

A narrative inquiry of storytelling: a learning strategy for nursing students to reflect on their interactions with patients.

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Abstract

Arts-based learning in the context of clinical placement is rarely discussed in the literature, yet storytelling is potentially a valuable tool for students to reflect on the multi-dimensional experience. Clandinin and Connolly's approach to narrative inquiry provided the methodology to explore students' experiences of storytelling as a learning strategy. Narrative inquiry is a relationship-based methodology, used to study the nature of people's experience. The approach is like that of clinical facilitators who work collaboratively with students to understand and provide mentorship through their placement experience. Creative writing and storytelling sessions with students were conducted throughout placement. Data included creative writing, oral stories, and journal entries, collected over six placement blocks with 26 nursing students. Analysis identified that students engaged enthusiastically with storytelling; stories highlighted moments of student-patient interactions; the value of a positive clinical facilitator-student relationship; the complexity of registered nurse-student relationships; and students from cultural and linguistic diverse backgrounds experienced feelings of isolation from staff. The simple tools of pen and paper were a powerful medium for students to reflect on their interactions with patients. Facilitating the process of storytelling provided the researcher with insight into intrinsic and extrinsic obstacles and opportunities which may impact students' engagement with patients.

Introduction

Nursing students are required to undertake a series of clinical placements throughout their degree. Placements provide students with the environment in which to achieve nursing competencies. Evidence in the literature suggests that education during placement tends to prioritize learning on students' hands-on skills (Gaydos, 2005, Schwind et al., 2015). There are few teaching strategies to develop students' less visible skills such as interacting with patients. Balancing the domains of cognitive, psychomotor, and affective learning may provide a more holistic approach to clinical placement education (Rieger et al., 2016; *Removed for blind review* 2021). Reflecting on interactions with patients requires students to be receptive to developing self-knowledge. Schwind et al. (2015), suggest that the nursing student's own life experience is inherent in their encounters with patients. To engage meaningfully with patients, nursing students also need to reflect on their own emotions and responses. According to Lindsay (2008 p.19), 'who you are as a person is who you are as nurse'. Storytelling is a valuable arts-based learning strategy for nursing students to reflect on their practice. Research into the arts, such as storytelling in nurse education, is often focused on classroom learning (Rieger et al., 2016). Arts-based learning in the context of clinical placement is rarely discussed in the literature.

The art form of creative writing opens new reflective pathways for affective learning (Adams 1990). When a patient and nursing student interact, they do so in a moment along the trajectory of each of their lives (Frank 2002). Storytelling activities during placement aim to help students to return to one moment of engagement with a patient. As they write, read, or tell their story they relive that moment of engagement. Storytelling encourages students to 'live and tell, relive and retell' (Clandinin & Connolly 2000 p. 20), the stories of their patient interactions. It is in this reliving and retelling that students reflect on the meaning of their experience. The primary aim of this study was to explore if storytelling was a useful learning strategy for nursing students to reflect on their interactions with patients. This study also aimed to explore the content of student's stories for intrinsic or extrinsic complexities to their interacting with patients. Understanding influencers aimed to assist the clinical facilitator to direct student learning, advocate for a best practice learning environment and identify areas for future research.

Methods

Narrative Inquiry

This study applied Clandinin and Connolly's (2000) approach to narrative inquiry. The focal point of Clandinin and Connolly's (2000) approach to narrative inquiry is the study of people's experience.

The methodology is similar to the philosophy of clinical facilitators when mentoring nursing students. Narrative inquiry is relationship-based, and like the narrative inquirer, the facilitator and student work collaboratively to make sense of the student's placement experience. Peoples' experiences are always contextualized, based on the two concepts of continuum and interaction (Dewey 1938). To understand current experience, Dewey proposed that one must consider the experience which has passed and understand that all experience lives on in future experiences. To understand the meaning of peoples' lives Clandinin and Connolly (2000) developed a three-dimensional metaphor based on Dewey's theory of experience; temporality, sociality, and place. According to Puplampu et al. (2020 p.879), 'narrative inquiry is a collaborative way to inquire into people's experiences in the three-dimensional space of temporality, sociality and place'. Temporality recognizes that the students and the facilitator-researcher came into the inquiry with a past which influences their present and future experiences (Clandinin et al., 2013). By the very nature of being a student, participants were in a place of transition. Their life would be reshaped by their study experience within specific milestones and contexts. There is also no true end to the research because not only will their study continue beyond the research, so will their life experiences. This narrative inquiry was only a snapshot of students' lives during the period of one clinical placement. Sociality refers to the personal and social factors which influence experience (Clandinin et al., 2013). Students encountered multiple social interactions with patients and their families, staff, educators, and peers. Placement disrupts the routine of students' lives. Sometimes this affects paid employment, child minding, transport, and study needs. The students' personal-social experiences could not be ignored when contextualizing their stories and storytelling sessions. Place recognizes that all experience occurs somewhere (Clandinin et al., 2013). In this inquiry the placements occurred in two different hospitals and on different wards. Apart from the clinical challenges of the hospital placement, students were faced with a new social setting. The hospital environment has accepted norms, many of which are unspoken. Acknowledging the influence of place on storytelling assists to physically contextualize the stories. The narrative researcher conducts their inquiry 'in the midst' (Clandinin & Connelly, 2000 p.63) of their own and their participant's lives. The researcher cannot 'bracket out' their life from the research. Like the students, the facilitator- researcher continued to live and work beyond the boundaries of the inquiry. Positioning the narrative inquiry in the midst of life's realities is essential to maintain the three-dimensional concept.

Participants

Participants were nursing students in a three-year bachelor's degree. Students were undertaking a clinical placement block of four to six weeks. The country of origin of students in placement groups is

usually a mixture of those born in, and out, of Australia. Unexpectedly, all participants came from culturally and linguistic diverse (CALD) backgrounds.

The principal researcher had dual roles of clinical facilitator and researcher. Students meet with their facilitator two to three times per week. In this study a group storytelling session occurred on one of those sessions each week. Participation in the research consisted in the voluntary participation in an audio-recorded storytelling session and submission of written stories once the placement was complete. To eliminate potential bias in the facilitator's marking of students' placement performance, the invitation to participate in the recorded storytelling was not extended until the release of grades. The recorded session was undertaken on the final day of placement. Every student in every group agreed to participate in the recorded session. Overall, there were six groups with a total of 26 participants.

Data

The creative writing pieces, oral stories, and the researcher's field journal provided the data for the research.

Creative writing

The researcher is a certified instructor in the method of 'Journal to the Self' (Adams 1990). In this method creative writing activities can be undertaken in under fifteen minutes. A story prompt, or springboard, is provided to 'access thoughts...and feelings' (Adams 1990 p.74). In this study, the first writing session for each new group of students began with "Who am I?". This helped students and the facilitator to contextualize and acknowledge that each person arrives on placement within an unfolding life story. Another prompt described in this paper is a "character sketch" where students described individual, not medical, characteristics of a patient. At the completion of each placement students were invited to give their creative writing to the researcher as data.

Oral stories

The storytelling sessions were not designed to separate written and oral stories. After writing a creative piece, students volunteered to share their story. Some students felt uncomfortable reading their story aloud, preferring to paraphrase it instead. Those who did read, often provided verbal clarification and context. In keeping with our ethics approval, only the oral accounts recited on the final day of placement were audio recorded. A professional transcribed the audio recordings of the storytelling sessions. Other stories were recorded as notes by the researcher in their field journal.

Field journal

The researcher made notes following each session with students. Feelings, emotions, insights and observations were captured either on a voice recorder or in a written journal. In this way, the researcher was 'able to "slip in [to the research experience] and out" [to reflect on the research experience]' (Clandinin & Connolly 2000 p.82). The point of keeping a field journal is to maintain objectivity. The researcher's feelings and beliefs about the inquiry change over time. The field data remains the same.

Analysis

There were two approaches used to analyse the data. According to Clandinin and Connolly (2000) the goal of analysing texts is to discover meaning, situate findings and understand significance. The creative writing pieces, researcher journal entries and audio recordings were analysed according to Clandinin and Connolly's methodology. Written data was read and re-read. Transcriptions of oral data were examined while listening and relistening to the recordings. Through this method, the researcher aimed to discover 'patterns, narrative threads, tensions and themes...within or across [the narratives]' (Clandinin & Connolly 2000 p.132). In analysing stories with the view to identify themes there is the risk of talking over participant stories to verify apparent themes (McKenna 2017). To reduce this risk the three-dimensional approach of temporality, sociality, and place positioned each data set (Clandinin & Connolly 2000). The second analytic method, linguistic analysis, probes the text for embedded meaning (Labov & Waletzky 1966; Lieblich et al.1988). To ensure quality linguistic analysis, language fillers such as "hmm" or "err" were included as part of the transcripts of oral data. Linguistic analysis aligned best to achieve the second research aim. This aim was to identify potential obstacles or opportunities students faced when interacting with patients. Lieblich et al. (1998) describe categorical-form analysis to identify emotional content in individual words and phrases. A list of formal indicators identifies emotions. For example, 'mental verbs such as "I thought", "I understood", and "I noticed" may be indicative of the extent to which an experience is in consciousness and is undergoing mental processing' (Lieblich et al 1998 p.157). Analysing the data in this way aimed to understand the depth of reflection which creative writing and storytelling produces. The researcher then wrote paraphrased accounts of each form of the data, as shown in the subsequent exemplars.

These exemplars include a piece of creative writing, two oral stories and an excerpt from the researcher's journal. The accounts demonstrate the application of narrative inquiry and linguistic

analysis in identifying potential meanings. Names in the story samples are pseudonyms.

Grammatical errors reflect that participants' first language was not English.

Creative writing piece sample

This creative writing exercise is structured to position each student within the three-dimensional space associated with narrative inquiry.

"Who am I?"

"My name is Benita. So, I was born in Nepal. I have two siblings. I finish schooling and high school in my home country. I came to Australia in 2016 for nursing. Currently doing nursing second year at [the] University. Initially coming to Australia for study by myself was a really hard decision for me. I have got some nursing experience from my different placement in different hospital in Australia. Being a nurse is not very easy, especially for people like me who get emotional very easy".

The "Who am I" exercises were examined using Clandinin and Connolly's (2020) approach of temporality, sociality, and place. Benita brings us 'backwards and forwards' within her temporal space. She takes us back to where she was born. She tells us she has been in Australia for two years. She is in her second year of nursing and she has previously completed a clinical placement. In her conclusion, she brings us forward to the present to describe how she is currently feeling. Benita initially describes her sociality 'outwards'. She describes the social setting of where she was born, grew up, and went to school. She tells us the number of her siblings. Still on the outside, she describes her purpose for coming to Australia. Then she moves 'inwards'. She tells us that coming here by herself was "really hard decision...". She concludes with a personal statement "...who get emotional very easy".

Benita's story also has a clear description of place. We sense that her belongingness might remain in the place where she was born and lived. We know she is in Australia, studying in a university. Benita has been in another hospital to undertake a placement. At the time of writing, she was allocated to an acute care ward for her clinical placement. Benita's story provides context to make meaning from her upcoming stories and unfolding experience.

Oral story samples

The following two accounts are paraphrased from Chandra and Anusha's respective recorded oral stories.

"No hope"

A patient is admitted to the Coronary Care Unit newly diagnosed with heart failure. She tells Chandra that she just wants to die. Chandra noticed that the patient was not eating or

drinking. She coaxed her but the patient told Chandra she had lost all hope of living and it was better that she died. No matter what strategies Chandra tried she knew they would not help. She wanted to express to the woman that she understood, but she knew she could never feel what the woman felt. Chandra tells us she feels powerless. She says that she wishes she could do something, but she can't.

Chandra's opening statement establishes the sad theme of her story. "I saw one lady, but she had lost any hope of living" A few lines of context follow and then she repeats the statement, this time using the patient's own words. "She said... 'I have lost any hope of living, it's better if I die'". Chandra changes points of view throughout the story. Switching between her 'speaking self and experiencing self... [can occur when] ...reencountering a difficult experience' (Lieblich et al 1998 p.35). Whenever Chandra describes the woman's strong emotions, she does so with the woman's own words or voice. The woman's narration repeats the theme of lost hope.

Chandra uses the woman's words again to express her feelings of lost dignity. Using the woman's own words helps Chandra separate which is the patient's story and which is hers. They are both managing difficult emotions. Chandra frequently stops the flow to address her listeners with comments about how she felt at the time. Her comments are often tinged with a 'sense of helplessness' (Lieblich et al. 1998 p.35).

As Chandra shared her difficult experience, it was also important for her to describe what strategies she had tried. In narratives, the speaker usually tries to present themselves in the best light (Labov & Waletzky 1966). In one section, she repeated dialogue describing herself coaxing the woman to eat and drink, the woman refusing, then complying. Chandra highlights the patient's affirmation of her care. She tells us that the woman said: 'I really appreciate what you did but I don't have any hope left'. Chandra also describes how she learnt that the woman was from a different country and correlates that to not liking the food. She persists in encouraging the patient to eat and drink and concludes: "... and she ate, I feel at least she is eating something". Understanding this part of the patient's story helped Chandra to develop empathy (Jasmine 2009; Gidman 2013). When Chandra finishes describing what she did, she goes on to share with us the distress she feels. "But I have never seen such a person ... she doesn't have any hope".

Such comments situated alongside the storyline are an indicator of Chandra's consciousness and 'mental processing' (Lieblich et al. 1998 p.35). Telling the story is helping Chandra to reflect over her clinical practice. Other studies have found that reflecting on patient encounters 'with supervisors and peers [students'] promote personal and professional learning' (Manninen et al., 2013 p.9). Chandra's frustration is evident throughout the story. She tried various strategies to help the

patient. "So, I feel powerless. It's like I can't do anything for her". Chandra attributes her feeling of powerlessness to this being the first time she had encountered such an occurrence. This is important information for the facilitator. A teaching and learning conversation can be planned, either with the individual, or with the group. Chandra concludes, "I have never seen such a person... she doesn't have any hope".

"The Gown"

Anusha's elderly patient told her that she was a fashion designer. When she looked at her hospital gown she broke into tears. Anusha tells the group that when a patient is distressed it is best to listen, encourage them to talk, and avoid giving advice. The woman expands her story, sharing details of her love of fashion. She concludes with urging Anusha to dress beautifully while she is young.

Anusha tells her story immediately following Chandra's "no hope". Anusha appears more comfortable to separate her own emotions from the patients. She is able to name the woman's feelings with more overt descriptions. The phrase 'I was so happy' could indicate that the woman no longer experiences happiness. The woman is also feeling frustrated with herself and her deteriorating health; "she just breakout [cried out], 'why I am wearing this gown?'" Anusha is able to recognize the patient's grief; 'I imagine [remember] my previous days what I used to be; just look at me now what I am wearing'. These, and similar phrases highlight the woman's self-loathing and loss of identity. Similar to Chandra's story, Anusha uses the patient's own voice to express her deepest feelings. Being able to nominate how the patient felt demonstrates the student's capacity to empathize and reflect beyond herself.

Parallel to telling the story Anusha also provides the group with tips on how to manage. The value of peer learning is evident here. Anusha also has a moment of personal insight through telling this story. Her voice becomes animated when she repeats the woman's advice to her, "she suggested to me to just dress beautifully when you are young". Anusha is a beautiful looking young woman. It is possible that she connected with the patient on this point. She includes visual detail when she repeats the woman's words, 'I really love dressing...I was a fashion designer, I used to dress myself. I used to [like] silk cloth. I really love yellow, red....' Anusha describes a heart-breaking scenario, but her reflection demonstrates self confidence that she had managed it appropriately.

Interestingly, Anusha's mentoring registered nurse (RN) is missing from the story. This point is consistent with most of the stories. Feeling alone in learning is an element common amongst nursing students (Manninen et al. 2013). As with all students, Chandra and Anusha are allocated to a registered nurse who assists and supervises practice. Yet the registered nurse is invisible in the

narrative accounts. Even if the registered nurse was aware of the situation, student learning is often focused on practical tasks (Manninen et al. 2013; Chan & Lai 2017). These patient encounters had a profound effect on Chandra and Anusha. The opportunity to share this in a storytelling session allowed the other students to provide support. The story also provided the clinical facilitator with insight to students' needs. Teaching and learning responses could be targeted to individual and group needs and updated as the placement unfolded.

Field journal entry

“Can I talk to you?”

The nurse unit manager catches me as I wander down the corridor. I already know what she wants to talk about. Chandra spoke to me yesterday. In between hiccups and streams of tears and through broken English I got the gist of her having received poor written feedback from her RN. There are always two perspectives and it takes time to understand the whole picture. What I didn't like was the RN writing the feedback and handing it to the student without any verbal feedback. Hit and run. That's something I've learnt from this research. In getting to know the students and then listening to the staff, I can sometimes see a discrepancy. I even look back on my own previous students who the ward has identified as being problematic and wonder now whether I wasn't listening enough to the student. I'm trying to get students to think about their practice but I'm actually finding that it's helping me in my practice as a facilitator. Because I'm starting to gain insight into what it's like for students.

Findings

Five key findings emerged across the data. Students engaged enthusiastically with storytelling; stories highlighted moments of student-patient interactions; the value of a positive clinical facilitator-student relationship; the complexity of registered nurse-student relationships; and students from CALD backgrounds experienced feelings of isolation from staff. These findings are presented here with samplers from creative writing pieces, oral stories, and the field journal.

1. Storytelling and enthusiasm

On the first storytelling session some students wrote their story like a patient case note entry. Others wrote a piece of creative writing. The students themselves recognized the difference in style and the power to promote reflection when writing creatively. In subsequent sessions all students wrote freely, some complaining that ten minutes was insufficient time. Students often competed against each other as to who would share their story first. Feedback on the final session identified students' positive response to the storytelling sessions.

Hearing the others share their stories definitely adds to your own experience, them sharing their knowledge helps you to understand patients.

There will be so many patients that you will be looking after, so, if you can write those stories in your notebook, you can read them back later and can ask, "how did I approach them?" or "what do I remember about their situation?" I think, umm, in university we learn about, all the medical terms and everything we need to do, there is importance of doing that. We need to learn about the medications, it's side effects, everything. But this exercise really helps us to be a good nurse for a patient. The patient's nurse sees his situation and tries to connect with that.

2. Storytelling and student-patient interaction

A story prompt aided each student to reflect on a single moment of interaction with a patient. One exercise asked students to write a 'virtual letter' to a patient. Anusha, an international student, wrote,

"Dear Mrs. X, I feel like I'm looking after my own grandmother. When I first introduced myself to you and you said, 'it must be very hard to do all this study, work long shifts, managing finances, when you come to a totally different land and need to adjust according to people's thoughts and cultural environment. You must be missing your mum and dad the most'. I felt so touched because no patient that I have looked after, or any staff have ever said that to me".

Relationships work in both directions, and through stories students expressed their appreciation of affirmations received from patients.

Chandra: "we need to connect. Because at the end we are all human".

Benita: "yeah Chandra, this makes us more human".

3. Relationship with clinical facilitators

In conducting research on storytelling, the clinical facilitator-researcher had to listen closely to students' experiences. Increased insight into students' challenges improved the facilitator's capacity to advocate for students to registered nurses when exchanging feedback.

"We can share our feelings here and if we have got some problems then we can say these to you, and you can talk to the nurses".

'Problems' included an array of challenges from inter-personal communication with staff and achieving clinical competencies. The research also highlighted that facilitators' can also enhance

student's confidence to develop their patient engagement skills. Field texts from the researcher's journal include entries such as this;

"I told the student how beautifully she had captured that little moment... it was just the patient and herself. I said how great that you just zoned out and focused on him and connected with him".

Sometimes the clinical facilitator role is as little as reminding students that what they are doing is wonderful and important.

4. Relationship with registered nurses

Registered nurses rarely appeared as characters in the students' stories. It was more common for students to recount interactions with registered nurses during informal conversations. The researcher-facilitator maintained field texts recounting conversation content.

"The student said how she had worked with most registered nurses in this ward and knew who was actually nice as well as those who would teach her 'stuff'".

A student described feeling positive if an individual registered nurse, or the ward culture, is supportive and not aggressive. Some relationships between registered nurses and students were not so favourable.

"We just have to listen to what the registered nurse is saying because every nurse likes doing it differently. I'm literally doing something from the way one likes it, then whatever the next one says I will follow that. Whatever the next, I will follow that...so it's hard to know where you need to improve or are going well".

The researcher's feelings of being overwhelmed with the flood of emotions in student's stories about their relationships with some registered nurses was evident in the researcher's field notes.

"I'm finding it difficult to keep these field notes; I don't really want to write about what I've just heard and experienced. Yet this is the purpose of narrative inquiry. Living, telling, reliving, and retelling experiences is where I can find meaning".

5. Experiences of culturally and linguistic diverse students

All students in this study came from CALD backgrounds. Stories reflecting personal and interpersonal conflicts with staff could not categorially be attributed to cultural diversity. Stories varied between students' feelings of discrimination, to appreciation for the opportunity to study in Australia.

"I have been living in Australia since last two years and am enjoying the study. I'm very optimistic and following my dreams to be a nurse. I was very nervous before placement but now I'm more comfortable being around persons and knowing their story and journey in hospital".

"I was allocated the procedure room, but the registered nurse wouldn't let me do anything. She was abrupt all day. Then an Australian born student came in, and the registered nurse went to her and introduced herself and showed her around. It was totally different to me".

Discussion

Clinical facilitation sessions in this present study provided a safe space for students to reflect on their practical, cognitive, and interpersonal skills. Storytelling during clinical facilitation revealed anxieties and uncertainties students experienced during their placement. Using storytelling the clinical facilitator could address student concerns which may otherwise be missed (Gidman, 2013). Stories also provided students with opportunities for peer learning, to share special moments interacting with patients and discuss skills needed to provide empathic care. Moments of reflection highlighted to the student their own capacity to care. When reading or sharing their creative writing, students frequently ended with tears or with a waver in their voice. This emotive response often came as a surprise to the student. They often reflected that their story triggered a realization of how much they cared for the patient. When students learn to care, they contribute to reducing patient's anxieties and improving their wellbeing (Wei et al., 2019). Knowing that caring can improve patients' health can 'increase nurses' job satisfaction...engagement... [and] confidence in their clinical performance' (Wei et al., 2019 p.4). Creative approaches to learning have demonstrated effectiveness in developing caring knowledge, reflective capacity, and relationship skills (Schwind et al., 2015, Rieger et al., 2016). This study has shown that storytelling is a positive method for students to learn to connect with their patients.

Clinical facilitators meet regularly with students throughout their placement to facilitate and manage placement complexities. According to Gillett et al. (2016), there are similarities between the student-facilitator relationship and the student-patient relationship. Knowledge of the individual's needs assist facilitators in developing empathy. Storytelling contextualized placement challenges within the students' experience of temporality, sociality, and place (Clandinin & Caine, 2013). To conduct this research, the facilitator had to 'experience' the placement along with the students (Clandinin & Connelly, 2000). As the placement progressed, the relationship between the facilitator and the students deepened. Storytelling provided the clinical facilitator with insight into the student's placement experience. Students do not always experience effective relationships with their

facilitator. In Gillett et al.'s (2016) palliative care study, students described feeling unsupported when facing difficult situations such as death and dying. The clinical facilitator makes a choice as to the extent of their engagement with students. Their choice plays an important role in students' experience of placement. In the nurse-patient relationship, the patient's health is known to benefit from 'the moment- to-moment human encounters between...the care giver and the...recipient of care' (Watson 2008 p.81). Clinical facilitators have the power to tune into the moment-to-moment opportunities to provide learning with care.

Interactions with registered nurses appeared rarely in students' written stories. Most information about their interactions with registered nurses came from student's unrecorded conversations with each other in the researchers' field notes. Students' experiences with registered nurses varied from receiving valuable teaching to feeling ignored or bullied. Like clinical facilitators, the registered nurse makes a choice as to the extent of their mentoring. Strategies discussed in the literature for managing relationships with registered nurses often focus on students' resilience. For example, Thomas and Asselin (2018) suggest that reflection and journaling may help students to develop resilience to manage these challenges. While storytelling may assist students' resilience, increased attention to traditional contributors must also be addressed. In a study by Tee et al. (2016), almost half of the 657 nursing students had experienced or witnessed violent behaviour during their clinical placement. It's unclear how many of these episodes were perpetrated by patients or staff. Storytelling has shown to provide the opportunity to express and not suppress the personal and professional impact of these on students. Students from CALD backgrounds opened-up and spoke about feelings of frustration, rejection, and sometimes blatant discrimination during their clinical placement. The experience of CALD students on clinical placement has been well documented as particularly stressful. (Mikkonen, Kuivila & Tuomikoski 2016; *Removed for blind review 2021*). According to Jeong et al. (2011), culture can influence students' experience as much as language. In some cultures, it is taboo to question elders. If students are unclear how to respond to a question, some prefer to stay quiet rather than lose face. Unfortunately, in such situation's students can be labelled as unmotivated, or lacking in basic knowledge (Mikkonen, Kuivila & Tuomikoski 2016). This narrative inquiry has highlighted that there are gaps in research into the educational, social, cultural, and health and well-being needs of CALD nursing students. There is clearly a need for research to improve CALD students' experience of clinical placement in Australia.

Limitations

This study was undertaken by one facilitator with their own groups of allocated students. This limits assessing the impact of storytelling with groups facilitated by other clinical facilitators.

Conclusion

This narrative inquiry has demonstrated the power of storytelling for students to reflect on their interactions with patients during clinical placement. Students appeared to enjoy the storytelling activities, evidenced by writing freely and telling their stories to each other. Students provided feedback to the facilitator-researcher on how they valued storytelling during clinical facilitation to reflect on their patient interactions. Through storytelling the facilitator came to know and understand students' experiences. Gaps in learning could be identified through storytelling and addressed individually or within the group. Stories and conversations identified both unsupportive and supportive working environments. These included the varied experiences of students working alongside registered nurses. Students from CALD backgrounds shared unique challenges in relation to language, culture, and feelings of discrimination. These issues are worth exploring as a separate, and urgent area of research. Whether placement complexities impeded or enhanced students' opportunities to interact with patients is unclear. Clinical facilitators could benefit from professional development to manage placement challenges, particular their dual roles of teaching and student advocacy. This narrative inquiry has demonstrated the value of storytelling for students to deepen their awareness of their interactions with patients. The simple tools of pen and paper were a powerful medium for students to reflect on moments of engagement with their patient. Storytelling also identified multiple placement complexities that are worthy of further research.

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Conflict of interest

None

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