Developing compelling spaces of learning

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Introduction
Continuing changes in UK government directives for healthcare have created an environment of constant flux where nurses are perpetually learning new protocols and ways of working. Likewise, the movement to a competency culture has meant that nurses oscillate between being proficient and a novice again as their roles constantly develop demanding new knowledge and skills. Technological advances have facilitated innovations in patient care. Yet the financial cost has also contributed to decreasing other funding. This has made it harder for practitioners to be excused from practice to attend formal learning activities. However, the notion that learning has to be a formal event seems open to question. Where are the opportunities, in such a context, to interrogate the rich variety of learning possibilities and resources available in a personal history, and of sharing this with others?

Traditional assumptions of lifelong learning of accumulating knowledge for particular goals (Knapper and Cropley, 2000) do not address the psychosocial and emotional complexity of the lived experience of change and of the demands for perpetual learning among qualified nurses. This paper intends to share findings from a study that explores the learning of qualified nurses and from which a potentially different pedagogy for nurse education is generated. The particular focus is on illuminating what motivates and shapes nurses’ learning experiences, their resources for learning and how they define knowledge. Also, how they integrate these aspects into their professional worlds, and associated narratives, as part of on-going learning, or resistance to it. The findings from the study represent a major challenge to some dominant ideas about learning, knowledge and research in nursing and nurse education. I suggest that there is a need to look at learning reflexively from within the wider context of biographies rather than simply through the frame of nurse education policy makers and nurse managers. Dimensions of learning - biographical, emotional, as well as the cognitive and responses to learning including the reflexive, integrative, and instrumental - are interrogated through a series of biographical case studies.

Background
Recent work in the neurosciences, amongst others, offers new perspectives on learning as a fundamentally embodied and emotional experience (Damasio, 1999; McKinnon, 2005). Yet increasing regulation is taking over other aspects of learning dictating what nurses should learn (Gopee, 2001). This can create passive approaches to learning conforming to the expectations and goals of others and where learners are not able to reflectively engage with what is meaningful and significant for them. Lack of space and time to reflect become the watchword for not
engaging in this way as the dominant discourse takes over and is prioritised over subjective ways of developing learning. However, giving people the time and space creates the possibility of more compassionate and inclusive definitions of knowledge, learning and caring. One view suggests that attentiveness, as a basis for healing, brings spiritual dimensions to relationships (Crawford, 2005). Perhaps it is no coincidence that lack of feeling cared for as a nurse and learner can also diminish caring relationships and attentiveness. The disturbing findings of the independent inquiry into the Mid Staffordshire NHS Foundation Trust failings (Francis, 2010) and the narratives of patient groups (The Patient Association, 2009) highlight some of the potential consequences of preoccupation with normative systems rather than attending and responding to human need. Investigating learning from the perspective of nurses themselves, therefore, was based on more inclusive methods of researching.

**Methods**
The study this paper is based on utilised an auto/biographical approach to explore the experiences of nurses from two National Health Service (NHS) Trusts in the South of England. The questions posed were:

1. What does an exploration of the learning biographies of nurses, including my own, say about what helps and hinders the learning of nurses?
2. What is meant by learning and knowledge in the professional context of nursing?
3. How do qualified nurses' learning biographies and professional contexts influence their perceptions of resources for learning?
4. What does an analysis of the learning biographies of nurses, and my own auto/biographical experience, contribute to the development of nurse education?

Focus groups and two follow up biographical interviews with the silenced individual drawn out from the group were used to collect nurses biographical stories, with participant review of the themes, pen portraits and an interconnected analysis frame employed to draw all the data together and develop themes which were arranged as case studies. While it might seem more productive to take stories from the rich seam of ready material offered by the more dominant and confident in the group, in keeping with feminist principles I was interested in hearing the stories that are not always heard and offering a space to do so. This paper is concerned with space in terms of the qualities engendered within different types of spaces – research, professional, personal, educational, cultural - and which influence the learning that may take place within them. Space is a concept which is returned to as different types of spaces emerge, and are interrogated. However, in a short paper it is only possible to offer very brief excerpts from the case studies for discussion, as follows. All names used are pseudonyms.

**The Outsider**
Nurses who have trained overseas have been consistently recruited to help meet some of the United Kingdom (UK) demands for extra nurses. They are required to adapt to the British system of nursing and education through a programme of learning and assessment. Successful completion enables them to register with the Nursing and Midwifery Council (NMC), nursing’s regulatory body. Although many have undertaken degrees in their country of origin, these are not always recognised as being of the same academic standing as similar level study in the UK. Likewise,
nursing skills need to be proven through observed achievement of competencies in the work place within an adaptation period. For many of the nurses learning becomes something to be endured as they are confronted by a normative imperative of prescribed ways of doing things, seemingly lacking in respect for difference and the possibilities that this brings.

**Feeling deskillled and degraded**

’Sorin….I know that in the Philippines it is quite competitive being a nurse….but coming here is….degrading everything….because I know I have got good background….And I am used to being in charge in Middle East. But coming here is quite different….people come to you very strong initially….in their attitude ….Because….here we are not qualified nurses we are graded….like auxiliary nurses….So it's….really tough. And….you know we've been to….this nursing business for quite a while and coming here is turning down to 0….'

**Hindering learning**

‘Pol…. It's quite difficult….because we are not used to that educational system…. here they are just giving you a topic, to discuss the example in an essay, so you are doing some research, but it is only to submit the essay…. I haven't really experienced studying because it is just a mandatory course required by the NMC.’

**Hard worlds of learning**

‘Remegev.... when you come to Western world it looks different. Because you need to work very hard and….when you are….home….you see only the shining world, not behind-the-scenes….So when you are here the life is really hard.'

Just as psychological aspects start to become suppressed to deal with increasing anxiety, so too do spiritual aspects as completion of tasks are prioritised, removing the soul from organisations themselves. This starts to create what I have termed ‘empathic vacuums’ within organisational cultures as they concentrate on trying to avoid risks and less on supporting the individual. There is little room for engaging feelings of compassion for learning difficulties as these become repressed by the need to achieve. In such a landscape it appears that learning starts to become a product rather than a holistic and interconnected process. To begin to fill some of the empathic vacuums what is first needed, in spiritual terms, is to recover the soul in organisations in order to be able to develop cultures that are encouraging of learning. In other words, acknowledging who we are and how we have arrived at this place thinking biographically. Maybe even our role in producing and supporting empathic vacuums. Previous experiences of learning and the quality of the present learning space are likely to interact and may generate particular emotions which come to influence the ability to think and learn. However, teachers and students, may be reluctant to open themselves up to emotional experience fearing becoming overwhelmed (Youell, 2006). And yet without insight learning remains instrumental and repetitive, missing the essence of self-understanding in how and why one learns. Emotional aspects of learning are supported by creating spaces that are sufficiently safe and nurturing to produce dynamics that are encouraging to learning. Learning different interpretations can then be supported as appears in another view.

**Learning to care in a different dialect**

Contrasted with such an ‘other’ is Eowyn’s story of emotional learning and becoming self-aware, viewing possibilities more reflexively, and where I begin to open up ideas of developing an interpretive imagination.
Claiming a voice

‘Eowyn.... It’s about wanting to know more, not being stagnant, being professional, moving on.... When we first came it was very hard to learn.... I looked up on the internet the conditions I didn’t know.... We can study, but the language is different... Although we can communicate....we’re not able to express ourselves fully....because we have to think our words We ask each other how far we have come.... And so I am interested in the mentorship course to help students who might feel like me.’

Philosophy of care

‘Eowyn ... Do you think you want your nurse to do it less for you? You put yourself onto their condition in what will you feel.....in the Philippines we are used to care for the elderly, and respect the elderly.... Here.....we were shocked with the fact that the elderly....they bring them to the homes and their families....they do take care of them, but in a different way. The carers might feel love, but different love....but it is just a matter of understanding the cultures....And just to ask us....overseas nurses.... how they are doing.’

Developing an interpretive imagination

‘Eowyn ....And then I don’t know, how did it change... Yes, I have to get used to it first and I think I need more studies....if we fail, we do it again....I think that if it goes along with practical skills it will retain...That’s my anxieties as well....I think that’s the important and the most horrifying...to become in charge....I might encounter a relative who is racist what do I do?’

I conceptualise the interpretive imagination as spirals of meaning-making guided by emotional learning that may take different courses. As Eowyn’s narrative illustrates, interpretive imagining poses explanations and reflexively considers opportunities for growth when venturing into uncertainty. Part of this process is sensitivity to spirit manifested within the organisation in how cared for individuals feel. Feeling cared for is important in a healthcare environment which deals with suffering on a daily basis. Leaving such emotional aspects unacknowledged also leaves them unsupported. Developing an interpretive imagination that can begin to grasp the possibility of human potential and is proactive in looking for ideas, rather than simply accepting them is an important step to building imagination and learning in deeper ways that are more long lasting. From here comes the idea of a ‘compelling space’ that supports learning, not in the sense of coercion, but through the creation of the desire to learn through processes of human agency and developing an interpretive imagination. Such a space builds on Winnicott’s concept of transitional space that exists between people as they negotiate and renegotiate their place in the world (Winnicott, 1965).

Compelling space

A compelling space is one that invites meaningful learning, where people feel able to take the risk of acknowledging that they do not know and become proactive in developing enquiry. When people are not distanced from one another, physically or psychologically, they can begin to discern where they might learn from as well as with one another. One example follows:

Sharing biographical experience for learning

‘Larissa.... And we need to be talking to the students....enthusing them to learn....So what I did for this talk was I started where I started with nursing....I
started thinking about…. where I did my training…. And when I looked on their website it was the anniversary of them opening that day….And I started there and built this up and lead it through the process that I had seen developing…. it matters to me that I communicate to the people that I'm talking to.'

**Personal learning**

‘Larissa....Last week I went round to visit a lady who….was suddenly falling into a big heap and realised she got far too much on her plate….And sort of talking to her….you never end up being the one comforting and talking, you always get something back from that don't you….So I think....reflective thinking....I have come away having learnt a lot myself.... I think it is partly about how I look at my relationship with other people I suppose.'

Larissa was able to draw on her own professional biography in enthusiastic ways, which enabled others to connect and engage with her and with learning. In doing so she was recognising that the experiences embedded within a life are a valuable form of capital that can be shared with others to help their learning as well as supporting personal learning. If, as has already been suggested, thought is interwoven with emotion and finds expression in the social, it seems that spaces become invigorated when surfacing a conflict of ideas. How this is managed in working with the ambiguity of not knowing determines whether this becomes a compelling or a closing space. Integrating thinking lies at the heart of a compelling space. Linking to this are the aspects of connecting with others, reflecting and imagining, with thinking reaching out to inform as well as be informed by these activities. But thinking can also create uncertainty and anxiety in perceiving knowledge gaps which lead to reflecting and imagining to consider possible courses of action and consequences. Likewise, reflection and imagining may also perceive such gaps, as well as become stimulated by uncertainty and anxiety. Lives can be drawn together through processes of biographical reflecting and imagining and, when drawn together, may collectively expand reflection and imagination. When these connections are encompassed in a containing space that frames the processes within clear and manageable boundaries, it might be said that this is a compelling space for learning to take place. Learning becomes irresistible and undertaken for its own sake.

**Inner and outer worlds of learning**

I now intend to draw together the different strands of these ideas of learning and the spaces in which they might occur as a way of conceptualising the inter-relationships between inner and outer worlds of learning and containing and compelling space and what might need to happen to make things better for qualified nurses’ learning. This is part of a dialectical interplay of inner and outer worlds and the stories told (West, Alheit, Anderson and Merrill 2007). I propose that for nurses outer worlds encompass learning that derives from political systems, organisational structures and scientific enquiry that can be generalised and that codifies knowledge. As such, this learning can be associated with guidance that delivers it to the inner world for consideration. The political, cognitive, scientific and professional are conceived as outer world experiences that impinge on the personal world where they are met by inner world sense making. The interface between outer and inner world is porous in that it allows experiences and learning to interact. The inner world encompasses learning that helps to internalise experiences and which may come to shape new ones. As such it includes biographical, personal and emotional dimensions and
reflexive, imaginative and creative responses and ways of coming to know that draw on psychological states, the self concept and spiritual understanding. These are associated with facilitation and support in how they may be included or excluded from learning opportunities. Experiential learning is located at the interface between inner and outer worlds as it is here that outer and inner world experiences become worked through in either direction. I contend that this working through can only occur in any depth if there is a containing and compelling space. Such a space links guidance, facilitation and support that interact to help contain anxiety and make learning manageable. Where these are lacking, the interface between inner and outer worlds becomes less porous and more rigid.

**A new pedagogy for nurse education**

It appears that an over reliance on rational forms of learning in the form of propositional knowledge misses the potential of harnessing other forms that some nurses find more meaningful to their learning. In particular, biographical and reflexive forms help to contain some of the anxiety issues that have come to the fore in this study, and assist in making spaces more compelling, especially for those with English as a second language. Innovation in teaching might be better served, not through increasingly complicated technological systems but, through facilitators and tutors collaborating with learners on a more equal plane of really reflexive learning. At issue appear to be the levels of support available in spaces of learning and of the capacity to be reflexive within a community of practice. The findings of this study suggest that what is helpful is some degree of biographical work in coming to know the self and one another and build trust through, for example, developing autobiographical writing and discussion groups that value experiences and the emotional life of learners. Including the facilitator/tutor in the process of auto/biographical telling might help to develop more realistic and honest expectations of one another at the start of courses of learning. In order to support emotional and cognitive aspects practically, it would seem that space and time for such biographical thinking needs to be made available and contained within working and learning.

**Conclusion**

It is in the interests of organisations and educational institutions to develop cultures that are encouraging of learning in order to maximise the potential of their staff and learners and ultimately the care they provide. What is hindering to learning is when the personal becomes suppressed and the soul of the organisation starts to disappear leading to anxiety-provoking experiences and instrumental approaches to learning. Retrieving the soul, individually and collectively, requires cultures that promote dialogue and develop the imagination through having space and time to do so, embedded within work and learning activity. Based on the study findings and associated literature I conclude that there are still limitations to the room for real reflexivity or reflection on learning for nurses. Consequently, their autonomy also becomes impaired as they grow to be reliant on knowledge deemed relevant and appropriate by others. What helps learning is when spaces for learning become more containing and compelling in order to invite learning that is more meaningful and long lasting. Implications for nurse education suggest that to become compelling, spaces of learning need to integrate the subjective imaginatively, be used more collaboratively and be underpinned with clearer support. This might involve engaging biographically to acknowledge learning capital and make sense of
different forms of learning. This could help integrate understanding in a way that is internalised through constructing the biography. When groups undertaking such work are facilitated in a respectful manner it becomes possible to contain anxiety and emotions in helpful ways. In such atmospheres uncertainty might be faced with less trepidation.

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References

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