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Multi layered voices of being a nurse and becoming a nurse teacher

“Narrative is the written account that tells the story of the practitioner’s reflexive spiral of being and becoming.” (Johns, 2002:49).

Introduction

The changing face of healthcare in the United Kingdom (UK) has blurred boundaries and necessitated shifts in working and learning practice. It would appear that Nurse Education often ignores the resource of the nurses’ and tutor’s lifeworld so that learners feel that they lack a voice in their studies. In this paper I aim to illuminate what it means to be a developing nurse’ teacher, by using reflective processes based on Johns’s (2002) work of unfolding a reflexive narrative to examine issues of ‘voice’ and ‘space’ and some of the tensions inherent in developing these within nurse education. To do this I explore professional experiences and set these within the wider academy of other teaching colleagues’ accounts drawn from work undertaken as part of ongoing research studies, in order to trace my developing voice. I conclude by offering some tentative suggestions for integrating different voices as a space for learning in the context of contemporary healthcare and Higher Education in the UK.

Context

Learning is undertaken by nurses for a variety of reasons and occurs in different ways. Theoretical knowledge in nursing relates to models and concepts which can provide an informative source from which ideas and courses of action might be chosen for practice or may themselves be remodeled through practice. But, the internalisation and development of these ideas can only truly be gauged by individuals themselves through reflexive awareness. We choose whether to accept or reject ideas and whether to develop them into something new, or conform to the status quo (Jarvis, 2006). Nursing as a profession has made use of a type of reflection that interrogates practice and experiences, in order to explore problems and develop knowledge. This often involves reviewing situations and perceptions in terms of ‘moves, consequences, implications, appreciations and further moves’ such as explicated in the work of Schön (1998:94). In this way the practitioner can come to see situations in new ways and perceive different ways of acting. From another perspective, reflecting may be part of human becoming developing personal meaning of who we are through the mutual processes of interaction, and who we could be by imagining possibilities

(Parse, 1998). 'Becoming' for the purposes here is viewed as a dynamic state of being that is always in transition. From this perspective being a nurse and nurse teacher is determined in part by those we care for and teach, as well as being embodied within personal values, beliefs and biography. This work uses Johns's (2002:52) 'being available template' to increase reflexive awareness and help grow personal practice as a developing teacher. This involves discerning an unfolding reflexive account as experiences are constantly testing and developing ideas and actions and different narrations are brought into a whole. Within this 'reflexive spiral of being and becoming' such moments may appear as a 'revelation', or as part of an unfolding plot of significance that marks a journey (Johns, 2002:51). This method engages the practitioner to consider what is desirable, be concerned for the person, interpret unfolding events, recognise and manage personal concerns and create environments which encourage practitioner availability. I progress now to sharing two professional narratives which are the starting point for the reflections which give rise to the present discussions about space and voice.

Professional narratives

Within the following narratives I share two stories of working with different groups of nurse learners in the University setting. The first group are returning to study at diploma level after some absence, or as part of adjusting to the British academic system from overseas. The second group are studying a specialist healthcare subject at degree level. These levels form the basis of a modular programme of study. Within this, students accumulate sufficient credits to achieve the relevant award of a diploma in Higher Education, or a Bachelor of Science degree in a nursing subject. In keeping with ethical principles and the Nursing and Midwifery Council (NMC) (2008) code of conduct all the names used are pseudonyms. I employ an auto/biographical approach that acknowledges the personal and interplay of each others lives, in the construction of the stories. This is based on Stanley's (1993) ideas that as well as ourselves, our stories include many actors with their own stories, which interweave to form a whole. Such an approach avoids abstracting experiences; rather it uses the personal lived experience as a source for learning. I have chosen these accounts to illustrate some of the multiple voices present within these nurses' experiences and where spaces can emerge for learning. Equally, I start to explore who I am as a nurse teacher, from within our interactions.

Learning academic processes

The following narrative is constructed from working with a group of students on an academic development course over a period of four months, in order to help explore assumptions prevalent in my teaching role and my own developing awareness of what that might be.

Narrative

I look forward to the arrival of the academic development course students. I really enjoy teaching this course because I find that they often have fresh insights. Their return to study is full of anxiety and I get a sense of the emotions of fear and anger from some of them, at having to do this. I devote most of the first session to spending time for getting to know each other. There is hilarity with the swimming pool exercise based on Heron's (1996:81) symbolic object analogy which I use to relieve tension and generate discussion. They place themselves according to how they are feeling, with some as spectators for now, many in the shallow end, and a few venturing into deeper water. I join in by 'jumping in the deep end' to demonstrate how I feel at the start of the course until we get to know each other and what we will do together. I also recall how out of my depth I felt when returning to study, and sometimes also feel now within my research studies. They tell me they need to learn how to write an assignment in order to go on to the next course. Precious Flower and Pretty, two international nurses in the group, giggle nervously as if this is not what they expected. I know I have become concerned about the wide spectrum of learners (many do not have English as a first language) and the amount of support we can realistically provide in the time available. Additional support requires funding and time which their organisations are sometimes reluctant to provide. I am concerned that they are set up to succeed. I consider what I can do during my next guided reflection session.

Reflection

It seems to me that a number of voices are active within this scene, beyond those of the nurses themselves. Nurse education requires that learners meet academic convention and nursing management and nurse regulation desires that the nurses gain further qualifications. Where within this discourse is the space for the nurses' voices to be heard and how can I facilitate this? It might be better to bring the key skills self assessment earlier, maybe to fit it in prior to beginning the course, to be able to

concentrate more on their requirements on the first day. Assessing key skills and learning styles at the start would help in grouping the students accordingly with different activities for the groups. Why might the issue of voice be important? As suggested at the outset, grasping ideas is linked to reflexive awareness and therefore, it would appear that the quality of the delivery is also crucial to interpretation and internalisation. When another voice is superimposed over an authentic personal one it might be harder to grasp and retain ideas. It seems that I am currently taking a control position and in doing so other approaches are less likely to be explored. I could devolve some of the course progression by tailoring the work and assessment more to the individual. The formative assessment might be contributing to the sense of extra burden and could be modified to count towards the summative assessment by attracting more of the marks.

I start to feel hopeful as we develop together over the course. As I talk to them about things that might help them in their studies I find I am also becoming clearer about my own learning as I start to articulate ideas. The participants from overseas have stopped calling me ‘Ma’am’ and are offering examples in class of their practice and learning experiences as they feel more confident to exert their own interpretation and speak in their own voice. They are working together well as a study group. But, I can also feel continuing resentment from some other students at having to learn how to complete, what they see as an abstract academic process. I mean abstract in terms of searching for evidence in the literature which appears divorced from the practicing environment of seeking evidence from patients/clients or indeed within their own biographies. Resentment seems to emanate, in part from a sense of losing their voice. I need to find a way to help them to reclaim it.

‘Doing’ Women’s Health

The next narrative is assembled from working with a group of women’s health students in order to help explore the lived experience of what it might be to be a nurse and a nurse teacher as we engage with one another over a number of weeks.

Narrative

I travel to the off site venue early to ensure I can park. During the drive I speculate idly on what this class will be like. The last group had been of mixed ability with

some nearing completion of their academic pathway while others were just starting. Their practice roles were equally diverse with some coming from quite senior positions, whilst others worked predominantly with patients. This diversity had been reflected in their engagement in class, and I had enjoyed teaching them as it led to some interesting debates.

On arriving in the classroom one student is already waiting, clearly as anxious as I am to be organised and ready. We engage in conversation about her practice area, which I know, and share brief stories of working in that institution as it was being downgraded (removal of some services), while I set up the computing equipment. The rest of the class begin to arrive with the last two seating themselves at the back about as far away as is possible in that room. The ice-breaking introduction involves sharing some information about ourselves and results in each of them identifying themselves by name and with their professional role. About half are midwives with many being dual trained as a nurse and midwife. The other half are nurses working in a variety of Women's Health settings. There is little further information to give clues about their interests, or who they might be as people. This contrasts with mine at the end in which I share some of my professional and personal interests as a way of starting to open up ideas of women and society. They are surprised by my passion for motorbikes and rugby! This leads into a conversation of the place of women in society and in health care. The two at the back look bored!

As the weeks progress I attempt to develop a discussion about the body in medicine, health and social care, based on Twigg's (2006) thought provoking work of how the body is conceptualised through the work of health professionals. The students tell me their stories of practice. One relates a situation where considering a woman's sexuality is avoided by some of her nurse colleagues because the woman is at the terminal stage of her life. But, the nurse is sure that such an approach potentially diminishes the woman. She is interested in looking at how, even at this difficult stage of life transition, she can care for her in a way that recognises the whole woman, including the one whom her husband loves. The midwives describe trying to meet the needs of more than one woman giving birth. In such pressurised spaces birth plans cannot always be met. The Women's Health group as a whole present a picture of an ever growing client base with fewer and fewer resources, where they need to 'do' the

next patient care episode. They say that they barely have time to think, and feel under constant pressure. They talk in terms of ‘fighting’ when trying to find space and when dealing with some other health professions. They evaluate the procedural sessions as being the most helpful part of the course possibly as a result of finding some solutions.

Reflections

When reflecting on what is being said here learning appears more readily achievable when concepts are delivered in a nursing voice. It appears that being a nurse/midwife might be all consuming in how that identity comes to dominate a person’s life making it harder to let other voices through. This has certainly been a struggle when transitioning from the role of a nurse to becoming a nurse teacher as is evident in this account. I am struggling to develop an academic voice, while retaining my nursing one. At the same time I want to role model the importance of an embodied self which includes the personal as part of the professional persona. The encroaching political agenda in the UK determining the role of the professional in practice appears to be stressful. But equally, not revealing too much of themselves, may be a conscious choice of trying to separate the personal from the professional.

The requirement for healthcare savings coupled, in particular, with a shortage of midwives influences the availability of adequate resources for this area of health. Midwives, as a group have been in the UK headlines with shortages blamed for maternity care failings (Owen, 2007). This also applies to nurses as their care is called into question and there is a noticeable dwindling of confidence in the profession as highlighted in a recent report from the Patient Association (2009). The practitioners feel they are constantly crisis managing with few resources that they have no control over leaving them frustrated. Feeling uncared diminishes the ability to come to know oneself. The ability of exploring whom one is is an important element of self-caring (Chan and Schwind, 2006). Without the space to examine how changes are influencing the person as well as the context, learning becomes instrumental, superficial and easily forgotten.

Exploring meaning making

In re-visiting these stories there are some themes that stand out. In particular, these relate to the concepts of space and voice. Space is not just a physical one, but also relates to mental focus on thinking and reflecting on what is going on and what might be learned. Equally, voice is another issue in terms of whose voice is speaking and listened to and how it is made possible or impossible to develop one's own voice. Many of these practitioners have been told by their management to engage with formal learning as the preferred method for their development, which may not be the most suitable, or relevant. After all, the practitioners are far more expert in the professional practice of Women's Health than perhaps I am and therefore have a more authentic nursing voice. But, as a woman having recently suffered ill health and having cared for another, I also question how women are perceived and acknowledged within healthcare systems and bring in the personal voice. The bio-medical model appears to still dominate in a number of quarters, based as it is on ideas of function and repair. Within such a deficit model it is hardly surprising that the nurses have internalised the need to remain competent and able to function, as a priority over considering other voices relevant to their learning or indeed who they themselves might be.

Anger and disengagement appear to be reactions to the multi-voicedness they are experiencing and a way of regaining their own. I appear to be seen as a representative of that power over which they have no control. I too seem to be aware of this in the amount of effort I use in trying to overcome some of its separating effects as I become aware of the multi-voicedness of my role, namely that of the nurse, the becoming teacher, the person and the academic which I am grappling with too. There are some patriarchal assumptions of knowing what they should want to know and the voice that they need to adopt to pass the course! There is a danger when thinking that we are voicing the concerns of others that we actually silence them instead. I appear as the removed academic that I did not want to be. This discomfort is evident in trying to justify why they might need to look beyond the practice knowledge that they desire to do their work. I am drawn to question who I now am as a nurse and as a nurse teacher. Propositional knowledge has gained ascendance over what Chan and Schwind (2006) call the 'humanism' in everyday caring work. This means recognising the uniqueness and capacity for self-determination and self-actualisation in the human being and the

possibility of talking in many voices. It is about having a voice that speaks of one's own experience (Winter, 1998).

There is tension between knowing for practice and knowing how to articulate it theoretically for others to follow. Theory and practice are set as dichotomous by both of us, and identities start to fray a little at the edges as intense emotions are raised. In trying to be student-centred I am looking for some guidance from them of what it is they want to learn and are interested in, which confuses them. I appear to be offering the opportunity to speak in their own voice only to remove it by asking them to adopt an alien academic voice. Trying to find their own voice while at the same time being asked to speak through the voices of others in the literature they are asked to examine for their assignments seems contradictory. It is hardly surprising that the tension for some becomes too much and they disengage. The tension stems from a sense of powerlessness and of coercion, as the 'disjuncture' or disharmony (Jarvis, 2007) of this new situation with their biography becomes painfully apparent. As we both see each other as experts in terms of working with theory and working with practice, we at the same time appear to create a boundary that becomes difficult to cross closing the space.

In considering this I am reminded of a comment from a teaching colleague when I first came into Higher Education that our expectations of ourselves may sometimes translate into our expectations of our students. As I become more immersed in conceptual arguments have I also translated some of this into my expectations of the way they should develop their voice? Equally, before I made the move into Higher Education I was teaching mainly practical subjects and was less interested in the conceptual arguments of what I was doing as a nurse. Does this say that nursing is not interested in the conceptual basis of what it is doing? By no means, I see it rather more as symptomatic of the technical agenda that is starting to invade nursing and education as numbers increase and resources dwindle and further distance learners from their own voice. The human elements of reflecting on what all this means are pushed to the margins. Like other accounts relating to being a nurse, teaching as a nurse brings to the fore issues of individuality and conformity (Chan and Schwind, 2006). Those not wishing to conform often stimulate the most argument, debate and indeed reflection.

As a nurse I am aware that practice has been subject to financial hardships in terms of resourcing and increasing patient numbers. I am also aware that the landscape of nursing is shifting as work that previously required ‘expertise’ is delegated to technical and lay caring. On many fronts nurses’ identities are challenged by needing to constantly keep up with mounting change and role development. For example, tensions between the nurses’ humane therapeutic role based on relationships, and an increasing technological agenda for nursing and education that is more abstract and impersonal (Barnard and Sandelowski, 2001). I am not immune from what is happening to my profession and feel the tension as courses change and people disappear. Like them, I also am losing a sense of belonging as my practice becomes more intermittent. The stories they tell of pressures on the human element of caring are mirrored in my stories of working with students and the human element of learning.

I move now to set these narratives within the wider context of academic teaching and learning, in order to explore elements that might be present in forming what it is to be a nurse teacher. In doing this I draw on a discussion within a focus group conducted with non-nursing academic colleagues about their working and learning which was undertaken as part of ongoing research study into nurses learning. All names are pseudonyms and written consent was given for use of the material. However, as I do this I am also mindful of the power enacted by me in arranging this script and that what is left ‘in the wings’ may be of equal significance. The discussion questions relate to asking about experiences of learning and of the professional context.

Harriet - ... *the lack of space that I think is available...to actually critically reflect* on what the nature of education is about...

Eileen – I think for me the phrase I would use to describe it is *ploughing my furrow...and I know people next to me and either side of me and all around me* are ploughing their furrows too and I am never quite sure where the furrows go.

Carly - I would agree with all that except on a personal level I think I must be *quite resilient... I feel very busy like everybody else, but I resist.* I think where

there is power there is always resistance and I find ways *of resisting...for me that's the way that I put off being overwhelmed.*

Gerald - I think *it's* actually quite unhealthy when we get to that level where the conversations tend to *take place...* in private spaces rather than in the public spaces. The public space seems to me to be invaded and normalised according to certain agendas one of which would be the fetishisation of e-learning.

Eileen – ...*just wonder sometimes if it's because we've had a not so good experience with something that we take that forward...my experience of using e-learning... was reams and reams of useless messages.*

Deirdre - I have come up with some research papers looking at the use of e-learning materials. And the view there certainly was that they are extremely useful as support materials so that students can look at papers before lectures, or perhaps if there was something they had a problem with can look at the lecture *notes again on the computer you know.... So very much not as a substitute for teaching, but as a way of building up what they've learned really, and I think I'd like to go along with that.*

Harriet – Feels almost as if there is a quality of acting upon, being acted upon that is behind the dialogue, which is maybe why I feel less comfortable with e-learning *because with books I feel that with different readings you're still in dialogue*

Eileen – I think the only thing *I'd want to add is, in terms of learning it's also about learning about myself.*

Alan - *I don't have a different way of thinking and being when I'm at work, or a different way of learning, relating, try not to have.*

There is an overall sense of increasing isolation silencing debate about what teaching and learning are, or might be. The metaphors of space and ploughing seem to emphasise this strength of feeling, and of being excluded from decisions made about

the direction of organisational goals. Coping, for some, is achieved through resistance against a domineering management voice. This is perceived as a way of reclaiming space to think and a voice to speak. But, the demands have also marginalised this space into private conversations, as institutional agendas such as e-learning take over the curriculum. In keeping with feminist thinking, these interpretations were not arrived at in isolation from those whose words are being interpreted, but instead were offered for further discussion and recognition to the participants to review.

The experience of navigating spaces and their fluid contexts brings to light issues of in and out groups, privilege, and marginalisation. Of voices being heard and others silenced. Being in dialogue, not only with others and resources, but also with oneself, is viewed as something most helpful to learning. In this way it is possible to make connections between the past, present and potential future of knowledge and experience. A key factor in motivation to engage with learning appears that it is about identity and learning about self for all of us. This for me is a key element of the caring role, whether in healthcare or education, and in my own day to day interactions. Based on Rogerian ideas (1980) this might be called showing realness that helps to deepen relationships and communication.

Discussion

Continuing changes in government directives for healthcare have created an environment of constant flux where nurses are perpetually learning new protocols and ways of working (Great Britain (GB), Department of Health (DH), 2001; DH, 2000). Likewise, the movement to a competency culture has meant that nurses oscillate between being proficient and a novice again as their roles constantly develop demanding new knowledge and skills (GB. DH, 2004). This appears to leave less time or energy for reflecting on what is changing including how a self might be changing. Such change is influenced by the qualities of the spaces between people. Winnicott (1965: 150) explored and developed the concept of '*transitional space*' as people adapt and make changes over the course of their lives. However, the space to reflect on who we are and what we do in modern healthcare and education is rapidly reducing and becoming compressed by economic and political concerns. Space, as used here, is conceptualised as a physical and a psychological space, in terms of

having the place and time to connect with ideas and others, as well as the willingness and mental focus to do so. The qualities engendered within different types of spaces – research, professional, personal, educational, cultural – are influential to the learning that may take place within them. The professional voice is based on practice and ‘knowing nursing’ as an insider. The process nature of healthcare and educational practices make this easier to articulate. In contrast, an academic voice in nursing is seemingly less certain, requiring intellectual effort to negotiate different viewpoints and parameters that are often erected. We live our lives, often in a state of unawareness, until something unusual or new occurs that creates a ‘disjuncture’ between our biography and the meanings we have become accustomed to (Jarvis, 2006: 7). In such tension new learning is possible. The negotiation of this tension can also help to bring to light hidden elements of power present in our assumptions and interactions and through the way voices manipulate into and out of stories of experience. These may give new meaning to how we are perceived as people and a profession in the wider context. The social space becomes infiltrated by the cultural and the structures of power and authority that exist within particular networks (Jarvis, 2006). It seems that there are parallels in the struggles I am experiencing that find echoes in some of the participants’ experiences and vice versa which have helped to develop understanding.

Perceptions of nursing as a profession are shifting and this is played out within the interactions displayed here. In facing an increasingly suspicious public (The Patient Association, 2009), nursing (including nurse education) seems to acquiesce ever more with a more dominant voice of regulating competence and functionality. As practical skills and knowledge become a higher priority, development of the self is relegated to the private spaces and margins of public professional life. Yet, as has been seen within the accounts of the academy, development can also take a different path when framed within terms of agency, in the resistance displayed. For the developing teacher this means developing proficiency in multi-voicedness and helping to role model for their learners how this might be done. For example, facilitating the sharing of personal voices and biographical learning as relevant to professional and academic practice.

Johns (2002:52-53) citing Bruner's (1994) work, talks about notions of agency and victimity in how power is aligned and autonomy exerted in relationships. Looking for what Johns (2002:52) terms 'signs that represent agency' within biographical experiences, might be one way for nurses to rebalance power in relationships and help them in developing a voice. Power, in a Foucauldian (2002) sense relates to a gaze of those observing others. To empower ourselves requires coming to know ourselves as being more than a professional identity. In such self-consciousness freedom may be perceived, according to Freire (1993). In other words, coming to know ourselves in all aspects of our lives enables responding in real ways that are independent of what others think.

I am also subject to these concerns as a nurse teacher, and in developing these narratives am starting to open up ideas of who I am. For me, the professional identity has merged with the caring role of nursing by transferring to caring for the student. From an ontological viewpoint this is based on recognising within the human encounter and interaction the basis of human existence (Noddings, 2003). Representations of power linger in the manipulation of knowledge and teaching through managerial processes that are sometimes experienced as excluding. Teaching interpretation provides an opportunity for agency and empowerment as the learners themselves start to take ownership and control. Notions of space may form fluid boundaries defined by individual intent and external influence, making the borders between public and private ambiguous (Ribbens and Edwards, 1998). But, in being outward facing to the real world we also have an opportunity to explore the tensions that exist at interfaces between the academy and practice, as a space for learning.

Biographical approaches offer opportunity to find the personal voice and exert agency in determining progress through harnessing the rich resources of the nurses' lifeworld. As has been suggested, by sharing more of ourselves at the beginning of teaching and learning helps to develop knowledge of our own biographical learning processes and encourages speaking and thinking in an authentic voice. Nevertheless, other voices may be manipulated into biographical telling which through such a process may be changed. While it is conceded that storying does not necessarily ask the opinion of those spoken about within the narrative, nevertheless, it does provide the space for

inclusion of their voices. In doing so, there is recognition of the importance of their social contribution which can help to open up marginalised spaces, and surface hidden voices.

Conclusion

In reviewing these narratives it is becoming clear that the perceptions we hold of ourselves as nurses and nurse teachers can become distorted by those held by others. There are tensions associated with experiencing multi-voicedness and of responding to this. Through entering into a critical dialogue with our biographies we are able to come to know ourselves better, thus starting to understand our interactions with others and learning. Issues of oppression and agency need to be raised and explored in order to move forward. While legitimacy may be externally initiated through bureaucratic and power invested processes, looking within helps to develop a clearer picture of progression. As Chan and Schwind (2006) emphasise, it is in knowing ourselves that we can hope to come to know our becoming too. Nurses, and nurse educators, have the opportunity to find a voice through their own histories.

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