



ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Finding a place for story: looking beyond reflective practice

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Abstract

Background: In this article it is suggested that, as currently constituted, much of nurse education is dominated by reflective practice that is based around theory. The interpretation of reflective practice as theoretical has failed to acknowledge adequately the importance of practice in nurse education, something Schön (1983) proposed in his seminal work on reflection. Such criticisms of reflection are not new, having been the subject of debate within the profession since at least the 1980s. One important outcome of this debate has been the interest shown in how reflection might impact on nurse education, particularly in regard to this divorce between theory and practice that characterises much of the current education received by nurses.

Aim: For nurse education to look for ways of developing, accessing and understanding the world of practice, exploiting more extensively practice itself as a teaching resource, using story.

Findings: Nurse education needs to acknowledge difficulties with reflective practice, in that it is heavily weighted towards notions of the individual's thoughts and actions. This approach grossly overstates the power of the individual to bring about change through reflection and individuals cannot always express their reflection of clinical situations. This has led to problems with teaching reflection as a means for developing professional practice. This article suggests that story can play an extremely productive role. This is not to suggest that story be a replacement for the reflective practice used in clinical practice and nurse education, nor is it implying that story should be viewed simply as an aid to reflection-on-action. What this article proposes is that story has value in itself.

Conclusions: First, story has value alone as a powerful illustration of real life clinical practice experiences. Second, it has importance for the expression of emotions and third, when an additional layer of analysis and critique is added to story, it can be influential in identifying complex professional issues.

Implications for practice:

- Story is powerful and can help bring about change in individual practice, and contribute to initiation of policy changes and improvements in the treatment and care of patients
- Story can give voice to nurses in clinical practice in their own right and also as a response to the power of the physician voice
- Story acknowledges the personal contribution of experience to the nurse
- Story embraces a more ongoing form of learning throughout a professional's working life
- Story helps students to reveal that learning is inherent in everyday practice and cannot always be accessed through theory, assessment or reflection

Keywords: Story, reflection, reflective practice, learning, professional development

Introduction

This article examines Schön's (1983) role in highlighting the use of the technical rationality approach and emphasises the central role played by reflection-in-action in the work of professionals such as nurses, in particular the pursuit of what he terms 'an epistemology of practice' (Schön, 1983, p viii). While taking as given that reflection, however approached, must to some degree enhance the practice of any profession and indeed should be central to what it means to be 'professional', the article will discuss some of the challenges facing teacher and student in establishing an effective guide to the reflective process through which practice can be discussed and understood. It differentiates especially between those issues that have arisen from the way in which reflection has been incorporated into practice and those that result from the sometimes confusing way it has been conceptualised.

New ways to use and view reflection need to be developed and understood, and new applications and practices of reflection are emerging. However, this article suggests that story, separate from any reflection on it, has an important role to play. This article compares reflection against story, looking at how story can enhance reflection but also how story can be used alone as a means to develop learning. It considers their respective values, current uses, problems and innovative developments, arguing that a conscious place for story in nurse education needs to be found, as its full potential has not been realised. The potential and value of story lies not only in its use as a tool for reflection or to meet a set learning outcome, but in its ability to represent and organise experience, develop lifelong learning, give a voice to nurses and bring about change in individuals. Students' learning could be furthered and enriched by the addition of a direct engagement with stories.

The value of reflective practice and story

While all nurses are expected to reflect, not least because professional progression depends on being able to demonstrate that reflection has taken place, it is not clear that patient care has improved as a consequence or that theory is being generated (Burton, 2000, p 1013). In addition, nurses often have difficulty explaining to others the professional learning gained through their on-the-spot reflection. Story can enable nurses to share their expert practice with others and facilitate the sharing of professional practice in a way that reflection alone cannot (Edwards, 2013).

The value of reflective practice

Schön's analysis has helped us recognise that professional practice is not just a set of low level practical skills, but can be dignified as a form of practical wisdom or intelligence (Carr, 1995) – that is, as a sophisticated form of professional artistry incorporating subtle and skilled moment-to-moment cognitions. Boud (2010) points out that reflective practice seems to be particularly appropriate for professional courses such as nursing (and teaching, generally) because of their emphasis on the personal interaction between professional and client, where practice consists of more than just the exercising of technical skills and knowledge.

With nursing often having been referred to in the past as a 'semi-profession', and perhaps intimidated by the superior status of medicine, nursing could see the adoption of Schön's notion of reflective practice as a means of improving clinical practice itself as well as enhancing professionalism at a time when the nature of professionalism is being publicly questioned. The context of Schön's ideas was that he identified a crisis of confidence in professional knowledge and that it was no longer relevant to the demands of professional practice.

Practical wisdom and intelligence are, or should be, of equal value to theoretical knowledge in teambuilding and Schön (1983) has helped practitioners to understand this. He placed a spotlight on context-based, experiential learning and helped practitioners see that their work is not just about technical skills learned through training. The earliest proponents of reflective practice argued that workplace experiential knowledge, or tacit knowledge, was by definition very difficult to identify and pin down, either by the practitioner doing the reflecting or by the mentor/teacher doing the listening.

Since Schön's seminal work, the three main aims of reflective practice have been to:

- Find a means whereby tacit knowledge and knowledge based on theory can be fruitfully combined. But, with the implementation of reflective practice into teaching programmes, some of the issues around tacit knowledge have been ignored or played down (Edwards, 2013) and, in an attempt to find a place for theory in Schön's work, the emphasis on theory has become dominant
- To develop strategies for uncovering how the tacit knowledge of the practitioner has been built up and consolidated overtime. Yet, the way Schön's work has been taken up by educators and clinicians has failed to encourage students to differentiate and structure clinical experiences, leaving tacit knowledge largely undifferentiated and unstructured
- Work out how a practitioner can be led to identify, and therefore revise and develop, tacit knowledge. Students need to be allowed to acknowledge and identify the tacit nature of learning in practice and develop strategies for making it explicit

These aims could have emancipated nursing and served as a means to make nurses' tacit practical knowledge more explicit, but this has rarely been the case. What has emerged is a hybrid, which advocates the use of reflective theoretical models, guided reflection via a staged process and theory based, intellectualised 'navel gazing'. Story could be a way to begin to look beyond and outside of reflective practice.

The value of story

Stories are a way by which humans make sense of their experiences (Squire, 2009) as well as enabling us to connect with ourselves as human beings. Bruner (1986) suggests that humans have an inborn tendency to tell and understand stories. Van der Post (1972, p 1) argues that 'if you lose your stories you die' and implies that, without our stories, we are not human. Stories impact on students in ways that emphasise what it really means to be human – possibly essential to the person-centred roles of teaching and nursing. Therefore, story is important in representing nursing as a characteristically human – and humane – activity.

Christiansen and Jensen (2008) draw attention to the impact of the emotional aspect of stories and argue that emotional learning from stories is powerful and can give rise to learning that is both transferable and reflective. This point has particular resonance for writers such as Boud et al. (1993), who are concerned about the omission of feelings and emotions in higher education contexts, where teaching and learning strategies tend to focus solely on intellectual development. As Moon puts it:

'...story can capture the holistic and lived experience of the subject being taught, it can tap into imagination, emotions and form new and meaningful connections between existing areas of knowledge' (Moon, 1999, p 232).

From this perspective, stories can be a means to explore difficult emotional experiences (Nairn, 2004), although such stories need not be dramatic or tragic (Cramer, 1997). As professionals, nurses are expected to display emotions such as concern, empathy and even anger, so long as these are controlled expressions. Uncovering these feelings is difficult but, by allowing students to explore their own stories, some aspects can be opened up. Yanay and Shahar (1998) point out that nurse education is required to allocate time to help students recognise and cope with their emotions. But, too often, emotional learning is ignored or downplayed, with issues such as meeting learning outcomes and coping with modular content taking precedence (Edwards, 2013).

Students' stories can also provide insight into what nurses are thinking and feeling about the practice situations in which they engage each day. Yet this use of stories can still be at odds with the current nurse education curriculum, professionalism versus the expression of emotions and feelings, the current healthcare environment and evidence based practice. Nevertheless, stories can provide a

space for the expression of genuine frustration in a way that the language of academic discourse cannot.

The current use of reflective practice and story in nurse education

One important question that has often been at the centre of current debate is how an essentially individualistic model such as reflective practice can be accommodated within the realities of the workplace. Schön (1983) stresses the importance of context, which individualist orientations play down, but the current discourse around reflective practice is heavily weighted towards notions of the 'individual' and the individual's thoughts and actions (see Table 1, page 7). In comparison, story can be immediately set within the context of healthcare and clinical practice, which serves to bring what is tacit from the unconscious to the conscious so learning can take place – and, more importantly, be shared with others.

The current use of reflective practice in nurse education

From both a theoretical and an empirical perspective, hybrid reflective models have developed as an attempt to tie reflection-in-action to reflection-on-action (Schön 1995). For example, in teaching, it is sometimes assumed that, if students in the classroom are taught about reflective practice and reflection and then undertake a reflective assignment that asks them to reflect on action, they will be able to reflect in action when they are in practice and improve their ability to care for patients. That is, it is assumed that reflection-in-action can be developed by theory based reflection-on-action, say through the use of assessments; that one must come before and so aid the other.

However, it is unclear whether such strategies actually work and Schön (1983) seemingly denies that reflection-in-action can emerge through engagement with reflection-on-action. To assume there is linearity between reflection-on-action and reflection-in-action limits the possibilities for the latter in clinical situations. This, and the fact that much professional preparation has to occur in academic rather than clinical environments, has led to reflection reverting to the process Schön (1983) most criticises – individualistic, cognitive, detached from practical settings and guided by others who are themselves guided by theoretical accounts, assessment led target setting and managerialism.

Schön's (1983) original work has been the subject of considerable critical scrutiny (see Table 1), particularly in regard to the role of theory. Does reflection-in-action rest on more than intuition and what Schön refers to throughout his book as 'knowing in practice'? Some researchers have pointed to the relatively sparse nature of the empirical evidence on which claims for reflection have been based (Burton 2000; Cotton, 2001; Rolfe and Gardner, 2006). Therefore, it may be time to search beyond reflection and look to other mediums to enhance reflection-in-action. Story can enhance reflection-on-action by allowing reflection-in-action to emerge in powerful ways.

The current use of story in nurse education

Story has long been used for education in nursing and in other professions. This is partly because stories are easy to learn and store in the memory through an holistic or picture vocabulary and, as Moon (2004) suggests, story can be a vehicle to facilitate learning rather than merely impart knowledge. Most prominently in nurse education, stories are employed to meet a set learning outcome. Strategies for using such stories include writing stories in a diary or journal. Nairn (2004) advocates the use of diary stories, but these often tend to be narrative descriptions of medical knowledge and are largely academic in style, so it is difficult to see what students are learning from such exercises. Also, when using diaries, it is the responsibility of students to keep their own journal (Moon, 2004; Nairn, 2004) and tension arises over whether teachers should have access to journal entries or only be allowed to read them with the student's consent.

Stories are used as a way of exploring curriculum content such as ethics (Pagano, 1991; Masson, 2005), culture (Davidhizar, 2003), chronic illness (Bury, 2001), emergency care (Nairn, 2004), empathy

(DasGupta, 2004) and suffering (Schmidt Bunkers, 2001). Bowman's (1995) work uses students' stories to help illustrate influences on their decision making, Bailey et al. (2004) look at nurses' stories of caring for patients with shortness of breath. Robinson Wolf (1997) uses story to illustrate the relevance of skills such as bathing a patient for the first time. As well as exemplifying curriculum content, story can be used as a method of communication between nurses or other healthcare professionals. In addition, story can provide critical information on diagnosis, treatment and prognosis of a patient's condition (Orland-Barak and Wilhelm, 2005) or illustrate a link between theory and practice.

Yet story shows greater potential than simply being a means to meet a specific learning outcome, give insight into a patient's condition or serve as a means to elicit reflexivity. Calman (2000) suggests that healthcare professionals should be taught to tell better stories for use in clinical practice – for example, when communicating the condition of a deteriorating patient to members of the multidisciplinary team. For the purposes of improving the use of story, the real stories of teachers, other nurses and patients, as well as students' own stories, may be of value – yet often case studies or scenarios are invented that give details of what the teacher wants the student to learn but fail to incorporate the human element of story, mentioned earlier.

The incorporation of the use of story activities in the classroom can facilitate learning by helping students demonstrate listening and hearing skills, find meaning through reflection and critical thinking and share ideas, thereby ensuring their views are valued. McDrury and Alterio (2002) detail exercises that help students begin to 'find' their stories, prompted by a trigger such as a picture from the internet of a patient with cancer or a wound.

Encouraging students to read out and then discuss their stories with peers in the classroom is a valuable teaching method. Sorrell (2000) asked students to write two stories during a semester, having given them specific guidelines for writing an effective story. These students observed that the most effective stories were often the 'never again' stories – ones that are memorable because they illustrate an experience that is extremely important to that individual. This demonstrates the value of story in emotional development (McDrury and Alterio, 2002), something that is explored in this article.

Sorrell (2000) stresses the importance of setting time aside for students to read their stories aloud in class. However, within the current curriculum, such time is limited by the demands of academic assignments and specified practice competencies. As a result, stories of practice can be overlooked and gradually forgotten. If we are to improve learning from practice in nurse education, we need to focus on individual student learning first and then seek a collective direction towards which nurse education can work.

Problems with reflective practice and story

Two of the main problems with applying Schön's analysis are how to integrate theory and the difficulty of teaching reflective practice and reflection-in-action. This article makes no attempt to investigate the problems of using story for research and pedagogic purposes and, as with reflection, story too has another side.

The problems with reflective practice

Central to Schön's analysis is that practical expertise derives from untheorised, so-called common sense, intuition or more specifically tacit knowledge, rather than an inductive process of analysing and theorising an 'experience and practical activity' (Saltiel, 2010, pp 131-132). Tacit or embodied knowledge has a central role to play in the development of professional practice, but first it needs to be made explicit and recognised (Herbig et al., 2001). Indeed, the more experienced and successful the practitioner, the less incentive there might be even to acknowledge the need to analyse or theorise practice itself or attempt to make tacit knowledge more explicit, particularly when, in a managerialist environment, there are so many seemingly more pressing demands on the practitioner's time. This

means that trainee nurses could well be mentored or taught by experienced professionals who themselves cannot articulate – or even, in some cases, understand – what it was about their practice that made it successful and hence what it is that they are trying to convey to the trainees.

Following on from this is the difficulty of teaching reflection-in-action, which, by its nature, is located in real contexts and is not generally accessed outside these, as experienced practitioners often find it difficult to articulate to others their practice – their reflection-in-action. With regard to the professional knowledge of the teacher, it is essential that those leading reflective practice sessions are fully aware of the objections regarding reflective practice.

On the face of it, teachers should receive training in how to ‘teach’ or to ‘supervise’ reflective practice. In practice, and through no fault of their own, many adopt the dominant empirical approach – reflection-on-action and reflection-in-action. It is perfectly understandable that some are too overwhelmed by the demands of managerialist working contexts to want to challenge what appears straightforward, particularly when reflection has become so central to models of assessment on virtually all professional courses. Many would perhaps be unable to define with any precision what is meant by the term ‘reflective practice’ – subscribing to the view that, whatever it is, there are only two forms: reflection-in-action and reflection-on-action. If this is indeed the case, then the tools used for reflection-on-action could be the cause of the problem, as this infers linearity that makes it difficult to realise reflection-in-action (Edwards, 2013). Perhaps this idea can be modified, with teacher and student reflecting in advance of the learning event and not merely during (reflection-in-practice) or after it (reflection-on-practice).

It is hardly surprising, as Boud points out, that professional education has many examples of poor practice under the guise and rhetoric of reflection (Boud and Walker, 1998, p 192) and that the concept of ‘reflective practice’ has come to mean many things to many people. Other problems have been levelled at reflective practice and these are summarised in Table 1. Table 1 does not aim to criticise reflection as a learning or teaching tool per se but instead to stress how important it is that teachers are fully aware of such potential pitfalls and are prepared to modify their approach accordingly.

Box 1: An example of how story can work

As a lecturer at a school of nursing attached to a hospital, I taught on and ran a postgraduate intensive care nursing course. I was involved in setting up and contributing to clinical supervision of staff using John’s model of structured reflection. The sessions took place at various times, generally weekly. The staff members had determined a list of ground rules to work by, one of which was confidentiality. At one of the clinical supervision sessions that I attended, a member of staff shared a situation where she had observed another member of staff acting in a way that she did not feel was correct or appropriate. The staff member wanted to discuss the issue and gain support. However, one of the other members at the clinical supervision session reported the incident. This led to a completion of an incident form and it ended up that the observed staff member, who was not at the meeting, received a verbal warning.

Table 1: Problems with the use of reflective practice

<p>Reflective practice remains poorly defined</p>	<ul style="list-style-type: none"> • The lack of clarity over what it actually is • Reflection and reflective practices are common quotes in the nursing literature, yet they remain ill-defined, elusive terms (Cotton, 2001, p 513). • It remains unclear whether reflection is different from merely thinking • There is not much agreement on whether reflection has to be critical or not • It would seem that different meanings are given to the notion of reflective practice according to practitioners' different disciplinary and workplace traditions (Boud, 1998, p 192) • To be all things to all people, reflective practice has gained a hegemonic presence in nurse education (Cotton, 2001, p 513) • It is even suggested that the focus of reflective practice is not so much cognitive knowledge about practice as spiritual knowledge about self (Rolfe and Gardner, 2006, p 594)
<p>The individualistic orientation of reflective accounts</p>	<ul style="list-style-type: none"> • Heavily weighted towards notions of the 'individual', and the individual's thoughts and actions • The individualistic approach grossly overstates the power of the individual to control their own world in a world of work characterised by teamworking and interprofessional collaboration, and reflection that ignores or minimises the importance of workplace context – a context that could be a local or global one
<p>The realities of reflective practice as a confessional</p>	<ul style="list-style-type: none"> • Reflection always needs to be guided (Cotton, 2001, p 516). This decisively augments the power of the teacher in a situation where power relationships are already heavily weighted against the student, with implications for what the student is prepared to discuss or 'confess', and on how the teacher (or 'confessor') hears – and interprets – what is being said
<p>Reflection requires professional support</p>	<ul style="list-style-type: none"> • Carroll et al. (2002) argue that the potential of reflection cannot be fully realised unless it is identified as a process that requires professional support, both clinically and academically, as it is not an easy task for a student to do alone
<p>The challenges for students</p>	<ul style="list-style-type: none"> • Using reflection, students can see themselves as not good, with the focus on negativity and self-criticism rather than on self-praise • Reflection appears to have become a top-down process, with emphasis on assessment, generic skills and tick-boxes • Inbuilt assumptions concerning the power of the individual to make decisive change through his/her own reflection are generally wrong
<p>The impact of reflective practice on assessment</p>	<ul style="list-style-type: none"> • The prioritisation of assessment presents genuine dilemmas for those teaching – and learning – reflective practice. To start with, what exactly is being assessed – the skills of reflection or standard academic writing conventions? • Students are highly unlikely to reflect openly on situations where their practice may well have been below the standards established by the profession (in other words, those situations on which it is most necessary for them to reflect) • Students are likely to 'write what the examiners want'. As part of their practice assessment, student nurses are expected to make academic commentary on events in practice using a cognitive model of reflection, which often has no space for the expression of genuine emotions

The problems with story

Calman (2000) suggests that stories are not always 'good' and the power of stories can be so strong that the listeners will agree without question. Therefore, stories can be highly influential on a person and affect a listener in undesirable ways. This suggests that story can result in the wrong meaning or understanding, or the wrong practices being adopted, with potentially adverse clinical consequences. Strategies using story should be supervised by a teacher in higher education, a mentor or other healthcare practitioner, and are not to be tackled alone.

In addition, story can elicit various emotions and feelings; these can be positive, such as feelings of honesty, professionalism and empowerment, or negative, such as coping with memories of, and concerns for, the death and suffering of patients (Edwards, 2013). These emotions and feelings are subjective, but story can be used to find a positive angle from situations that at the time provoked negative feelings. In addition, story can cause anxiety such as concerns around becoming too emotionally involved with patients. Such emotional involvement can put students in conflict with their theoretical training (Sorlie et al., 2005) or the Nursing and Midwifery Council's code of conduct and other ethical guidelines laid down by the nursing profession (Hochschild, 1983).

Innovative developments in the use of reflective practice and story

Schön's (1983) analysis has been built on to develop practice and discussion of reflection in the research literature (Billet and Newton, 2010; Boud, 2010) has produced some interesting suggestions as to how it might be conceptualised differently in the future. Saltiel (2010) argues that a story can be just as artfully constructed as any other use of language and story can certainly be used more artfully than is currently the case. Stories can expand and deepen nurses' understanding of professional practice, and can be shared, helping to demonstrate to others the nature of professional practice.

Innovative developments in the use of reflective practice

A new development in the use of reflection was proposed by Boud (2010, pp 32-33), who developed the notion of 'productive reflection'. This explores ways of considering reflection in workplaces (probably the majority) where learning is focused not on the independent individual learner but on organisational intent, involving multiple stakeholders and connecting players. With its generative rather than instrumental focus, productive reflection is 'open, unpredictable, dynamic and changing' (Boud, 2010, p 32). While it is suggested that sometimes a story should not be told – for example, one that identifies a serious breach of professional practice (Calman, 2000) – Boud (2010, p 34) acknowledges that difficult stories can, within a pan-organisational context, recognise that there will be different notions of good practice and even different understandings of what constitutes evidence, with different assumptions and standards being brought to bear.

Billet and Newton (2010) have developed a new model termed 'learning practice' to consider professional learning that occurs throughout a professional's working life. It focuses on learning in practice, rather than theoretical learning, which takes place separately from practice. Their concept of learning practice suggests that it is not sufficient to rely on individual personal reflection or professional support for guidance. In this model, the two main concepts identified by Schön (1983), reflection-on-action and reflection-in-action, are harnessed to ensure an individual's or an organisation's goals can be met using reflection. Billet and Newton claim this model goes further than individual learning efforts. As such, the learning practice model embraces a more cyclical, rather than linear, process that emphasises ongoing professional lifelong learning.

Innovative developments in the use of story

Story can give access to learning that would otherwise remain hidden, even to nurses themselves. Andrews (2009) agrees that story provides a valuable tool in the search for meaning derived from practice and to be involved in the process of finding meaning from one's own stories is both empowering and motivating. The potential of story, other than just as a means to inform curriculum content, meet a learning outcome or enhance reflection, can be viewed in Table 2.

Table 2: The potential of story	
Representing experience through stories	<ul style="list-style-type: none"> • Stories can be seen as a way to help represent and understand experience • Nursing has failed to tell its own story, a story of practice experience. But when stories are told over and over, each time with more depth, meaning and insight, they help nurses share with one another their experiences, expanding and deepening their understanding of practice • Stories can become a fruitful way of exploring complex, integrated and interrelated professional issues
The temporal element of stories	<ul style="list-style-type: none"> • Stories can help us look backwards from the current story to help develop and improve a similar story in the present, as well as look forward to the future, in order to bring about change or transformation in practice • Stories can help to locate the experience in time to inform present and future practices (Bruner, 1986) • Our experiences are called upon over a period of years, or even a lifetime (Clandinin and Connolly, 2000)
Personal change and growth	<ul style="list-style-type: none"> • Conle (1997) and Squire (2009) point out that it is possible to undergo personal change and growth as well as gain understanding through story • A story may show change or transformation in an individual
To give voice	<ul style="list-style-type: none"> • If educators are serious about listening to the student voice, they should pay attention to students' stories (Ironsides et al., 2005). Through their stories, students are telling teachers what they are learning, rather than the teacher determining what they think the student has learned through written analysis • In relating the different stories, students' own style and expression comes to the fore • Nurses and students can use stories to give themselves a stronger voice in clinical practice • Bowman (1985) argues that, for students to achieve a truly audible voice, teachers must relinquish some of the control to which they have become accustomed • The voice of a student may be eroded or even erased by the professional language of detachment and objectivity, which is often the dominant discourse of academia. Students' stories give them the opportunity to speak in their own words, the language of practice
Teacher and student: partnership in the learning process	<ul style="list-style-type: none"> • Story can help provide a learning environment where teachers and students are partners in the learning process (Heinrich, 1992; Nehls, 1995) • Partnership encourages both students and teachers to challenge and rethink the nature of learning and teaching (Ironsides et al., 2005) • Using story involves working in an alternative paradigm from that set by a traditional teacher led, outcomes led curriculum, and instead relates to a student led focus • The sharing of stories between teachers and students creates a unique and more democratic pedagogical partnership between the two

Not only can stories help bring about change in individual practice and understanding over time, they can also contribute to the initiation of policy changes and improvements in the system. For example, the publication of Koch's (1998) work, employing story as a research method, led to a change in the dehumanised, objectified care referred to in the elderly patients' stories. The changes brought about by the research not only resulted in nurses listening to what a patient had to say, but influenced policies, allowing patients to make their own judgements based on adequate information, participation and self-direction in their care. In addition, there were increases in material resources, registered nursing staffing levels and amenities.

Technology can be used to allow the use of stories in a powerful way in the form of digital storytelling (Christiansen, 2011). Digital cameras, editing software and social media outlets can all contribute to

stories being shared, helping students to learn. The use of technologies can be a powerful way to tell stories with a range of audiences, share knowledge, emotions and experiences. Digital storytelling has been advocated as a means for reflection by authors such as Sandars and Murray (2011). However, a broader use of digital storytelling is given by Sadik (2008), who advocates the use of reflection but, in addition, suggests a co-operative learning process that engages students in the story to stimulate debate and discussion, at the same time allowing students with multiple learning styles to contribute and create knowledge. In this way, learning is drawn from the story and not just from reflection on it – the very point this article is trying to illustrate.

Stories are a way of assisting communication (Calman, 2000) between healthcare professionals. Story can give a voice and this may be true for student nurses in clinical practice because of the more powerful voices of doctors, qualified nursing staff and other healthcare professionals, such as physiotherapists, radiographers and occupational therapists. Story has a social-cultural artefact, which acknowledges the personal contribution of the experience of the nurse.

Reflective practice using story

As discussed earlier, reflection has frequently been employed to promote professional learning and the processes of reflection can be applied to story, as seen in the work of McDrury and Alterio (2002), who explain how reflective activities together with story can contribute to professional learning. Certainly, there is a potential relationship between reflection and story in that a story can be an aid to, or focus for, reflective thinking. However, used in this way, story is at risk of becoming no more than a product to evaluate reflection-on-action, rather than as a medium in itself for the identification of students' own experiences and emotions. The emotional side of nursing is important in itself (Lalor et al., 2006) and this is not always revealed in forms of reflective exercises or activity. Thinking emotionally in current nurse curricula is easily bypassed during the high-pressure life of clinical practice, so its key role in nursing needs to be exposed. The danger is that what has happened to reflective practice could easily happen to story, in that it might become used primarily for assessment purposes – as a means for student performance evaluation – and be forced into the same straitjacket. Nairn (2004) points out that the constant use of reflection-on-action as the only way to learn from practice situations ignores other language-based ways of learning, including story.

Finding a place for story

In academia, it has been a struggle to find a space for the recognition of the full potential of story as an aid to learning. Giving students a space in which to learn from real life stories would indeed be a radical inclusion. Getting students to engage with and attune to real life stories would be central to such an approach and, as Hussey and Smith (2010) point out, finding new approaches could begin to address the limitations of an outcomes led curriculum. If we tentatively accept that story may have a valuable contribution to make to nurse education, we have to ask how we can fit it into an already crowded curriculum.

In short, we are not suggesting that story be a replacement for reflective practice or that story should not be used as an aid to reflection-on-action. What is proposed is that story has value in itself, alone as a powerful illustration of real life clinical practice experiences and that it has importance for the expression of emotions and for analysis, critique and the identification of complex professional issues. It can facilitate the sharing of professional practice in a way that reflection alone cannot; by using story students can explore aspects of professional practice not easily accessed theoretically. So it is imperative that, in creating a space for students potentially to learn from real life stories, they are shown how to become attuned to significant clinical professional practice issues through their stories and to value learning from practice. Bowman (1995) concludes that story can give students an opportunity to create lively discussion to develop others' understanding of professional practice in a supportive environment.

Edwards (2013) proposes that nurse education should begin to acknowledge the full potential of story as a basis for understanding caring in nursing. This is to acknowledge that, in telling stories, students are interpreting and reinterpreting what they have experienced, just as those listening are interpreting and reinterpreting what they are hearing through the prism of their own experience. This is what Moon (1999) means when she talks about 'known' stories, where stories are told informally or formally among people who share experiences in a profession or workplace.

The inclusion of story recognises the value of having an 'open' view of learning, resembling the productive reflection described by Boud et al. (2006) and the ideas of Billet and Newton (2010), who embrace a more ongoing form of learning throughout a professional's working life. The latter stress the significance of individuals' unique experiences as learning resources and the importance of their interactions with other experienced practitioners.

Generally speaking, although stories have been employed as learning tools in nurse education, it could be argued that using them as merely an aid to curriculum content fails to exploit their full potential. While stories continue to focus on exemplifying the curriculum content and ignore story ownership (that is, the question of who is telling the story is treated as irrelevant), their use as a teaching tool may not achieve much beyond surface learning.

The challenge of demonstrating conclusively the extent to which students' learn directly from story has been recognised. However, what has been presented here is an argument that students can potentially learn from practice through the construction of and engaging with story. Story helps students to reconstruct and organise their practice, thereby making learning possible. Stories shared by students reveal that important aspects of learning are inherent in everyday practice – learning that cannot always be accessed through raw experience, theory, assessment or reflection.

Conclusion

Despite some reservations regarding the practice of reflection, it remains the case that, at least in principle, reflective practice has the potential to raise the professional status and morale of practitioners. It can also give insight into the make-up of a professional's tacit knowledge and how it might be articulated and effectively passed on from teacher to student. It goes without saying that reflective students are better than unreflective ones, in terms of learning about themselves and the care they deliver to patients, but there is no strong evidence to suggest that being reflective makes students more effective nurses – that is to say, safer or more knowledgeable practitioners.

The reason we have difficulties with reflective practice is that nurse professionalism has to combine reflection-on-action (theory based) with reflection-in-action (practice based) and this is challenging. On the surface it appears straightforward, but making this link raises all the difficulties identified in this paper, particularly as all reflective practice approaches have to meet institutional demands at the same time satisfying individual students' needs. The problem for nursing is that Schön's analysis has not been fully assimilated for the reasons stated above, so what can usefully be taken forward is the need to take his work seriously and look for ways for developing, accessing and understanding the world of practice he writes about, exploiting practice itself more extensively as a teaching resource. The creation and use of story can help nurse educators and academics solve this problem.

In terms of the development of student nurses' learning, story can play an extremely productive role, not only as an adjunct to reflective practice, but as an aid to learning in itself. Through the telling and writing of stories – a dialogue expressed in the language of the nurse, not of the academic – students can develop a clearer insight into their learning, grapple with professional issues that are too often excluded from formal consideration and begin the challenging task of making explicit and transferable learning that has until then been implicit and often unacknowledged.

There are some issues that still need to be solved in relation to reflection-in-action – the moment-to-moment experience that remains undervalued – and story has the potential to explore this area more usefully than it has to date. This is especially relevant to how story as an aid to learning can potentially bring about change in individuals and help to develop a lifelong engagement with learning about nursing practice.

Therefore, the conclusion is that stories can strengthen student learning from reflection but can also be powerful alone without the addition of reflection. When another layer of analysis and critique is added to story, learning can be accessed. Further debate is needed about what story can add to the utility of reflective practice as a teaching tool, how story alone, for its own sake, serves a purpose and how it is used independently of reflection as a means to develop professional practice.

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