

Letter to the Editor

# A Map of Ourselves through Digital Stories: A Commentary on Chachula (2021) "Professional Quality of Life Factors and Relationships in Nursing and Psychiatric Nursing Students: An Exploratory Study"

SAGE Open Nursing
Volume 7: 1–2
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DOI: 10.1177/23779608211015148
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Dear Editor,

We have read the article "Professional Quality of Life Factors and Relationships in Nursing and Psychiatric Nursing Students: An Exploratory Study" by Chachula (2021) with great pleasure and interest, as this paper brings foundational and innovative perspectives on nursing education. This study offers a wake-up call for nursing educators to refocus pedagogical strategies on what really matters: creating a positive teaching and learning environment that fosters openness, creativity and self-knowledge, helping nursing students to face the stressors encountered during care provision. Designing and applying education strategies to meet the challenge of providing compassionate nursing care should be a priority (Bramley & Matiti, 2014).

Digital storytelling was initially conceived as an emancipatory and democratising process of teaching nursing students to use digital tools to share their life stories. Given the rapid advance in digital technologies, it has become a ubiquitous term, with a wide range of definitions and an equally widespread influence, both geographically and across the range of human experience. Digital stories are short (2-3 min) videos using first-person voice-over narration synthesised with visual images created in situ or sourced from the storyteller's personal archive (Gladstone & Stasiulis, 2019). These digital stories allow students to reflect and share their own learning process, and offer insight into a student's achievements and participation in learning. The stories provide viewers (both students and educators) with a unique opportunity to walk in the storyteller's shoes, creating opportunities for different stories to be told, stories about building resilience and maintaining the capacity to care (Moreau et al., 2018).

The essence of this approach is considering the student as a whole: body, mind, and spirit. Chachula (2021) contributes an important voice to the debate, that of the nursing student. Nowadays, we cannot understand higher education if emotions and voices are excluded and images shunned. We argue that emotions, voices and images deserve more space and sharper focus in the curriculum. We tell stories to learn, and telling and sharing stories is among the best ways to inspire. In our own experience creating digital stories with students, they learn about all of these things and much more: they learn about the communities where they live, study and work; they learn about their potential to overcome adversity and sorrow; they learn to see the future as a bright opportunity to which they belong and which belongs to them; and, above all, they learn about themselves. In addition, the creative process of making a digital story together enables patients and nurses in clinical settings to share and discuss lived experiences, fostering empathic relations between them (De Vecchi et al., 2017).

Digital stories are a set of narrative techniques that use elements rationally to achieve an objective through connection and empathy, resulting in catharsis, that is, in the

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transformation of the characters involved in the story and the story's audience. A central challenge is how the narrative should be structured. A narrative structure is usually built around 1) Characters: every story needs a protagonist, someone to identify with. That person can be real, with their physical and psychological characteristics, or created solely to serve the story's purpose, with invented physical and psychological aspects; 2) Problem/ conflict: something that needs to be solved, a challenge that needs to be overcome, building towards the narrative's climax; 3) Facilitator: element that changes the course of history and helps the protagonist resolve the conflict. It can be something abstract, like an idea, or concrete, like an object or practical solution; 4) Transformation of the character or "catharsis": occurs after overcoming the challenge, solving a problem, reaching an objective. Therefore, students can reflect on stressful experiences and process feelings of compassionate fatigue related to their exposure to complex situations during clinical experiences. Digital stories might also facilitate students' metacognition to find meaning and purpose in complex, stressful situations, promote emotional awareness, and enhance their personal and interpersonal resources to overcome compassionate fatigue.

Based on these assumptions, we believe digital story-telling is a valuable tool for developing student learning skills and achieving 21st-century learning outcomes. We hope that this commentary will spark curiosity and enthusiasm to learn more about—and experiment with—Digital Storytelling as an essential tool in what we understand to be the heart of nursing education today.

## **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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