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## ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

### Biographical learning: a process for promoting person-centredness in nursing

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#### Abstract

*Background:* This paper explores biographical approaches to nurses' learning. It builds on previous PhD research to consider the effects of such approaches, drawing on the experiences of learners who have recently completed biographical study, in their own words.

*Aims and objectives:* The aim of the paper is to make sense of different forms of learning. The objectives are to identify how autobiographical approaches that involve people learning from their life stories can engage people to exert agency, or ownership, in their own lives by taking control of their learning plans.

*Design:* This longitudinal study started with the first group of learners undertaking a biographical preparation module on an Applied BSc Health and Social Care programme.

*Methods:* Research relating to nurses' learning is considered, including a Swiss perspective, as well as the validity of the biographical approach to developing knowledge. The learners share stories of their learning in order to develop understanding and new insights into their own lives and those of others.

*Results:* Different dimensions of learning including learning about self, learning to make a difference and processes of repair are revealed through the learners' narrations.

*Conclusions:* Engaging biographically, to make sense of different forms of learning, appears to be beneficial to more person-centred working.

*Implications for practice:*

- Introducing biographical elements into courses of study can benefit learners by helping them to make sense of who they are as learners and practitioners
- Co-creating compelling spaces of learning can facilitate learners to exert agency within their own lives as well as help others to learn. By exerting agency we mean taking ownership of the learning revealed through the biographical work and taking it forward in positive ways to enhance person-centred care

**Keywords:** Auto/biographical, compelling space, processes of repair, person-centredness

#### Introduction

This paper intends to discuss how the development of biographical learning processes within nurse education can help to develop more person-centred and compassionate ways for learning. By biographical learning we mean developing understanding and meaning from the life lived. We draw on the experiences of the first cohort of learners to complete a new biographical module, which was

developed from a PhD study that explored the learning of nurses (Howatson-Jones, 2010). We make a distinction between learning and education: learning means the development and internalisation of new understanding in a broad sense including less formal as well as formal experiences of learning in private as well as public spaces; education refers to how concepts might be taught in a variety of ways. Equally, we conceptualise person-centredness to mean the values and beliefs that are held by a person and between people and how these are expressed when relating to others. The purpose is to reveal how biographical forms of learning that focus on the person and their life story as the point of study might help to deal with the realities and challenges of learning as a nurse in today's healthcare system, and support safe, effective person-centred care. To frame our arguments we draw on work from educational theories, the social sciences and psychodynamic ideas of the self. We refer to stories as the biographical construction that learners create about their lives, and narrations as their sharing of them. We conclude with some implications for practice.

All names used in presenting learner accounts are pseudonyms and these accounts were written by the learners who have been involved in the development of this paper.

### **Context of the inquiry**

The need to continue learning is a professional requirement for nurses in the UK (Nursing and Midwifery Council, 2008), with increasing regulation taking over other aspects of what nurses should learn (Bengtsson and Ohlsson, 2010). Continuing UK policy changes for healthcare mean that nurses are perpetually learning. An example is the knowledge and skills framework introduced in 2004 (Department of Health, 2004) which maps knowledge and skill, and links these to different roles and pay bands. The UK government has also been keen to change the skill mix of the workforce and modernise nursing careers through developing nursing roles into new arenas of practice (Department of Health, 2006). Qualified nurses are being replaced by assistant staff, with assistant numbers more than doubling since 1997 (Buchan and Seecombe, 2006). To support this, continuing formal education has become increasingly prioritised as potential employers focus on certificated ability. Nurses' learning is consequently often dominated by policymakers' interests and lifelong learning for nurses is frequently concerned with keeping up to date with new roles and technologies. Theories and protocols, what Eraut (1994) among others (Luntley, 2011) calls 'propositional knowledge', seemingly direct the expected outcomes for nurses as learners in the UK.

Habermas (1972) identified three kinds of human knowledge – technical, practical and emancipatory – which are interwoven and shaped by the human interest they serve and cannot be separated. Technical knowledge, or knowledge derived from the natural sciences, will allow greater skill but alone it is insufficient to improve practice (Manley and McCormack, 2003). Practical knowledge, on the other hand, allows understanding and clarification of how others see their world. Manley and McCormack (2003) believe that this greater understanding of an individual's experience does not always result in a change of practice. Habermas's third kind of knowledge, emancipatory, is derived from the critical social sciences and involves self-reflection and self-understanding of situations, with action being taken as a result of this self-awareness. It is this form of knowledge that allows practitioners to become aware of challenges and remove barriers to their understanding, so that person-centred care may be practised.

Some challenges have been posed to the idea that health knowledge is exclusive to professionals (Kane Low and Tumbarello, 2012). Why, in an era of scientific certainty and effectiveness, do professionals feel increasingly anxious and uncertain while patients and clients feel less cared for? (Evans et al., 2009). From such a perspective, healthcare, it seems, is becoming objectified as 'something' as opposed to 'someone' and this also might be said of learning. The disturbing findings of healthcare failings in the UK (Francis, 2010; 2013) highlight some of the potential consequences of preoccupation with normative systems that neglect to attend to and respond to human need and the person. In a postmodern era where previous certainties appear less so, it would seem timely for some reconsideration of how nurses learn, as the world changes.

Professional learning in relation to nursing is frequently expressed in terms of context, motivation, outcomes and attitudes to technology (Gopee, 2002; Timmons, 2003; Lawton and Wimpenny, 2003; McKenzie and Murray, 2010). Learning collectively can bring about cultural change and collaborative working (Bellman et al., 2003; Sandars and Langlois, 2006). While many nurses in the UK undertake Continuing Professional Development to progress in their careers, the leadership style and responsiveness of managers influence nurses' perceptions of the value of engaging with learning and their ability to implement changes in their practice (Hughes, 2005; Illingworth et al., 2008). It appears from this that emotional aspects of learning and reflection on self as a learner remain secondary to achieving learning for the workplace. Furthermore, in these studies there is little exploration of different cultures or subjectivity despite acknowledgement that they are factors in learning. The professional subject, it seems, is viewed as disembodied from the personal and as having limited agency in or ownership of their own learning.

More experiential forms of learning, such as reflecting on patient stories and biographical literature about coping with serious illness, can develop understanding of personal meaning (Read and Spall, 2005). Writing a reflective journal enables learners to analyse their experiences, creating new ideas and awareness of new learning (Chirema, 2007). However, other studies (Nilson et al., 2012) also suggest that prior experiences of learning and present work cultures can erect barriers to the ability to reflect on and learn from experience. This particularly relates to a willingness to expose thoughts and actions to the judgement of others, especially in group situations (Platzer and Blake, 2000; Fowler, 2008). Feeling unable to reflect, though, could hinder the advancement of safe, effective care.

Learners find themselves in a state of considerable tension between the past and the present, experiencing culture shock when their identity is challenged and where they need to construct new learning patterns and identities (Dubar, 2000; Bron, 2007). Life stories are a way for all learners, but particularly those from different areas of the world, to build a professional identity in a reflective manner. Stories, through discourse, can shape their real life experiences, through the person's subjective interpretation of reality and understanding of feelings and representations (Horsdal, 2012). It seems that what this might really be referring to is the quality of spaces of learning with regard to how they are facilitated. In Switzerland pre-registration nurse learners' stories about their training give valuable information about their learning styles, how they build their knowledge base and an insight 'into the ways in which individuals personalise their training experiences' (Niewiadomski, 2012, p 127). A PhD study in Switzerland looked at the life experiences of nursing students from sub-Saharan countries and how their identities are developed through overcoming obstacles to their learning.

Gilles, a nurse learner from sub-Saharan Africa speaks about an experience from his placement:

*'My first placement was in hospital for rehabilitation. I had a seventy-year-old patient. I was supposed to wash him. The guy himself, when I say hello, answers without looking at me. The nurse introduces me, she says, "He is a student, he will be looking after you during your stay here". She leaves us and I introduce myself again when we are alone and say that I am going to wash him. He said to me "You mustn't touch me, a black mustn't touch me." Feeling bad, I went to the nurse and said to her, "He doesn't want me to touch or deal with him... However, I would like to work with him". She said to me, "Not if he is aggressive with you". I insisted I would like to work with him and they accepted. I returned back to the room and I said to him, "Sir, there are no more staff available, there is me".*

*'The last week, he knew I was leaving and he said to me, "Listen, I am sorry for everything I have done; since I was little my parents told me that the blacks were animals, were savages that the blacks were trouble. And worse today, when I see a black man who takes care, who is gentle, that upsets me considering at what age I began to have a conscience". I said to him, "Listen sir, it*

*happens to everyone". But afterwards I did not say goodbye when I left, because I couldn't, to tell the truth I cried. He had also cried the day before, because he knew my placement was going to finish. This particular morning, we had not said anything, I didn't know what to say, I did not want to say goodbye and I said to myself, "This is a placement that I am doing, one must have feelings, but not be overwhelmed by emotion".*

*'That day I also learned something, it encouraged me: If you let someone know you he can see another image, gain another impression... of you.'* (Graber, thesis in progress).

This ongoing PhD study (Graber, thesis in progress) has shown that this experience is familiar to sub-Saharan African learners who train as male nurses in Switzerland. Sharing such narratives with others promotes reflexivity and, when put into words, allows recognition and attention to what the individual says about himself and the world around him. This sharing of experience among all learners could lead to the construction of materials and resources for future professionals, which would give them the means to act if similar situations are encountered in the future. Biographical approaches offer alternatives that can potentially help to make sense of nurses' work and learning in more human terms (Howatson-Jones, 2012).

### **Theoretical issues**

Auto/biographical methodology is not just about bringing a life story from one person; fragments of many lives are at the heart of all stories. This enables the human condition to be seen in new ways. However, this 'real life experience' is related to 'living experience' in the sense of a search for an explanation to clarify the meaning of action and situation (Leanza, 2004, p 133; Cohen-Emerique, 2011, p 66). Real life stories allow the reconfiguration of past experience in the light of the present.

The struggles of a whole profession can, therefore, be explored from such a methodological perspective because biography comes from the social world in which the person is embedded. Auto/biography inserts the 'I' into examining human encounters that some other methods artificially remove, because people's lives meet and inform each other in the stories told and through interaction (Stanley, 1993). The slash in auto/biography is representative of such meetings. In this sense the / of auto/biography could also be viewed as a semi-permeable boundary representing association that is crossed according to the intention and reflexive ability of participants and researcher (Howatson-Jones, 2011). The emphasis is on the biographical and historical focus, and relationships. This focus develops the possibility of recognising, within our interactions, what is fresh and new through what Buber (1958, p 15) calls 'I – Thou'. This refers to an orientation of being that relates to the world and others from a plane of attending to another who at the same time defines us. Relating that encompasses real living on worldly, human and spiritual levels of engagement is possible through this methodology, enabling people to shape the process of learning and research in contrast to the instrumental focus of outcomes.

The person may be recognised in the 'Thou' that is realised as part of 'I' (Buber, 1958, p 43). In other words, as illustrated here, we have an awareness of our own humanity and how this is also a part of learning, taking account of the humanity of others. Organisations, through the people that populate them, may also reflect person-centredness in their relationships. At the core of caring can be questions of meaning and morality, which translate into learning practice as well. The Willis Commission (2012) highlighted the importance of real life experience in helping nurses to learn to care. Relations that take little account of personhood, compassion for difficulty, or the development of connections between people start to empty spaces of feeling and limit subjective expressions of learning to one of enduring the course.

Nevertheless, the telling of lives is time related and contextual, looking to the past or imagining a future in relationship with others (Horsdal, 2012). There are also different stances around the status of

the narratives and lives told, with some viewing them as telling the reality of the life lived while others see them more as fragments of a larger truth that is constantly evolving (Merrill and West, 2009). As such, theory may draw from symbolic interactionism, critical theory, feminism, interpretivism and hermeneutics among others, to make sense of the telling of people's lives. The fundamental point of the validity of auto/biography lies in its interdisciplinarity, the mix of the historical and psychosocial that comes through relatability within a historical context, rather than from statistics (Merrill and West, 2009).

We contend that it is through biographies that nurses can start to make sense of their professional lives and learning and thereby come to understand themselves and their patients better. By means of the sociological imagination individuals can question how they are making sense of their lives and come to understand themselves as part of a wider story (Wright Mills, [1959] 2000). How the individual experiences society and systems within which they are embedded gives clues to broader notions of how human activity is directed and organised, and the assumptions inherent in these sociological processes.

### Methods

The original PhD study used an auto/biographical approach to investigate nurses' experiences and meanings of learning, and its place within their biographies and contemporary lifeworlds as part of a lifelong continuum (Howatson-Jones, 2010). The biographical preparation module (within the Continuing Professional Development programme) was informed by that PhD study and looked at learning from the perspective of nurses themselves and reflexively within the wider context of the facilitators' biographies. The first cohort of learners who commenced the biographical module were invited to contribute to this paper as part of celebrating their learning. The key learning activities that they were asked to complete for the module were to critically review their learning by constructing their biography and to examine their future learning intentions through development of a learning agreement, which they discussed with workplace managers. The learners focused on developing their biographies in creative ways and providing each other with critical, insightful feedback. They did this through art activities and oral presentations, asking questions and sharing their learning to give meaning to the biographical construction. They then worked on written reflections for further presentation and critique. In this way the construction became a collaborative endeavour and created a compelling, non-threatening space for learning, as illustrated below:

*Carol*

*'This module gave me the opportunity to explore. My fear of failure was creating a significant emotional and social barrier to my learning; I felt nervous and lacked confidence when I undertook new courses. Group discussions throughout this module have helped me to stop seeing the emotional barriers as negative but as tools to change practice. It is my hope that I will become a better practitioner from this.'*

They also collaborated in analysing their presentations and written reflections for themes, and for the quality of their learning and how this learning would enable them to develop their practice.

### Results

Learning takes many forms and the motivation to engage with it varies, influencing the depth of learning achieved and whether it is retained. We proceed now to a discussion of some of the themes through the accounts of the learners, and consider the qualities needed for spaces of learning. Jessie, Carol and Diane demonstrated profound progression towards being learners by guiding their learning and not just being course consumers. Their stories held similar emotional echoes to those found in the original PhD research and supported not only the need for reflexive space, but also illustrated how such a space can help learners to take stock of their professional ideas and practice.

*Jessie*

*'At the start of the module there was a discussion about how my education started. This was the same as any average child, where I went to the local primary school. When I reached the last year my parents chose my secondary school. This, they decided, was going to be a single sex school with a commute of eight miles, while all my friends would attend the local mixed sex secondary school. This left me feeling very alone. At a time in a child's life when everything that is familiar is about to change I felt my confidence slip away as I felt I was entering this period of my life solo. On reaching the age for leaving school my parents then gave me an ultimatum: I needed to continue with education or get a job. So I went on to do a youth training scheme.*

*'After having my own children and many years of working I moved on to the foundation degree [a foundation degree fuses academic and vocational paths within a higher education vocational qualification] with a work colleague. At the end of the last year I wanted to continue with my education, but she did not. This caused me to question my confidence and my ability to undertake the Continuing Professional Development programme on my own. I took a big personal risk and continued with my education on my own.*

*'This module helped identify my learning style and preference. This has helped me answer questions like why my education benefits from smaller classes rather than larger ones and why I learn more from watching when a task is being completed, rather than reading books or instructions. The importance of identifying this is for future learning and education. As I am aware of my learning styles and preference, it enables me to find ways to adapt within my educational journey as well as within my work place.*

*'I have come away from the module with the confidence to continue the rest of my journey through the Continuing Professional Development programme.'*

Jessie said 'learning' was part of coming to know herself. The other students gave her feedback about how singleminded she seemed to be about pursuing her education. Her account had made them think about who was guiding their learning choices. Forging the lifestory involves processes of personal re-evaluation, which can be challenging and emotionally demanding (Plummer, 2001). Jessie, it seemed to us, was reconsidering her self-concept and learning about a new self.

The work space was also somewhere where learning was necessary to make a difference. Linking learning to practice was important for Diane.

*Diane*

*'This module showed how experiential learning and reflection enabled me to improve learning outcomes and desires alongside the importance of critically analysing previously learned attitudes and beliefs. I was able to explore collaborative practice through a presentation within a group setting. In addition, reflection on practice was reviewed to show how visual learning had been recognised as a learning style, encompassing how it went on to underpin and provide a threshold to encourage change within current practice. This was only achievable by incorporating added contributions from group discussions.*

*'Kolb's experiential theory (1984) provided a solid connection for me, linking theory and practice; it pursues a structure for examining and strengthening the crucial linkages between education, work and personal development, showing that learning from experience is fundamental for individual and organisational effectiveness and success. New strategies and deeper appreciative understanding of the different stages of reflection had enabled outcomes previously not met to be readdressed and solved in a timely manner. Existing, financial and environmental constraints, although still present,*

*now do not provide the barriers previously encountered. This included not only personal ideas and problem solving remedies, but also embraced those of others, which, in turn, led to a deeper understanding of the importance of the complete process, not just relying on individual results or interpretations.*

*'The ever-changing organisation of the UK NHS has shown the importance of experiential learning for shaping an individual, and enhancing and encouraging the changes required to ensure the high quality that both parties strive to provide. The importance of understanding learning empowers the individual to understand the change that needs to be undertaken for providing better approaches and outcomes.*

*'This journey has been at times an emotional one, providing different aspects of previous learning techniques and has challenged me through the opportunities of acquiring new skills of learning that in turn have encouraged a continual desire to explore and open up new outcomes and aspirations for my own future in academia. This in turn has left a feeling of being a highly motivated individual who now possesses the ability to structure time management and deal with work-related constraints to achieve improved outcomes of previously set aims and goals.'*

The group discussed how reflection was important for embedding their learning, but that work demands often isolated them, inhibiting sharing and discussion of learning. Previously employed superficial methods of reflection were now recognised as such and as being less useful than whole life reflection. Integrating private learning could also benefit the professional role, as Carol describes in her account.

*Carol*

*'I imagined it would be a module similar to many other reflective exercises that I have embarked upon throughout my professional journey. I anticipated an academic exercise that would capture my interest for the duration of the module that would then, once completed, become filed until needed once more.*

*'What I found however was something quite different. For me the module led me straight out of my comfort zones and made me address issues within my learning journey that I have been aware of, but have been reluctant to address.*

*'The small size of the group and a friendly approach by lecturers allowed an intimate exploration of personal issues that took place within my nurse training. I soon came to realise these have had a negative impact upon the journey that I have travelled thus far in my professional and learning life. It also helped me explore the high probability that these same issues have impacted me on a personal level also. I found myself completely by accident addressing issues that for the last fourteen years I had been very content to "brush beneath the carpet", being too uncomfortable to explore and address. Yet, here I was, in a room of strangers, not only privately delving into these issues but openly and willingly sharing them and the results of this "reflection" have had a significant impact on my future learning and growth.*

*'It has led me to address the pathway that I am currently on and see that I am in control of my career pathway. Identifying my learning style, I realise that this has evolved from circumstances and I now see my professional role with a renewed empowerment. I have also readdressed my academic attitude.*

*'I feel that this module has helped me take that step and has helped me embrace my future journey and gain control of it rather than allowing it to control me. I am now eager to complete this pathway and start on the next.'*



The whole class identified that Carol's learning had been most significant and profound. By revealing such personal issues she also helped to create a trusting atmosphere in which the group could work together and give honest feedback. It might be suggested that deeper learning comes from linking knowledge from the lifeworld, including personal, professional and social knowledge. For Carol, this meant evaluating what nursing meant to her in the light of her personal experiences.

Once the learners were happy with their stories thematic analysis occurred. This involved the learners, and the module tutors, reading each learner's story and sharing their understanding of what it meant to them. Themes were then identified and related back to the literature and psychodynamic theories.

Review of these stories emphasised individual themes of learning the self (Jessie said she had learned who she was as a learner), learning to make a difference (Diane said the group discussion had helped her reflect on how she was impacting on team learning in the workplace) and processes of repair (the class said that Carol's story had enabled her to let go of negative past events and given her confidence to move forward). The learner was at the centre of their reflexive and communal learning. The group identified that each person's story had resonated with learning issues in their own lives and made them think differently about how they acted in their own learning. These ideas are framed by Fischer-Rosenthal's (2000, p 110) view that biographical shaping can also be a process of 'repair' as is illustrated in Carol's account. Learning from each other was a reflexive project of informal learning. The fear of failing also took on a communal element, necessitating some containment. We were concerned to create a safe atmosphere where Jessie, Carol and Diane felt able to reach the depth of exploration needed to learn about themselves and their approach to learning. In doing so we also learned about ourselves as facilitators in terms of being open about our own hopes, fears and some of our life experiences, and how this could be part of learning together.

### **Discussion**

We took a big risk developing this module as the challenge of taking it through educational validation processes confirmed. The main challenge came from questioning the value of professionals learning about themselves. What organisations wanted was evidence of new knowledge relating to practice. It was also a risk to ask Jessie, Carol and Diane to revisit what might have been potentially sensitive past events. Nevertheless, collectively, we have learned a great deal from this. Our learning has been a crossover of knowledge – a fusion of different expertise including work-based learning and biographical learning approaches as well as that from the learners' different professional fields and personal life journeys. Biographical learning occurred through constructing the biography and reviewing what has come from the life journey. The learners feel far more empowered and positive about their learning going forward and key to this was the changing self-concept over time. The past, viewed through their stories, was somewhere where they had lacked control over their learning. In the class discussion they said the present was challenging, but felt manageable through the quality of the facilitation. In their module evaluation they said the future was something to look forward to and they fully expected to be empowered and directing their learning. Each learner was at the centre of their learning, responding and guiding their learning to their own needs and therefore giving it more meaning to them as a person and practitioner. So while the learners in this study may not have acquired more professional knowledge, by empowering them to 'own' their learning it is hoped that they will develop the skills identified by Schon (1987) – wisdom, talent, intuition or artistry – to become outstanding practitioners.

Directive approaches to nurses' learning seem to prohibit exploration, or removal, of the boundaries of disciplinary knowledge. Experiences of planning learning pathways with nurses reveal that they are often told by managers what courses they need to undertake, rather than choosing for themselves.

Personal spaces are rich sources of learning but can seem irrelevant to professional life. They encompass many aspects of the nurses' lifeworld, offering opportunities to draw from a range of resources and

ways of knowing that might hold great relevance to understanding the complexities of patients' lives and hence promote person-centred care in practical ways. The learners' stories suggest to us that when the space is provided, learning becomes more emancipatory allowing access to different knowledge and offering new possibilities for professional working. Lifelong learning considered in a lifewide sense invites a more collective approach to learning that includes others, positioning learning as a collective endeavour. Learning in a lifewide sense can begin to connect the personal with the professional, informing and developing new understandings in helpful ways based on a 'whole learner'. Private and professional knowledge interrelate, continue to develop and become transformed as they integrate, informing each other and making something new (Howatson-Jones, 2012). Such space might be described as a 'compelling space' where people initiate opportunities by engaging with one another to learn something new (Horowitz, 2004, p 155). Similarly, creating a biographical narrative can develop a fresh understanding of familiar issues that is empowering to the self-concept, helping to promote a more positive engagement with the idea of learning and greater autonomous action. We suggest that a 'compelling space' supports learning through drawing from biography to gain insight into resources brought to learning.

### **Implications for practice**

Harnessing the rich resources of knowledge from the nurses' lifeworld through biographical work and connected relationships not only affirms nursing knowledge, but also challenges this knowledge in developmental ways. Nurses are able to exert agency within their own lives as well as contributing to developing those of others, co-creating compelling spaces of learning. We found that opportunities for real reflection are often missing in the nurse's lifeworld and superficial versions can leave them disempowered. Reclaiming a reflexive space that allows them to take the time to assimilate and explore learning within their lifeworld was shown to be a primary concern for them. Introducing biographical elements into courses, particularly those for returning learners, can be an important step within their practice development because it affirms who they are as learners and practitioners, which can help to build their confidence to take on and cope with more demanding roles.

### **Conclusion**

It is in the interests of organisations and educational institutions to develop cultures that are encouraging of learning in order to maximise the potential of their staff and learners, and ultimately the care they provide. Learning is hindered when the personal becomes suppressed, leading to anxiety-provoking experiences and instrumental approaches to learning. Learning is helped when spaces for learning become more containing and compelling in order to invite learning that is more meaningful and long lasting. It seems that it is not just the act of initiation that makes the space compelling to learning, but the human agency involved in bringing learning from a life history. We suggest that this involves engaging biographically in order to act authentically in more person-centred and compassionate ways.

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