

**The Influence of the Human Becoming Theory on
Teaching-Learning Stories in Hangzhou, China**

Engle Angela Chan, RN; PhD

Assistant Professor

The Hong Kong Polytechnic University School of Nursing

Hung Hom, Kowloon, Hong Kong

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Abstract

As a nursing educator, human becoming theory was used to enhance my understanding of my experience with students in Hangzhou, China. I describe my initial tension in living simultaneously the uncertainty and the certainty when I was faced with a strange but yet familiar teaching situation. The tension has however enabled me to cross from a traditional approach to a human becoming teaching-learning paradigm where the students were given opportunities to share their practice encounters with patients and families by narrating their lived experiences in a clinical reasoning course. As their meanings of nursing surfaced, the students began to learn about who they were, who they are becoming, and who they want to be as nurses, teachers, and human beings.

Introduction

Ironside (2001) states, “A national agenda for research in nursing education...begins with the pedagogic literacy of teachers (p.85). It follows then that nurse theorists/researchers/teachers need to rethink the extant approaches to nursing education, and how different views shape teaching practices and the pursuit of meanings in the nursing context (Chan, 2002). Since the nursing education revolution in the 1980s, there have been many examples of the use of narratives for teaching nursing theory and practice (Diekelmann 1988, Nehls 1995). Nursing’s human science paradigm supports nurse educators using stories to develop teaching-learning pedagogy. Bateson (1989) proposed, “Storytelling is fundamental to the human search for meaning” (p.34). Stories serve to explicate experience for the purpose of understanding and meaning-making. Benner (2000) asserted “through our stories, the intangible can become tangible” (p.105). People have actually expressed and uncovered meaning from human experiences told in stories since the dawn of time. Unlike the traditional behavioral teaching and learning pedagogy, the narrative paradigm presupposes that teachers are learners and learners are teachers (Diekelmann, 1991). Nurse theorist Rosemarie Rizzo Parse (2004) also focuses on teaching-learning as a cocreated journey, with the involvement of not only the teacher but also the students. The sharing of students’ self reflective stories has enhanced an understanding of the teaching-learning process, whereby meaningful experiences for both teachers and students can be developed (Letcher & Yancey, 2004).

The purpose of this column is to share my story of teaching and learning in Hangzhou, China. My retelling of the nurses’ stories illustrates how meanings surface along with dilemmas and disenchantments. But through the teaching-learning process from a human becoming perspective, both my students and I were able to experience a different teacher-student relationship and witnessed the unfolding of our hopes and dreams for the future. The setting of this experience is in Hangzhou, a city of almost 7 million, located in Zhejiang province about 175 kilometers from Shanghai. My own story begins with an assignment to teach a clinical reasoning course in this city. For me this was a venture into uncharted territory with many uncertainties. Mainland China was an unknown destination. While I was certain of my teaching content, I was uncertain with this particular place and the people. I was insecure because the uncertainties loomed large. I found myself holding tight to a pre-determined plan, slipping back into a teacher-centered mode of student learning. Even though all my notes were well prepared and my power-points were written in detail in both English and Chinese, I was very bothered that my careful preparation was covering other feelings of ambiguity about my desire to engage with the nursing students in

Hangzhou. I worried that I would not be able to listen to my students, to understand where they were coming from or where they wanted to go in their practice of nursing. There was the tension between teaching in a traditional behavioral paradigm of certainty and a human science paradigm of uncertainty. A reading by Mitchell and Pilkington (2000) about the importance of living with ambiguity and Dewey's (1938) concept of the interrelatedness of experience, education, and life anchored my personal and professional commitment to set the path for my continuous learning through my own narrative. My experience would shape and be shaped by my understanding of nursing and myself. Clandinin and Connelly's narrative inquiry (2000) has also significantly influenced me to use stories in my teaching and I use narrative research in my ongoing examination of the meaning of teaching and learning. Through the use of narrative, I have come to realize the importance of reflection and self-understanding. Likewise, I have come to understand how people are shaped by their relationships with others, and how individuals can identify with the experiences of others. In the process of learning about reflections, I came to see that my narratives in the East may relate to the human becoming teaching-learning processes, in particular, living with ambiguity, honoring the wisdom, inventing the possibles and witnessing the unfolding (Parse, 2004).

A Teaching-Learning Process With Attentive Presence

While there was my initial discomfort with the unknowing of mainland China, the students and their ways of learning, I was certain that they would all come with many of their stories of experience and their meanings. Their expectations from the course and their understanding of clinical reasoning would set the stage for our interactions. Their meanings were illuminated the moment I sought further clarity and depth from the students about their thoughts and feelings. There were their expectations to learn something "new" from the "expert." At the break of our first class, some students remarked there was nothing "new" about my comment that the process of nursing decision-making was partly shaped by our values and beliefs. Paradoxically, however, as the experience unfolded many found the process to be ambiguous, they lacked an anchor from their existing frame of reference when I started using stories to illustrate the nursing decision process from my telling and retelling. New meaning and clarity emerged. Change is transforming and transforming is the changing of change (Parse, 1998). The boundaries between what was known and familiar were challenged during the teaching-learning process. The meanings constructed by students and teachers had no boundaries or predefined restrictions and meanings were coconstituted by each individual's values, hopes and dreams as these things unfolded always with others. As students ventured into the discovery of their

own and their peers' meanings of the moment in their sharing of their nursing decisioning process, I was able to be attentively present with them in moments of joy, sadness, guilt, tension, and shifting perspectives through honoring their wisdom and witnessing their unfolding. The process of inventing the possibles was lived when the students expressed hope and contemplated plans about how they wanted to be as nurses. The familiar is seen in a different light and new possibilities are discovered as students tell stories about how they are with patients (Rasmusson, Christine, & Mitchell, 1991). The teacher in attentive presence bears witness to the student's unfolding and becoming. Familiar perspectives were questioned, transforming the meaning of the moment (Parse, 2004). Guided by Parse's human becoming theory in teaching and learning, the teacher in attentive presence with the student focuses on her/his own meaning, moves with the student as she/he explores options, consequences of choices, and plans to live hopes and dreams. In the attentive presence of the teacher the student clarifies the meaning of situations and in the process he/she discovers new possibilities. Limitations and things truly valued also come to light. The teacher coparticipates with the student in the process of moving beyond the present with the understanding that the student chooses his or her own way.

Nurses' lived experiences in practice also shed light on how they live life beyond the role of a nurse. Giorgi (1985) asserted the need to understand meanings within the context of an individual's experience of a phenomenon. Like many of their colleagues abroad, Chinese nurses face multiple challenges in the workplace as a result of healthcare reform. In China, the rising cost of healthcare and the anticipated needs of an aging population echo healthcare issues in the West. Simply put, the impetus for reform is an examination and re-structuring of the healthcare system to meet demands for fiscal austerity and the quality assurance of patient care. Through my work with Chinese nursing students, who were already registered nurses, I came to appreciate how the human becoming teaching-learning paradigm has enhanced my understanding of the inherent meanings embedded in individual nursing stories of practice experience in this context. Opportunities were available for these students to discern for themselves the importance of the human becoming approach. Reflecting on Parse's (2004) human becoming teaching-learning model, I honored the students' personal knowledge by recognizing its importance and its value in shaping their understanding of other nursing theories/concepts. The respect shown by me as the teacher enriched their experience of understanding of who they were as nurses/students and the meaning of nursing/learning for them. The use of stories informed their understanding of their lived experiences of nurse-patient relationships.

Reflective narratives

The students' reflective learning based on their stories facilitated their understanding of the meaning of their experiences. The underlying premise of this reflective learning is the belief that individuals make sense of their world most effectively through story telling of their lived experience (Bruner, 1990, Clandinin & Connelly, 1994) followed by retelling and reliving the experience (Connelly & Clandinin, 1988). Learning expands not only from the event shared but how the storytellers select the stories to tell as they reconstruct them to convey a particular meaning. Knowledge refers to an enhancement, and not an application, of our understanding in the ongoing process of becoming (Mitchell & Cody, 1992). This notion has provided me with a theoretical understanding of how to teach by participating with my nursing students in the sharing of experiences.

The class

My class included 38 students studying in a collaborative baccalaureate degree programme offered by a University in Hangzhou and my university in Hong Kong. The student body was a mix of local Hangzhou students and students from other parts of China. The students' experiences were very diverse. They ranged from junior nursing practitioners to senior nursing administrators and nurse educators. The majority of them were nursing veterans with wide-ranging work experience. My course, clinical reasoning, like other required programme subjects was taught over a five-day time span. Each class lasted for approximately 9-10 hours per day. Lectures and tutorials/workshops were interspersed throughout the day. I started the first two classes with the notion that our meanings are influenced by our own interpretations of events. I invited students to explore the meaning of critical reasoning, followed by an exploration and examination of their own values and assumptions about their nursing judgments. I used practice scenarios for group discussions. Because learning is more meaningful when students generate the patient situations, in subsequent classes I asked them to form small groups and to think about how they made various decisions in a situation in general or about specific situations. I invited them to explore their assumptions, values, choices and preferred directions. I highlighted that stories can be used as tools to capture the complexities and uncertainties of patient situations. I began with my own story of a patient I cared for as a student. My intention was to ask for a few student volunteers to share their stories. Unwittingly, my story led to enthusiastic sharing. Every student ended up telling a story of her experience with a patient. In a naturally flowing manner, many students were motivated to tell their story because of the resonance they felt with the stories that were being shared. In the

process, I witnessed the experience of honoring the wisdom of other students through respect and attentive listening to each others' stories. While it was a novel educational exercise for them, the power of the stories captured the imagination of many. As one said, "I am glad that I had the chance to share this story, which had been bothering me for a long time." Arthur (2002) speaks of the moral impulse of telling whereby listening to the struggle embedded in others' stories allows us to become part of their struggle. With an attentive presence, I shared the students' process of meaning-making. Their professional stories brought out what Taylor (1991) identifies as things that matter. This may reflect Parse's (2004) mention of "warping-woofing" as "teacher-learner dialogue is interwoven with the unfolding of meanings that shape new thinking" (p.34). Learning about their emotions was powerful. They were asked to think about the meanings of their experiences. Many in the class came to realize the fluid nature of the boundaries between their personal and professional lives. Finally, each of them began to witness their own unfolding and honoring their wisdom of self and others through an understanding of the significance of their stories of experience as they related to the process of their continuous clinical reasoning and everyday decision making. Some commented on the opportunity for them to think through some of the embedded issues in the stories. Through retelling and reliving, they began to move beyond the present in their understanding. Not only had the students started on a new learning path that relates the significance of their stories to their past and their future, they had also developed an appreciation of the use of story as a tool for reflective learning for their nursing practice. Following are some examples of students' narratives of nursing experience.

What was I To Do with Experienced Ambiguities?

One student thought that while it was wonderful to learn from the West, at times she felt much ambiguity concerning all the new changes. She felt uncomfortable. When asked what she meant by this living with ambiguity, she responded that it meant that it was difficult for her to manipulate the patient's situation in order to fit it with a nursing diagnosis. At times, she felt like she needed to *smooth out the square corners of the patient* in order to fit the patient into *a round slot*. She was not sure whether this was her own problem. When asked what she could do to minimize such ambiguity, she replied that she could be more confident in what she believes and try to write out the specifics in narratives, which would better reflect the situation rather than fitting the patient into a category. However, she was quick to add that there was an expectation that nurses would implement the use of nursing diagnosis in practice. As I tried to be attentively present with this student, I listened to her inherent meaning, an initial sense of confusion. I then asked her to explore the consequences of a

decision to follow an expectation or to act differently from what is expected. As the teacher, guided by Parse's teaching and learning processes, I believe that human beings make decisions and move in the direction that reflects their values and hopes. This student listed her options as "clarifying with her superiors, exploring this issue with other colleagues, doing what she thinks is important to honor her relationship with the patients." She also added that the first two options in themselves were also ambiguous as she would not know how they would turn out. While the student explored inventing the possibles (Parse, 2004), the student continued to live with ambiguity. However, unlike her initial unease, the meaning of her subsequent experience with ambiguity changed with her certainty of her beliefs and values.

In the continued process of sharing, some students echoed similar situations with regard to documentation. One commented, "the enormous number of checklists and expected documentation had inadvertently removed nurses from the bedside. How do we then get to know the patient?" Another commented that "Perhaps we need to look at what is of greater importance, the paper work or the patient?" They then began to discuss means of creating a more humanistic approach within a task-oriented environment to improve patient care. The group moved from feeling frustrated to a sense of hope and a renewed understanding. This sharing also paved the way for their disenchantment with regard to their own taken-for-granted approach, and an understanding of sacred stories of rituals, customs and habits. This opportunity for them to reflect on the meaning of their experiences brought forth an awareness of the critical thinking process and their understanding that the practice of nursing is situated within both the natural and human science paradigms.

The students' stories reflect Parse's focus on the lived experiences of human beings, which shows the interconnectedness of the worlds we live in, e.g. personal and professional. The backgrounds of the Hangzhou nurses reveal that they are from various provinces and that they came to understand their practice work environment in the midst of health care reform and the nursing education revolution. The reform has brought about changes in services based on insurance for medical care expenses and other than emergency cases. Changes in the nursing scene also reflect prevalent references to critical thinking and nursing process in practice. The biomedical model with a problem-focused emphasis remains dominant in nursing, but nurses' own emotional sharing of their stories of experiences reflects their struggle to illuminate human experiences in nursing instead of confining themselves to solely solving biomedical problems. Some nurses initially held themselves accountable for the biomedical perspective of their nursing work.

Everyday's Perioperative Patient Care: Did I Miss Something?

This story takes place in a surgical ward. The patient, Mr. A, was admitted after being diagnosed with bowel cancer. He understood his diagnosis and the surgical plan. The physician told him that he would not know the extent of the bowel resection until the surgery, which would depend upon the anatomical position of the tumor involved. Mr. A was told about the differences between a permanent and a temporary colostomy. Mr. A had a very strong supportive network. His wife was at the hospital with him throughout the day. He was also visited by many of his friends and relatives. The day after Mr. A's surgery, he returned to the ward in the afternoon. He was lucid. The physician came and talked to him about the extent of the resection. He was told that his colostomy would be a permanent one. His wife and the nurse assumed that he would need some time to adjust to the unfortunate news. While his wife went with the nurse to gather some bed sheets for the wife to stay overnight, Mr. A got out of his bed and jumped out the window to his death. The nurse was shocked and could not comprehend what had happened. She thought she had conducted all necessary teaching and counseling. The suicide was totally unexpected. In sharing and retelling this story, she raised a serious concern as she examined the balance between generalizability and particularity. She said that she did not know the patient. Inherent in her decision making process were many assumptions about his educational background to understand the surgery, about the decision for the extended resection, about the support system necessary for his adjustment, and about sufficiency of the pre and post-operative counseling. As this nurse retold her story, she commented that she and the other health-care professionals had missed the cues. Upon reflection, she said that while the patient might have understood his situation at an intellectual level, he might have hoped more strongly for a temporary colostomy. With regret, she was asking herself how from the nurses' perspective one could slot all patients into just one routine pre-operative teaching session and assume that it would be sufficient. She added that this retelling of her experience helped her to raise questions about the nurse relationship with each unique patient. She also wondered about her relationships with others beyond the practice setting.

I was able to stay with the student as she shared her experience, and witnessed how she moved beyond the present in her retelling process. The process of retelling not only taught about how to possibly improve subsequent practice, but more importantly, it also increased understanding of how everyday things that she takes for granted can have a strong impact on her life, in both a professional and personal context. There was a rich discovery of herself as a nurse and as a person.

Caring for a Good Friend's Relative

Another student shared her story in public for the first time. The situation had occurred some time ago. She said that her peers had provided her with much appreciated support during her small group sharing. The following is the unfolding of her story.

The father of a good friend was admitted to the ward on which the student was assigned. The student was the ward manager. The patient was an 84 year-old DNR case suffering from severe head and spinal trauma. One day after work, she helped her staff nurse to look after him. At the time, the nurse noted that his sheet was damp. The staff nurse asked the student whether they should turn the patient. The student said that she thought about it for a while, contemplating the patient's condition and whether or not they should turn him. There was a policy about turning all bedridden patients. Also, she wanted to promote his comfort. However, when she retold the story and reflected on it in class, she realized that at the time she made the decision, she was concerned about her image as a role model for the junior nurse. She did not want to seem to be conferring special treatment to the father of her good friend. Hence, although she initially hesitated about the prudence of turning the patient given his condition, her concern both about treating every patient equally and her image in the eye of the junior nurse overrode her earlier uncertainty. They turned the patient and changed the sheet. In the process, the patient died. She has since lived with an enormous guilt caused by her decision albeit there was no apparent indication that the patient's death was related to the turning. She thought that she should have checked with the physician for more information. Her guilt worsened when her friend and her friend's mother expressed their deep appreciation for her care. In retelling the story, she understood how she had overgeneralized the use of routine without considering each individual's case. Her decision was impersonal, but at the same time personal when she did not want to seem to be giving *special* treatment. Her retelling pointed to her re-examination of how she lived out nursing routines and their specifics at policy levels, as well as her relationships with her staff.

Conclusion and discussion

For me, the processes of living with ambiguity, honoring wisdom, inventing the possibles, and witnessing unfolding from Parse's (2004) teaching-learning model surfaced in the stores of the students as well as in my own story. As the teacher I focused on assisting the students to enhance the meanings of practice and their connectedness with humanity from their own perspective.

In uncovering common meanings from stories, the class moved through a week of intense individual and group sharing. The following comments from their evaluations are illustrative of student learning: “I am pleased to finally have my experience affirmed, which I had been grappling with for a while.” “I now see the importance of my own personal practical knowledge along with empirical findings, of how theory informed my practice.” “My understanding of context is so important in my critical reasoning process.” Some commented that continuous learning is about how to balance an understanding of both biomedical and human science approaches in their nursing decision-making process. Students described what they learned, how they had changed and how they were going to use this knowledge to enhance their understanding in their next patient/student/staff encounter. They described knowing their patients in a very different way, by not making assumptions about a patient’s experience or of having an awareness of the assumptions that students/nurses use in making nursing decisions.

Many students appreciated the openness and supportive nature of my teaching style. They also appreciated my sharing of my own personal and professional practice stories. Such sharing helped them to develop their own understanding of the theory-practice dialectic. The process of honoring wisdom of self and others provided a rich context for our teaching and learning. It validated and affirmed the importance of their experiences. Some really appreciated how I approached their experiences through the use of story. They said they would try the same approach with their nurses and students by listening to their stories of practice, examining the issues nurses/nursing students identified so as to honor their wisdom and together inventing the possibles to address critical issues through reframing their concerns or solutions.

Bunkers (2000) asserts, “The more you tell a story the more you have to ask what it means. Secondly, the more you tell a story, the more it destabilizes other stories that you thought you understood”(p.25). Through telling and retelling a story, the story gets richer, deeper and more polished. Students came with many of their own stories. By telling their stories of practice, each student was able to draw their peers into their world. Although to my Hangzhou students this approach was unfamiliar, they benefited from the opportunity to tell their stories and to have their feelings heard. Through story telling they discovered how certain issues might underpin their understanding of the meaning of nursing and their decision making process. The patterns of how they come to know and make judgments will continue to change over time with new experiences, but in this class they learned a process for making sense of those experiences. They learned about nursing- decision making process, and also about the value of their personal practical knowledge (Connelly & Clandinin, 1988).

Previously, they had not valued their experiences, even though they knew their decisions were somehow shaped by past experience. At the end of this course, the students said they felt more personal power. They recognized that their personal practical knowledge is of equal importance to that of an external authority.

In the process, perhaps what I gained most was the notion that I was there to assist the students to move their thinking forward. While initially they were looking for something new, they then realized my role was to encourage them to open up and examine what they already knew, which somehow had been taken for granted in a medically dominated system. The knowledge of who they are as persons when making decisions in everyday life is integral to their role as a nurse and vice versa.

My experiences with this group of students had a life of its own. Emotions seemed to fill the large classroom. Students wanted to take pictures of me with the whole class. Although the course was only a week in duration, our dialogue and discussion about human to human relationships in nursing was intense. We discussed how we actually live out the human becoming teaching-learning paradigm, and together we created an experiential understanding of what critical reasoning in practice means.

Considerations for future development

I view this teaching-learning experience as invaluable. Students at different stages in their nursing careers started a dialogue that led them to listen and learn from each other. Since many of these students were nurse leaders/educators or managers, they participate in the decision-making process at a policy level. Their understanding of the continuous development of meaning in nursing grew, as did their support for one another. Importantly, they were enthusiastic in their desire to bring the process of listening and sharing to their staff. Their reactions to this course gives me hope that despite the enormous changes they are experiencing, there will be the invention of the possibles along with recognizing that their stories will continue to unfold as they engage in the process of becoming. I was privileged to witness this unfolding in their development of an understanding of the nursing process and their desire for continuous learning. I have also witnessed my own unfolding as I chose to live with ambiguity, albeit with much uneasiness, I emerged with a different understanding of the teaching-learning process. I believe the human becoming teaching-learning model (Parse 2004) will be fundamental to the process of my sharing teaching-learning paths with students and colleagues in the future.

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