

Teaching abstract concepts in contemporary nursing through spirituality.

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Abstract

As nursing becomes both an art and science in contemporary practice, it raises the question: Do we, nurse educators, really understand and can teach the meaning of abstract concept, such as holistic care? Our search to learn about teaching holistic care has led to the epistemology, which rests on our dialogue and reflective stories derived from the concept of spirituality as searching for meaning. This knowing has implication for spirituality as a foundation for nursing education and practice.

Background

Our currently emerging understanding of the artistic nature in nursing practice showcases the prevalent use of such nursing concepts as caring and holistic care that are used in our discussions and documentation. We, as nurse educators, wonder whether the use of these concepts is merely fashionable, and is indeed a professional façade. Do we really understand their meaning when we commit to using them in our nursing practice? We also worry that some of the concepts are misused, reflecting our failure to discern their meaning. This concern is a result of the seemingly abstract nature of such concepts as they related to nursing. It is Mitchell and Cody's (1999) 1 contention that "Filling out pages of lists of 'assessment' questions is commonly constructed as taking a 'holistic' approach..." (p. 307). This simplistic interpretation reflects the unfortunate development of the contemporary meaning of caring for whole person. Therefore, it is imperative that nurse educators learn how to teach students in their search for meaning of holistic care. We must articulate its day-to-day meaning, making the abstract concept of holistic care concrete in our practice. As educators, we are also searching for meaning in how we can teach students to learn about the abstract concepts inherent in contemporary nursing theories.

In this paper, we describe the process of our narrative journey by using stories and

dialogue about our own experience. We document how we have learned to teach the concept of holistic care in nursing practice through our experiential learning, and by coming to know our spirituality.

Our narrative journey

Stories of experience

The use of stories to capture our experience is “how humans make meaning of experience by endlessly telling and retelling stories about themselves that both refigure the past and create purpose in the future” (Connelly & Clandinin, 1988, p.24) 2. For us, stories are tools to examine the complexities of their embedded meanings. They allow us to continue our search for meaning within particular contexts. Our sharing of stories also enables us to “reflect back on [each other’s stories], [perhaps can be] heard in different ways, retold and relived in new ways” (Connelly & Clandinin, 1990, p.13) 3. It is a process that continuously searches for meaning in teaching and learning.

Dialogue as our own experience

We see our dialogical engagement as a tool that helps us make meaning of our experience, develop personal (particular) understanding and to come to a universal world-view about living relationships with others and with self. We were having a

difficult time thinking about how to articulate this seemingly abstract meaning to students. However, through our dialogue, day-to-day open interactions and transactions with each other and with ourselves we have experienced enlightenment and transformation. Emerging from our daily conversations as dialogues came our understanding of how the mundane nurse teachers' stories can powerfully shape our knowledge development of nursing in the context of spirituality.

Dialogical engagement

Angela: "Loretta, after reading about the caring concepts and theories from Watson last night, I was puzzled about the "whole in part notion". I wonder how one can explain such an abstract concept to students. I was also intrigued by Watson's (1988) 4 theories about spirituality as the basic need of humans. In my first year of nursing, I was influenced by Maslow's theory and later my own experiences caused me to see self-actualization as a highest sense of self, forming the basis for my initial understanding of spirituality. Given that premise, how could I imagine and comprehend Watson's (1988) 4 notion that the spirit is '...greater than the physical, mental, and emotional existence of a person at any given point in time' and is linked to a 'higher degree of consciousness, an inner strength, and

a power that can expand human capacities...and cultivate a fuller access to the intuitive and even sometimes allow uncanny, mystical or miraculous experiences' (p.45-45)."

Loretta: " I concur with Watson's view that 'spirituality' is the core of the person. It serves as the vital force for human's existence. I would contend that Maslow's hierarchical basic needs do not necessarily address individual priorities. Remember that when we reviewed the nursing literature, we found that the concept of holistic care addresses 'all the dimensions of an individual's life, for example the physical, social, psychological and spiritual' (McSherry 2000, p.48) 5."

Angela: "In one of my classes, the students talked about the concept of nursing as the provision of holistic care to patients. While they could easily mention the biopsychosocial elements as various aspects for holistic care, it is very easy for students to fall trap into a fragmented understanding of the whole. I cautioned them that the whole of nursing care is different from and greater than the sum of its parts." (Parse, 1987) 6.

In talking to Loretta about my experiences with the students, she remarked that "...the whole is divided into parts for the ease of discussion and documentation. However, there needs to be a core that holds everything together. In Hungelmann et. al's (1996) study, they reveal that 'the harmonious interconnectedness of all the many components within the individual results in a perceived sense of spiritual well-being' (p. 264) 7.

Those components consist of the physical, psychological, and social aspects within a person leading to a sense of wholeness, a spiritual well-being. It is not easy for students to learn and for us to teach how the ‘multidimensional’ (p.263) value of the holistic care concepts is captured in spirituality”.

Angela: “Reading through the article (Hungelmann et. al., 1996), I recognise that inherent in the understanding of spiritual well-being is an integral connection between the temporal and relationship dimensions. Each individual lives a present time, which is shaped by his/her past to various degrees, and simultaneously his/her present understanding influences his/her future direction described as goals and hopes in life. The meaning of spiritual well-being reflects the relationship between self and others within this time element”.

Through our continuous conversation, we realise that it is not only about *any* relationship but a relationship of *care*. What and how we care for, care about each other makes us more attune to others’ and our own feelings and thinking. If we can discern how we live our present with others through our interactions with each other, we can perhaps be more open to the impact of our past experiences on how we understand the present situation.

At that moment, our ongoing dialogue was interrupted by a phone call I received. That call led to an important revelation about the recovery of an important document. I burst

into laughter the moment I heard that the other person and I had both said a prayer for the document to be found. While Loretta was not directly involved in this incident, she was in the same room with me, and my laughter seemed to have a contagious effect on her.

Reflection

Care and connectedness

Upon reflection, the moment when we connected through laughter, was sparked by relief after loss was averted. This critical incident happened within the context of a dialogue, concerning with the same matter, unknowingly carrying out the same action, and triumphing the manifestation of hope through laughter. On the surface, we could identify and recognize these components as sequence of events. However, as we delved deeper into the meaning of these events, we came to understand their important link with the *care* of the loss. The *care* within this context is the essence of this incident.

Without the essence to care, the meaning of the incident will be non-existent. The individual's initial interaction with me seems to be characterised by her vulnerability beyond the loss. There was also her need for me to acknowledge the loss. Her hope for me to understand perhaps goes deeper than the lost item. This sense of hope seems to be congruent to Sumner's (2001) assertion that "hope is derived from the spiritual core,

and is yearning for a recognition or ‘considerateness’ by others” (Sumner 2001, p. 928) of the need to be understood.

Albeit the different physical spaces in which the three of us found ourselves, the essence of *care*, inherent in this critical incident, has connected us as Loretta also was worried about our possible loss. There seems to be a harmonious interconnectedness among the three of us in our hope, which metamorphoses into an embodiment of loss. It is through our individual *care* of the loss, there was an enacted wholeness in our connection. To put simply, emanating from our care is our connectedness.

Connectedness and holism

It is not only that the “connectedness” can be experienced in the moment of care, but also this experiential notion triggers our deeper understanding of holism. The whole is not the sum of the parts, which are the sum of the sequence of events, but greater than and different from the parts. Since there was a sense of regaining meanings from the sequence of events, which initially was perceived separately, we experienced the incident as a whole. We could then see the connectedness of the series of events, and were able to understand the essence of care as a whole. It is also not until we can be in whole with ourselves, we cannot be connected with ourselves and with others. The sense of loss has inadvertently created a fragmented self. As there is a recovery of loss,

we can then regain a sense of wholeness. The notion of this wholeness with self in the understanding of others' needs can be further illustrated through the following stories.

Stories of enlightenment

Functional assessment in older adults

In one of Loretta's classes on medical-surgical nursing of older adult, a video-clip was shown to students about a nurse's home visit to a client, who was referred to her due to his recent decline of functional abilities. In conducting her assessment, the nurse could not find any particular concern from the client's physical aspect, which would warrant further attention. The client also commented that apart from his recent loss of short-term memory, he was fine. However, before leaving, the nurse asked the client whether he has experienced any recent changes. The client thought for a moment, and remarked that his neighbor had moved, and he did not know what to do with his life. Upon the completion of this viewing, Loretta realized how the client's last statement has triggered her thought on the possible relationship between the client's loss of neighbors and his declined functional abilities. However, it is not until she has raised this issue as a possible client's concern, students, who are already registered nurses returning for the attainment of a baccalaureate degree, could initiate a discussion based on this aspect. It is interesting that many of the students were then able to resonate with

Loretta's comment from their clinical practice.

Upon reflection, Loretta thought about the difference between the students' and her discernment of the client's loss and his functional abilities may stem from the concept of spirituality, a search for meaning of the situation. She contended that students initially had focused on the client's loss of his neighbor as part of his psychosocial issues. However, despite their claim in attempting holistic care, students seem to have difficulties in recognizing the psychosocial issues as part of the client's whole.

Emanating from the issue of fragmentation in their understanding of the concept of holism are students' difficulties in discerning the whole situation of the client. They had not thought about the possible impact of a change in living conditions and the person's functional abilities, and probably would not have, if the opportunity to search for meaning from their experience with the client had not been recognized. As for Loretta, she realized, it was through her *active* engagement with the client situation via the video viewing, that she was able to raise question about the possible relationship between client's loss of his neighbors and his short-term memory as a plausible reason for his declined functional ability. It is an active process since it requires both intention and commitment to learn from the phenomenon in question: A continuous learning process which is shaped by her past and present understanding of her teaching and of what she would like to achieve, in a future sense, for the student learning. This engagement has

allowed her to search for meaning of the client situation. She was then in wholeness with herself. This sense of wholeness is emanated from her care of what the students would learn from the video viewing. Through this care, she became engaged actively as to what was happening to the client situation, and would then be able to lead the students in her discussion. She wondered what it meant to the client as he made the statement that since the move of his neighbour, he suddenly felt there was nothing to do, and he seemed to be more forgetful. Further upon Loretta's reflection, she commented that her "meaning search" journey, through the process of teaching-learning from a spiritual dimension, had enabled her to draw out from students their similar experiences from clinical practice. Their discussion was then filled with examples from students about their observations on the relationship between loneliness and declined abilities in elderly clients. For some students, they began to appreciate the meaning of loneliness as a core issue in the lives of elderly client after the sharing. Through that encounter, Loretta was able to build the connectedness with the students on the basis of her spirituality in teaching, and also achieved deeper experiential learning in the companionship in teaching (Chung 1999) 9.

An uncharted Hangzhou experience

As I was listening to Loretta about her "spiritual" connectedness with the patient

through a search for meaning of the patient situation in the videotape, and how there seems to be an initial discernable difference in her view from the students of the possible relationship of the patient's functional decline and his lost of neighbor, I thought about my teaching and learning relationship with students in Hangzhou.

When I was given this assignment, I experienced mixed feelings of trepidation and excitement. Hangzhou was a place of unknown to me, which is found in China with a possible different culture and people. As I ventured into this unfamiliar situation, I was particular aware of my feelings in trying not to take things for granted. I was thinking about how to teach, trying to search for the meaning of teaching and learning in this particular environment. I listened to students' clinical stories, their engaging experiences have swept me along in their rhythms. Listening to the powerful emotions embedded in some of their plotlines, as reflected through their tears and the inability for some to finish telling their stories, was a heart-wrenching experience.

Despite their comments about a continuous strong influence of a biomedical, and the recent hospital's adoption of the nursing diagnosis approach in their clinical practice, students' emotional experiences with particular patients seem to illuminate their meanings of nursing. Listening to their stories of practice, I was then no longer concerned about my teaching, but searched for an understanding of their needs in practice and hence, their meaning of learning from this class. An expressed sense of

empowerment surfaced in students' dialogue with me during class breaks and on their evaluations of the course as they began to view nursing as a renewed understanding from their existing knowledge. As one student stated, "Thank you for validating my feelings about the limitations of a biomedical model and the nursing diagnosis, which had been the crux of my clinical practice." In many of the evaluations, students wrote about their joy in recognizing the value of their experiential learning, and understanding how their life experience intertwined with their clinical understanding of patients' needs and vice versa.

The interconnectedness of human-to-human relations became the theme not only in their own search of meaning about nursing, but also reflected in the embedded value of our teaching and learning process. Through re-positioning myself with this group of students, I was then able to search for meanings by being connected with their stories and their situations. This sense of connectedness reflects commitment and care on my part. It is an ongoing learning process for me as a teacher and a person. Only through these connectedness and openness, I began to recognize their meaning of learning about nursing, and how they could be and will be with their patients. The fluid boundaries between our experiences of nursing and living have provided a sense of whole in our enhanced understanding of the embedded values in their clinical stories and my teaching stories.

From Loretta and my further interpretation and dialogue on our teaching and learning process, we uncover that when our total selves experienced the incident as a whole, there was a sense of connectedness. The connectedness with self and others enables us to pursue the meaning of the situation as a whole, and certainly an understanding of others' needs. Therefore, to teach the concept of holistic care, one needs to understand spirituality, that is, a search of meaning for existence of self, self with others, and self within the situation. Through this process we can then connect with the situation and make meaning of the whole.

Personal knowledge about spirituality

In our stories of experience and dialogical engagement, we came to understand one way in learning about how to teach the abstractedness of holistic care is through our meaning searching. As we journey through this process, we uncover a few salient interwoven notions. They are the care embedded in the core, harmonious connectedness through three-dimensional spheres for wholeness and the fluidity of the dynamic actions.

The fluidity of the dynamic actions is motivated by the care in the core for a search in meaning, which is conceptualized as a deepening understanding of our experience through reflections, telling stories of experience, and dialogical engagement. In this

process of actions, there is an experience of a harmonious connectedness with self, and with others situated in the context of meaning searching. As we care about how to teach students in their learning of abstract concepts in nursing, we unknowingly have begun our search for meaning in learning about teaching. Our experience in re-situating selves with others through our continuous learning about care and commitment, and seeing the connectedness appear to be fundamental to how we can articulate the abstractness into concreteness for and with students. The basic understanding in teaching the concept of holistic care is to live out our spirituality, a search for the meaning of wholeness.

Through re-reading our stories of the different experiences as teachers and learners illustrated in the text, we have reflected-in-action and reached an epiphany of the teaching and learning process. Loretta's story is highlighted by the words "active engagement" as she, the teacher, was reaching out actively in understanding the client's situation, which was then become the process for her connection with the students.

Angela's story illuminates the power of resonance as students drew her into their experience as indicated by the sentence "I listened to student's clinical stories, their engaging experiences have swept me along in their rhythms." Despite the different roles played out by the process of interactions with the students, both Loretta and Angela were both connected with the students in their learning.

The important notions, which reveal our understanding of spirituality in teaching,

embedded in the following poem render us to rethink about teaching in nursing:

Honorable as it may for teaching and nursing

Crucial to enact care in bringing upon meanings for self and for others

Casting a wide net on our views to discern ambiguity of abstractness

Hauling in greater gain in clarity and meanings

Cultivating personal knowing as reflection through experience

Spirituality in nursing education and practice

Acknowledgements

The authors would like to thank the students who have generously shared their experiences in our nursing courses, which have helped us to understand the meaning of learning to teach. We are also grateful with the biblical inspiration from John 21:2-13 in our construction of our poem. Finally, our gratitude goes to Ms. Carmen Au, who has kindly depicted our reflective conclusion in graphics: A reflective teaching and learning experience of our spirituality journey.

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