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TEACHING STRATEGIES THAT CELEBRATE NARRATIVE PEDAGOGY

Josie Crawley and Amy Simons

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Josie Crawley and Amy Simons

INTRODUCTION

When given the opportunity to redevelop a nursing sociology paper, the authors looked for a pedagogy that had the potential to transform first year students' awareness of both their own thinking and beliefs and expand openness to explore alternate realities. Transformative learning is a process of effecting change within an individual's frame of reference – the way in which an individual interprets the world based on their experiences (Grocott, 2022). Narrative pedagogy is briefly explained and applied within this context as a transformative pedagogy. This article describes multiple strategies the authors have employed while infusing a course with opportunities for students to develop their understanding of themselves and others, becoming reflective practitioners who approach diversity with respectful curiosity.

BACKGROUND

Effective teaching and learning involves flexibly matching pedagogy to students' learning needs, desired learning outcomes and context. Nursing education aims to prepare students to be able to practise sustainably as registered nurses, now and into the future. Within the profession of nursing in Aotearoa New Zealand, understanding the diverse experiences and backgrounds of clients and whānau is a key part of providing culturally safe care, in the context of rapidly evolving health care systems. Cultural safety, as defined by the Nursing Council of New Zealand, is determined by the client and requires the nurse to reflect on their own cultural background and the impact it may have on the care of clients (Nursing Council of New Zealand, 2011). As educators, our choice of pedagogy when teaching will influence if students are reflectively self-aware, able to think through multiple perspectives, improve clinical encounters and are open or closed to new possibilities. As we (the authors) wished our nursing students to experience transformative learning, we designed a full first-year course (15 credits) around a narrative pedagogy frame.

WHAT IS NARRATIVE PEDAGOGY?

Telling stories to teach has been practised since humans could draw pictures and communicate; learning through narratives and reflective exercises can be a powerful teaching tool. Academic discussion of narrative pedagogy in nurse education evolved from hermeneutic analysis of nurse teaching and learning as a collaborative communal experience (Diekelmann, 1995; Diekelmann & Diekelmann, 2009). Narrative pedagogy has been embraced by nurse education around the world for nearly 25 years (Ironsides, 2015), as an addition to other pedagogies.

Enacting narrative pedagogy, phenomenology is valued. Multiple stories are sourced and told, sometimes by lecturers, other times led by students. Students and teachers focus on conversations as they collectively explore learning experiences and the co-created experience is interpreted (collaboratively by teachers and learners) with

'inherited' perspectives challenged (Ironsides, 2015). Processes involve students', clients' and teachers' responses, experiences and stories being intentionally de-constructed, reflected upon, and explored for meanings. Deconstruction includes exploring the context, alternate interpretations and elements such as temporality within narratives. This sets the scene for transformative learning and awareness of multiple perspectives, with multiple potential story sources to stimulate learning (Crawley et al., 2012).

Learning situations are designed to provide multiple viewpoints highlighting current understandings and assumptions as open and able to be challenged. Ironsides (2015) provides a bibliography of studies where narrative pedagogy resulted in nursing students who were curious asking questions and becoming open to alternate perspectives. She emphasises the importance of nurse educators enabling narrative pedagogy to create spaces for thinking, exploring perceptions and deconstructing assumptions as open and problematic (Ironsides, 2015). For teachers who are new to narrative pedagogy processes, we recommend the internationally successful guide to reflective storytelling in tertiary settings by Janice McDrury and Maxine Alterio (2002).

Nurse researchers have reported the positive effects of individual narrative exercises, but we could find few who reported on full immersion in theory courses where the key pedagogy was narrative. Davidson (2004) reports that after experiencing a course infused with storytelling, health students felt learning was personalised, participatory, and promoted a safe, trusting environment. Storytelling strategies in nurse education valuing student, clinician and teachers' lived experiences are recommended by Koenig and Zorn (2002) to support diverse students including those having academic difficulties, cultural minorities, mature students and those living with physical or psychological impairment. Narratives in their multiple forms (memoirs, digital stories, interviews, poems, art, or documentaries) can provide an alternate lens. Spanish nurse educators used a critical thinking tool which required students to choose "a literary note" in addition to research and media – students evaluated the narrative note as the most powerful dimension of the exercise, reinforcing the observation of problems and their social impact (Urcola-Pardo et al., 2018).

FRAMING A THEORY COURSE WITH NARRATIVE PEDAGOGY

The Bachelor of Nursing Year 1 Population Health course aims to explore holistic nursing practice in diverse contexts and the historical and societal factors that shape society. In the first year of a three-year nursing degree, students have little (if any) clinical experience and limited life experience to hang this learning off. To meet this course aim, we felt that students needed to start with their own experiences to identify personal bias. This is necessary for the development of empathy and the bridging of self to the varied experiences of others. We aimed to develop a course that encouraged students to seek multiple perspectives, and to build their creative reflection abilities. The course is framed around narrative pedagogy because of its potential for transformative learning, to explore perceptions and deconstruct assumptions.

Reflective space was purposefully built into each lesson plan and multiple stories prioritised and integrated to illustrate key content, from multiple perspectives, including panels of invited health consumers. The course takes a broad look at the health of diverse populations in Aotearoa New Zealand through examining the many historical, social and cultural causes of inequitable health outcomes.

NARRATIVE PEDAGOGICAL ACTIVITIES AND PROCESSES

Presenting a diversity of stories was integral to the teaching process with learners being offered opportunities to explore experiences of others through their own words and images. When using client narrative, a minimum of three stories with their individual perspectives was offered or suggested within activity questions. This helped deconstruct assumptions as you have very different experiences within the 'same' group; for example, refugees, rural students, or Pasifika families.

Opportunities for personal reflection, deconstruction of stories and discussions about possible meanings, and how they might relate to nursing practice, were built into each lesson plan. Narrative resources such as artwork, spoken stories, game playing, exploring digital worlds and health data were paired with strategies to reflect using creative writing. Learners reflected on their personal responses and were given space to share their insights, build their own characters and stories through activities and follow their personal curiosity in engaging with the realities presented. We have included a selection of the activities below, divided into those explored in a tutorial group (about 33 students) or in the lecture setting (about 140 students).

Exercises within the tutorial group

1. **Online exploration of Dollar Street – viewing images of global families from diverse economic and cultural backgrounds** (Gapminder, n.d.). Students used an online resource called Dollar Street which is a catalogue of photos and videos of families from around the world. In small groups, students chose a country to explore and made a virtual visit to the homes of three families from differing socioeconomic backgrounds. They could meet the family and explore the various rooms in the homes and see day-to-day objects like toothbrushes, toys, kitchen utensils and toilets. They were asked to reflect on what they were seeing and make connections to the determinants of health.
2. **Listening to refugee stories and exploring how they may differ from media representation.** Students were asked to find visual media representations of refugees and describe what they found as the common narrative. They then watched a video of people who identified as former refugees now living in Aotearoa New Zealand. The video provided perspectives on the differing experiences and perspectives on mental health issues for former refugees (TVNZ, 2024).
3. **Choosing and discussing an excerpt from a disability narrative that resonated with the learner.** Students walk around a range of 10 illustrated excerpts, reading them all before choosing where to stop. Discussions can blow open assumptions about disability and culturally safe care.
4. **Pen-to-paper, four-minute student reflective response to image of nurse with hand on arm of gentleman in dressing gown, using frame for mobility.** For the first two minutes the prompt is a nurse thinking (“I wonder ...”). For the second two minutes, the prompt is the person using the walker thinking (“I would ...”). We discuss different perspectives as the group brings them up, linking and expanding these into nursing practice stories: how do you notice cues and adapt practice to clients’ needs? We also relate the discussion to key disability terms and concepts.
5. **Sustainable goals: students self-select global health topics.** They explore their choice, referring to the World Health Organisation website, relate their chosen topic to sustainable goals and potential nursing actions, then watch the short video *Leave No One Behind* (The Global Goals, 2016).
6. **Student pen-to-paper response with three one-minute prompts: I saw; I feel; I think.** They do not have to share the full content, but sharing key words, feelings and metaphors is encouraged in group discussion afterwards.
7. **Reading stories of nurses contributing to meeting the United Nations’ Sustainable Development Goals (SDGs).** Using the International Council of Nurses’ (2017) resource, *Nurses’ Role in Achieving the Sustainable Development Goals*, groups of students explore stories from around the world to learn how nurses are involved in meeting the SDGs.
8. **Board game to explore the determinants of health.** In tutorials, students play the Canadian board game, *The Last Straw!* (Reed & Rossiter, 2007). Students create a player profile which includes gender, ethnicity and socioeconomic status and then proceed to move through infancy to older age. As players progress through the game, they encounter life challenges such as bullying in school, unexpected illnesses, lack of health resources as well as positive experiences such as adequate prenatal care and community support. Players gain and lose ‘vitality chips’ along the way. A final debrief explores the experience of advantage and disadvantage and the influencing factors.

9. **Explore the effects of colonisation on Indigenous health (outside of the New Zealand context).** Students worked in small groups to watch videos and explore resources about Indigenous people in Australia, Canada and Uganda. Students were asked to identify the similarities and differences and listen to how individuals in the videos described themselves and their communities. Students reported back on the key experiences and histories that were described and what health issues were identified, and made connections to the experience of Māori. The tutorial concluded with a short video called *Reclaiming Our Spirits* (UBCNursing Vancouver, 2017) which documents an evidence-based programme in Canada that includes nurses and Indigenous elders in supporting Indigenous women who have experienced violence.

Exercises in the lecture theatre with large groups

1. **Identifying students' own health beliefs and where they come from.** This exercise is done in the lecture theatre and involves every student identifying a simile for good health, a metaphor for poor health and a family saying regarding health, then collating them together. A portion are anonymously shared, showing enormous variety and multiple perspectives within a relatively homogenous group of first-year nursing students.
2. **Exploring socio-economic and genetic determinants of health through the lecturer sharing their own family story with photos.** This provides alternate views of overcrowding and family shape. It promotes collegiality and shows students that it is safe to share their own reality.
3. **Rural nursing stories illustrating lived experiences of rural populations, with story excerpts and locals' photographs throughout the lecture.** The lecture is framed within the Sociological Imagination Framework, a theory taught and required to be applied by students in an assessment. Students are encouraged to ask questions regarding the model as well as content and sharing stories. At end of the lecture, the model headings initials are put up, and students brainstorm an acrostic poem with factors for each.
4. **Health consumers from diverse cultural backgrounds were invited to share their experiences of receiving health care.** They highlighted how they defined cultural safety and identified when they received culturally safe care and what this looked like for them.

HOW DO STUDENTS FIND BEING ENGAGED WITH THESE EXERCISES?

The narrative pedagogical approach engages students in the learning process, reflecting and critiquing as part of the classroom exercises. This ranged from verbal feedback during exercises and unsolicited student follow-up discussions while several exercises employ multiple anonymous sticky notes within their design. Students expressed appreciation when exercises provided choice and flexibility, which allowed students to follow their curiosity. Students particularly engaged with real-life stories and narrative including the lecturers' use of their personal and nursing experiences. Students became more aware of multiple perspectives and appreciated the importance of listening and identifying strengths in individuals and populations, without judgement. Classroom materials collected suggested students' personal learning with specific exercises included uncovering and exploring bias, openness to diverse human experience, cultivating curiosity about diversity and a deeper understanding of the factors that shape society.

We noticed students usually participated actively in the small group setting, that body language was engaged, laughter common and depth of thinking, integrating ideas and questions were noted when small groups fed back to the larger group.

CONCLUSION

In redesigning the course, narrative pedagogy allowed space for learners to cultivate self-awareness of personal biases and their cultural lens and to develop a curiosity about others that fostered openness and respect for diverse experiences. Stories paired with creative and reflective writing/talking exercises were key teaching methods. Students engaged with the process, particularly real-life narratives in multiple formats, and shared anecdotes suggesting changing perspectives, increased understanding of themselves and the importance of basing practice in listening and working with the client's reality. This suggests that the authors' embedding of narrative pedagogy throughout the course not only helped achieve the aims of the course, but it also provided a foundation for developing empathic, self-reflective, and culturally safe student nurses.

Josie Crawley (Associate Professor at Otago Polytechnic School of Nursing, Te Pūkenga) has won national awards for her tertiary teaching and Editors' choice for her reflective writing. Her research platform explores narrative inquiry, phenomenological experience, narratives for education, reflection, and compassionate care. She has published in a variety of academic journals, and her poetry has been included in a collection of poems by Aotearoa New Zealand Nurses, and health and nursing journals.

🌐 <https://orcid.org/0000-0003-1011-3335>

Amy Simons is a Principal Lecturer at Te Kura Taphui School of Nursing at Otago Polytechnic. She originally trained in the United States as a family nurse practitioner and midwife and has worked in a variety of community health settings in the US, Philippines and New Zealand. Her teaching and research interests include public health, maternal child health and spirituality.

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