



A Room with a View: Uncovering the Essence of the Student Experience in a Clinical Nursing Setting by Margaret Tetz Neal, Unpublished Doctoral Dissertation, University of Maryland, 1989

Reviewed by

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Margaret Tetz Neal's dissertation tells a story of learning and life in the context of nursing. She employs a creative, artistic, poetic form of dialogue to "uncover and recover the essential structures of the experience of being a student in a clinical nursing setting" (p. 23). This study uses an interpretive approach combining the ideas from existential phenomenology and hermeneutics to explore the question "What is it like for nursing students to experience the clinical setting in psychiatric and community health nursing?" (p. 23).

Eight nursing students in the last semester of a baccalaureate nursing program and the author became "partners standing side-by-side" entering and exploring the ontology and pedagogy of the clinical settings of psychiatric and community health nursing. The Schudder and Michunas (1985) description of teaching as dialogue forms a basis for becoming a coparticipant with the students in the study for the purpose of understanding the essence of the students' experiences in the clinical setting and how the teacher's presence "influenced the students' manner of being with each other and as nurses with clients" (p. 23) which are described as processes involved in *bounding and bonding*. The notions of bounding and bonding become the major themes for organizing the findings of the study. Bonding is defined as the "processes that produce lasting relational connections and ties between and among persons who share lived experiences," and bounding is the "fundamental structures or contexts of meaning that enclose, limit, anchor, or give shape to the ontological space of lived experience" (p. 26). These themes are linked to caring as foundational for effective human relationships, nursing practice, and a model for teaching in nursing education as described by Watson (1988) and Noddings (1984).

Neal's work begins by describing her struggle with developing and grounding the study. Chapter 1 discusses her shifting from a cognitive developmental theory (Perry, 1970) of analyzing the processes related to acquiring and transforming knowledge in the nursing clinical setting to understanding the essence of *knowing* and *being* created from the learning experience. In the beginning Neal sets a context for exploring "the rooms in which we live" or how as individuals we have unique places, spaces, and views which create meaning for the events we encounter (bounding). She goes on to discuss boundaries of the clinical setting and then reflects back on her grappling with cognitive developmental theory as a basis for the study. The notions of Heidegger, Gadamer, and Spiegelberg are presented as a way of suspending the prescriptive educational model for an understanding of knowing and being and the use of phenomenology and hermeneutics for the study. Multiple questions are introduced throughout chapters 1 and 2 leaving me a bit puzzled sometimes about the specific question under study. In a later chapter Neal states, "I began to see where 'being' was neglected in nursing and how it could be disclosed. A view was being shaped ... questions are asked to allow images within this view to be sharpened" (p. 239).

In chapters 2 and 3 a philosophical framework for ontological issues of pedagogic bounding and bonding, pedagogic dialogue in clinical settings, the relational bonds of caring, the role of presence as a teacher, existential responsibility to persons and to theory building and truth, and the setting and context of the inquiry are presented.

Students were selected by lottery from all students enrolled in a course in psychiatric and community health nursing and willing to participate in the study. Data were generated from hermeneutical analysis and interpretation of students' written work and personal journals, reflective essays, and transcribed videotaped conferences. The conferences focused on discussions of client care experiences, the dynamics of developing group process, analysis of psychotherapy groups, and sharing of reflective essays. Students were also asked to write a pre- and post-experience essay for use in rating their cognitive stage development. Neal wrote poetry and essays and shared them in the group, along with field notes, as a participant in the study with the students.

As I approached chapter 4 I became immersed in the beauty of the study. Each student was introduced, making me feel as if I could recognize and identify with them as individuals involved in a venture. In-depth dialogue with frequent examples of jour-

nal entries, reflective essays, and group discussion made me identify with my own pedagogical experience with students.

The story of this study is told in three parts in chapter 4. Part I reflects themes related to giving nursing care and begins with describing the fears, preconceived notions, and encounters of entering the psychiatric setting. A second theme of relational bounds and bonds of caring focuses on learning to care by “being in a relationship with someone who has a mental illness or a family who lives in an impoverished community” (p. 103). The pedagogic effect of relational learning was in helping students to gain security in interpersonal strengths, to become aware of their own values and attitudes, and to develop meaning about how one acts ethically and appropriately in the provision of nursing care. “But more importantly, a student learns about ‘being’ in a relationship, caring, and the student’s own contribution to the healing process” (p. 104). Encountering hopelessness, apathy, and one’s own silence is the third theme. Practical approaches to dealing with these issues was the focus of dialogue rather than traditional textbook written care plans. The fourth theme, issues of bonding and bounding in the helping relationships, focuses on dealing with identification with the client, being committed and involved, and acting responsibly in situations where limits are needed. In giving nursing care in home settings students encounter a fifth theme, the nurse as a guest in a client’s home. “In this particular clinical setting, the whole notion of difference or contrast stands out as being the most significant feature. The biggest hurdles center around those aspects where the family’s living experiences are so different from the students’ experiential background that forming even minimal therapeutic bonds often is difficult” (p. 112). The students encounter differences in lifestyle, differences in receiving care, differences in giving care, differences in place, and differences that cause mistrust of self. Lastly, the theme of how a call to nursing comes to be was described. By facing these experiences, “the students uncover new insight about the bonds and bounds of caring the commitment required to be effectively responsible in helping relationships” (p. 118).

In Part II pedagogic moments in the experience are described. The focus of the section addresses how bonding and bounding in the group context affected learning. The struggles of establishing a working group to accomplish a goal, the dynamics of group process, the development of bonding within the group, considerations about bounds, and dealing with termination of relationships became the essence of the student learning experience. Sharing together as a small group to complete an

assignment, working through the dynamics of group process, acknowledging and sharing feelings within the group, learning to confront each other, and taking responsibility and accountability for one's part in the group were pedagogic issues encountered by the students.

Telling family stories is the content for Part III. Students wrote narrative stories about their family, how their family background contributed to who they were, and how one's family background influences care given to clients. The purpose of the essay was to reflect on the experience of being a member of a family. Neal states,

It is our family of origin that significantly shapes our fundamental attitudes toward life and provides relational bonds of lasting importance. As such, understanding family ties is the key to understanding the relational bonds we establish with others outside the family, and understanding how we experience other groups or settings bounded differently from our family. (p. 206)

She goes on to say that for the nurse to be effective, it is important to understand and be aware of what the individual brings to the interpersonal situation. The process of reflecting on one's family experiences allowed the student's relational history to be revealed, felt deeply, and shared with peers through dialogue (p. 207). Each student's story and that of Neal are included in the study.

To summarize and capture the essence of this work restricts the beauty of the story, the depth of meaning and understanding presented in the context. In answer to the question, What is it like for nursing students to experience the clinical setting in psychiatric and community health nursing? Neal forms the thesis that:

Learning is not simply a cognitive stage (Perry, 1970) that one passes through. The process requires a transformation; the issue is ontological. Students bring to nursing long-standing familial and peer bonds that contain self-limiting perspectives that are challenged/confronted as the new reality of expected nurse-client responsibilities are encountered. Unfamiliarity of the settings made bonding with clients difficult; personal self-questioning resulted. Themes about hopelessness, apathy, and one's own silence emerged as students encountered differences in lifestyle and place. Becoming committed and learning to care involved soul searching. In conversation and through reflective writing, a call to nursing became a responsible caring. (Abstract)

Neal concludes the study by examining what learning would be like if a student was conceived of as a work of art. She suggests that: “pedagogic approaches—including reflecting, writing, and reading aloud perceptions about one’s ‘developmental’ experiences—are a way of disclosing being, experiencing an ‘inner sharing’ with others, and movement where being becomes freer” (Abstract).

Throughout chapters 4 and 5 Neal focuses on the lived experience with analysis from an existential phenomenologic and hermeneutic perspective. However, at the end of chapter 5, in examining the relationship of viewing a student as a work of art, she returns to focusing on cognitive developmental theory by presenting pre- and post-course stage level ratings on the Measure of Intellectual Development (MID) Instrument. This section is incongruent with goals of interpretive methodologies. The goal of using the interpretive approaches of phenomenology and hermeneutics is to uncover human understanding of reality as one experiences it in life. Methodological assumptions regarding this goal are that one can holistically describe subjects’ consciousness of the phenomenon of study through participant observation and qualitative descriptions, and that spoken and written language are accurate in describing lived experiences (Munhall & Oiler, 1986; Dzurec & Abraham, 1986). Phenomenological research is the study of essences or the nature of phenomena, with a purpose of better understanding of what the experience is like (van Manen, 1984) rather than interpretation of outcome on a measurement scale. I find that inclusion of ratings and measurement data adds little to the study as a whole, but detracts from the beauty of the dialogue with its richness of insight.

Overall, this study brings to light what many nurse educators know occurs in clinical learning. Neal has documented what we feel in our hearts and have observed in clinical settings. The use of storytelling, reflective thinking and writing, reading aloud, and sharing within a group context are shown as effective teaching strategies for enhancing learning in the clinical setting. Nursing educators are beginning to make care and caring an imperative in teaching, research, and clinical-community practice (Leininger, 1990). To effectively teach caring as the essence of nursing practice requires deliberate pedagogic strategies (Bauer, 1990; Gelazis, 1990). This study contributes to the body of pedagogic knowledge and the teaching of caring by increasing our understanding of the use of some of these strategies.

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