**Stars, Strengths and Stories: Three approaches for advancing critical pedagogy in nursing**

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**INTRODUCTION**

There are compelling reasons why nursing education needs innovative critical pedagogies.

1. The big issue is, since nurses are the most prevalent professional in the health sector, is that health and social inequities are rising not reducing, and as the WHO (2008) starkly say, “Social injustice is killing people on a grand scale”. Despite the fact that people are living longer, the health gap between the average person and the worse-off person is widening. Nursing students and nurses need to not only care about this, but be leaders in effecting change.
2. Despite our development as a profession, and our embedded status within higher education, not much has changed in nursing education since the introduction of nursing models and nursing thinking frameworks developed in the 1970s (Klein-Collins, 2011). We still battle issues such as the theory practice gap, disengaged students, incompetent or uncivil students, students who are bullied or marginalised, and educators who struggle to balance their multiple and growing role demands.
3. In line with the above 2 points, The 21st century health worker needs a different skill set (Institute of Medicine, 2010) from 30-50 years ago: they need to be technically adept but not bound (so the machine should not get in the way of person-centred care); they need to be competent at clinical reasoning (and this means not just knowing something but doing something about it); they need to be effective communicators (not just with patients and carers, but with the rest of the health team, and be culturally safe); they also need to be tough but not brittle (so resilient, courageous, but also compassionate).
4. They need to be awakened, yet they may be dulled and desensitised through over-exposure to information, so we need to leverage off the excitement and stimulation of the humanities to inspire students. Yet the humanities themselves are shrinking within the Higher education sector. It’s time for a merging of disciplines – the Health Humanities.

**TRANSFORMATIVE LEARNING**

The critical pedagogy that I want to discuss today is Transformative Learning. I have chosen three main approaches that I have used and researched to illustrate its principles: the S.T.A.R. framework, the use of Solution Focused Nursing, and Narrative pedagogy or strategic storytelling.

Transformative Learning (TL) is concerned about social justice – aiming to awaken learners’ appreciation for *the need for* social reforms that create freedom and justice, and to inspire them to become empowered agents of change.

The approach used by educators is less about transmitting facts, and more about cultivating values (Fulford, 2004). Over the years, TL has diversified into 3 main approaches or schools:

1. The cognitive/rational perspective, which emphasises rationality, and a step wise process to achieve perspective change. The goal is personal transformation. (Mezirow, 2000)
2. Dirkx (2001) and others who emphasise the emotional, imaginal, perhaps unconscious, spiritual and arts-based aspects of learning, that reach beyond rationality to illuminate and awaken.
3. Brookfield (2005) and others pay attention to power and social change, so that learners experience what oppression, marginalisation, or inequity may be like.

The intended outcomes of learners are that they become:

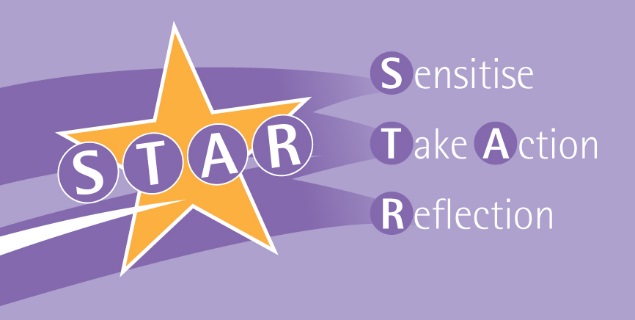
* Pro-humanist (including being culturally sensitive, humble about difference) [or anti-stigmatising]
* Active learners and change agents (so teaching is intentional, not laissez-faire)
* Hopeful and visionary (and thus, teachers role model this by expecting more from students than just attendance) (Prestin, 2013).

The theoretical foundation for TL is in critical social theory, which sees the world as one that has a tendency towards injustice and marginalisation because there are some groups who claim more power, and are able to have their ideas pressed into social consciousness by conservative, yet persuasive interest groups and media (Brookfield, 2005). In order to correct this inequity it is important to be cautious of our own tendencies to colonize others and to make active attempts to bring in from the margins that which has been overlooked or dismissed. There are some key words important to discuss in the TL approach: Disorientating dilemmas, threshold concepts, and praxis.

I think Transformative Learning and Transformative Teaching fits nursing, and the problems that occur in nursing, well. TL aims for perspective change in learners who may not fully appreciate issues affecting nursing such as: health inequities; workplace violence; knowledge linked to action so that consumers feel heard, respected; the need for change from being illness-care workers to facilitators of wellbeing, social connection and freedom.

**THE S.T.A.R. FRAMEWORK**

The STAR framework is a framework developed in 2012 (McAllister, 2012) to simplify these complex notions of TL. I was approached by colleagues from different health disciplines who were looking for inspiration to change their teaching practice so that students were more engaged and so that they could overcome the problem of the crowded curriculum. In an Action Research project, we came together over a one year period to study TL, discuss our unique or shared student problems, and create ways to make space in the teaching to surface student values (encouraging them to let go of those that fit their profession poorly, and take up new values); spend time teaching theory and knowledge that is linked to action; and encourage reflective thinking skills so that learners can self-correct, analyse complex issues such as ethical dilemmas or mistakes, and also to articulate how they intend to act in the future (McAllister et al. 2013).



The activity resulted in numerous revisions to curricula, a new style of lesson plan, and agreement that coverage of large amounts of content, does not necessarily ensure learning. Not everything that should be learned requires TL, but also TL does not have to be lengthy for it to have enduring impact. I could cite numerous examples, but in the interests of time will share just one.

My colleague Prof Kerry Reid Searl developed *Mask-Ed (KRS simulation*), a humanistic simulation experience that essentially uses a structured series of improvisations by an educator who is hidden behind a realistic disguise (complete with mask, props and characterisation) to engage bored students who fail to see the realism in simulation learning (Reid-Searl, McAllister & Sinclair, 2014). What we have found is that students: suspend their disbelief, are engaged, and develop their engagement skills, empathy and problem-solving. Moreover, students begin to internalise the voice of the character reminding them to think before they act, and to ask themselves if they have done all that they could have done. This is building technical, communication and reflective thinking skills.

**STRENGTHS**

Another important problem afflicting nursing, which is after all a profession that is not simply medical but is oriented towards building health and wellbeing in clients and communities, is the prevailing dominance of what can be described as a deficit model. In a critical pedagogy, in rebalancing the health system, there is need to develop students abilities to harness and improve a client’s strengths.

I don’t want to criticise the medical model, because this would do a disservice to this important and much needed profession and way of thinking about the world. Medicine tends, although there are exceptions, to use a pathogenic lens; and relies on scientific problem solving method. The problem orientation is part of the medical model and is so commonly used it is taken for granted. While it has strengths, in helping us to reason logically, it also has impediments for nurses. Because we are always thinking about what is going wrong with a patient, and not thinking similarly about what is going right, or what their strengths are.

One major consequence of the problem focus, is that people may be viewed, and view themselves, through an illness or ‘deficit’ lens (Mead, Hilton & Curtis, 2001). This deficit perspective, focused on what is lacking, is attributed to the medical model which emphasises symptom identification and management. An alternative lens, one that is growing in popularity, is to appreciate strengths and abilities (Rapp, 1993; McAllister, 2007). With a strengths focus, people may come to see themselves as having abilities to balance vulnerabilities and consequently develop a more positive self-identity.

From my own research, I’ve found that nurses did not hold a clear framework in their head to help them carry out nursing work, and instead tend to react to the problems that are at hand. Without a model to guide them, then they tend to resort to what is unconscious – being reactive to patients’ problems, following the medical model, focusing on the deficits of the patient.

This concept, Solution Focused Nursing, is strengths oriented, and helps students learn how to think critically about wellbeing. Nurses who adopt a solution-focused philosophy can then learn and integrate more complex interpersonal skills that explore a patient’s preferences, personal futures, hobbies and strengths, in ways that move beyond a medical approach, yet are complementary to it. This is *both/and thinking* in action.



My view in Australia is that most nursing curricula base themselves on teaching problem solving, question posing and reflection. Solution focused nursing also values these concepts but shifts the emphasis on to *solution searching* – a skill that requires creative, non-lateral thinking and partnership with clients to brainstorm ideas and try out novel approaches. It also emphasizes *working with and for clients*, rather than on them (a tendency which occurs within the dominant illness-care system).

This is a simple, subtle, yet powerful shift in a nurse’s philosophical stance with clients. It means that rather than assume the client to be passive and in need of expertise and care, a more effective, motivating and sustainable approach is to think about the client as also having expertise, a person who is after all in charge of their own body, and who will eventually need to take care of it themselves on their own, without a nurse. This aspires to being an empowering approach whilst also practical.

Solution Focused Nursing is based on the assumption that we can reorient our focus from thinking that problems are at the centre of living, towards restoring a healthy balance. Problems are part of life, just as ritual, routine, peace and happiness are. For a full and happy life to be sustained, three elements must exist in balance: health for the body; harmony for the planet; and peace for the spirit. And the focus for nursing is at three levels of change: Change in clients, change in nursing, and change in society.

**Stories**

Traditionally, nursing was described as a science and an art. But over the past decades, with the rise of bio-technology, and economic and social factors, the move towards EBP has seen the balance tip very much towards the science side of nursing (Ghaemi, 2009; Wynaden, 2012). Not only have the arts been overlooked in nursing, but in the wider society. What people need is a powerful argument for why the arts have value, why they have an important place in the nursing curriculum, as well as society. This is why stories are so important, but on their own they may not have critical potential. Their power needs to be released through strategic activities – critical pedagogy.

The arts change peoples’ minds. They can transport people to other worlds, allowing them to see into places they have never before been. The arts (think of music, art, movies) can cultivate empathy, where before we may not have even known about the issue, let alone cared. Powerful stories can make people upset, angry, sad, or joyful. And most importantly in the health care professions stories can awaken important values necessary for human connection and communication (Charon, 2006) – building empathy, compassion, ethics, courage and a long vision. When I speak of courage, I mean to have the capacity to speak up when required, and to see patterns in practices and choose the path you wish to go down, not just follow along without purpose or direction.

Powerful Storiesare plentiful and are those that have something:

* important to say,
* are highly engaging, and emotionally stimulating,
* and are conveyed through various devices (it might be music, characterisation, repetition, romance etc) they are able to **transport** us into the character’s world; keeping our attention, and helping us to learn enduring lessons just by engaging with their experience.

Take a moment now to think of a film, song, novel, television episode, piece of art that really made a deep impression on you. What did it make you feel, think, or commit to doing differently?

There are many benefits to story-listening, and story-telling.

* A finely tuned emotional system helps us to make social connections and navigate our world safely.
* Learning through stories is a way for us to learn vicariously through the experience of the characters and the events that take place within the story. Sometimes these experiences are one of a kind, hugely important, unlikely to be encountered by anyone else in the same way.
* Powerful stories for nursing are those that *intensify* important aspects; they may focus on the exemplary or the memorable. Importantly, stories also allow for learning to be re-iterated. A student could read or view the story again, and maybe a few years later, find new meanings within it.

But the power in stories is only ***a potential power***. Unless that story is made relevant and understandable to learners, and then processed so that it can be transferred to practice, it is very unlikely to convey the intended lessons. So, as educators we need to find a way to *release its transformative potential* and change students so that they are ready to let go of ill-fitting attributes and behaviours, and take up new more relevant practices.

For learning to occur, teachers need aims and strategy. I usually approach this by breaking down the story analysis, so the first discussion is quite simple. Students are asked to reflect on content: “What did you just see in this scene?”. And then, “what messages did the story have to say about ‘dying’ or ‘loneliness’ or ‘discrimination’”. “what do you take away”? By facilitating a graduated engagement with the text, we can move students from the familiar to the unfamiliar, without them disengaging, or feeling like they’re lost, and therefore don’t know what on earth the subject matter is all about, which is usually when they disengage or just learn at a surface level. If they learn *deeply* they might take profound lessons away that are actually laid down in new neurological pathways, stored and remembered (Winston, 2003).

Another use of aesthetic knowing is the use of **vivid, real world case studies**. Vivian bullwinkel, survivor of a WW11 massacre of Australian nurses, and leader in a women’s internment camp, later matron of a children’s hospital. This story is one of strength, creative ways to survive and transcend the suffering, the silent choir they joined, gave a feeling of being stronger than the enemy; the women focused on capabilities; not their captivity (McAllister, 2014).

This silent choir I see as a metaphor for nursing that shows us that if we don’t agree with something, or we don’t want to be oppressed, we can implement resistance practices don’t have to be forceful. By sharing this story, students can remember that to foster resilience in a client with whom they are working, as well as remember the resilience strategies that they can put into place to self-care.

This was a story of the transformation of adversity into resilience. It was a non-fictional story that really had to be analysed for its meaning to be released. But when it was, I have found repeatedly that students and nurses remember its connection to resilience and are inspired.

**Conclusion**

So in summary, transformative learning is a creative critical pedagogy that involves the careful design of learning activities that awaken, inspire, teach skills and encourage commitment in learners to be change agents for the future.

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