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Digital story telling in social justice nursing education

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Abstract

Objectives: The purpose of this study was to explore and evaluate how digital stories integrated into public health nursing education can teach social justice concepts essential for nurse leadership.

Design and Sample: Four digital stories were selected and incorporated into a public health nursing course. Students were asked to reflect on these stories. A retrospective qualitative analysis was completed on the student narrative reflections and analyzed for themes. A total of 108 narrative reflections of public health nursing students were included from 2015 to 2016.

Results: Themes were identified based on analysis and include—Encountering Vulnerability, Questioning Systems and Choosing Moral Courage.

Conclusions: Digital stories offer an innovative medium to convey the importance of story, advance social justice as an essential practice of nursing, and create opportunities that addresses social justice in nursing and in developing nursing leaders.

KEYWORDS
digital stories, public health nursing, social justice

1 | INTRODUCTION

The telling of stories is important in teaching and learning, building connection and offering insight into the human condition (Adams & Bell, 2016). The process of telling a story can impart agency and convey the skills of the storyteller to offer emphasis around complex issues of nursing including ethics, professional practice, and influencing public health policy (Hagedorn & Weinshenker, 2010; Matthews, 2014). While the telling of stories is an important aspect of student learning and reflective practice (Bolton, 2010), listening to stories and engaging in reflection is also central to this learning process (Alcalá, Austin, Granroth, & Hewitt, 2016). Creating a critical connection through interpretation can offer another level of understanding on themes important to the practice, research and education of nursing professionals.

1.1 | Background

This paper describes how digital storytelling, as a strategy for public health nursing education, can promote listeners' affective responses of social justice through listening, self-reflection, critical thinking, and understanding. This objective to promote affective responsiveness as a teaching and learning approach in nursing is supported using narrative that can reveal themes to the listeners, and foster active listening and dialog (Zúñiga, Mildred, Varghese, DeJong, & Keehn, 2012).

The American Nurses Association in their revised statement on human rights emphasizes the role of nursing in promoting social justice (American Nurses Association, 2016). Connecting concepts of social justice to practice is important in nursing education (Einhellig, Hummel, & Gryskiewicz, 2015; Zúñiga et al., 2012). The Standards for Reporting Qualitative Research Recommendations are used in reporting this qualitative study as an evaluation of an educational process addressed in this paper (O'Brien, Harris, Beckman, Reed, & Cook, 2014).

1.2 | Review of literature

Digital stories are a specific medium of storytelling created in an intentional format, often within a group over a short period (Hagedorn & Weinshenker, 2010). They are audio-videos that are short in length, 3–5 min, often combine the voice of the narrators' own story with personally selected images, text, and music and emphasize a perspective of the storyteller (Lambert, 2013).

In one investigation of how digital storytelling affects learning processes, nursing students (N = 134) created their own 5-min narrated digital story, connecting their personal stories to the content being presented (Price, Strodtman, Brough, Lonn, & Luo, 2015). While this study emphasized affective learning, results also identified specific skills such as presentation and communication skills supported by creative technology. Through written reflections on these stories students had enhanced learning around specific nursing practices (Price et al., 2015, p. 67). Narrative pedagogy can be used in evaluating the creation of student digital stories as a nursing education approach (Gazarian, 2010). This framework emphasizes the understanding among a community of learners in the process of interpretation and establishing meaning through the process of discussion.

The method of phenomenography focuses on combining different understandings in exploring the use of digital stories in nursing education (Christiansen, 2011). Phenomenography emphasizes that the digital story is explored in different ways by different people. The focus of the method, using in depth interviewing, is to emphasize the variations in understanding across a group of people. Sharing the various interpretations becomes an important aspect of learning in appreciating differing points of view.

Digital stories are a learning resource, emotional experience, reflective experience and transformative experience (Christiansen, 2011, p. 291). Use of digital stories as an educational approach in nursing continues to evolve as both a medium for telling stories and interpreting narrative with an emphasis on engaging a community of learners (Christiansen, 2011; Davidhizar & Lonser, 2003; Gazarian, 2010; Jamissen & Skou, 2010).

1.3 | Teaching listening

Social justice is not only a goal or expected outcome but is also a process in education (Bell, 2003, 2007; Bell, Desai, & Irani, 2010). This process includes participation, respect, and listening. Listening is explained as an active step in understanding as a foundation of social justice action (Kagan, Smith, & Chinn, 2014). One of the core principles of digital storytelling emphasized by the Center for Digital Storytelling, StoryCenter, is "listening is hard" and often under-valued (StoryCenter, 2013). There are opportunities, through the practice of listening to stories, to foster intentional concepts of social justice nursing. For example, by presenting digital stories intended to address social justice issues, one can explore related concepts that include bearing witness and being present (Naef, 2006), active listening as an act of moral courage (Numminen, Repo, & Leino-Kilpi, 2016) and social justice leadership (Furman, 2012).

Listening is identified as one of several "Concernful Practices of Nurses" (Diekelmann & Diekelmann, 2009 in Bowles, 2016, p. 2) and central to the process of narrative pedagogy. Listening and promoting responsive dialog can offer a learning experience that enhances understanding of content (Bowles, 2016), offers collective and individual meaning making, and provides an opportunity to promote the skills of social justice leadership. The attributes of social justice leadership in nursing include reflection and action on the "personal, interpersonal,

communal, systemic and ecological dimensions" of practice (Furman, 2012, p. 205). In addressing the social justice role of nursing (American Nurses Association, 2016), creating opportunities to listen and reflect can be enhanced by learning modalities, such as digital stories, that are deliberately placed in the course design.

1.4 | Emancipatory nursing—A social justice concept

The foundation of this educational strategy is based on the social justice theoretical framework of emancipatory nursing as outlined in Kagan et al. (2014). This framework emphasizes the practice outcomes of nursing from a social justice perspective to examine how "inequality, injustice, and disrespect" impact health outcomes. A social justice approach is one that challenges inequalities, humanizes health, is self-reflective and engages communities (Kagan et al., 2014, p. 23).

1.5 | Definitions

The following definitions are based on previous references in the literature and are referenced in this paper.

Social Justice in Nursing—A state of the equitable distribution of services affecting health and helping relationships. Social justice is achieved through the recognition and acknowledgment of social oppression and inequity and nurses' caring actions toward social reform (Matwick & Woodgate, 2016, p. 7).

Praxis—Practice directed toward social justice goals which include reflexivity, action, and transformation (Kagan et al., 2014, p. 1).

Moral Courage—An act of overcoming fear, adversity, and potential personal risk to do what is ethical and essential to professional practice values (Day, 2007; Murray, 2010).

Distributive Justice—The fair distribution of resources among members of a community (Summers, 2009).

Emancipatory Nursing—Practice that centers on reflection and the ability to recognize social injustice and inquire into the causes, identify what is needed to create changes that address oppression (Kagan, Smith, Cowling, & Chinn, 2010).

2 | METHODS

Digital stories created by nurses were integrated into the course design for two advanced public health nursing classes. These stories where intentionally selected because they were created by nurses as part of a digital storytelling workshop focusing on the theme of social justice in nursing. Four digital stories as part of the *Nurstory* (www.nurstory.org/stories) project were selected and presented that had been created in 2015. These stories were selected based on their diversity and reflecting both national and international perspectives. Selected stories, included: Leaving to Go Back (Lewis, 2015), Circle of Care (Falatah, 2015), What's Your Name (Walker, 2015), and Am I a Crazy Nurse (Kua, 2015). In an online course medium, students were asked to post a reflection on the stories and participate in discussion.

While the design was intentional the structure offered minimal direction. The directions simply asked the students to post a reflection on the story and reply to their colleague's posts.

The proposal was submitted to the Institutional Review Board and granted. Request for permission to use the written dialog for this analysis was given by the students through consent. Students were told that the narratives would be used to collect themes but that their personal information would not be used and confidentiality would be maintained. Use of the written reflections and data analysis did not begin until after the students completed the classes establishing a boundary in the interpretation of the reflections for research and evaluation purposes and the protection of their role as students. Transcripts of the written reflections did not include the names of the students though the students and the researcher were known to one another in their prior interactions. Participants were nurses with current public health nursing experience in an advanced public health nursing program.

These reflections were the units of analysis. A retrospective qualitative thematic analytical research method (Boyatzis,1998; Braun & Clarke, 2006) was used and informed by narrative inquiry (Holstein & Gubrium, 2012). An inductive approach was applied to the analysis that focused first on organizing and reading the transcripts several times, generating descriptive themes and then interpreting these themes further as part of the analytical process (Fereday & Muir-Cochrane, 2006). For each digital story, the written reflections were collected and combined into a singular transcript. Reflections ranged 2–3 paragraphs each. Each reflection was coded and dominant themes identified. Emergence of dominant themes was confirmed through repeated review and those dominant themes were further analyzed against the reflections. Techniques to enhance trustworthiness of the data included repeated review of the themes (Lincoln & Guba, 1985).

3 | RESULTS

A total of 108 written reflections from 2015 to 2016 were reviewed and analyzed. Three dominant themes emerged as affective responses of reflective learning practices in connecting concepts of social justice with public health nursing practice. These themes included: (1) Encountering Positions of Vulnerability, (2) Questioning Systems, and (3) Choosing Moral Courage.

3.1 | Theme 1. Encountering positions of vulnerability

Students repeatedly engaged in reflecting on their own position as well as intersections with the stories narrators where they identified as being in a vulnerable position. This was conveyed through a reflective response of shared experience and at times empathy. Students at times identified their position as similar but uniquely personal in addressing how being in a vulnerable position creates different responses and responsibility.

One student commented,

For me, hearing about the conditions that she had to work and live in gives me a lot of perspective on the privileges I am afforded by living where I do in the United States. I find it immensely moving that [she] knew that she "wasn't preventing anything" and needed to seek advanced education that would allow her to come back and mitigate some of the pervasive issues her country was facing.

Another student shared,

The human tragedy of a child losing a parent is a daily reality around the globe, but [this] story makes it real and allows us to see the impact that such a loss can have on a child. The loss of a supportive and loving parent can leave a child with the feeling of 'who cares'?

Another example of this theme was stated as,

I experience this not on a geographical level, but at an identity/experience level, where I hope to use my skills and knowledge and (hopefully) position to do helpful work with LGBTQ people, sex workers and/or people with disabilities. I feel like often the best people to approach health issues are those from within that community.

3.2 | Theme 2. Questioning systems—Social determinants of health and distributive justice

Students reflected on the systems level influences on the social determinants of health.

This was emphasized by the concepts of distributive justice and access to equity and health through their own experiences or sharing stories of health inequity they have experienced as problematic. In an example, the student questions information systems not inclusive of gender identities,

My computer label tells me your names is Katherine, but you want to make sure I know to call you Brad—you told others—why don't I know your preferred name? How do we make our systems give us the information we need to know, the preferred name, when we need to know it … my information technology colleagues and our new EMR have to catch up with the importance of a name, so Brad feels comfortable, welcomed and accepted for who they are.

Disparities in access to care are also emphasized as this one student reflects,

One of my friends married someone in the Gambia and he was caught in a house fire one night. He didn't have access to medicines like silver sulfadiazine or other burn treatments and, as a result, he passed away. It was so tragic and

so seemingly pointless because it would've been so easily preventable if he only had had the same kind of access to care that I have here.

Another student emphasizes the subjectivity of our understanding versus the objectivity in a system that values datasets versus individual experiences,

The people were not objects or subhuman to her. They were individually distinguishable humans who she treated with dignity, respect, and care.

3.3 | Theme 3. Choosing moral courage

While all four of the digital stories reflected ethical considerations, one challenged moral courage in the dialog to choose as a professional nurse to "do the right thing" against a system that might not interpret the action as just. Possessing moral courage is to be an advocate in the best interest of the patient that may put the nurse in the position to experience personal adversity and conflict (LaSala & Bjarnason, 2010). This was conveyed through a reflective response of uncertainty with following the rules and negotiating resistance with those in positions of authority who might not understand the essential needs of the patient or community. Reflections emphasized the affective responses of compassion, devotion, and righteousness. One student reflects,

Nurses' devotion to the welfare of patients was cause to challenge constraints; and those challenges, while ultimately successful, were not without nursing casualties.

In making a distinction in moral response as symbolic of the heart of nursing and of elements of moral courage a student notes,

He followed his heart instead of organization policy which resulted in losing his job. I am sure that he left a footprint on that pediatric unit, positively boosted morale amongst patients and staff and brought light into a dim environment. But unfortunately, policy is policy and often nurses find themselves caught in the middle of policy and improvement activities that tend to fizzle before they emerge.

Another student reflects more broadly on how it is the attention to actual relationships that is courageous and distinct to the professional practice of nurses and states,

It's very powerful to hear a story like this that reminds us that nursing is so much more than the discrete skills we learn or the disease processes occurring in our patients. The humanity central to nursing is what should most inform our practice. Patients remember the way we made them feel, not the interventions/procedures/skills we performed.

The fundamental individual relationships as a central principle to inform a "moral" practices are balanced against public health practice concerns in this comment by one student,

It is the people that define a place not the houses or equipment, the cold bench that she sat on when she came back was always there but must have been very cold with the thought that those that defined it were no longer there ... as we deal with population health, there is a big possibility of getting involved in the business of trying to solve the problems .... and forgetting the individuals and families that make up that population.

4 | DISCUSSION

Digital stories as a medium for listening, reflective practice, and developing a capacity that supports social justice, are an important addition to the educational processes of nurses. Online learning requires intentional methods to create a learning community, and create mechanisms in learning where students and teachers can respond to one another, share personal stories that emphasize the meaning of our professional roles. This analysis adds to the existing literature on the value of digital stories as a medium to foster affective responses (Einhellig et al., 2015) and as important to developing emancipatory nursing (Kagan et al., 2014) that supports a social justice perspective.

Affective learning strategies, using digital stories in nursing education, promote key aspects of social justice (Einhellig et al., 2015; Horton-Deutsch & Sherwood, 2008). Ongoing critical examination is essential to better understand effective and engaging strategies that foster the social justice imperative among nurses. Making the voice of the nurse a central narrative in how our profession defines itself and is framed is also a key social justice activity.

Listening and responding versus reacting are all important skills that can be taken for granted when juxtaposed to the complexities of delivering health care. Communication is the foundation of relationship-centered care and listening to stories can foster this ability and capacity for responses to health care needs that seek to be equitable and humane (Kourkouta & Papathanasiou, 2014; Skott, 2001).

4.1 | Limitations

This study has several limitations that must be considered. A significant limitation of this study is central to the research being completed by a single researcher without validation of the themes by an outside audit. Researcher bias and interpretation must be carefully considered given this study was situated within a course/class room that the author had taught while also recognizing that learning in community is cocreated. Specific descriptive data on the sample of students were not collected limiting one level of context in better understanding the students whose reflections were central. While literature on digital stories as an educational process continues to develop for application

in the health sciences, there remains less focus on the study of listening and affective responses in which this study is based, making this element of the study difficult to extend and requiring future examination. Social justice continues to be an important concept to nursing but its definition and how it is both taught and researched continues to require development and agreement to establish educational practices that address this goal.

4.2 | Implications

Addressing the development of social justice leaders in public health nursing is necessary in advancing the goals of public health and specifically social justice (Kagan et al., 2014). Digital stories in public health nursing education can offer opportunities to examine reflective practice among students. In an online learning environment, the use of digital stories can also be an accessible means to foster an engaged learning community and address social justice issues and professional values in public health nursing. Replication of this educational process and research study can be developed across different levels of nursing education and specialty focus offering a broader means to understand how responses may be shared or differ.

5 | CONCLUSION

Digital stories offer an innovative medium to convey the importance of story and advance social justice narratives as essential to nursing. These pedagogical practices require listening and create the potential for expanding understanding and new insights (Buie & Wright, 2010). In developing curriculum that addresses social justice in nursing and in developing nursing leaders, different mediums of understanding may serve the outcome of creating affective responses essential to advance social justice.

Through the process of active listening, reflection, and creating a space for stories, there are opportunities to advance nursing education. This use of digital stories in these public health nursing courses were focused on listening to other nurses' stories and in the process of reflection revealed specific themes. Future developments would also benefit in having nursing students create their own digital stories as part of understanding the telling of stories and continuing to create learning communities that convey the agency of telling and the power of listening as a fundamental process in social justice, praxis, and nurse leadership education.

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