or done something the same way as you, it's sort of confirmation that . . . "Yeah! That's okay – I'm alright! I'm on the right track! . . ."' **Sharon INT 1** (Main study)

Stories were also viewed as ways to comfort peers, and when they were shared with each other on return from practice, it helped them to feel less anxious about practice. This was particularly so when contemplating unusual situations or being involved in birth emergencies.

'I think when you hear midwives particularly talking about emergency situations and they tell you the scenario and what happened there; and then when you are in an emergency situation yourself, say a resus[citation] situation, and you can remember the story of the midwife saying, "this is what happened" – it is almost like you are watching the steps of what they did before'. Denise INT 3

A variation of this perspective occurred when stories enabled Claire to problem solve in practice:

*'I suppose it is giving you rationale behind – the reason why you do things – because xyz once happened . . . **that's** why you do this'. Claire FG3 (Main study)*

Stories also assisted in self-regulating students' emotions, as in Nicki's experience of sharing troublesome story with her peers, or when Emma found story-sharing therapeutic:

'I suppose sometimes it's quite cathartic if you tell a story about something that's really troubled you and just getting it out, and having it being listened to and understood by other people who will understand what you might have gone through'. Nicki FG1 (Initial study)

'I think it is quite therapeutic if you go home and people at home don't understand what's happened in your day, you can come in and just say [to other students] . . . and [they] give you support, [but] at home they are just like, "I don't know what that means"'. Emma FG5 (Main study)

Several students described hearing stories as '*making you think*', a phrase that was repeated in both the focus groups and interview data. This was emphasised by their tone of voice.

'And it made me think differently about how . . . like it made me try to think – actually you should think about the whole picture. You know, some women don't necessarily fall into the exact diagnosis of what you think it's going to be, and maybe if we'd listened or maybe explored it further . . . So, it made me think differently from that perspective, that actually, you know, "go and get a proper history from the woman!"' Fiona FG3 (Main study)

Other students described collaborating with each other through storytelling when there was something that they did not understand in practice.

'I think it [hearing a story] motivates them to do something about it. If someone else has experienced something similar they say, "why don't you do this?" or maybe, "try that?" and then that helps them move on and try and find ways to solve the problem'. Nicki FG1 (Initial study)

'It's actually putting that experience into a story – into a real situation and then that connects it and makes it easier to understand and easier for you to work out how you might deal with it or avoid it.' **Nicki FG1** (Initial study)

4:3:4 Stories as ‘capstones’ for linking theory to practice

Stories that *‘stick in the mind’* were experienced as *‘deep wells’*. They were not only remembered but also applied later in practice. Taken together with the knowledge and understanding that was gained through lectures and text books, as well as from experiences in practice, stories become a *‘capstone’* to embed learning. This metaphor is taken to mean that stories link learning together – making it secure and long-lasting in terms of memory and recall. This is in contrast to integrative final capstone projects, which aim to prepare students for employment and professional life (Healey et al., 2012). The capstone, in other words, the story or storytelling, is placed metaphorically above theoretical and practice learning, and thus becomes the means to facilitate integration of learning. Stories were then viewed as ways of reflecting on practice.

‘It is like an ‘oral version’ of reflecting – saying what happened, then what could’ve been done better and how it made us feel and all of that sort of thing’. **Ruth FG4** (Main study)

Rather than there being many differences between the focus group and semi-structured interview meaning units, there were similarities in views about how stories enabled reflection on practice and deep learning to occur.

Focus group meaning units	Semi-structured interview meaning units
Stories for Reflection	Stories for Reflection
<ul style="list-style-type: none"> • Listening to other people’s stories aids reflection • Specific stories are used for reflection and learning • Storytelling assists with debriefing from practice • Hearing stories increases confidence for future practice • Stories by experienced lecturers and midwives are valued highly • Telling stories can be cathartic and therapeutic especially if other students are listening. 	<ul style="list-style-type: none"> • Shared stories are viewed as a way of reflecting on practice • Specific stories are used for reflection and learning • Stories are deliberately shared for celebration and positive affirmation • Stories are used to ask further probing questions • Lecturers’ stories provide reality checks about practice.

Stories were viewed as being like ‘*deep wells,*’ which students could use to reflect on practice and draw on in their future practice.

‘I remember we did diabetes in the second year . . . [we] looked at this video on YouTube about a girl with diabetic retinopathy. I remember what that is now, and I remember why you get it because I watched that video’. **Claire FG3** (Main study)

'I would probably learn more from that kind of story [where the wrong part of the anatomy was attempted to be catheterised in theatre] than a dry Power-point on catheterisation'. Gena FG3 (Main study)

'Real' stories were viewed positively and inspired transformative learning. This was a strong feature in both the focus group and semi-structured interviews as shown in the comparison of the meaning units:

Focus group meaning units	Semi-structured interview meaning units
Stories for learning	Stories for learning
<ul style="list-style-type: none"> • Stories make you think for yourself • Stories put learning into context • Stories help to work situations out • Stories add interest and colour to learning • Stories are viewed as ways of embedding learning and building on theory, lectures and power points • Stories are used as a way to remember • Stories appear to help with 'deep' learning – they stay in the head • Stories help to absorb information more easily • Stories trigger the imagination • Stories are comparable to childlike ways of learning • Hearing stories about unusual experiences helps to gain knowledge and understanding • Stories are deliberately sought out to add to knowledge and understanding • One story can lead to another 'organically' to build up knowledge and understanding. 	<ul style="list-style-type: none"> • Listening to stories enables further probing and questioning • Stories are a better way of remembering, rather than reading about them • Stories are a powerful means for making learning real, and for remembering • Stories are viewed as real life learning • Listening to 'real' stories is better than reading case studies • Stories reinforce learning.

Stories, especially those heard when face-to-face from storytellers, were experienced as ways to embed learning. Stories were rated more highly and viewed as more effective than just learning through texts books, Power Point lectures and algorithms, because they were more easily remembered. Moreover, probing questions could be asked of the storytellers to gain further understanding.

'I think I probably remember more from stories than I do from actually from theory . . . but probably put the two together – I would say I probably do. Because when I think about it I usually think about the situation or something someone's told me . . .' **Fiona FG2**

'It makes it more realistic as well. It is something that actually happened and not just theory'. **Regan FG4**

If someone tells me a story about an emergency that happened and they said that the really important thing that I did was this – then if ever I was in that situation – that thing would stick in my head and I think, "I've got to do that" – more so than like an algorithm or like a policy or whatever – those things I forget, but if someone told me "when I did that this happened and I did this" that would stay in my head.' **Lucy FG5**

'You remember them saying how they felt and you can ask them questions. You can't ask questions if it is written down. If you want to ask more you can glean a bit more information if it is a told story'. **Denise INT 3**

Along with the deep and memorable learning that occurred through stories they also provided a *capstone* for learning. Theory became more deeply embedded in students' memories, as stories facilitated the capacity to link knowledge and understanding to practice. Even when these stories had been heard a long time ago, the learning gained from them was applied in practice at a much later date:

'I remember what Sheehan's syndrome is because Belinda told this fantastic story. Belinda is full of life and really good at telling stories – that fixed it in my mind and I remember what Sheehan's syndrome is because of Belinda's story'. Claire FG3 (Main study)

'The combination of you [Jenny] telling us that, and having a bit of theory on asthma, made me take it a bit more seriously'. Fiona FG2 (Main study)

4:4 The Outcome Space

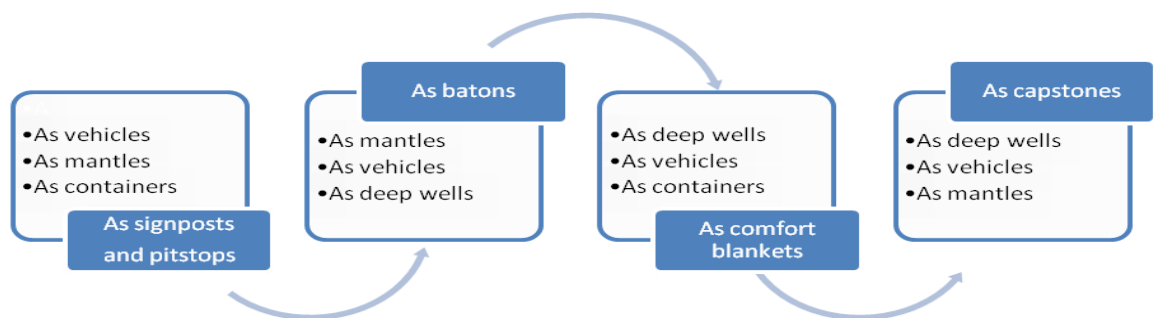
The final step in a phenomenographic study is to describe the internal relationships between the different categories of description. This forms the outcome space which Marton and Booth (1997) described as the inter-connected relationships between the various metaphors that describe the categories of description. The process used by Larsson and Holmström's (2007) phenomenographic study on the work of anesthesiologists, and by Andersson et al. (2015) in their study of registered nurses' descriptions of caring has informed the conception of using an analogy to define the outcome space.

The 'outcome space' links the categories of description together. In my study it has been understood in terms of the analogy of midwifery students being on a journey towards qualification as midwives (see Diagram 3). It represents midwifery students' collective views and experiences of storytelling. It is a critical part of my phenomenographic study because it has drawn together the four themes and provided meaning and understanding about how stories and storytelling are viewed and experienced by final year midwifery students.

Pictured as being linear rather than hierarchical, this journey has been presented diagrammatically to enable a clear visual representation of the outcome space. It also overlaps, because stories are experienced, and used at any time, in various ways, on the journey to becoming registered midwives.

Diagram 3

A representation to show the outcome space and how the categories of description are linked together by using the analogy of a journey



Throughout the three year journey that midwifery students make to become registered practitioners, stories were shared at key points, such as when returning to university from practice. This could be compared to a pit-stop, where students were re-fueled and inspired through telling stories about practice. In explaining the meaning of pit-stops, as it applies to my study, Catchpole et al.'s (2007) description can be used of F1 racing car teams coming together to perform complex tasks quickly, such as in the seven second pit-stop replacement of tyres and re-fueling. The principles of this system were used to improve more effective handover of care between clinicians from surgery to intensive care, with the aim of improving safety and quality.

In my study whenever a story was told or heard, however briefly, this could be compared to the F-1 pit-stop, because the story often entailed learning about quality care, safety or avoiding risk when in placement. Childbearing women's stories were also seen as vehicles through which students could develop as reflective compassionate practitioners. Stories and storytelling therefore seemed not only to sustain students, but to be an integral part of this journey, with pit-stops consequently playing a vital role.

Stories were passed on like batons during the journey to help others avoid mistakes; these could also be perceived as being like signposts, to help avoid potholes in the road and pitfalls on the journey. Stories comforted students whilst in practice, reassuring them when in unfamiliar territory, such as in birth emergencies or other unusual and unexpected situations. Finally, towards the end of the journey, stories and storytelling became the capstone which drew learning together. These helped learning to become deeply embedded and provided transformative learning opportunities for midwifery students.

4:5 Conclusion

This chapter has described the four qualitatively different ways in which final year midwifery students viewed and experienced stories and storytelling as a means of learning. They were viewed as *vehicles* to communicate women's experiences, *mantles and batons* to pass on words of warning, *comfort blankets* and *containers* to regulate emotions, and as *capstones* for learning that linked theory to practice.

The outcome space suggests that stories and storytelling accompany and sustain students at every stage along their long journey to becoming registered midwives. Stories heard *from* childbearing women, or heard *about* childbearing women and their families can be viewed as the vehicles on the journey. Stories are passed on along that journey for encouragement or for warning, like *batons* and *mantles*, and are used to signpost and illumine the way, particularly in order to avoid making mistakes in practice.

On return from placement, in the safe environment of university, storytelling can be likened to a refueling *pit-stop* on the journey; a place where students can give and receive comfort through the experience of peers' stories. This also provided the opportunity to reflect on the stories, which in turn promoted the confidence and self-validation that helps midwifery students to know that they are not alone. Finally, stories became *capstones* of learning, ready to be recalled and drawn upon at any time.

Chapter 5: Discussion of the findings and reflections on the study

5:1 Introduction

Set within the context of the storytelling and phenomenographic literature that was critiqued in Chapter 2, this chapter presents a critical discussion of the findings.

These identified that final year midwifery students viewed and experienced practice-related stories and storytelling in various ways, depending on who was telling the story and how it was told. The stories that had the most lasting influence on their learning were those that were passed on between peers, along with those told face-to-face in a classroom by lecturers or service users, as well as some types of digital stories. Mentors' stories were found to enhance student learning when they were viewed as supportive – but not if they induced fear.

This discussion of the findings is informed by aspects of four theories, the first of which is Bion's (1984) containment theory, which likens infants being emotionally held by their mothers to being 'contained'. Stories appeared to fulfil a similar function by 'containing' students' emotions, enabling them to practice more confidently. Secondly, Winnicott et al.'s (1989, p.55) understanding of the 'transitional object', in which holding onto a familiar toy is seen to provide babies with reassurance in times of uncertainty or anxiety. This is compared to the impact that stories have on midwifery students when they metaphorically 'hold on to' stories, which were likened to comfort blankets.

Thirdly, Van Gennep's (1960, p.11) 'rites of passage' theory also informs the discussion by suggesting that neophyte learners go through a period of separation, liminality and reincorporation. Groups are distinguished from others, as they enter a 'liminal space' before returning to their worlds transformed, enhanced by learning new knowledge and with deeper understanding. My findings drew on this theory, primarily by considering the 'liminal spaces' of practice and university, where stories were frequently told. Midwifery students viewed stories as a means of sustaining themselves and enabling others. This was particularly seen when storytelling was deliberately used when transitioning from one 'world' to another, such as when returning to university from practice, or when moving from one year of study to the next.

Finally, the findings were informed by Vygotsky's social interaction theory which was described in Cole et al. (1978), in relation to learning and education. This theory was subsequently developed by Lave and Wenger (1999), in their descriptions of communities of practice. My findings suggest that the process of telling and listening to stories contributes towards internalising knowledge and understanding within communities of practice, which in turn can lead to transformative learning. This is specifically discussed in section 5:5.

My research study and the discussion of its findings have sought to answer the research question: *'What are final year midwifery students' views and experiences of telling and listening to practice-related stories?'* It provides new understandings about pedagogical approaches to teaching and learning through storytelling, and contributes further evidence to what is already known about this topic.

A new conceptual model is presented, by applying the four 'categories of description', and the 'outcome space', which were described in Chapter 4, to the synthesised aspects of the four theories briefly described in this section. This conceptual model has the potential to make an original contribution to midwifery practice and education, including curriculum development. On a wider level it could also inform other health programmes. This chapter also offers a critical reflection on the whole research study, discussing its strengths and limitations in terms of the research design and ethical issues, along with the influence on my practice as an educator.

5:2 Stories as ways of containing emotions

Citing Bion's (1962) concept of containment, Parry (2010) described how an infant projects anxious feelings onto their mother, who then translates them back to the infant in a more manageable form. Bion (1984, p. 36) termed this process as a mother's 'reverie', meaning her capacity to respond appropriately by experiencing and acknowledging the infant's feelings, who, as a result, gains an increased sense of being able to handle their own emotions. Bion's (1962) original theories about emotional containment have retained their relevance for current professional practice; Toasland (2007), for example, viewed containment as a vital aspect of effective social work practice. Hawkins and Shohet (2012, p. 4) also emphasised the need for positive containment in supervisory relationships in the helping professions. The ways by which mentors' and peers' stories could assist in containing students' emotions – or not – is discussed in this next section.

5:2:1 Mentors' 'containing' stories

A positive relationship between the midwifery student and their mentor is crucial for creating an environment for learning and its facilitation (NMC, 2008). Sochacki (2010) considered that the way in which mentors used storytelling to develop students' learning helped them to develop critical thinking and to reflect on patients' care. My findings were similar and indicated that the way in which mentors told practice-related stories influenced students' learning, both positively and negatively. It would seem that when stories were told to reassure, particularly where an element of humour was involved, this was found to build students' confidence. When learning new skills, students found mentors' stories especially helpful when they provided a reassuring role.

This reflects some of the findings of Trelaor et al.'s (2017) study when mental health nurses shared stories honestly with students about when they felt out of their depth in practice situations. Interestingly this type of interchange between mentor and student facilitated deep learning – and helped to demonstrate the essence of mental health nursing. These types of stories and storytelling had the power to change attitudes, values and behaviors. These findings were also reflected in my study, where empathetic understanding and sharing of mentors own practice-related stories, especially about uncertainties or mistakes made in practice, where phrases such as, *'don't worry, I have done that too'* were used. These reassuring stories enabled critical reflection on practice.

The importance of this role in providing students with reassurance in order to help them to learn effectively in practice reflects Koskinen et al.'s (2011) findings, where storytelling was perceived as positively developing nursing students' learning within a safe environment. My findings indicate that when mentors' have the capacity to contain students' anxieties, along with their ability to make the challenges of placement learning feel more manageable, this is comparable to Bion's understanding of the 'reverie' that occurs between mother and infant.

The findings indicate that storytelling can be an effective means to recall information, therefore contributing to the deep learning described by Marton and Booth (1997). For example, when mentors shared their own previous uncertainties and challenges in practice, these played an important role in increasing students' feelings of being 'contained'. Stories consequently reassure and help students to feel more confident to learn in practice. This was reflected in a story told by a mentor to a student about a neo-natal resuscitation, which was vividly recalled when the student was later involved in the resuscitation of another neo-nate. The story that her mentor had told previously was remembered as if it were playing out in her mind, like a video, as the neo-nate was being resuscitated. It was suggested it was easier to apply what had been heard in the story than to remember an algorithm, thereby demonstrating the value of effective storytelling for passing on knowledge and understanding, especially in emergency situations.

5:2:2 The effect of mentors' 'fear' stories

Whilst mentors' stories generally provided a positive, containing role, my findings point to the possibility that other types of stories can exercise an adverse impact on students' learning. This seemed particularly applicable where mentors themselves appeared not to have processed the difficult emotions associated with a previous clinical event which had led to a poor outcome. In these situations, the findings showed that the ways in which mentors communicated the outcome of these stories often appeared to pass on fear, rather than instilling confidence and positive learning for students.

The type of open sharing of stories, discussed in the previous section, stands in contrast to mentors' stories which engendered fear in students – where mentors themselves may not have reflected on their own learning. This section explores the effect of mentor's negative stories on students, and the possible risks that these may have for learning. In considering patients as wounded storytellers, Frank (1995) recognised that some stories can be dangerous, in that they have the capacity to negatively influence people over a long period of time. This is in a similar way to that experienced by the nurses in Carter's (2010, p. 28) study, who told atrocity stories about adverse events which caused some to leave the profession.

Bion (1984, p. 96) suggested that without appropriate reverie, or containment, an infant can be left experiencing overwhelmingly anxious feelings. This nameless dread that Bion (1984) described in relation to the infant's fear of the unknown, and where mothers could not manage their own emotions, seemed comparable to the

fear induced by hearing mentors 'atrocities' stories. My findings suggest that these have a similarly inhibiting effect on students' confidence in practice, and leave them feeling anxious about their learning.

In the case of an event that had occurred several years before, for example, a mentor recounted to a student a story about caring for a woman who had experienced a major haemorrhage following birth, and who had almost died. The mentor advised the student that, as a result of this experience, every woman should be routinely offered intramuscular utero-tonics to reduce the risk of post-partum haemorrhage, because of the devastating effect that this situation can have on a woman's life. My findings suggested that some mentors showed a lack of awareness regarding the impact that these type of 'fear' stories can have on students' emotions, and consequently on their learning. However, the findings also indicated that mentor's didactic 'fear' stories caused students to also critically reflect on the evidence base of the stories, and how they would personally practice as a midwife.

In discussing the negative influence of mentors' stories, my findings point to the need for mentors to be more aware of when they have not fully processed their own emotions concerning previous challenging experiences – especially birth emergencies – before sharing these stories with students. Otherwise, they risk inadvertently passing on their own fears, and so hinder students' learning, by increasing the levels of student anxiety.

The findings of my study could be used in the new A-EQUIP (Advocating for Education Quality Improvement in Practice) model of midwifery supervision (NHS

England, 2017). This model has four elements: formative, normative, restorative and personal action. Within the restorative function of the model, the emotional needs of midwives are addressed by encouraging reflective conversations with a Professional Midwifery Advocate, and by sharing and reflecting on practice stories. These seek to promote open and honest feedback with the aim of developing resilience in practice.

This model is based on Pettit et al.'s (2015) Restorative Clinical Supervision approach with Health Visitors, Hawkins and Shohet's (2012) ideas about supervision and the helping professions, along with the Solihull Approach (Douglas and McGinty, 2001) to containment and reciprocity in relationships. If mentors were enabled to be 'contained' themselves through the A-EQUIP process, they could go on to more effectively support and contain students in their learning. This could have the potential to lead to intrinsically different approaches in the way that mentors tell their stories about practice with students. It could also have a much more positive effect on students, thus enhancing their learning in practice.

5:2:3 The emotional containment of peers' stories

Koskinen et al.'s (2011) study stated that narratives develop self-esteem and self-awareness. The findings in my study showed that when students shared stories with each other about unusual or frightening birth emergencies, this did not appear to induce the same level of anxiety as it did when mentors shared similar stories with students. Peers felt more confident to ask each other questions without feeling

judged, when discussing difficult scenarios, and could reassure one another by sharing their uncertainties.

Finlay's (2015) work in psychotherapy recognised that social groups can act like a maternal 'container.' In my research study, the findings suggest that sharing stories with peers often helped to offset anxieties by reflecting on unsettling thoughts and feelings. Potentially anxiety-inducing stories, such as a snapped umbilical cord in a water birth, could be contained through the process of storytelling and story-listening itself. Additionally, the opportunity to hear stories from peers about unusual practice experiences, and then to 'interrogate' the storyteller by asking further reflective questioning, was important to students. This appeared not only to develop their knowledge and understanding, but also to build confidence that they could cope, should they find themselves in a similar situation in the future.

Midwifery students' anxieties about future practice were contained when storytelling took place following return from their placements to university. Deeper learning appeared to take place when students were enabled to actively listen to their peers' stories. These processes would seem to be an important way to contain students' emotions and build confidence for practice, thus resonating with Bogossian's (2005) findings, that storytelling enhances skills in critical reflection.

This storytelling process could have the potential to contribute to developing practitioners who practise effectively and who preserve safety, as the *Code: Professional standards of practice and behaviour for nurse and midwives* (NMC 2015) requires. The findings indicated that stories were actively and deliberately

passed on by students to their peers to enable their learning, like batons and mantles, both from students' own practice experiences, and drawing on their mentors' and lecturers' stories, especially regarding errors that had occurred in medication management. These ways of learning could also contribute to the RCOG (2017) *Each Baby Counts* quality improvement programme which aims to reduce the number of babies who die or who are left severely disabled as a result of incidents occurring during term labour.

5:3 Stories as 'transitional objects'

Winnicott (1953, p. 89) termed any familiar object that an infant holds onto in order to provide comfort when the mother is absent – a soft toy for instance – as a 'transitional object'. Winnicott further suggested that this object helped babies move beyond the internal world of being exclusively with their mother, to the external social world beyond. My findings indicate that midwifery students described gaining reassurance for their future practice by deliberately holding onto certain stories, which acted like 'comfort blankets'.

Meissner (1987) suggested that art forms can provide an illusory experience, bringing comfort when feeling anxious. Whilst stories are not inanimate objects, my findings suggest that students remembered them clearly, especially when facing challenges. Just as infants hold on to familiar objects, the stories that students heard from their peers appeared to reassure them in much the same way that 'transitional objects' reassure infants.

In similar ways to infants feeling separated from their mothers in Winnicott's (1989) theory, my findings also suggested that midwifery students often felt isolated and

alone in practice. Parry (2010) explained how infants, on a developmental trajectory, move from dependence on their mothers to independence. The stories that students told each other, along with reassuring stories heard from mentors and lecturers, appeared to fulfill a similar function to that described by Winnicott et al. (1989), who theorised that a mother's central role was to be able to provide a stable and secure base, from which the infant could safely explore their feelings of unrest. Loboprabhu et al. (2007) explored how Winnicott's theories could be applied when working with people with dementia and their families, suggesting that a therapist can perform the function of both mother figure and transitional object, helping to calm feelings of loss and disintegration. My findings suggest that the reassuring stories of peers, lecturers and specific types of mentors also appear to fulfil the role of both 'mother figure' and 'transitional object'. This has demonstrated again the importance and value of stories and storytelling for midwifery students' learning in their transition from dependence to independence in practice, and is similar to the novices to advanced beginners of Benner's (2001) seminal work.

Stories, as 'transitional objects', appear to have the potential to facilitate recall of knowledge. The findings of my study suggest that storytelling and story listening can enable students to cultivate the sort of thoughtful interpretive thinking that Benner et al., (2009) described as the capacity to 'think in action'. The findings also suggest that because stories were described as '*sticking in your mind*' and '*really making you think*,' students deliberately recalled them to reassure themselves when in unfamiliar environments.

Drawing from Winnicott et al.'s (1989) theories about being 'good enough' mothers, Hawkins and Shohet (2012 p. 4) developed the concept of being a 'good enough helping professional'. Finally, students gained increased confidence in their own abilities when they found themselves in unfamiliar situations. The memory of hearing someone else's story in their cohort could thus be compared to the memories of infants as they held onto a transitional object. As a result of hearing stories from their peers, students felt inspired that they too could be 'good enough' midwives in practice.

5:4 Stories as told in the liminal space

The storytellers in Kroth and Cranton's (2014) work about transformative learning suggested that stories could provide a steadying presence during transition periods, which are often characterised by tumult and uncertainty. Van Gennep (1960) described a ritual transition schema, concerning the 'rite of passage' sequence from separation, through transition (or limen) to reincorporation, when groups make life course transitions. Schwartzman (2010) defined a 'liminal space' as being:

A transformative state in the process of learning in which there is a reformulation of the learner's meaning frame and an accompanying shift in the learner's subjectivity. (p.21)

Draper (2003) applied this sense of liminality to a study about men's experiences of becoming fathers. Draper et al. (2010) subsequently used this notion to explore the transitioning experiences of students in becoming qualified nurses. More recently, Rauktis et al.'s (2016) study also applied this rite of passage theory to their

exploration of white mothers raising dual-heritage children, who described themselves as being neither fully in one world or another.

This concept provides a lens through which to view final year midwifery students nearing professional registration as inhabiting 'liminal spaces'. My findings identified that fostering close relationships with peers and exchanging storytelling experiences was a crucial means of supporting each other, in the liminal spaces of university and practice placement areas. This was especially the case during the transition times of moving from year to year, and from university to placement and back again. This resonates with the findings of Banks et al.'s (2010) *Flying Start* report, discussed in Chapter 2, which described the support that newly qualified nurses needed to give one another. My findings also reflect how the advanced beginners in Benner's (2001) stages of clinical competence increased their skills in nursing through supporting one another.

Eraut (1994) suggested that effective professional and personal development is dependent upon a high level of self-awareness, brought about by a critical engagement with difficult or challenging events. My findings showed that students viewed stories from peers, mentors and lecturers as a significant means of embedding learning and enhancing critical thinking in practice, specifically in considering whether they would replicate these approaches in their own practice. My findings also indicate that when mentors shared their stories about practice, this helps students to view them as role models to emulate. This again suggests that stories and storytelling appear to play an important role in shaping future practitioners.

Comparable to the long oral tradition that Jordan's (1993) ethnographic study identified in her exploration of birth in four cultures, my findings suggested that experienced mentors often told their stories about midwifery practice to students during a quiet night shift. In this facilitative practice environment, students gained great admiration for the skills of these midwives. Hearing accounts from more experienced midwives, who were often nearing retirement, helped students to appreciate the benefits of current resources in practice. This finding suggests that vividly stories are easily remembered by students, and that informal ways of learning through stories have the potential to enhance practice.

The need to tell and listen to stories was a vital aspect of the liminal space inhabited by final year students, with stories from peers being deliberately sought out, and almost ritually told, when returning from practice placements. Such stories were described as being like a protective *mantle*, which could be passed on to promote learning, often for more junior students. The findings suggested that final year students clearly felt a sense of responsibility to act as guides and teachers by sharing their stories with 1st and 2nd year students. These findings could support the HEEoE (2015) CLiP (Collaborative Learning in Practice) model of coaching and mentorship that is being developed as part of the future changes in nurse education (RCN 2016; NMC, 2017).

My findings also indicate that there is valuable potential for using storytelling strategies in clinical practice. Students shared cautionary stories which they had heard from others, as well as ones based on their own experiences, often in relation to medication management, with the intention of helping others to avoid making

mistakes in practice. As in the findings CLiP project (HEEoE, 2015), in which students are learning in an environment where they can support and coach each other, the findings of my study suggest that peer support in practice through story-sharing increases opportunities for consolidation of learning.

The vicarious learning through stories and storytelling in the liminal spaces in placement and university, and in the overall transition towards registration, could play a significant part in contributing to safer maternity services (Kings Fund, 2008 and NMC, 2015), potentially reducing the sort of poor practice that Kirkup (2015) identified. Creating spaces for such storytelling to occur, and for stories to be passed on in the liminal spaces of university and practice placements would therefore appear vital to student learning. If used carefully and reflectively both in practice and university, practice-related stories would appear to enable students to contribute to the recommendations of *Better Births – A 5 year forward plan for Maternity Services* (NHS England, 2016), where a safety culture, and personalised care centred on women, their babies and their families are key recommendations.

5:5 Stories for transformative learning, in communities of practice

Vygotsky concept of the 'zone of proximal development' has been influential in proposing that students best develop with guidance from more advanced individuals, or in collaboration with others (Cole et al., 1978). This theory of social interaction suggests that people are connected to the social and cultural experiences which impact on their learning. This transformational view of learning was defined by Mezirow (1996, p.162) as:

a process of using a prior interpretation to construe a new or revised interpretation of the meaning of one's experience in order to guide future action.

Lave and Wenger (1999) expanded on these theories by developing the notion of a 'community of practice' which has a shared domain of interest, whereby relationships are built and learning occurs. Seibert (2015) debated this when considering how the 'community' is distinguished by the relationships and interactions within that community, and the 'practice' which includes the body of professional knowledge, skills and attitudes that the community seek to enhance. Alongside these is the domain which links the community together for collaborative and collective problem solving. Midwifery students could be viewed as being part of such a shared community of practice. Within that stories and storytelling appear to be a way for a community of practice to function.

My findings indicate that storytelling plays an important role in contributing to students' ability to exchange aspects of learning and enhance skills, knowledge and understanding, both within placement areas with peers and mentors, and in university with peers as well as lecturers. This suggests the value of lecturers using their own personal clinical practice stories to facilitate student learning.

Whilst other forms of learning such as textbooks, lectures and algorithms were understood to convey certain understandings and practices, stories helped to embed theory. My findings showed that stories were perceived to be like capstones for learning, enlivening theoretical understanding, and being both memorable and

more readily applicable within communities of practice, thereby promoting 'deep' learning.

5:5:1 Lecturers', peers' and mentors' stories in communities of practice

Sharples et al. (2014) observed that stories can be used not only to evaluate past events, but also to anticipate future actions. Despite often being based on experiences which occurred many years ago, my findings suggested that lecturers' stories were greatly valued by students. These stories were viewed as being powerful ways to remember and would be taken into students' future practice. For example, one lecturer told a story about Sheehan's syndrome (a rare complication that can result from major haemorrhage) using such strong visual imagery that students were confident that they would be able to recall were they to encounter such an issue in practice. This suggests the value of lecturers' using their own personal clinical practice stories to facilitate student learning, and demonstrates an aspect of communities of practice whereby new knowledge is gained and applied to students' practice. Stories about practice were seen in my findings to engage students' imagination profoundly, thereby promoting both cognitive and affective learning.

Stories about risk management in particular were perceived as being memorable and thought provoking. The use of carefully selected lecturers' stories, such as those told about errors that occur in practice around medication management, could contribute to the clinical governance agenda, safer births and risk management strategies, in line with the Kirkup report (2015). If used in this way it could

contribute to fulfilling Fraser's (2010) *MINT Midwives in Teaching* project recommendation that educators integrate practice and theory through planned sessions of reflection and discussion of scenarios encountered in practice. These findings add further evidence that points to stories, storytelling and narrative pedagogy as being a valuable means of facilitating transformative learning and within communities of practice.

The findings also indicated that even when stories had been heard two or three years previously, the learning gained from them was remembered and continued to be applied in practice. This supports Harris's (2007) claim that narrative – in the form of students exchanging their learning – can bring facts to life and to enable students to creatively solve problems, thus reflecting some key aspects of a community of practice. East et al. (2010) likewise recognised that storytelling represents an effective way of gaining knowledge and understanding, and can promote the development of personal resilience. Taylor and Cranton's (2012) study further affirmed that learning occurs when previously held perspectives are questioned. In my findings, sharing stories amongst peers was viewed as being particularly important on return from placements, enabling changes to occur in students' practice as the result of learning new insights.

This is evidenced by the recalling of a story that had been shared in class, regarding a woman's health rapidly deteriorating on an antenatal ward as the result of a severe asthma attack. The story was so deeply embedded in the student's memory that she was confident that it would help her to pay greater attention in the future to the potential impact of asthma on pregnant women. Again, the findings suggest

that stories can have a significant impact on raising students' awareness, which in turn contributes to meaning-making, and the application of theory to practice within a community of practice.

My findings identified a difference between how students chose to share stories with their peers, as opposed to with their mentors, in whose presence they easily felt vulnerable and uncertain about their lack of knowledge. This resonates with Leon and Vătămănescu's (2015) findings, which recognised that where storytelling was used as a knowledge transfer strategy in Higher Education, uncertainties about practice were best explored when students perceived their environment to be an emotionally safe place, and when they could trust the audience.

This reluctance to share stories with mentors reflects Wiessner and Pfahls' (2007) claim that narrative learning cannot fully occur unless the story-listener demonstrates empathetic, active listening. Open sharing of stories between student peers appeared to be facilitated by a sense of equality of relationship, in contrast to the relationship between students and their mentors, where students felt that there was a risk of being judged. This could be due to power relations, in terms of the assessing role held by mentors, as was identified in Edwards' (2017) study which explored students' written narratives about the effects of being mentored.

The findings in my study about some mentors' and their stories could be likened to the registered nurses' understanding of their role in student learning, in Brammer's (2006) study, as sometimes being like a foreman or authority figure. This took on a negative connotation when viewed by nurse students. For participants in my study

who experienced their mentor as lacking in empathy, the role of peers in sharing and learning through storytelling appeared to become even more important, thus minimising the feeling of being judged or isolated in practice.

The findings in my study show that students deliberately shared positive stories to provide inspiration and encouragement, and to contribute to their peers' learning. This reflects Shaw's (2009) exploration of how stories help to make sense of the way the social world is occupied, and enable people to express their hopes, fears and joys. When stories were shared in this way in my study, it raised midwifery students' sense of confidence about their own practice, supporting Wenger's (1998) recognition that stories are both an element and a product of communities of practice.

5:5:2 Childbearing women's stories in communities of practice

Wiesner and Pfahl (2007) identified storytelling as a means of organising experiences in Higher Education. My research findings indicated that hearing women's stories about childbirth, whether mediated via digital stories, in person in the classroom or in practice, developed students' empathetic understanding and facilitated transformative learning. These stories, by childbearing women, became vehicles by which students could interpret and reflect on past and present events.

Christianson's (2011) phenomenographic study with nursing students found that digital stories can enhance emotive engagement, leading to a transformative learning experience. In my research study, some of the stories heard by students had been shared through digital formats, such as You-Tube clips. These included

issues such as pregnancy loss, sexual abuse and occasions when human factors had contributed to health service failings. My findings suggested that these had a significant impact on students, and were readily recalled in practice when encountering women who had experienced similar situations. This reflected Matthews' (2014) assertion that digital stories can act as an effective vehicle for deepening understanding about health care.

The findings of my study also suggested that participants had found digital stories a helpful means for exploring sensitive topics, such as women's experiences of bipolar disorder during pregnancy. Digital stories were viewed as being one step removed from face-to-face encounters, but nevertheless an important way to learn about highly emotive subjects that could best be processed in the safety of a supportive classroom environment. Whilst the digital stories provoked some sense of uncertainty they also facilitated critical reflection on practice. This suggests that stories and storytelling facilitate transformative learning experiences which can enable students to have a sense of coherence and move towards a greater confidence in responding to these sensitive issues in practice. This finding goes some way to respond to Waugh and Donaldson's (2016) recommendation that an exploration was needed regarding how students respond to digital stories that service users tell.

Nursing students in Adamson and Dewar's (2015) study reported deep concern and unsettled feelings after they had heard online accounts of patients' traumatic experiences in hospital. In my study, a digital story had been shown by a specialist clinician when teaching students, which involved female genital mutilation being

performed on a child. Students had found this emotionally very difficult to watch. It also provoked a strong reaction regarding their values concerning the protective role of motherhood, in that some of the women in the video clip were in favour of this procedure being performed on their daughters. Despite these emotionally challenging reactions, and some students questioning whether the video should have been shown, my findings suggest that digital stories can provoke greater empathy with women who have experienced extreme trauma, and contribute to praxis and transformative learning experiences.

Digital stories, then, can helpfully mediate sensitive issues – such as in Petty's (2017) study where digital stories were created by students about the neonatal environment. Educators' use of direct stories of abuse could be compared to the 'shock and awe' stories described in Carter's (2007) study – which led to Carter recommending that negative stories should not be exploited for the sake of introducing shock and horror tactics into health storytelling. Careful selection of appropriate digital stories to illustrate practice issues within the classroom is required, therefore, to promote learning and to develop empathetic practitioners, rather than presenting difficult stories with the potential primary aim of shocking the audience.

The findings indicated that both digital and direct service users' stories could influence students' approach to caring for childbearing women. Students views service users' digital stories differently to hearing women telling their own stories about sensitive issues in the classroom – for example concerning having twins or giving birth to a baby with an unexpected disability. The findings suggested that

face-to-face stories often critically altered students' perspective and practice, reflecting Freeman and Robinson's (1990) suggestion that narrative has transformational potential. Stories such as those heard from women who had experienced a stillbirth could contribute to developing empathetic practitioners. Those with high emotional content appeared important since these were remembered in particular detail by students, and contributed to developing empathetic responses to women later in practice. This provides further evidence to support the suggestion that stories and storytelling have the potential to enable transformative learning experiences.

In my findings, where students perceived that service users had processed their emotions and experiences, they were able to tell their story in a more open way – which in turn enabled students to feel comfortable to learn from them. Like the students in Garrett's (2006, p.340) study, where stories from 'real people' engaged their emotions and developed empathetic skills, my findings suggest that students deliberately sought out further details about women's experiences, to enhance their own skills for future practice.

With regard to Moon's (2010) definition of 'real stories', direct service user stories appeared to deepen students' understanding about women's experiences. They engaged and inspired students to ask the storyteller questions, thereby enabling further learning opportunities to occur. Stories presented by storytellers with an apparent underlying agenda, however, were considered less helpful for students' learning. For example, when a woman who had experienced a stillbirth spoke with a class of students, they felt that the presenter had unresolved questions about her

birth experience and appeared to be requesting a response to these from the students themselves. This made the students feel powerless to resolve the situation for the woman.

This suggests the importance of service users having opportunities to debrief their experiences. Furthermore, accessing training on how to share experiences with students, before presenting their stories, could contribute to safeguarding and protecting the well-being of both service users and students. Facilitating opportunities for students to hear stories from these sorts of storytellers may also help to contribute to the RCOG's (2017) aim in *Each Baby Counts* report, to reduce the UK current stillbirth rate by 50% by 2020. Especially if the warning indications mentioned in service users' stories are later remembered and heeded in practice.

5:6 Conceptual models linking phenomenographic categories to theory

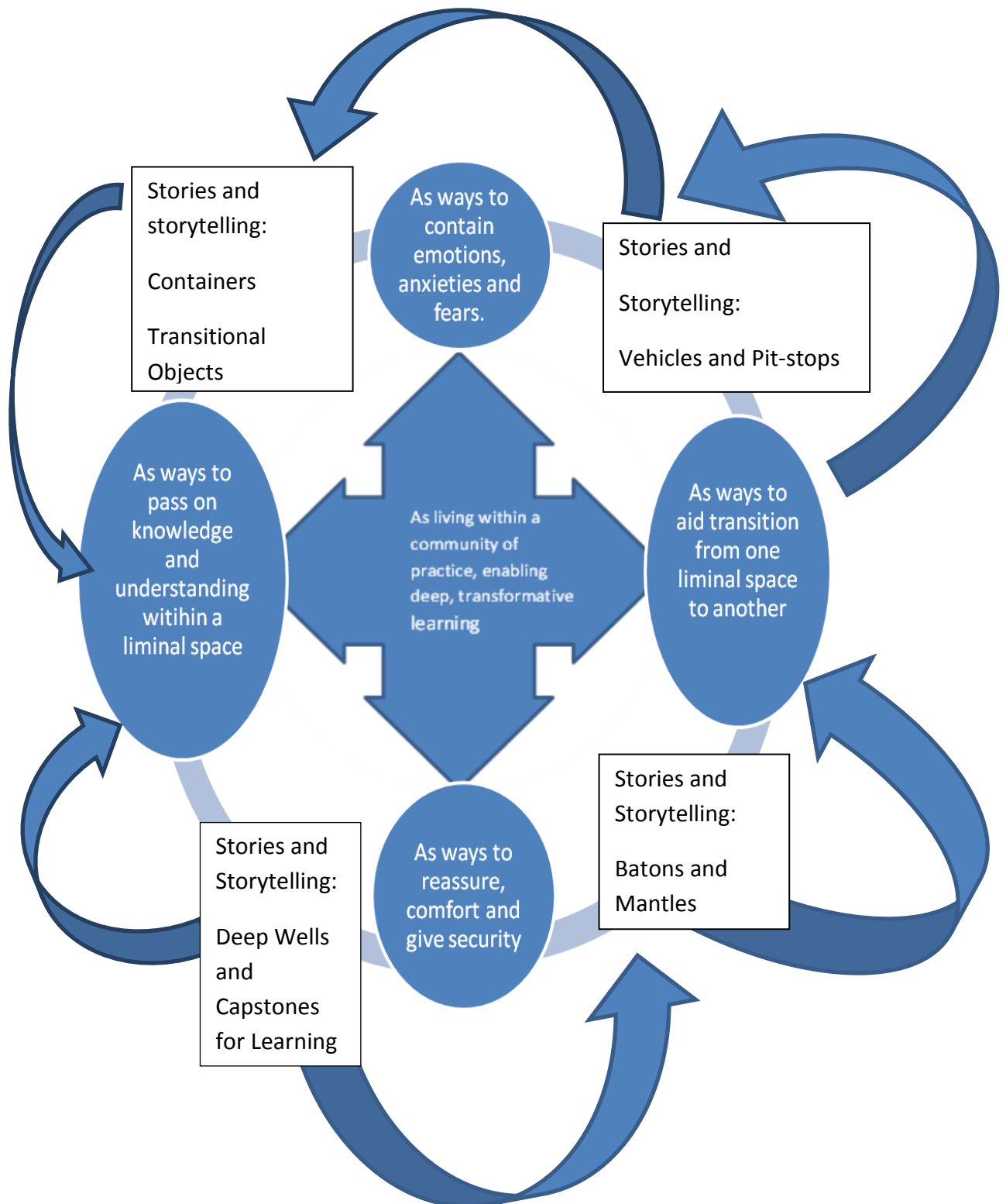
In presenting a discussion of the findings, and being informed through aspects of Bion (1984), Winnicott (1989), Van Gennep (1960) and Vygotsky's (Cole 1978) theories, a new conceptual model has been developed. This provides a visual representation to show how final year midwifery students view and experience practice-related stories and storytelling (see Model 1). The model is based around the concept that midwifery students, who form a community of practice, inhabit 'liminal spaces'. The four arrows are placed in the middle of the model, pointing to the different ways in which stories and storytelling are told in the liminal space. The boxes identify different metaphors that describe how stories and storytelling were viewed by final year midwifery students. The circles represent how emotions are

contained, with stories being remembered and used as ways of passing on knowledge, especially when moving between one liminal space and another.

A second, simplified, conceptual model has also been developed (see Model 2), linked to a more straightforward version of the 'outcome space', as presented in Diagram 3 of the findings in Chapter 4. This model shows how the community of practice encompasses midwifery students both in university and placement. It is in this overlap between the liminal spaces of university and placement that stories are told.

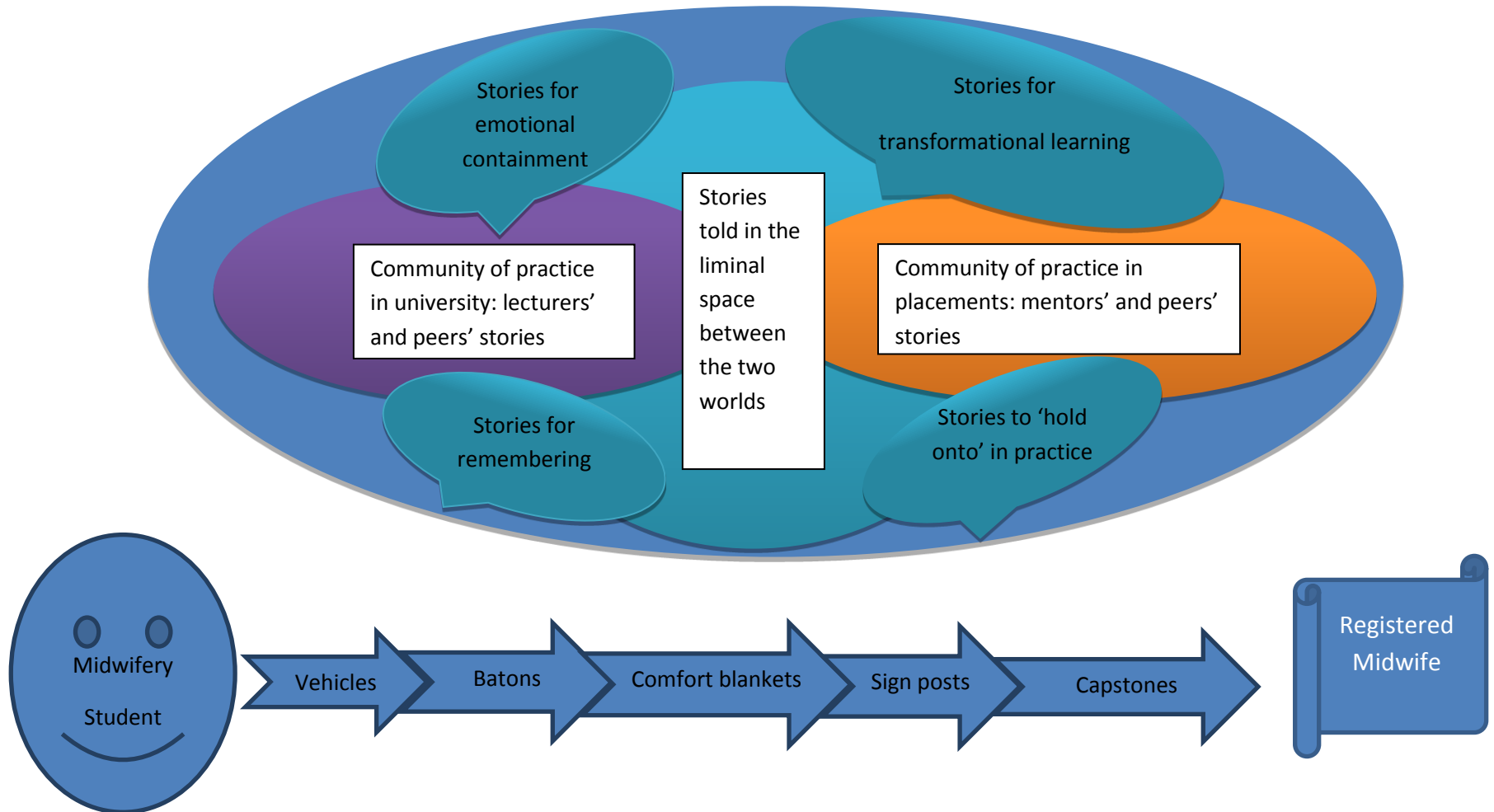
Model 1

A conceptual model to show how practice-related stories are viewed and experienced by final year midwifery students



Model 2

A simplified conceptual model to show how stories and storytelling are viewed and experienced by final year midwifery students



5:7 Conclusion of the discussion of the findings

To conclude the discussion of the findings has shown that stories, told and listened to, in midwifery students' communities of practice lead to transformative learning, such as that identified by McDrury and Alterio's (2003) mapping of Moon's (1999) higher-level stages of learning. Within this framework they suggested events and ideas can inform future practice, through story processing and story re-constructing. Similarly through the social interaction that occurred within the community of midwifery students, my findings indicate that new ideas are formulated through hearing and telling stories, enabling students to reflect on and develop their practice, in turn leading to transformative learning. These different types of stories are often told in the liminal spaces of both practice and university. This understanding appears to be highly relevant and indeed vital for final year students, who are nearing midwifery qualification as registered practitioners.

The findings of this research study suggest that deep and memorable learning occurs through the telling and listening to a wide variety of stories. Such storytelling becomes a crucial means of passing on knowledge and experience to students. This in turn provides ways in which students manage and contain their anxieties about practice, as well as providing reassurance to cope with unusual practice situations. Stories are thus remembered as an inspirational and captivating way of learning, being 'held on to' and applied in practice.

The findings also showed that students viewed mentors' stories differently than those of their peers. While some mentors' stories were experienced as being

supportive and helpful to learning and a steadying presence during students' transition periods, others could engender fear. Hearing stories from peers, who had managed well in difficult practice circumstances gave students increased sense of confidence in their own abilities to be able to respond effectively should emergency situations arise.

Finally the findings indicate that storytelling repeatedly helped students to feel less isolated in practice, built their self-confidence and provided reassurance as they moved on in their journey towards midwifery registration. Lecturers or mentors who facilitated opportunities for students to tell and learn from stories, which they often shared in the liminal spaces of university and practice, played an important part in contributing to transformative learning. By applying aspects of Bion (1984), Winnicott (1989) Van Gennep (1960) and Vygotsky's (Cole 1978) theories to the findings, new knowledge and understanding has developed, presented in the form of a conceptual model. This encapsulates how stories and storytelling are viewed and experienced by final year midwifery students.

5:8 Reflections on the research study

This section provides a personal reflection on the process of conducting the research study, which considers the extent to which I have remained true to the methodology, from study design, data collection, data analysis, through to the presentation and discussion of the findings. I include a reflection on how my researcher skills have developed through the course of conducting the study, and regarding how the findings of the study have influenced my teaching as a senior midwifery lecturer. The strengths and limitations of the study are also discussed in this section.

5:8:1 Being an 'insider' researcher

Throughout the study, I remained mindful of the challenges raised by Blythe et al. (2013, p. 8), which relate to being an 'insider' in my dual role as a lecturer and researcher. Trowler (2011) also recognised the potential for conflict between the role of the researcher and that of the professional when conducting research in organisations. Aware that this could raise potential issues in terms of ethics, robust ethical procedures minimised the risk of coercion. Personal academic tutees, for instance, were excluded from taking part in the study, and gatekeepers were used in process of recruiting participants to the study.

Richardson (1999) considered that the phenomenographic researcher requires a reflexive approach, in order to take into account the social relationship between themselves and the participants. I therefore sought to apply Dahlberg et al.'s (2008) and Dahlberg's (2011) recommendations to be mindful and aware of my own life-

world, whilst at the same time being open and curious to understand the phenomenon of storytelling from the perspective of final year midwifery students.

If I had used a phenomenological approach to the study design, Glaser and Strauss' (1967) grounded theory may have been appropriate, where I would have attempted to identify personal standpoints and then 'bracket' this by suspending my viewpoint. However, I developed my phenomenographic researcher skills in taking Anderson's (2007) approach of attempting to 'bridle' my own feelings and thoughts until interpretation of the themes occurred during the discussion of the findings. Despite having undertaken two other research studies around the themes of stories and storytelling, I felt able to remain open to participants' ideas, and to achieve this attitude whilst collecting and analysing the data.

As Hammersley (1993) recommended, I also tried to be both 'empathic' and 'alienated' – in the sense of deliberately distancing myself and holding back my personal opinions. In both the focus groups and interviews, I therefore tried to develop a good rapport with the participants by showing that I was a sensitive and empathetic researcher. I consider that this was effective and that both methods of data collection enabled greater flexibility in the interview process, exploring aspects of storytelling which I had not previously considered, as introduced by the participants. In a limited way, I attempted to enter the psychological and social world of the participants, enabling them, as Smith and Osborn (2008) encouraged, to tell their own story about storytelling.

I was aware that qualitative researchers often share similar experiences and characteristics with participants. Using a feminist-informed storytelling research design, Blythe et al. (2013) identified four challenges resulting from the insider status of the researcher: assumed understanding, the challenge of ensuring analytical objectivity, dealing with emotions and, finally, participants' expectations. I applied aspects of their suggested strategies to address these challenges, for example, ensuring researcher reflexivity by communicating on a regular basis with my 'outsider' research supervisors to review the research.

This served to identify any areas of potential risk, and to ensure that the aims and use of the study outcomes were clear. I also set up regular sessions with my research supervisors to debrief and discuss progress throughout the course of the study, which facilitated effective time management. I ensured that I adhered to all the ethical considerations of informed consent, anonymity, confidentiality, data collection and data storage, to comply with the procedures outlined in the ethics application, which received a favourable opinion. This ensured that there was no coercion and that no harm came to the participants. Anonymity and confidentiality were maintained throughout the study, along with compliance with data storage procedures. No ethical concerns emerged which impacted on my ability to conduct the study, nor did any safeguarding issues arise.

5:8:2 Methodological considerations

The theoretical underpinnings of a social constructivist paradigm enabled me to explore, in depth, the phenomenon of stories and storytelling as viewed by final year midwifery students. The phenomenographic approach also aligned well with this constructivist perspective, as the study sought to discover the various different ways in which the phenomenon was experienced. I therefore was able to carefully analyse data following a detailed and structured phenomenographic approach. This was achieved by empathetically listening, asking open questions and being sensitive to participants' responses in the focus groups and semi-structured interviews. Re-listening to the audio transcriptions several times assisted me to become familiar with the data, and further reminded me of certain emphases that were important to participants. The hand-sorting of data that I carried out in the early stages of data analysis also enabled me to immerse myself deeply in the data.

This meticulous process enabled me to develop a construction of meaning, recognising that midwifery student' experiences of learning through stories and storytelling cannot be viewed in isolation from the worlds around them, both in practice and in university. Presenting participants' direct quotes to illustrate the findings ensured that the students' own 'voice' was heard, and that their views and experiences of practice-related stories were told. This strengthened the credibility and transparency of the study.

5:8:3 A consideration of the research design

The nature of a phenomenographic study is to undertake an in-depth and focused study of a particular phenomenon within a specific setting. My research study maintained its focus throughout on the phenomenon of midwifery students' views and experiences of practice-related stories and storytelling. As this was a research design which is often used in Higher Education to explore aspects of teaching and learning, some of my findings could be transferable to other Higher Education Institutes and not only to midwifery education programmes.

Since the research was conducted in a similar setting to other universities in the UK, it would be possible for other midwifery students, lecturers and mentors to identify with the findings of my study. Other allied health and potentially social work educators may well also resonate with the findings. This section reflects on the ways in which I stayed true to the research design for the initial and main study, along with recognition of the strengths and limitations of the research design.

5:8:4 Recruitment

There were some issues which arose in the recruitment phase of the initial study. I originally sought to recruit both midwifery and mental health students for the initial study. No mental health students, however, volunteered to participate in the study and therefore recruitment was limited to four midwifery students, in one university, for the initial study. Reflecting on and learning from the challenges I experienced during the recruitment process for the initial study, I recognised that the timing of recruitment was essential. I ensured that my recruitment timescales for the main study were appropriate for students' academic and practice commitments.

Recruitment and data collection did not occur, therefore, around the time when academic submissions were due.

In the main study, conducted in a different university to that of the initial study, 15 participants were recruited from two different cohorts of final year midwifery students. In order to keep the main study more focused, I refined the research question to seek the views and experiences solely of midwifery students, rather than midwifery and mental health students. This enabled an in-depth study to be undertaken and the small purposive sample size was consistent with a qualitative phenomenographic study. Although the participants could not be considered representative of all midwifery students, and the variation of the sample could have had a further degree of difference, the sample was deemed to have adequate variation for the focus of the study. This was because it consisted of midwifery students who could be considered to be typical of that group. It also aligns with qualitative phenomenographic approaches to research.

For the main study, one of the two cohorts of the target population for the main study already knew me, through my role as their Year Three lead and midwifery lecturer. Some of the other cohort members had previously met me in practice. The high response rate of the main study suggests that being an insider had directly beneficial effects on the recruitment and data collection process. This was in contrast to the initial study recruitment process with mental health students, where none had had any previous contact with me. Many students I approached for both the initial and main study appeared interested in listening to my recruitment presentation, and the high response rate may have been related to this professional familiarity. It was a positive aspect of the study that the recruitment process met

with such interest, with the midwifery students being keen to volunteer to take part and contribute to my research.

The outcomes of my research study suggest that participants viewed and experienced stories and storytelling as having considerable transformative learning potential. The purposive sample of self-selecting participants may have impacted on these findings, since those with more positive opinions about how stories can contribute to learning may have been the ones to more willingly volunteer. The findings, however, provided rich insights into final year midwifery students' views and experiences of stories and storytelling.

5:8:5 Effectiveness of data collection tools and data analysis

Data for phenomenographic studies are generally gathered via semi-structured interviews, but focus groups have also been used successfully in some studies, as discussed in the literature review and methodology chapters. I employed both forms of data collection in the initial study and this worked well, so I decided to again use this combination for the main study.

There was value in using both data collection tools in the main study. Focus groups provided a positive environment for participants to share their views and experiences, through a dynamic interchange of discussion. Semi-structured interviews enabled opportunities to probe emerging themes further. This combination of data collection tools - focus groups and semi-structured interviews - aligned with a qualitative study design, and enabled subsequent data analysis to yield valuable insights.

Through this research process, I also gained opportunities to developing my skills as a focus group facilitator and interviewer. I therefore felt confident with this combined approach of both semi-structured interviews and focus groups in the main study.

The semi-structured interviews, in the main study, enabled me to thoughtfully explore in-depth aspects of stories and storytelling that the participants wanted to share. These included potentially difficult practice situations, such as when unexpectedly poor outcomes for babies had occurred. Semi-structured interviewing was a helpful method that enabled sensitive exploration of specific stories, which may not necessarily have emerged in the focus group setting.

I ensured that I demonstrated sensitivity regarding the pace of the focus groups, in judging when it was the right time to move participants on to consider the next topic question, whilst also feeling comfortable to let the discussion flow. As the participants already knew each other well, and were discussing a topic that was part of their shared experience, they sometimes reminded each other of events and learning experiences – which added to the dynamism and depth of the discussion.

In both the semi-structured interviews and focus groups participants shared deep insights into their worlds, in which stories and storytelling had influenced their learning. This was often described vividly, with great animation and enthusiasm.

Therefore I consider the decision was justified to use both semi-structured interviews and focus groups as data collection tools, since such rich data were gathered from both sources.

Rigorous data analysis involved consistently applying and transparently demonstrating the seven steps of phenomenographic data analysis, as outlined by Dahlgren and Fallsberg (1991) and Sjöström and Dahlgren (2002). The use of the two different data collection tools also enabled a comparison to be made between the data collected via these means. This contributed to being able to identify further variation in how stories and storytelling were viewed and experienced. I consider that I responded with sensitivity and respect during the data analysis and 'restorying', as well as in the presentation of the findings.

The ways in which the findings, as well as in the discussion of the findings, have been reported show a transparent and comprehensive process. This has contributed to the trustworthiness as well as the representativeness of the meaning that participants attributed to their experiences, and these have been clearly explicated. The reflection on the strengths and limitations of the study, and the conduct of my study, shows that a transparent and auditable research process has been undertaken.

5:8:6 The influence of my research study on my practice

In reflecting on the influence of the research study on my teaching practice, I have received positive feedback on several occasions when presenting the preliminary findings of my research. This has continued to be reflected in my teaching, where I regularly facilitate creative sessions for students to share their stories, especially on their return from practice. Students have valued these storytelling opportunities, along with the stories I share about my own practice.

Receiving an award from the Iolanthe Midwifery Trust was an additional recognition. Positive feedback on my presentation at the award ceremony, in 2016, encouraged me that others found my study worthwhile and interesting. I have presented at a university Learning and Teaching Conference, and was also a speaker at the 2016 International European Midwives Association Conference in London. My research was well received from other midwifery researchers, students and educators, who felt that the outcomes of the study made sense, and that they could connect with the research findings. Students in particular stated that stories and storytelling were their most valued ways of learning, and were pleased to hear that was research being conducted about this topic.

5:9 Conclusion on the reflections of the study

My research study set out to explore a specific and focused topic around the views and experiences of midwifery students telling and listening to practice-related stories. As such it has achieved that goal, by generating new and important perspectives. It has constructed meaning and understanding about the social worlds of storytelling and midwifery students. Its strengths lie in the careful design of the study, along with a transparent and auditable research process. A small purposive sample and the phenomenographic qualitative approach to the research study enables theoretical transferability, although clearly it is not generalizable because this was not the purpose of the research design. My research study has wider implications for education and practice. These are identified in the next and final chapter along with making recommendations for further research, health policy, educators and mentors in practice.

Chapter 6: Conclusions, implications and recommendations

6:1 Introduction

This final chapter draws together conclusions about the research study. Presented in three sections, it demonstrates how the study adds to the body of evidence around the use of stories and storytelling in Higher Education, in particular new knowledge relating to midwifery education. The first section addresses how the research question has been answered, by summarising the findings and the discussion of the findings. It demonstrates that the study has contributed to advancing knowledge about practice-related stories and storytelling, by exploring the views and experiences of final year midwifery students. The second section identifies the potential for further research that arises from the research study. The final section discusses the implications of the study and makes recommendations for health care policy, midwifery educators, curriculum development and clinical practice.

Looking wider, my research study also offers potential evidence for the use of stories and storytelling to inform other undergraduate health programmes. In keeping with Hazel et al.'s (1997) appeal to researchers conducting phenomenographic studies to give expression to women's voices, the study ends with quotes from participants, which embodies what stories and storytelling meant to them.

6:2 Addressing the aims and research question

The overall aim of this study was to describe and explore final year midwifery students' views and experiences of practice-related stories and storytelling, using a phenomenographic approach. In the light of the gaps identified in the literature, and building on my previous research studies, I was specifically interested in how practice-related stories and storytelling can influence midwifery students' learning.

The findings bring a new, distinctive perspective on how storytelling and listening is viewed and experienced in different ways by final year midwifery students. This research study provides clear evidence that storytelling is an effective form of pedagogy and can lead to transformative and deep learning. Stories and storytelling are powerful and effective ways in which to link theory to practice. They play an integral role in meaning-making within the liminal spaces of practice placement and university, both in student's own experiences and with their peers in communities of practice.

The effectiveness of stories to contain or evoke anxiety depended significantly on the sensitivity and self-awareness of the story-teller. Mentors who took students' feelings of anxiety about practice into account when sharing their stories were valued, particularly when these were told with empathy. Stories about complex situations in practice, such as neonatal resuscitation, were recognised as being a more useful and memorable way to pass on knowledge than text books and algorithms alone. Conversely, students' learning could be hindered by listening to mentors' stories that were overlaid with mentors' own fears. Mentors' stories

relating to previous practice experiences, such as births with poor outcomes, were seen to provoke fear in students when recounted with minimal consideration as to how this might affect students' emotions.

In contrast, peer reassurance through storytelling was highly valued. This was particularly important if students felt uncertain in their practice or while learning new skills. When opportunities arose in practice to share stories, or specific time was set aside for peers to share practice related stories in university, this often led to deep and memorable learning. This created a sense of confidence at being 'good enough' in practice, and enabled further critical reflection on practice to occur. For example, when students heard about complex and challenging situations that peers had coped with well, it enabled them to feel that they would be empowered to respond confidently, should similar situations occur in the future.

The findings showed that students viewed telling their own and others' stories as an important way to share the learning that they had gained with peers. As final year students, they felt a particular sense of responsibility to pass this knowledge and understanding on to more junior students – and that opportunities to do so were perceived as being a vital part of midwifery teaching and learning. Stories and storytelling were thus highly valued and seen as a 'capstone' for transformative learning. This was especially the case when stories were shared in a safe environment and with sensitivity to the strong feelings that stories often engendered. Aspiring to take examples of good practice into their practice, the findings also indicated that stories enabled students to avoid making the mistakes

that stories about poor practice had alerted them to. This could therefore be a way to reduce errors in practice, and contribute to effective risk management.

Listening to stories from peers or service users appeared to contribute to changes in students' own practice. The findings showed that generally students preferred hearing women's stories directly, face-to-face in the class room, because this gave opportunity for asking further questions. Digital formats were, however, also perceived as helpful for sharing highly emotive themes and stories. In these instances, stories enabled the application of theory to practice in interesting and accessible ways. Stories were described as being both inspiring and memorable. Engaging emotionally with stories promoted critical reflection on future practice, and encouraged students to use the insights they had derived from the stories as a motivation to be kind and compassionate practitioners. Stories and storytelling therefore engaged the affective domain of learning, and appeared to facilitate effective pedagogical approaches to teaching and learning. Deep and memorable learning was hence viewed as occurring in various ways within the community of practice of final year midwifery students.

The outcomes of this phenomenographic study show that stories and storytelling have significant potential to inform student learning in practice, and they provide evidence to enhance midwifery educators' approaches to teaching and learning in Higher Education. The findings suggest that lecturers and mentors can make significant contributions to the learning process through the careful and deliberate use of stories and storytelling as a strategic tool to facilitate transformative learning within midwifery education.

My research study has therefore added to the body of knowledge about stories and storytelling in Higher Education. Stories can assist in containing anxieties, help students to link theory to practice, and promote meaning making within a community of practice. They are both integral and vital to midwifery students' journeys, both in the liminal spaces of clinical practice and university, and in the process of moving towards becoming a registered midwifery practitioner.

6:3 Implications

The findings of this study indicate that stories and storytelling provide opportunities for critical reflection, meaning-making and ways to link theory to practice. The suggestion that stories and storytelling engage midwifery students in 'deep' learning has direct and multiple implications for education and practice, in that it has a lasting influence on their practice, as well as providing opportunities for supportive peer reflection. The following section therefore discusses the implications of the findings for mentors, educators in practice and midwifery lecturers in education, as well as the potential of the wider implications for other educators in health care disciplines and allied health professionals.

6:3:1 Implications for mentors and educators in practice

Midwifery practice is challenging and complex and, within this environment, mentors are required to facilitate effective student learning. The findings of this research study contain some important implications for mentors. Stories were shown to enable easier recall of information for students in emergency situations, to provide reassurance in unusual or unfamiliar situations and to 'contain' emotions.

They can therefore be used to contribute to strengthening students' resilience in practice.

Whilst mentors' stories were sometimes shown to engender fear in students and to *limit* their confidence and learning in practice, stories where mentors disclosed their own vulnerabilities, uncertainties or mistakes made in practice appeared to build students' confidence and *assisted* them in their learning. This implies it is important, therefore, that mentors consider carefully the types of stories they share with students. Mentors should recognise that the manner in which they share stories can have a significant impact on facilitating or hindering student learning in practice. The implications of my study suggest the vital importance of providing opportunities for those who mentor students to debrief concerning their own potentially traumatic or 'fear-filled' practice experiences. This is so that they feel safely contained emotionally themselves, and are thus able to use their own stories to promote effective student learning experiences.

6:3:2 Implications for educators in university

The literature review identified limited evidence which asked students directly about their views on stories and storytelling as a means for learning. The findings of my research study have addressed that gap, identifying that final year midwifery students highly valued the role that stories played in their learning experiences and that storytelling has considerable potential for transformational learning. The findings therefore have implications for educators, in that pedagogical learning

which includes opportunities for storytelling and listening, promotes critical reflection on practice and meaning-making.

As the process of learning the art and science of midwifery is both challenging and wide ranging, the findings indicate that storytelling strategies, including peer learning through storytelling, could usefully be incorporated into curricula planning and development. This would enable linking theory to practice and develop 'deep' memorable learning. Lecturers' stories were highly valued, even when events were described that occurred many years previously, suggesting that it is important for educators to maintain their 'store of stories,' and to draw on these to enhance their teaching practice.

6:3:3 Implications for other health care and allied health professional educators

There are potentially wider implications of my research study for educators in nursing and allied health professionals. The findings may be transferable to other settings. It could be assumed that students enrolled on professional programmes, in health care disciplines, may share stories about their practice in a similar way to midwifery students. Stories and storytelling could therefore also play a vital part in their learning as well, and this would be worthy of further exploration.

6:4 Recommendations

The following section makes recommendations for further research, health care policy, practice and education.

6:4:1 Recommendations for further research

Because my study was limited to final year midwifery students, students' experiences of practice related stories and storytelling in other disciplines in educational settings and different health-care practice could be explored. Four key recommendations are therefore made for future research:

- A longitudinal study could be conducted, which includes first and second year midwifery students. This could reveal different variations, and provide further insights into the way in which stories are viewed over time, as well as how storytelling can impact learning at different stages of an educational programme.
- A study conducted using a similar phenomenographic research design to my study could be undertaken within any of the four fields of nursing: adult, mental health, learning disability and child nursing.
- A phenomenographic study, which explores the use of storytelling with other health disciplines such as allied health professions, social work or teacher education programmes, could provide valuable different perspectives and enable further variation of the sample and findings.

- An ethnographic study conducted with mentors and students in practice would be a useful and different approach to adopt. This might identify different meanings of stories and storytelling, in a clinical education and practice setting.

6:4:2 Recommendations for health care policy

Three specific recommendations are made from my research study which could inform health care policy:

- As mentors' stories were shown to have a direct impact on student learning, it is recommended that mentors access support from a Professional Midwifery Advocate, as part of the A-EQUIP model of clinical supervision. Facilitative and supportive conversations regarding untoward events in practice should occur by using storytelling as a means for reflective learning, before mentors share their stories about poor birth outcomes with students.
- The CLiP model of peer mentoring and coaching should include opportunities for telling and listening to practice related stories within a team-based approach to mentoring. This would enable the 'baton passing' that final year midwifery students perceived as being vital to contributing to the teaching and learning process for more junior students.
- Since stories and storytelling were found to be such an integral part of students' learning about practice, the findings of my study could inform

the draft *Standards of proficiency for registered nurses* (NMC, 2017) and draft *Education Framework: Standards for education and training for all education providers of nursing and midwifery education* (NMC, 2017) and the NMC's development of the proposed new standards of proficiency for registered midwives.

6:4:3 Recommendations for practice education

Three important recommendations are made which could inform practice education. It is noted, however, that these could present challenges for implementation, given the restraints and constraints of practice resources, and potential lack of mentor appreciation of how stories and storytelling can enhance critically reflective and reflexive practice. Mentors need to facilitate opportunities for students to critically reflect on their own stories about practice.

- Informal student groups, or action learning sets, could facilitate opportunities for practice-related stories and storytelling as a format for reflective learning.
- The simplified version of the conceptual model could be used by Practice Facilitators, and Clinical Educators, as an 'aide memoir' to remind them how practice-related stories are shared with students.

6:4:4 Recommendations for midwifery education

Finally, six specific recommendations are presented which could inform midwifery education programmes. The challenge in making these recommendations a reality is acknowledged, especially when delivering a potentially content over-loaded curricula, or working with large cohorts of students. These recommendations are likely to require a well-structured curriculum re-design, which is effectively led and embraced by the whole teaching team. This is in order to effectively implement storytelling/narrative-based curricula.

- Educators could consider using the conceptual model as a way to inform the design of new midwifery curricula.
- Opportunities for peer sharing of stories about practice should be an integral part of the curriculum on students' return from practice.
- Stories and storytelling opportunities should be planned within the midwifery curricula to contribute to critical reflective student learning in university.
- Because lecturers' stories were highly valued and remembered long after being told, they should actively draw from and use their own 'store of stories' to illustrate teaching sessions. These have the potential to contribute to learning about risk management such as medication errors and complex midwifery care.
- Service users' face-to-face stories are valued by students. Service users should be invited to contribute to midwifery students' education, through

sharing their stories. There should also be opportunity for service users to be trained and 'debrief' their experiences, before sharing these with students.

- Digital stories should be carefully selected by educators, particularly when reflecting on highly sensitive issues. Digital storytelling should continue to be used in class room learning to facilitate empathetic care in practice.

6:5 Final comments

In conclusion, the recommendations made for the use of stories and storytelling in midwifery education and practice could play a significant role in developing safe, compassionate and resilient practitioners, therefore enhancing the care of childbearing women and their families. These concluding quotes fittingly give final voice to the participants. They encapsulate how stories and storytelling were viewed and experienced by midwifery students:

'I think telling and talking and listening to other people's experiences, it makes you feel like, you're not on your own'. Sharon

'I think storytelling is really important, not only learning amongst peers but also to be able to support each other so that we can actually get an insight into . . . how they're feeling and reassure them or encourage them 'you did really well there'. . . so I think storytelling's really important, like engaging [with] each other and in learning from each other's practice'. Danielle

*'I just think the power of stories is just phenomenal. I think it is a positive, brilliant way to share experiences . . . real life stories – I think it makes situations real. You can read a text book but if you have got a **real** story about a **real** person that just is more meaningful'. Denise*

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Appendix 1

Example of part of the search strategy on MEDLINE search engine

Search terms	Number of papers identified	Number of abstracts read	Full texts accessed and read	Number of papers critiqued	Papers included in literature review
Storytelling AND Midwifery AND Students	10	8	6	3	2 Gidman (2013) Hunter and Hunter (2006)
Storytelling AND Nursing AND Students	19 (excluding 2 repeats found in previous search)	10	7	4	3 Schwartz and Abbott (2007) Christianson (2011) Haigh and Hardy (2011)
Storytelling AND Medical AND Students	24	4	1	0	0 None relevant
Stories AND Midwifery AND Students	19 (excluding 1 repeat found in previous search)	11	4	3	1 Ulrich (2004)
Stories AND Nursing AND Students	173 (excluding 4 repeats found in previous search)	14	11	10	8 Hunter (2008) Koskinen (2011) Christianson (2011) Adamson and Dewar (2015) Terry (2012 a,b) Haigh and Hardy (2011) Haigh and Hardy (2014)
Stories AND Medical AND Students	129 (excluding 1 repeat found in previous search)	26 (excluding 2 which were incomplete studies)	8	3	1 D'Alessandro et al. (2014)

Appendix 2

CASP tool for Qualitative Research

http://docs.wixstatic.com/ugd/dded87_25658615020e427da194a325e7773d42.pdf

Appendix 3

Table to show summarised and empirical studies critiqued in the literature review

Paper	Reference	Methodology/Type of Evidence	Methods	Outcomes/ Results	Strengths /Limitations
1	Tomkins, A (2009b) 'It was a great day when.... An exploratory case study of reflective learning through storytelling <i>Journal of Hospitality, Leisure, Sport and Tourism Education</i> , vol. 8, no. 2, pp. 123-131	<p>Case study approach to explore the development of skills in critical reflection.</p> <p>Reconstruction of prior learning from 'critical incidents' experienced in the workplace.</p> <p>Developed as stories of personal development for use in mock interview situations.</p>	<p>Evaluation</p> <p>Six leisure management final year undergraduate students, on a post work experience module.</p> <p>Thematic analysis linked to a five stages of learning through storytelling framework</p>	<p>Students valued the collaborative learning engendered by creating various perceptions of their work-based stories, whilst being supported by peer mentors.</p>	<p>Strengths:</p> <p>Direct quotes from students' evaluations of the learning experience provided authenticity and transparency</p> <p>Theoretical transferability</p> <p>Limitations:</p> <p>Small sample</p> <p>One centre study – limits generalisability</p>

2	<p>Lordly, D. (2007) "Once upon a time" . . . Storytelling to enhance teaching and learning <i>Canadian Journal of Dietetic Practice and Research</i>, vol. 68, no.1, pp. 30-35.</p>	<p>Exploratory descriptive study.</p>	<p>A 28-item self-administered survey Sample a class of 17 dietetics students. Response rate of 88%.</p>	<p>Storytelling assists students to instigate discussions about challenges within practice. Storytelling developed ways of knowing about practice by promoting dialogue about their clinical practice. Storytelling has the potential to influence how students respond in practice by becoming more critical practitioners.</p>	<p>Strengths: Recognised the need not to over emphasis the value of personal narrative, without a balance between students and lecturers stories. Theoretical transferability Limitations: Small sample One centre study – limits generalisability</p>
3	<p>Brady, J and Gingras, J. (2012) Dietetics student experiences and perspectives of storytelling to enhance food and nutrition practice <i>Transformative dialogues: teaching and learning journal</i> vol. 6, no.1, pp. 1-12.</p>	<p>Exploratory study</p>	<p>Target population 19 undergraduate nutrition class students Qualitative survey - repeated at three points during programme 10 participants to part in the survey.</p>	<p>Storytelling can help students connect the academic and hands-on aspects of dietetic training and practice. May allow students to develop their dietician persona as they find their professional voice</p>	<p>Small sample size. Less than 50% response rate Did not include students own stories, these could have added depth and understanding of professional socialisation, and professional identity.</p>

			Focus group interview with four participants		Researchers make useful recommendations for future research
4	D'Alessandro, D. Lewis, T and D'Alessandro, M. (2004) A pediatric digital storytelling system for third year medical students: The Virtual Pediatric Patients, <i>BMC Medical Education</i> , vol. 4 (10) [On-line] Available from: http://www.biomedcentral.com/1472-6920/4/10 , (Accessed 10 July 2014).	Descriptive project/ on-line evaluation over 4.5 years	Pilot study 10-question online survey. Measure of computer server logs and number of hyperlinks to computer-based patient simulations. (N= 393). 814,146 digital story pages were read by 362 students, 351 uses.	The majority of respondents replied positively to the digital resources.	Longitudinal evaluation Low response rate Potential for skewed/bias results.

5	Yue-Yung Hu, M. Peyre, S. Arriaga, A. (2012) War stories; a qualitative analysis of narrative teaching strategies in the operating room, <i>The American Journal of Surgery</i> , vol. 203, pp. 63-68.	Qualitative study.	10 complex operations Data collection: videotape and audio tape. 24 Narrative stories in 9 out of 10 cases, Analysed using grounded theory.	Findings: Stories anchored personal experience which taught clinical topics e.g. operative technique, decision-making, error identification, resource management and professionalism. These socialise trainees in the culture of surgery.	Strengths: Two methods of data collection Limitations: A small exploratory study.Requires further research to be able to generalise.
6	Diekelmann, N. (2001) Narrative pedagogy: A Heideggerian hermeneutical analysis of the lived experiences of students, teachers and clinicians, <i>Advanced Nursing Science</i> , vol. 23, no. 3, pp. 53-71.	12 year period A Heideggerian hermeneutical analysis Stories about what lived experiences meant to participants.	Sample size 200 Participants: Students, teachers, and clinicians in nurse education.	Narrative pedagogy was an effective method for transforming nursing students from passive listeners to active learners. It brought teachers and students together to focus on interpreting peoples' experiences and to explore new possibilities in practice and education.	Strengths: Longitudinal study Direct quotes from participants support findings. Limitations: No limitations discussed

7	Davidson, M. (2004) A phenomenological evaluation: using storytelling as a primary teaching method. <i>Nurse Education in Practice</i> , vol. 4, pp. 184-189.	Hermeneutic Phenomenological study	<p>Purposive sample of (n= 10) students</p> <p>data collected in one focus group</p> <p>data saturation was reached after two hours of discussion content analysis of data.</p>	<p>Themes:</p> <p>Personalising learning.</p> <p>Participatory learning.</p> <p>Group trust/safe environment</p>	<p>Limited methods:</p> <p>Small sample size</p> <p>Only females</p> <p>One organisation</p> <p>Findings not generalizable</p>
8	Schwartz, M. and Abbott, A. (2006) Storytelling: A Clinical Application for Pre-registration Nursing Students, <i>Nurse Education in Practice</i> , vol. 7, no. 3, pp. 121-194.	An evaluation of a 2 year university educational project.	<p>Design and implementation of a model for teaching health care management to student nurses</p> <p>Used storytelling techniques eg case studies, journals, stories from practice and reminiscence therapy,</p> <p>Sample: 10 nurse educators and students</p>	<p>Four themes:</p> <p>Listening, partnership, reciprocity and solidarity.</p> <p>Enabled nursing students to apply theory to clinical practice.</p> <p>The concept of storytelling to be a vital way of teaching students,</p> <p>An effective way for both communicating knowledge and problem solving.</p> <p>Helped students remember content and listen attentively to what patients had to say.</p>	<p>Quotes of nurse educators along with students' perspectives on storytelling as a means for learning enhanced the credibility</p> <p>No explanations to show how the themes were analysed.</p> <p>Limits transparency of the project and its outcomes.</p>

9	<p>Sochacki, S. (2010) The Use of storytelling in nurse education, Available at: https://etd.ohiolink.edu/ro ws_etd/document/get/bg su1261159653/inline (Accessed 10 September 2015).</p>	<p>Postmodern constructivist phenomenological study</p> <p>Aim: to discover how nurse educators used true stories to add authenticity when facilitating learner-centred construction of meaning in nursing care.</p>	<p>Purposive sampling by a 'snowball' technique</p> <p>Sample: (N= 9)</p> <p>Data collection: interactive interviews, and follow-up telephone calls or emails.</p> <p>Observation of participants</p> <p>Analysis of the curriculum and instructor documents.</p> <p>Data analysis: Constant comparison and coding</p>	<p>Educators carefully considered the ways in which they used storytelling to develop students learning.</p> <p>Storytelling helped to: reflect on patients' care, and think critically about the story itself.</p> <p>Stories were perceived to engage students' affective domain, by provoking their emotions.</p>	<p>Strengths: Frequent direct quotes contributed to the authenticity the findings.</p> <p>Limitation: Conducted in one university with participants who were already making positive use of stories in their teaching practice.</p>
10	<p>Crookes, K. Crookes, P. and Walsh, K. (2013) Meaningful and engaging teaching techniques for student nurses: A literature review, <i>Nurse Education Today</i>, vol. 13, pp. 239-243.</p>	<p>Critical Literature review</p>	<p>Thematic analysis</p> <p>1798 papers limited to 205</p> <p>10 articles focused on the use of narrative as a strategy for engaging teaching</p> <p>10 year search timeframe</p>	<p>Narrative can facilitate students to link theory and practice</p> <p>Allow for nursing students to reflect upon theoretical content</p> <p>Makes course content more interesting and memorable</p> <p>Serves as a trigger for information collection</p>	<p>Findings are limited, as were part of a wider study.</p> <p>Not a systematic review of the literature</p>

11	Morrison, P. (2009) Using an adapted reflecting team approach to learn about mental health and illness with general nursing students: an Australian example. <i>International Journal of Mental Health Nursing</i> , vol. 18 pp. 18-25.	Descriptive paper.	(n=8) Participants nursing students undertaking a bachelor of nursing degree in Australia. Evaluation of a teaching method: 'reflecting teams/outsider witnesses	Reflecting team process helps students to go beyond media stereotypes of mental illness, developed new understanding of the lives of people who experience mental illness, developed understanding about stigma	No ethics approval sought as this was an evaluation of a teaching and learning strategy Not generalizable.
12	Shaw, S. (2009) The value of analysing learning disability nurses' stories. <i>Learning Disability Practice</i> , vol. 12, no. 7, pp. 32-37.	A five year longitudinal study Discourse analysis Social constructivism Aim: to explore some of the meanings rooted in stories about client care, considering the language used in learning disability nursing.	Sample: 5 learning disability nurse lecturers Analyzed 39 taped verbal stories told in a classroom Data collection: 20 teaching sessions, of which seven were observed and 13 non-observed. 5 Interviews with lecturers were taped and transcribed verbatim. Data analysis: Open coding, discourse analysis	Four discourses: Medicalisation, Professionalisation, Political inclusion and exclusion. Language was that of medicalisation of people with disabilities, Dominant discourse of an attempt to justify the control of people with learning disabilities.	Strengths: Vignettes provided some evidence to support the findings and a degree of confirmability. Limitations: Limited discussion on the negative terminology and language used in the stories. No recommendations were made as a result of the study,

13	Koskinen, L. Mikkonen, I. Jokinen, P. (2011) Learning from the world of mental health care: Nursing students narratives <i>Journal of Psychiatric and Mental Health Nursing</i> , vol. 18, pp. 622-628.	A narrative study	Narrative analysis using a working framework, trial framework and Polkinghorne's (1995) five steps for narrative analysis forms (n=20) Finnish 2 nd year nursing students 39 narratives of critical events.	Findings: Self-awareness and self-esteem Deepened interpersonal skills Learnt new nursing methods.	Ethics approved. Bias reduced by intensive collegial peer reflection Limited by being a small single centre study.
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14	Hunter, L. (2008) Stories as integrated patterns of knowing in nursing education, <i>International Journal of Nursing Education Scholarship</i> , vol. 5, no.1, article 38	An explorative qualitative study	Narrative analysis of 25 personal stories written by junior nursing students, used Carper's (1978) fundamental patterns of knowing as a guiding framework	Students integrated art and science within their experiences Storytelling is a worthwhile teaching strategy	As to the literature on the use of storytelling in nursing education Limited by the researcher having previously graded the assignments.
15	Hardy, P. (2007) <i>An investigation into the application of the Patient Voices Programme: Digital stories in healthcare education; quality of learning, policy impact and practice-based value</i> . Available at: http://www.pilgrimprojects.co.uk/papers/phardymsc.pdf (Accessed 12 July 2015).	Action research study Aim: To evaluate the impact of digital stories on health care education, practice and decision-making.	The sample population from universities, schools of health care where the Patient Voices programme had been used in teaching. Sample: (n=40) 40% response rate. A second sample of 30 undergraduate 2 nd year nursing students Data collection: Focus groups and interviews Data were coded and thematically analysed.	Digital stories were a valuable means by which to effect change, as well as to humanize health care delivery and clinical practice. They foster greater empathy and understanding of patients' experiences of health care.	Strengths: Direct participants quotes provide evidence to support the findings. Reasonably large sample and two different methods of data collection enhanced the quality of the study. Limitations: Not identified. Not clear how participants were involved in designing the action research study.

16	Christianson, A. (2011) <i>Storytelling and professional learning: A phenomenographic study of students' experience of patient digital stories in nurse education</i> , <i>Nurse Education Today</i> , vol. 31, pp. 289-293.	Phenomenographic study	Phenomenographic Interviews with 20 student participants Constant iterative process - identifying categories	Digital stories: as a learning resource, as an emotional experience, as a reflective experience, as a transformative experience	Small sample size
17	Stacey, G. and Hardy, P. (2011) <i>Challenging the shock of reality through digital storytelling</i> , <i>Nurse Education in Practice</i> , vol. 11, pp. 159-164.	An evaluation of an innovative learning environment using digital stories	Sample: 8 newly qualified nurses 5 nurse educationalists. 58 final year nurse students Phase 1: Digital stories were prepared which explored the challenge and shock of the reality of practice Phase Two: A learning environment workshop was developed, in which the digital stories could be used.	Digital stories provided insight into the transition from student to newly qualified practitioner. They enable students to be better prepared for clinical practice. The creation and use of digital stories can facilitate greater resilience for students.	Well designed 3 phase evaluation Participants' quotes add the authenticity of the findings. As an evaluation – it is low on the hierarchy of evidence.

			Phase Three: Final year nurse students who had attended the learning environment workshops completed a semi-structured questionnaire. Data collection x 2 focus groups Survey		
18	Guise, V. Chambers, M. Valimaki, M. (2012a) What can virtual patient simulation offer mental health nurse education? <i>Journal of Psychiatric and Mental Health Nursing</i> , vol. 19, pp. 410-418.	Discussion paper of a narrative-based virtual patient (NBVP) simulation technique	No methods or methodology	Discussion: narrative VP simulation is a valuable means of rehearsing knowledge and skills prior to exposure in the clinical environment has the potential for cross cultural teaching	No evidence presented from students Not a structured evaluation of an introduction to NBVP
19	Guise, V. Chambers, M. Valimaki, M. (2012b) Development, implementation and initial evaluation of narrative virtual patients for use in vocational mental health nurse training. <i>Nurse Education Today</i> , vol. 32, pp. 683-689.	Evaluation of the introduction of two virtual mental health patients/multilingual e-learning course	Five phase development framework of virtual patients Piloted and evaluated by (n=13) nurses in an acute psychiatric and mental health settings	Relatively inexpensive Beneficial in online blended and/or cross-cultural learning environments	Small limited study which cannot be generalised

20	Adamson, E. and Dewar, B. (2015) Compassionate care: Student nurses' learning through reflection and the use of story, <i>Nurse Education in Practice</i> , vol. 15, pp. 155-161.	<p>3 year action research project</p> <p>Aims:</p> <p>To capture the essence of what compassionate care may mean in practice.</p> <p>Stories accumulated from clinical practice were used to promote reflective learning in a nursing module about acute illness and deterioration.</p>	<p>Sample:</p> <p>37 pre-registration nursing students and post-registration nurses</p> <p>Methods:</p> <p>Participants listened to podcasts about practice, gathered from the experiences of patients, relatives, staff and students. Comments were posted on the on-line discussion forum.</p> <p>The posts were thematically analysed</p>	<p>Podcast stories enhance knowledge and skills about compassionate caring.</p> <p>Students felt emotionally engaged and developed a sense of empathy with the patients as a result of the stories.</p> <p>They encouraged reflection on practice, in particular when students faced similar situations in practice themselves.</p>	<p>Strengths:</p> <p>A longitudinal study</p> <p>Potential for theoretical transferability</p> <p>Limitations:</p> <p>Less than half of the participants contributed to the on-line discussions. This could have biased the findings towards those with more positive responses about the podcasts.</p> <p>Small sample size.</p>
21	Terry, J. (2012b) Service User involvement in pre-registration mental health nurse education classroom settings: a review of the literature, <i>Journal of Psychiatric and Mental Health Nursing</i> , vol. 19, pp. 816- 829.	<p>Literature review</p> <p>Aim:</p> <p>To identify how service users were involved in pre-registration mental health nurse education classroom settings</p>	<p>8 papers:</p> <p>4 review articles</p> <p>4 research studies</p>	<p>Six of the studies reported that service users' involvement in class positively contributed to student nurse learning, and the importance of <i>listening</i> to service users' stories.</p>	<p>Strengths:</p> <p>The search strategy is clearly explicated.</p> <p>This provides auditability of the review.</p> <p>Limitations:</p> <p>Small literature review</p>

22	Grassley, J. and Nelms, T. (2009) Tales of resistance and emancipatory functions of storytelling, <i>Journal of Advanced Nursing</i> , vol. 65, no. 11, pp. 2447-2453.	feminist hermeneutic study Aim: aimed to explore how the process of storytelling may facilitate women's emancipatory knowing, using examples from women's breastfeeding stories.	Data were collected by a lactation consultant through audio-taped interviews. Secondary data analysis was conducted on 13 women's breastfeeding stories Stories were re-examined through the lens of the emancipatory functions of storytelling identified by Banks-Wallace (1998).	The findings recognized the importance of storytelling in a community to generate new knowledge	Strengths: Quotes from participants' stories authenticate the findings. Potential for theoretical transferability. Limitations: Small sample size, Lack of generalisability, Potential influence that the researcher, as a lactation consultant, may have had on the data collection or data analysis.
23	Gidman, J. (2013) Listening to Stories: Valuing knowledge from patient experience, <i>Nurse Education in Practice</i> , vol. 13, pp. 192-196.	Descriptive phenomenological approach	In-depth conversational interviews Convenience Sample (n=12) Data analysis by a process of phenomenological reduction	Educators should recognise and value patients' stories as an alternative form of knowledge. They should provide opportunities for students to listen to stories	Contributes to evidence that service users are valuable source of knowledge. Limited by a small sample size, therefore findings cannot be generalised

				Should actively facilitate reflection on these learning experiences	
24	Blaka, G. (2006) Newcomers Learning of Midwifery Practice in labour ward: a socio-cultural perspective, <i>Learning in Health and Social Care</i> , vol. 5, no. 1, pp. 35-41.	Case study approach Aim: To explore the experiences of first year midwifery students on their first placement on a labour ward.	Sample: 7 first year midwifery students' 7 preceptor midwives. Data collection: Participant observation Two interviews, six months apart with each participant.	The findings identified the vital role that reflective conversations with mentors played in developing students learning. Novices learnt about midwifery practice through the stories that mentors told about specific aspects of care.	Strengths: A complex social unit of real life situations made a case study approach appropriate, along with the small sample size. Examples from the fieldwork and interview data are given. These illustrate and support the findings, and transparency to the findings. Limitations: A sample of seven cannot be seen to be representative.
25	Ulrich, S. (2004) First Birth Stories of Student Midwives: keys to professional affective socialisation, <i>Journal of Midwifery and Woman's Health</i> , vol. 49, no. 5, pp. 390-397.	Qualitative analysis the written descriptions novice student midwives' first birth stories	Sample 38 written descriptions of novice student midwives' first birth stories	Stories succinctly described the sense of awe students felt whilst attending women in birth,	Strengths: The content, analysis and organisation of data are critically presented.

		Aim: to examine the affective socialisation on midwifery students who were undertaking a community based midwifery programme.		Stories demonstrated how preceptors provide support to students in their learning, and that midwifery students provide woman-centred care.	Limitations: Trustworthiness of the data Researcher's own interpretations of the stories.
26	Hunter, L. and Hunter, L. (2006) Storytelling as an educational strategy for midwifery students, <i>Journal of Midwifery and Women's Health</i> , vol. 51 no. 4, pp. 273-278.	Longitudinal student evaluations over four years	(n=29) Evaluation of a story telling strategy using six short open-ended questions, at the end of each semester.	Findings: increased cognitive learning, enhanced role transition emotional clarification.	Findings are not generalisable
27	Leamon, J. Wilkins, C. Brown, S. Rawnsion, S. (2009) Student midwives' views on story sharing: the B.U.M.P. Study, <i>British Journal of Midwives</i> , vol. 17, no. 7, pp. 426-431.	Qualitative Exploratory study	Action research 146 participants completed questionnaires in the 1 st 2 nd 3 rd years of their programme (n=16) - participated in focus groups in the 1 st and 2nd year SPSS analysis.	Four themes: selecting, preparing and timetabling the sharing of stories; sharing experiences; listening and being listened to; and issues related to tutors and the structuring of learning.	A large longitudinal evaluation. Ethics approved. Data and method triangulation increases validity. Direct quotes enhance trustworthiness.

28	<p>Gilkison, A. Giddings, L. and Smythe, L. (2015) 'Real life narratives enhance learning about the art and science of midwifery practice', <i>Advances in Health Science Education</i>, vol. 21, pp. 19-32.</p>	<p>Participatory hermeneutic study</p> <p>Aim: To explore the experiences of midwifery teachers midwifery students participation in a narrative-centred curriculum.</p>	<p>Sample:</p> <p>5 midwifery teachers</p> <p>14 midwifery students</p> <p>Data collection:</p> <p>Focus groups midwifery students</p> <p>Analysis of 79 reflections written by students.</p> <p>Seven in-depth research conversations with midwifery lecturers.</p>	<p>The emotions which students experienced while listening to the narratives helped them to think about each woman's unique history.</p> <p>Narratives also assisted in thinking about the participants own beliefs, values and assumptions.</p>	<p>Strengths:</p> <p>Multi-method data collection provided a range of perspectives</p> <p>The sample size, added to the credibility and authenticity of the findings.</p> <p>The combination of the data sources, made the findings more transparent and trustworthy.</p> <p>Limitations:</p> <p>It was conducted in one particular context of undergraduate midwifery education.</p> <p>High dropout response rate in the student focus groups during this study could have limited the students' perspectives, but strategies used for ensuring research rigour mitigated this limitation.</p>
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29	<p>Weston, R. (2011) 'Midwifery students significant birth stories: telling the drama, Part 1', <i>British Journal of Midwifery</i>, vol. 19, no. 12, pp. 729-736.</p> <p>Weston, R. (2012) Telling stories, hearing stories: the value to midwifery students, Part 2, <i>British Journal of Midwifery</i>, vol. 20, no. 1, pp. 41-49.</p>	<p>Narrative analysis study</p> <p>Aim:</p> <p>To explore the value that midwifery students place on telling and listening to birth stories as a means of learning</p>	<p>Purposive sample</p> <p>5 final year midwifery students,</p> <p>Data collection:</p> <p>One focus group</p> <p>One semi-structured interview</p> <p>Data analysis:</p> <p>Structured narrative analysis using a combination of narrative analysis lenses.</p>	<p>Listening to peers' stories validated experiences and enhanced learning.</p> <p>Students valued opportunities for story-sharing but did not want to be judged when recounting stories.</p> <p>Lecturers' humorous stories were particularly remembered, and helped to link theory to practice.</p>	<p>Strengths:</p> <p>Structured data analysis clearly presented</p> <p>Participants' quotes add authenticity to the findings.</p> <p>Limitations:</p> <p>A small exploratory study and therefore the findings are not transferable.</p>
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Appendix 4
Letter of invitation to potential participants

Dear potential participants,

Re: **Study title**

Telling and listening to practice-related stories: the views and experiences of
final year Mental Health Nurse and Midwifery Students

I am writing to invite you to listen to a short presentation about my research study. I am a Senior Midwifery lecturer, working at the University of ##### and I am undertaking a Doctorate in Education with the ##### University. The aim of the Doctoral study is to explore the views, and experiences of telling and listening to practice-related stories from pre-registration Mental Health Nurse and Midwifery Students. I have completed an initial study and I am now about to undertake the main study. This will last from September 2015 to 31st October 2017. I plan to use two group discussions and six conversational interviews as a means of collecting information about the topic, from October 2015 to March 2016.

The presentation will take place on a date and time to be agreed with your Programme Leads, and when you are in University. If you do not wish to listen to the presentation you will be free to leave the classroom before I arrive.

I look forward to being able to share more information with you if you are interested in hearing more about the research.

With kind regards

Ros Weston

Appendix 5

Participant Information Sheet

Date 04/10/15 Version 3

Study title

Telling and listening to practice-related stories: the views and experiences of final year Mental Health Nurse and Midwifery Students

I am a Senior Lecturer in Midwifery, working at the University of [name deleted] and I am undertaking a Doctorate in Education with the [name deleted] University. The aim of the study is to explore the views and experiences of telling and listening to practice-related stories from final year Mental Health Nurse and Midwifery Students. The study will last from September 2015 to 31st October 2017. I plan to use group discussions and conversational interviews as a means of collecting information about the topic from October 2015 to March 2016.

Why have I been asked?

You have been invited to take part in the main study because, as a final year mental health nurse or midwifery or student you may have some perspectives on telling or hearing practice related stories.

What happens if I decide not to take part?

There is no obligation to take part and it is up to you to decide whether or not to take part. If you do agree you will be given this information sheet to keep and be asked to sign a consent form. Even if you do agree you can still withdraw at any time, up until the time that the anonymised data are entered for full analysis, without giving a reason and with no adverse consequences to your mental health nurse or midwifery programme. This will not have any effect on your course.

What will I be expected to do?

You will be asked to contribute your thoughts on telling or listening to practice related stories in one small group discussion with four to five other people, *or* an individual conversational interview with me, the researcher. The discussions will

explore your views and experiences of storytelling as a means to develop learning. You may choose to share any practice-related stories, or none, that you would like to talk about.

The group discussion will consist of other midwifery and mental health nurse students, whom you may know. The group discussion *or* conversational interview will last approximately one hour and will take place in a confidential venue, on the campus. The discussions will be digitally recorded.

No expenses or payments will be made. There is no direct benefit to you for taking part in the study. However, if you do take part, you are likely to contribute to deepening knowledge and understanding about the informal means by which students learn through storytelling. This could inform practice and future curriculum development.

Are there any possible problems with me taking part?

The possible disadvantage to taking part is that you may feel some emotional discomfort during the process of the group discussion or conversational interview, with the content of the discussions or if you choose to share a story that may have had a poor outcome. If this occurs you will be free to leave, or take a break, at any point. If any distress is caused student counselling services or your academic tutor are available.

Any information that you disclose during the course of the research will be kept in an anonymised format so participants will not be identifiable from this. However, you must also be aware that if you disclose an issue of poor or unsafe practice, or if issues regarding practice arise which are a cause for concern, then you would be obligated to act by referring to, and using the NMC (2013) Raising Concerns: Guidance for nurses and midwives and the NMC Code (2015) Professional standards of behaviour for nurses and midwives. As the researcher I am also professionally bound by the Nursing and Midwifery Council to disclose this.

I would encourage you speak to the appropriate person or use the appropriate reporting mechanism initially, but I may have to report a safeguarding incident if you

do not. I would also advise that you take up the issue with your academic tutor, practice facilitator, or midwifery supervisor (if you are a midwifery student). Indemnity Insurance is provided by the ### University.

Will my taking part in this study be kept confidential?

If you do agree to take part in the study all information that is collected will not be attributable to any individual. Any information relating to you will have all personal details removed so that you cannot be identified.

All participants will be allocated a code to maintain anonymity throughout the study. All data, including the recorded interviews, will be stored so that only I as the researcher can identify which participant provided the data.

All data collected will be kept on an encrypted hard-drive which is password protected. All paper documents will be kept in a locked filing cabinet. The completed data, interview recordings, the interviewer's notes and the data generated from these will be kept for 5 years and then destroyed. This time frame is considered acceptable to enable the data to be utilised for conference presentations and/or peer reviewed publications. You will not be identified in any report/publication.

Your anonymity will be maintained at all times, except in the case of disclosure of professional misconduct or criminal behaviour, or issues of safeguarding. In such cases you would be obligated to act by referring to, and using the NMC (2013) *Raising Concerns: Guidance for nurses and midwives* and the NMC Code (2015) *Professional standards of behaviour for nurses and midwives*. I will also advise that you take up the issue with your academic tutor, practice facilitator or midwifery supervisor (if you are a midwifery student).

All discussions within the group discussion will be expected to remain confidential. No personal names or Trusts should be identified during the discussions.

What about data protection?

The conversations will be digitally recorded, and will be transcribed in their entirety. This will be for the purpose of collecting data, and in order for accurate transcriptions to be made. The data will only be used for the purpose of the study.

The digital transcriptions will be stored on a hard drive, password protected computer. At the point of transcription all data will be coded anonymously. No personal identifiable information will be stored or reported. The procedures for handling, processing, storage and destruction of data are compliant with the Data Protection Act (1998), which includes storing the data, and all records about the study, for five years after completion of the study. The [name deleted] University and University of [name deleted] Data Protection procedures will also be complied with, along with the Freedom of Information Act (2000).

The British Educational Research Association Ethical Guidelines for Educational Research (2011) will be adhered to throughout the initial study.

The results of the study may be presented at a research seminar in the university or at a national conference. The study may also be published. A copy of the final Doctoral Research Study will be available at the ### University. I have not received any external funding for this initial study.

My Research Supervisors, have reviewed the proposal

The ### University has given favourable opinion

Thank you for taking time to read this information.

If you would like more information, you can contact me at:

Rosalind Weston

Alternatively you can contact the Programme Leader for Doctorate in Education at the ### University, who can receive enquiries about any matters which cannot be satisfactorily be resolved by me, or if you have any complaints or comments about the study.

Appendix 6

Agreement to participate

Title:

Telling and listening to practice-related stories: the views and experiences of final year Mental Health Nurse and Midwifery Students

I, (print name) agree to take part in this research project.

Please initial boxes

1. I confirm that I have had the purposes of the research project explained to me. I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and I have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, up until the time that the anonymised data are entered for full analysis.
3. I have been assured that my confidentiality will be protected as specified in the information leaflet.
4. I understand that personal information collected in this study will be confidential, anonymous and protected and that only the researcher will have access to the un-anonymised data.
5. I understand that if a cause for concern is disclosed for example, an issue of poor or unsafe practice, or safeguarding concerns then I would be obligated to act by referring to, and using the NMC (2013) Raising Concerns: Guidance for nurses and midwives and the NMC Code (2015) Professional standards of behaviour for nurses and midwives.
6. I agree that the information that I provide can be used for educational or research purposes, including publication.
7. I give permission for information, including the use of quotations, collected in the audio recording of the group discussion, or conversational interview, to be used in any presentation of the research findings with the understanding that my anonymity will be assured by the use of pseudonyms.

8. I understand that if I have any concerns or difficulties I can contact:

Rosalind Weston

If I want to talk to someone else about this project, or I have any complaints or comments I can contact:

Programme Leader for Doctorate in Education

I agree to take part in the above study

----- Name of participant	Date	----- Signature
----- Name of person taking consent	Date	----- Signature

References:

N.M.C. (2013) Raising Concerns: Guidance for nurses and midwives London N.M.C. [Online]. Available at <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Raising-and-escalating-concerns.pdf> [Accessed on 27/07/2015]

N.M.C. (2015) Professional standards of behaviour for nurses and midwives [Online]. Available at <http://www.nmc-uk.org/The-revised-Code/> [Accessed on 27/07/2015]

Appendix 7

Topic guide

Research Title:

Telling and listening to practice-related stories: the views and experiences of final year Mental Health Nurse and Midwifery Students.

Introduction

We are here today because I am interested in your views and experiences of telling and listening to practice-related stories. What you share will help to inform my Doctoral research study and your views and experiences may contribute to deepening knowledge and understanding about the informal means by which students learn through storytelling. I would like to explore these if that is your understanding too.

I have a set of guidelines for the interview, just to keep us on the right track – but feel free to expand and talk about whatever you think might be relevant.

Warm up question

Can you tell me something about what you think about storytelling as a means of learning?

Group discussion/ Conversational Interview

Could you tell me something about your views listening to practice related stories in your mental health or midwifery programme?

Could you tell me something about your experiences of telling practice related stories in your mental health or midwifery programme?

What are your thoughts or perspectives on different types of stories for example: digital stories for example: specifically recorded patients' stories which are a combination of music, pictures and spoken word, service users, patients', peers', mentors', lecturers' stories, case studies, or scenarios?

Could you give me some examples how storytelling may have contributed specifically to your learning in your midwifery or mental health programme?

What sort of emotions does hearing or telling practice related stories evoke?

As a result of hearing these stories, how do you feel these emotions affect or influence your learning?

Participants in my initial study told me that hearing stories from service users caused them to feel empathy – what are your thoughts about this idea?

The findings of my initial study suggested that hearing stories about practice were seen as a way of avoiding mistakes – what are your thoughts on this perception?

Participants in my initial study told me that sometimes hearing stories from mentors caused them to feel fearful – what are your thoughts about this idea?

Participants also told me that they would have appreciated a dedicated time within the curriculum timetable, on return from practice, which enabled the opportunity to reflect on practice by telling and listening to practice related stories – what are your perspectives on this suggestion?

Conversational Interview – extra specific questions

Could you tell me one significant story that you have heard or told?

Why was this one significant to you?

Closing questions

Is there anything further that you want to add to the discussion or interview?

Is there anything further that you want to say about your experience today?

Is there anything you want to ask me about the interview or your experience today?

Thank you very much indeed for your time and contributions.

Appendix 8
A further example of the mapping of meaning units from data from focus groups

<p>I would retain that information <i>much</i> better than that on the written page. Lucy FG5 I</p>	
<p>I think because you can imagine yourself also so you're then . . . everyone's obviously listening but then thinking about how they might deal with it as well. Anna FG1</p>	<p>Stories trigger the imagination</p>
<p>As you are listening to a story you are imagining it. It is like a child does – you are imagining it. Bernie FG5</p>	<p>Stories as childlike ways of learning</p>
<p>[Storytelling] It's good as a . . . I know very well from first-hand experience that you can't have experiences of everything, so if you get someone else's experience of that situation, that really helps you to kind of understand it . . . from that point of view where you're trying to see it from their perspective as if you experience it. Anna FG1</p>	<p>Hearing stories about unusual experiences helps to gain knowledge and understanding.</p>
<p>There's a midwife who was taking blood or something and it went in her eye and now she wears goggles every time she takes blood. Amy</p> <p>. . . And has she passed that on to you? Ruth</p> <p>Yeah it's made me want to wear more protective eyewear. Regan FG4</p>	<p>Stories are viewed as ways to avoid making mistakes</p>

<p>Telling a story that <i>shatters your confidence</i> isn't going to really help. Yes – you learn from it and some people say it makes you stronger But at the time I think it is <i>so derailing</i> that it could put people off midwifery entirely and that is a real shame. Ruth FG4</p>	<p>Some mentors stories make students feel silly or even 'bad' .</p>
<p>If Rhona was to tell me about that, I'm intrigued now, I want to know about her experience . . . Because I've never had a snapped [umbilical] cord ever... but it made me want to explore it a bit more so I'd want to find out the stories from other people. Fiona FG2</p>	<p>Stories are deliberately sought out to add to knowledge and understanding</p>
<p>It soaks in and it stays there, it's retained, it's engaging so <i>engaging</i> that it does it come into [your] practice. Bernie FG5</p> <p>That story <i>often comes back into my mind</i> when I'm in that situation myself and then I can relate to what I've been told from someone else's experience Fiona FG2</p>	<p>Stories appear to help with 'deep' learning – they stay in the head.</p>
<p>I love it when you've got like an outside speaker or one of our lecturers that have got loads and loads of experience and that have been doing midwifery for years and years and you think out of all those experiences <i>this</i> is what she is telling me that she remembers it, it must be <i>really significant to her</i>. Emma FG5</p>	<p>Stories by experienced lecturers and midwives are valued highly</p>
<p>I think that especially if you have made a mistake ...little 'bits and bobs' that you've done, ... and your mentor says don't worry, I've done that and it turned out ok, Kay FG4 . . .</p> <p>that's so nice . . . and they put you at ease and you don't feel such a shmuck for doing it.... Ruth FG4.</p>	<p>Mentors' stories reassure students</p>

<p>I think that sometimes depending on where you are practising, you may hear stories about your mentor that somebody else has said and so depending on what those stories are whether they are good stories or bad stories, you might be afraid to work with that mentor or have preconceptions of how she can treat you as a student . . .</p> <p>Kay FG4</p>	<p>Hearing stories about mentors can affect the student midwife relationship positively or negatively.</p>
<p>I remember at the time it was brilliant because it has got about 12 chapters and each one is based on a scenario or case study it leads you back to the story. It makes it real and you can apply it to practice. Maddie FG3</p>	<p>Case reviews are valued by some and viewed as stories because they are based on real life experiences, and can be applied to practice</p>
<p>Older midwives have always got loads of stories . . . Because they've been everywhere, haven't they? Because all the really old school midwives on the ward . . . it's fascinating doing shifts with them . . . Jenny FG2</p>	<p>Older midwives' 'Back in the day' stories are appreciated and help students to realise how different practice is now.</p>
<p>I think it <i>is really really</i> valuable learning through women and their experiences. I don't think there is enough . . . Evidence to change practice. Bernie FG5</p> <p>I think if you had more opportunities for women to tell you, that would really improve our empathy and change practice. Fiona FG2</p> <p>The lady who came to do the – to talk about the stillbirth . . . and that was something <i>that really sort of stuck in my head</i> – her story. Nicki FG1</p>	<p>Hearing service users/women's stories in class, and in practice, helps develop empathy and strengthens the midwife/mother relationship.</p> <p>Sub theme: Stories influence the type of midwife students want to become.</p>

<p>[The bereavement midwife] showed us a video of this poor lady who had had a still-born and it was so moving I almost wanted that lady to be in the room so she could share a bit more with us instead of being up on this big screen. Gena FG3</p> <p>I just know I learn better from real life stories . . . telling them, or watching them on a video than I do from just having a lecture of somebody standing there and reading to me or telling me what the facts are, or telling me things . . . <i>it stays in my mind longer if it's – either through sounds or what I hear just, the sound of something, it's like a trigger for a memory of what I've seen on a videotape. .</i></p> <p>Nicki FG1</p> <p>Like the 'My Baby psychosis and me' that was on recently, followed two different women's stories and it literally did just tell their stories of their mental health. It was really good. Ruth FG4</p> <p>It was fantastic because we wouldn't really get exposed to that in practice . . . I was riveted the whole way through. Regan FG4</p>	<p>Digital stories/ YouTube clips/Blogs have some limitations, but are useful for exploring 'taboo' or sensitive topics such as sexual abuse or bereavement, or NHS failings.</p>
<p>I remember her thinking that she said something like 'I thought she was going to be 1cm'. And her behaviour must have been that she was unlikely to be, fully dilated or in active labour, but it was that assumption and that's what she learned from her and then told me and it . . . and <i>it does make me think now . . .</i> you never know what they're going to do. Fiona FG2</p>	<p>Specific stories are remembered and applied in practice.</p> <p>'You never know when you might be in that situation'</p>

Appendix 9

A further example of the mapping of meaning units from data from semi-structured interviews

<p>[Stories] coming from a mentor, I think they all practice very differently; they all have different experiences and it's more . . . and it's definitely based on their opinions . . . I still think in the back of my mind well that's not how I'd do it . . . Danielle INT 1</p>	<p>Stories are used as a way of remembering how <i>not</i> to practice</p>
<p>By hearing the stories you can dismiss some and think, "Well I will remember that!" and, "Oh I will never do that"; and then other things that you hear and think that sounds fantastic and what a great story. I want somebody to tell a story like that about me one day. And just how it influences you in your own practice. Denise INT 3</p>	<p>Stories are viewed as a way of 'picking up' good things to take into future practice</p>
<p>I think it's difficult to stand back . . . sometimes I don't quite agree – the sort of conflict in our views, and how things should be – how women should be treated, you know, how things should be done. I think sometimes it's really difficult to listen to stories that you don't necessarily relate to or feel that you would have done . . . something differently. And, you know, sort of the way they tell the story. Danielle INT 1</p>	<p>Listening to stories about poor practice generates strong feelings and can motivate students to provide better care.</p>
<p>[I heard about someone] who was involved in a drug error. She administered a drug incorrectly and there was an investigation . . . <i>it made me think how careful you have to be – definitely a big learning curve for me.</i> So it is taking a negative situation for one person and trying to help make sure that doesn't happen to you . . . to avoid that happening to you. In her story she was saying how guilty she felt and it was just a genuine mistake. Denise INT 3</p>	<p>Stories about medication errors 'make you think'.</p>

<p>I do absolutely think there's an element of danger when telling stories . . . for the whole cohort, especially if people haven't quite grasped the point or it's not been explained particularly well. Danielle INT 1</p>	<p>Sometimes there are dangers in storytelling</p>
<p>If you've experienced something that's quite distressing and then, you know, she's learnt from that – she obviously wants to teach her students actually don't do this because this is what may happen. And it does instill fear into you, you know, because you're like, okay, so just be really cautious. Danielle INT 1</p>	<p>Mentors stories can 'put fear into students minds'</p>
<p>Midwife.net online and that's a forum for student midwives to access and they share lots of stories and experiences. So I think it is a good way. Denise INT 3</p> <p>I feel like I'm being judged all the time [by mentors]so I think telling and talking and listening to other people's experiences, it makes you feel like, you know – you're not on your own. Sharon INT 2</p>	<p>Sharing stories via on-line student forums help students not to feel judged, unlike when with mentors.</p>
<p>It is an instant story, it is not as if it is something you heard, or you are waiting to hear, it is an instant way of accessing a story to help you. Denise INT 3</p>	<p>Women's on-line stories are a way of accessing instant support.</p>
<p>[Lecturers' stories] I think they were really helpful, you know, to get a little bit more insight into the reality of midwifery. Danielle 1st INT</p>	<p>Lecturers' stories provide reality checks about practice.</p>
<p>I think it <i>really makes you think</i> because they are the women that we're looking after, so to hear what they're saying . . . I think that's really important I do remember them – more than perhaps other lectures.</p>	<p>Childbearing women's stories help students to empathise with them.</p>

<p>You do remember the guest speakers, because they are, you know, most of their stories are very powerful because they're coming straight from their hearts. Danielle 1st INT</p>	
<p>I think <i>you feel closer to that story</i>. You know, obviously some of the women get really emotional telling those stories and you can see how perhaps their care really impacted on how they felt about their experience, particularly in bereavement, in some of the things that perhaps shouldn't have happened or could have been done differently. Danielle 1st INT</p>	<p>Stories heard from guest speakers appear to be the vehicle by which learning about care received is best remembered and how care delivery can be improved.</p>

Appendix 10

Specific stories told in semi-structured Interviews

Story 1 One of my housemates had a difficult experience with a baby that she stimulated but it had . . . it was the one on thick meconium and she thought that, you know, the guidelines said that she shouldn't stimulate the baby and that a paediatrician should be present to suction before . . . and when the baby was taken to the neonatal unit it had to be resuscitated. And it was intubated and it was extremely ill in the neonatal unit for quite a long while. And she blamed herself for a really long time. Although she called for a paediatrician to be present, they were unable because they were in theatres with another baby. And she felt that that, you know, it really hit her; she felt that it was her fault that, you know, because she stimulated the baby, and the baby was . . . So, um, she would bring up this point quite often that, you know, how awful she felt, and she was really upset about it. And then I had a similar experience a couple of weeks later, where I was on a low risk unit and a baby was born in . . . came in and so . . . and I said to my mentor should we call a paediatrician to be present for delivery and she actually said, I think not at the moment, so I sort of went with it, and when this baby needed resuscitating, which she supported me in doing – which was really positive – but also the baby again was intubated and taken to the neonatal unit and he's still there. So, I think we both had this similar experience where a paediatrician wasn't present. We felt like it was our fault that . . . you know. But I think I looked on it in a different way to my housemate – my colleague. And I said, you know, the purpose, you know, for a baby to be born, you need to stimulate a baby without a paediatrician present to get it to breathe first of all, you know. So *I think just reflecting on the practice and, you know, prioritising what . . . you know the baby needs to stay alive, although very ill and on the neonatal unit being cared.* **Danielle 1st INT**

Story 2 *One lady actually does stick in my mind . . .* She was terrified of the vaginal examinations and it was her second baby. The first baby was born by an emergency caesarean section and she was terrified about having a vaginal examination but she'd come in to be induced, because she'd gone post-dates and . . . but she was absolutely terrified – absolutely terrified. And she was brought down to the delivery suite and that was when I first met her. She was coming for an ARM [artificial rupture of membranes] and she had this – just fear – she was so, so worked up about this. You know, and all this awful experience last time – obviously it was an emergency – but she was just so terrified of having another caesarean section and they did this controlled ARM because the head was still high and . . . they broke the waters and down came the cord and she ended up with another [caesarean] . . . Well she had a general anaesthetic . . .

I really wanted to cry for her. . . I sat with her and she came round as well and she was in so much pain . . . That was my first and one and only GA I'd seen and . . . she just came round from the anaesthetic and she was in absolute agony – and she was shouting and screaming about her pain and no-one seemed to be taking her seriously . . .

So yeah, you can feel empathy for the women – from listening to their previous experiences and then obviously – when you know she's had a bad experience and you're with her and she's having another bad experience, you just feel dreadful. **Sharon 2nd INT**

Story 3 There was a lady that came into the obstetric unit and she was diagnosed with a baby that was breach but she'd . . . the obstetric consultant – it was going to be a caesarean section. But the Band 7 that was there, I wasn't actually there – she was telling the story to my mentor – the Band 7 that was on duty said that she would do the vaginal breach if that is what the lady wanted and that is what the woman wanted and I was absolutely blown away – that was so brave and inspirational and courageous and I asked her afterwards how many vaginal breaches she had done and she had only done three.

But she was more than willing to go ahead and do that for that woman but in the end after 24 hours she hadn't gone into labour so she did end up with a caesarean section but it was the fact that she was prepared to do that and advocate for that lady. And that was amazing.

I will remember that forever . . . I heard that story from my mentor and then went to talk to the woman – the Band 7 – I went to speak to her – a week later – and I went to speak to her about it as well. I think if you hear a story and then you talk about it in a second conversation with people who are involved, that definitely makes you remember it more as well. **Denise 3rd INT**

Story 4 I like the funny stories – the humorous stories that people tell. And it just brings that sort of human element into midwifery and care. I remember one story where a taxi driver cut the cord because the midwife asked him if he wanted to cut the cord, thinking he was the father! He had just rushed in with this lady as an emergency – and he helped because he thought the midwife needed help but she thought he was the father. And he did cut the cord! We will remember that story forever I think! It's so funny. He had rushed in with the lady from a taxi in a wheelchair onto the delivery suite, but he had helped the lady from a shopping centre. She was on her own. The midwife just assumed that that man was her partner. Not 'do you want to cut the cord' or 'can you', but afterwards the midwife said to him 'well, why did you do it?' and he said 'I just thought you needed my help' . . . **Denise 3rd INT**