

An Interview with Susan Bassett: Narrative Pedagogy

Michael F Shaughnessy

School of Education, Eastern New Mexico University

*Corresponding author

Michael F Shaughnessy, School of Education, Eastern New Mexico University, USA Tel: +1575 562 2791.

Received: June 13, 2023; **Accepted:** June 21, 2023; **Published:** July 01, 2023

1. Susan, first, tell us about yourself, your education and experiences. Tell us “Your story” so to speak.

I have been a nurse for 48 years now, graduating with a BSN in 1976, earning an MSN in 1985, and most recently receiving my PhD in psychology from Capella University in 2017. I have worked in just about every area of hospital nursing, also holding a variety of supervisory positions since 1983. I spent 14 years working to support veterans within the VA Healthcare system and then decided I really wanted to support my country more directly with an Active-Duty commission. I spent 23 years in the US Air Force Nurse Corps with assignments throughout the US. The highlight of my career was a 12-month deployment to Afghanistan, where I was assigned to the southern region of Khandahar during 2008-2009 (the time and area for the major warfighting). I was assigned as a Chief Nurse mentor in an Afghan Army Hospital, helping the Afghan nurses move forward from 1940’s style of nursing (29 of 30 men were illiterate and were taught only the very basic procedures such as IVs, EKGs, wound care—oh the vast number of wounds we saw). This is where I really keyed in on the importance of the stories these men told -- what they had experienced, how they lived, what was most important to them and their lifestyles. After retiring from the military, we settled on a ranch in the southern New Mexico mountains and I began teaching nursing (mostly in the graduate nurse educator program) at Eastern New Mexico University where I have been for the past 9 years. I am married to a very patient man, have three grown children, nine grand- and great-grandchildren.

2. Now, terms- what exactly is “narrative pedagogy” and why is it important in nursing education?

Narrative Pedagogy is defined through literature in Chapters 2 and 3 of my book, “Spotlighting Narrative Pedagogy in Nursing Education”. It can be succinctly defined as being when students listen to, read, or tell a story, students engage in interpreting what was told, analyze the situation, and attempt to understand multiple perspectives in order to find/make meanings.

Telling stories is the oldest form of information-passing or education known to mankind. More recently, stories have often been relegated to childhood fairy tales. However, they do continue to have a vital place in passing along knowledge related to real world experiences. This can include social understanding, cultural

mores, or even professional expectations in various situations. Unfortunately, many of these stories are told informally in the breakroom or as ‘war stories’ of seasoned nurses to students or novice nurses. I feel it is most important to bring back (re-learn) the tenets and theoretical elements required for a good story to convey the theme or learning point most efficiently. This is the value found in my book. The first five chapters outline what is required to form a good story, what role the storyteller plays, and what is expected of an educated story-listener.

3. What are some “content themes” within a story?

A story is a specific form of narrative that organizes the causal sequence of events in such a way as to construct a plot with a central character, a problem with action to resolve the issue, and an intended reaction of the listener/reader. Beyond that, the story is developed by the teller. It can be fiction or mostly factual. The intended purpose can be to convince, to persuade, or to inform listeners. The most important stories in nursing are the recounting of real-life experiences that are intended to prepare the listener when they encounter similar situations. Stories can be seen, heard, read, told, written or performed. No matter how the stories are conveyed, there is an attempt to embody the nature of the original experience. Graves et al [1]. tell us that “present day literacy requires much more than passively absorbing what is on the printed page. It requires attaining a deep understanding of what is read, remembering important information, linking newly learned information to existing schemata, knowing when and where to use that information, using it appropriately in varied contexts in and out of school, and communicating effectively with others” (p. 15). It is easy to see, there can be much more to storytelling, or using narrative pedagogy, than originally comes to the forefront.

4. Learning about a syndrome, say Williams Syndrome from a mother who has a child with it- is different than reading about it in Wikipedia. How does the brain process it differently?

This question requires a fairly complex answer, as would be expected when we are talking about how the human brain processes information. Putting the bottom-line up front, processing of stories is different in that humans have what is called ‘mirror neurons’ that allow the brain to recognize and feel the same sensations as the original storyteller experienced.

Simply stated, the brain receives, decodes, applies meaning, and reacts to stimuli from the body itself (internal) and from the outside world (external). We would be remiss if we did not consider the impact that emotions play in adding value or urgency to the information. Additionally, several areas of the brain play key roles in memory formation, storage and retrieval. Memories are continually being expanded with further information gleaned from new sources or stories.

Chapter 6 of my book *Spotlighting Narrative Pedagogy in Nursing Education* takes the reader, step by step, through the multiple ways in which the human brain accomplishes all the activities involved in the deeper learning gained through story sharing.

5. Narrative pedagogy-how does it support nursing educational goals?

Learning to interpret the deeper meanings of stories, as utilized in narrative pedagogy, has a two-pronged value to nursing. The first is to facilitate the student nurse understanding of many values, ethics, processes and decision-making within the nursing profession. This includes student self-reflection that forms an identity of what being a nurse really means. These topics are expanded in chapters 7, 12 and 13 of my book.

The second value that story-listening and interpretation has for practicing nurses is to enhance how we really 'hear' what is important and concerning to our patients. Nurses learn a plethora of scientific knowledge to support the processes and procedures required in today's nursing work, however we often relegate the patient's story to a nicety that we rarely have time to engage in. When the patient returns home, their life-story returns to center-stage. The illness or hospitalization is but one chapter of meaning for this person and their family.

Nurses must learn how to define and interpret the protagonists, antagonists, actions and events, emotions, and causative factors of the overall story. To impact the full needs of our patients, to the social determinants of health, we must do a more thorough job of understanding how the illness impacts their overall life functions.

6. "Aesthetic knowing" within nursing -what does this mean?

Carper's four ways of knowing were presented as empirical, ethical, personal, and aesthetic. A great deal of the knowledge learned and used within the nursing profession is classified as empirical knowing; the scientific theories, facts, and evidence-based practices that are continually noted in today's practice of nursing care. In contrast to empirical knowing, aesthetic knowing requires the nurse to interpret the patient's behaviors or communications within relationships (Zander). Understanding of typical reactions and consequences of actions leads to situated knowledge that can be transposed to other similar situations. This situated knowledge that experienced nurses acquire is often termed as 'intuition' and is the basis of what is known as the 'art of nursing'. Aesthetic knowing is explored in detail throughout chapter 8 of *Spotlighting Narrative Pedagogy in Nursing Education* [2,3].

7. Journaling, guided discussion, blogging-how can these enhance learning effective care/treatment?

These are all teaching strategies for implementing the deeper learning found in purposeful reflection. Reflection is a proven method for constructing long-lasting personal knowledge. In

current academia, the tendency is to emphasize reflection after an action, leading to a potential change in practice. However, another way of searching for meaning of person-centered nursing practices is through mindful reflection on relationships and communications. McDrury and Alterio propose that turning reflections into stories is a great way for students to then be able to re-examine events in more depth, to explore other options, and to predict outcomes if alternative actions were chosen [4].

8. Case learning, exemplars, debates- how do they fit within this narrative backdrop?

Each of these teaching strategies can use stories as a backdrop, but then require the student to engage in a very different manner. I suggest that presenting contextual stories is more helpful in nursing education than typical medical case studies. Story-based learning is where stories draw specific attention to socioeconomic and political factors to be addressed in the problem-resolution efforts. The student mentally rehearses clinical decision-making, subsequent nursing actions, and patient outcomes directly related to the situation. An exemplar is a special type of story that I have found to be very effective in creating personal interest and engagement in graduate nursing education. By definition, an exemplar is a creative work, a story, based on a prior experience. However, it only tells the part of the story that exemplifies the focus topic. Debates challenge students to comprehensively research and formulate opinions on diverse topics or dilemmas exemplified in the background story. And then there is simulation; a very popular and useful format of physically rehearsing the required procedures in a background scenario—a story. This allows students to practice their nursing skills and decision-making in a non-threatening arena.

9. Critical Thinking, clinical judgment-how are these important skills enhanced by this pedagogy?

Although it may seem quite self-evident that nursing students need to learn and use critical thinking skills to arrive at clinical judgements, Kerby reports that these skills are seldom taught in nursing classrooms. This meta-competence for nurses has come to the forefront during the recent Covid pandemic; expanded to include entire family relationships in the scenario. This holistic style of decision-making requires contextual learning to be presented in the classroom and then honed throughout years of professional practice. Chapter 11 of *Spotlighting Narrative Pedagogy in Nursing Education* dives deep into academic teaching of these practices [5].

10. Two excellent chapters by Dr. Tracie Campbell in your book discussed "digital storytelling". Can you summarize the main points? And what tools did she articulate?

Digital storytelling combines the traditionally oral transfer of information with technology to create a powerful strategy for information sharing. Digital storytelling can be implemented in a variety of ways, to include videos, documentaries, infographics, or even podcasts. Using the basic principles of story creation, students can work together to create a visual presentation depicting common, or perhaps unique, scenarios. For instance, nursing students can act out stories of responsible care for patients with specific diagnoses/conditions or difficult ethical dilemmas. Dr. Campbell outlines numerous digital tools for accomplishing these ends. Tools include supportive websites such as Adobe Express, Canva, Elementari and Flipgrid. Dr. Campbell explores digital formats such as story maps, stop-motion movie making, animated

comic-book content, as well as many other supportive websites, tools and resources. These two chapters are a must read for today's dedicated educators.

11. How will "narrative pedagogy" transform nursing learning and practice?

Over the last decade, the nursing profession has been challenged to meet the changing healthcare needs of the 21st century. This starts with focusing on what is most important for student nurses to learn within an academic setting. The usual educational focus on cognitive classroom learning and behavioral skills acquisition needs to be augmented. Students need to learn competencies in communication and relationships and wrestle with lessons surrounded by the complexities of human content. Dall'Alba & Barnacle suggest that rather than treating knowledge as information that can be accumulated within a (disembodied) mind, educators should strive to foster learning that becomes embodied ways of knowing or being. Development of a person's understanding, reformulation of experiences, and discovering new ways of acting in the world (perspective transformation) is widely understood to be an important outcome of adult education (Mezirow, as cited in Nichols et.) Today's instructor supports and scaffolds students in the process of knowledge acquisition and construction of meaningful learning/knowledge. McDrury and Alterio observed that both across and within disciplines, educators use storytelling to stimulate students' critical thinking skills, to encourage deeper self-review, and to convey the realities of professional practice. Changes in how we understand ourselves, as well as revision of beliefs, attitudes, and behaviors, have the potential to lead to Lawrence and Paige's promised "wiser future" in nursing and in support of life in general. My book, *Spotlighting Narrative Pedagogy in Nursing Education*, published by Cognella this year was written with the graduate nursing education student in mind. However, the basic principles and many examples of how valuable storytelling can be, are relatable for every healthcare practitioner, every student, and instructors of every discipline [5-9].

References

1. Graves M, Juel C, Graves B, Dewitz P (2011) Teaching reading in the 21st century: Motivating all learners (5th ed.) Pearson <https://www.amazon.in/Teaching-Reading-21st-Century-Motivating/dp/0135196752>.
2. Carper BA (1978) Fundamental patterns of knowing in nursing. *Advances in Nursing Science* 1: 13-23.
3. Zander PE (2007) Ways of knowing in nursing: The historical evolution of a concept. *Journal of Theory Construction and Testing* 11: 7-11.
4. McDrury J, Alterio M (2003) Learning through story telling in higher education: Using reflection and experience to improve learning. Kogan Page 1-5.
5. Dall'Alba G, Barnacle R (2008) An ontological turn for higher education. *Studies in Higher Education* 32: 679-691.
6. Nichols M, Choudhary N, Standring D (2020) Exploring transformative learning in vocational online and distance learning. *Journal of Open, Flexible and Distance Learning* 24: 43-55.
7. McDrury J, Alterio M (2003) Learning through story telling in higher education: Using reflection and experience to improve learning. Kogan Page 1-5.
8. Lawrence RL, Paige DS (2016) What our ancestors knew: Teaching and learning through storytelling. *New Directions for Adult and Continuing Education* 149: 63-72.
9. Kerby LL (2008) Critical thinking in nursing. *Leader to Leader, National Regulation & Education Together*, National Council of State Boards of Nursing, Spring 1-4.

Copyright: ©2023 Michael F Shaughnessy. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.