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# Exploring nurses' learning

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## Abstract

*The aim of this paper is to explore the concept of compelling space for learning. The research presented uses an auto/biographical methodology to explore nurses' learning. Theoretical perspective is drawn from biographical approaches and ideas around development of the self, to examine the nature of people's experience. The argument is advanced, through the narrations of three study participants from a PhD study, that there is a need for nurses to have space to tell their stories of learning and to reconnect with personal experience. The narrations focus upon learning by mistake, developing an interpretive imagination and using biography in teaching and learning and have something to contribute to the development of spaces of learning. This is developed further by considering how biographical method and reflexive responses offer opportunity to find the personal voice and make spaces more compelling and integrative as a different form of pedagogy for nurse education.*

**Keywords**: compelling space; auto/biography; interpretive imagination; dehyphenation

## Introduction

Nurses are perpetually learning as they try to keep abreast of healthcare and technological advances. But how nurses learn is open to question when considered from less formal perspectives. This paper intends to draw upon some of the findings from a PhD study (Howatson-Jones, 2010a) undertaken to explore nurses' learning. The paper uses theories of emotional development and ideas of the self to discuss nurses' learning in less formal ways. The argument is advanced that when people are not distanced from one another psychologically, they can begin to discern where they might learn from, as well as with, one another when given the space and time to tell their stories. This argument is developed further by drawing from three participant accounts to consider how biographical approaches to learning might be used as a different form of pedagogy for nurses' learning. From here I develop the concept of a compelling space that invites

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meaningful learning, where people feel able to take the risk of acknowledging that they do not know and become proactive in developing enquiry. All the names used are pseudonyms and consent was given for use of the material in keeping with the Nursing and Midwifery Council (NMC) (2008) Code of Conduct, and research principles.

## Context of the enquiry

Carper (1978) conceived fundamental patterns of knowledge in nursing which drew on ideas of process relating to building relationships and caring and ethical behaviors. Her purpose was to liberate nursing knowledge from becoming defined by medicine. Nursing knowledge, in this sense, was more interconnected and emerging as a discipline in its own right. However, Carper's (1978) patterns of knowing also leave out other ways of coming to know particularly the '*sociopolitical'* concerning cultural identity (White, 1995, p.83). Historical and cultural contexts do not appear to be adequately considered despite their relevance to nurse preparation and educational provision, particularly in emotional and developmental terms.

Nurse education in the United Kingdom (UK), has undergone considerable change in the last three decades since Carper's (1978) attempt to differentiate nursing knowledge from medicine. Nurses currently undertake a 3 year preparation course that is 50% university and 50% practice based and which culminates in a diploma or degree in nursing. Nurses are expected to complete all theoretical and practical aspects in order to be able to register with the NMC, nursing's' regulatory body in the UK. Therefore, both the practical and University elements are circumscribed by regulatory requirements that often leave little room for meaningful reflection to take place. By meaningful I am talking about encompassing the nurses lifeworld illuminating understanding and other courses of action. Learning from this perspective, even if undertaken in different ways, becomes formalised through processes of recording for evidential purposes to meet a conforming standard. Although nurses are encouraged to reflect in the University and in practice, such reflection tends to be superficial demonstrating awareness of advancing practice through formulaic use of reflective cycles and is less sensitive to more informal forms of learning. Such spaces are consequently often not compelling for learning.

Equally, government policy is again focusing on clinical competence (Great Britain (GB): Department of Health, 1999; GB: Department of Health, 2000), seemingly elevating particular forms of knowledge. Nurses are themselves increasingly confused about what is required of them and how meeting diverse imperatives might benefit them, or their patients (Watson & Thompson, 2000). For example, how to reconcile person-centredness with academic knowledge and technical skill. This seemingly begs questions of where the space for nurses to reflect on their learning is and indeed who they are as nurses. While space does exist in the University and in practice the reality also facing many nurses is a pressurised environment with a multitude of tasks which need to be completed taking time away from actually being able to connect and reflect.

Recent research studies suggest that organisational imperatives for learning are a part of institutional risk management, rather than personal development, with formal learning undertaken mainly to keep up with change (Bahn, 2007). Nurses want to feel valued and one mode of continuing professional development does not suit all (Gould, Drey & Berridge, 2006). Similar findings suggest that nurses' learning is influenced by career development, the effort of juggling home commitments and the level of support from management (McCarthy & Evans 2003; O'Donohue & Nelson, 2007; Cooley, 2008). Despite the motivational focus, there is little exploration of what is brought from

a life history or the relevance of emotional learning to motivation in these studies. Others identify that there are complex interrelationships between individuals and the organisations they work in (Fagerberg, 2004) which seems to suggest issues around how people connect. Nurses become unsure as they find themselves increasingly isolated. It also appears that how at ease nurses feel with themselves is influential in the approach they take to learning and working. A more reflective approach to learning encompasses all areas of a life journey, to profile learning (Maich, Brown & Royle, 2000). For some this becomes played out in their practice as they share their learning with their patients as a collaborative endeavour (Perry, 2005). This might be described as an auto/biographical approach to practice learning. Others reflect with peers as part of collaborative inquiry helping to review and reconsider knowledge (Phelan, Barlow & Iversen, 2006). In this way story telling can be used to help integrate the art and science of nursing (Hunter, 2008).

What is central to these studies is that they appear to be talking about the quality of the spaces in which nurses exist. Nevertheless, although some life and emotional aspects are described they remain under-developed as a part of interrogating learning. The biographical accounts within this paper contrast this by illustrating some of the human factors that may contribute to not being at ease with oneself. What this paper adds, is the argument that engaging biography as a teaching and learning tool offers space for nurses to work with their learning stories and from which they may also draw emotional development which can lead to more positive encounters of learning and working as a nurse. I call this 'developing compelling spaces for learning' because of how nurses become engaged in authentic learning drawing from their lifeworld which helps them to come to a new understanding of themselves, those they work with and potentially those they care for.

## Methodology

The overall purpose of the PhD (Howatson-Jones, 2010a) research was to develop an understanding of registered nurses' lifelong learning and subjective agency within their learning in order to inform the development of learning opportunities for nurses. The particular focus was on illuminating what motivates and shapes nurses' learning experiences, their use of resources and how they define knowledge, from a biographical perspective. Auto/biographical approaches to methodology were considered as a means to illuminate nurses' experiences and lifelong learning and to help build dialogue around what it means to be a nurse and a learner. Auto/biography considers how the 'I' interacts with the lives of others (Stanley, 1993). For example, how the narrator interacts with the narrated within their story as well as the people listening to the account and who bring their own 'I'. Participants can find a voice through their own histories through the interwoven lives spoken about and the researcher and participant are drawn closer together in the research process. Inclusion of the auto/biographical interrogates the relationship through examining experiences within a historical and personal context that are written into the narratives produced that are shaped by us (Stanley & Wise, 1993).

The research questions used were:

- What does an exploration of the learning biographies of nurses, including my own, say about what helps and hinders the learning of nurses?

- What is meant by learning and knowledge in the professional context of nursing?
- How do qualified nurses' learning biographies and their professional contexts influence their perceptions of resources for learning?
- What can an analysis of the learning biographies of nurses, and my own auto/biographical experience, contribute to the development of nurse education?

I want to clarify why this approach is so important and has validity despite being marginal in nursing research. The validity in using an auto/biographical approach over possible others lies in the richness and holistic nature of the accounts produced, and the transparency of researcher involvement (West, Alheit, Andersen & Merrill, 2007). In view of my experiences of nursing, teaching and learning it seemed counterproductive to 'write myself out' of the research, as these experiences provided a valuable resource upon which to draw. Equally, the historical and cultural context of changes experienced in nursing seemed to be an important focus. Subjective understanding is more than simply foreknowledge or pre-understanding in that it informs interactions and therefore, the quality of the spaces of the research itself and what takes place within them. Consequently, the questions considered both participant and my own contributions to the enquiry. Focus groups were employed and the silenced individual was followed up with two in-depth biographical interviews. Eight focus groups and twenty four biographical interviews were carried out involving twenty nine participants in total in the PhD study. However, in a brief paper such as this it is only possible to draw from three participants in any depth.

An interpretive frame for analysis was used based on merging meanings of participants interpreting themselves, my interpreting them and connective auto/biographical moments. Through inclusion of the auto/biographical I was endeavouring to promote transparency by making apparent what knowledge I brought to the research, and the decision-making processes involved. Themes were developed through use of a pen portrait**.** The pen portrait utilises a proforma which includes the historical context of the interviews, methods and processes and emerging themes, to help record issues relevant to individuals and the research in a holistic sense. The pen portrait is constantly added to throughout the research and analysis process, to incorporate a complete view in the final representation that could have a bearing on interaction and interpretation. This enables themes to emerge through gestalt moments of understanding (Merrill & West, 2009). An academic colleague acted as a guide for reflecting on the research processes helping to examine professional issues in participant stories.

I proceed now to illustrate, through the biographical accounts of three of the study participants, how reflexive responses to emotional learning can assist to making spaces more compelling for learning. Through the example of a mistake I identify problems which can arise when people are distanced from each other and how this inhibits learning. This is contrasted with an example of developing an interpretive imagination which connects people in making sense of situations – an important feature of a compelling space for learning. Lastly through the example of using biography for teaching others I illustrate how biography can make spaces more compelling as experience is shared, lives connect and new insights are drawn. The intention is to examine, through each of the narrations, how a biographical perspective potentially contributes another form of learning to the pedagogy of nurse education and how these dimensions together can form compelling spaces of learning. In doing so I draw on

theories of development derived from Winnicott (1965, p.150) who explored the qualities of space between people and developed the concept of '*transitional space'* as people adapt and make changes over the course of their lives. In the first narration I examine some of the stages of development that can emanate from learning by a mistake in terms of shock and anxiety as an emotional response to realising the mistake, with subsequent limited transition to cognitive and affective responses. I explain how clinical supervision – as a form of guided reflection – is utilised to offer support for the anxiety linked to this experience helping to develop and deepen learning. A pen portrait theme of containment is also interrogated.

## Learning by mistake

Sorin came from the Philippines. He described a competitive path to get to University. He had originally wanted to train as a doctor, but family finances could not support this and so he chose nursing instead. He left to work in the Middle East and then came to the UK for better pay. Like many nurses he had a regular job as well as working as an agency nurse to earn extra money and appeared quite tired when I met with him. In the initial focus group Sorin was ignored when trying to talk about his learning. The directional slash marks indicate cutting off points with the forward slash indicating trying to voice an opinion and the backward slash as cutting off.

Ariel: I think you're learning all the time….the thing is have you got any evidence that all this academic training us is making any better nurses?

Lilith: I think it is.

Sorin: It's/

Ariel: \ really?

Sorin's description of arriving in the UK was of feeling '*degraded*' because he was classed as an assistant nurse until he was able to register with the NMC.

Sorin But coming here is….degrading everything.... Because….here we are not qualified nurses we are graded….like auxiliary nurses....until we get our PIN (nursing registration) number. So it's….really tough. And….you know we've been to….this nursing business for quite a while and coming here is turning down to 0.

Sorin needed to learn what constituted best practice in the UK, but was hampered in this by feeling excluded from the discussions between senior staff in his workplace and his loss of status.

Sorin So I think F and G (senior nurse grade at that time) they have their sharing of best practice. I don't know how they weigh what is the best practice.

Where spaces lacking in feeling, what I term 'empathic vacuums' appear it becomes much harder to acknowledge less mainstream and difficult forms of learning. The following biographical interview excerpt revealed a form of 'learning' which was much more personal and hidden at the margins of practice and which Sorin is struggling to articulate.

Sorin: Every day you get experience and you learn from it… when you've had a little bit mistakes and those mistakes putting your heart… like I mean two weeks ago the doctor was quite busy, I know…busy is not an excuse. I got two patients, one ventilated and one less…and then during handover time they said, "The doctor… is trying to seek advice from (named hospital)…what they have going to the patient" So in handover… doesn't say that this was given…So because it has all been written and signed I don't go and look in the details because it's all been already given. But the doctor doesn't have proper communication of what is happening, and the nurses also we don't have proper communication, so I missed that point…So in that scenario you reflect… that next time…even though we are doing… two person check, sometimes it's still miss[ed] because you don't....properly check it… You need to reflect on your practice, safe practice is very important.… you know the five rights of giving medication… You need the qualification to be a nurse, but after that you need to improve your progress in the way you care for your patient.

There appear to be definite stages to Sorin's 'learning'. First there is an emotional response of worry, followed by thinking things through and reflecting culminating in acknowledging the need for different behaviours.

*Emotional response*

| | |
|---|---|
| Stage 1 – shock and worry – | it is not by accident that Sorin tells us early in his story of 'putting your heart…' as a 'heart stopping' moment of realising the error |
| Stage 2 – defending by projecting blame | rationalising by blaming others 'is sometimes busy… So in handover time doesn't say that this was given… But the doctor doesn't have proper communication of what is happening...' |

*Cognitive response*

| | |
|---|---|
| Stage 3 – scrutinising own contributing practice | acknowledges own shortcomings 'So because it has been all written and signed I don't go and look in the details.' |
| Stage 4 – scrutinising others contributing practice | identifies others actions 'it's all been already given.' |
| Stage 5 – identifies core problem | accepts joint responsibility 'and the nurses also we don't have proper communication, so I missed that point.' |
| Stage 6 – checking core knowledge | does not lack knowledge – 'you know the five rights of giving medication.' |

*Affective response*

| | |
|---|---|
| Stage 7 – reflection on error & how to change | presents behaviours and values 'even though we are doing check, two person check, sometimes it's still miss because you don't do properly check it… You need to reflect on practice.' |

| | |
|---|---|
| Stage 8 – regaining confidence | identifies how 'you need to improve your progress… in the way you care for your patient.' |

Sorin's 'learning by mistake' illuminates challenges to the self-concept and staff relations lacking in communication. It could also be argued that this is not learning but working through responses. The empathic vacuum he is experiencing in practice limits his ability to make sense of his reactions and therefore the depth of his learning as well. It has been suggested that the process of learning encompasses the social, cognitive and emotional (Illeris, 2002). I wish to argue that it seems important to acknowledge the emotional first in order to be able to raise cognitive insights and develop action. Nurses do make mistakes and there are procedures in place to help them learn from their mistakes. These include having access to clinical supervision. However the reality is that such provision is patchy and most nurses have to manage their own learning.

Using an auto/biographical methodology demands an authentic response from the researcher. The reason for this is to draw out learning about the research topic but also to enable the participant to learn something. From this perspective my response focused on using the whole self to identify learning in this situation. This required 'dehyphenation' of my identity removing the boundaries between being a researcher and nurse, enabling me to be more genuine and communicate authentically. I conceptualise 'dehyphenation' as eliminating the artificial line of a hyphen between researcher identity as something half connected to being a nurse or, in a sense, being me. Chan (2005, pp.53, 55) calls this trying to become disentangled from *'formalistic thinking'*. 'Dehyphenation' is a conscious act by the researcher to be connected to their whole self. Using the auto/biographical approach meant utilising personal resources available and so I brought clinical supervisory skills into play to identify what kind of learning this was and enable Sorin to tell his story in a 'safe' way that also ensured the outcome had ultimately been safe for the patient. Clinical supervision is a form of guided reflection which enables exploring issues, including the emotions generated, through discussion with another more experienced person and reflecting on significant aspects to gain insight into the learning achieved (Bishop, 2007). Did I confuse the situation? We were reflecting on learning, and reached a deeper reflection which, if anything, clarified what we meant by learning. Such circular questions are sometimes considered hesitantly in scholarly work as perhaps not being entirely appropriate (Hunt, 1998). And yet they are important to reflecting upon actions that give rise to such hesitancy and for bringing everything into view, which auto/biographical methodology demands.

### *Pen portrait themes*

Sorin was somewhat haphazard in the way he answered as he struggled with a second language. Practical and professional knowledge are the primary aim for Sorin in order to fit in. Emotions are briefly referred to, but learning in this domain becomes suppressed to fit in with a perceived professional image by switching to recounting what should be normal practice. I recognised the circumstances that led up to the incident and the fear and concern attached. I too have made mistakes and have felt the intense anxiety. It seems that the quality of the facilitation of working through the circumstances and learning are key elements to what learning and behaviours are taken forward. Punitive models of dealing with mistakes in healthcare have moved to more educationally focused interventions. Nevertheless, nurses who have come from other cultures which

still use punitive models may experience heightened levels of anxiety. Equally, there are wider implications here of being found fallible.

The opportunity for reflection within the research space did appear to counterbalance the effects by allowing assimilation of competence and skill to help Sorin re-affirm himself. The research space is bounded by confidentiality and offers focus on particular issues. In this sense it also offers somewhere that learning can be realised. In responding to Sorin's narrative I could have kept to the research script. But in doing so this might also have sent a message that the emotional aspects of this experience did not really matter which could have been damaging and limiting to transitional development. Sorin's 'learning by mistake' experience had left him doubting his value within the team. By using clinical supervision techniques I was able to demonstrate valuing Sorin as a person and valuing best practice. The processes used within clinical supervision offered some containment for the emotional developments taking place which are the main theme of Sorin's learning.

Containment involves a person feeling sufficiently psychologically supported in order for development work to take place (Horowitz, 2004). Relationships that are supportive and secure enough to allow exploration of thoughts and feelings can provide a form of containment for anxiety (Holmes, 2005; Hunt & West, 2007). Psychoanalytic theory suggests that lack of containment may force individuals into false behaviours that are unhelpful to learning because they avoid connecting with what is disturbing them (Riesenberg Malcolm, 1992). From this perspective although Sorin had completed the tasks required by practice following an error, he had not really 'learned'. Making use of clinical supervision was more encouraging helping to reduce anxiety and make it possible to develop ideas in a space that felt safe and free from judgement. As such, the research space also becomes a learning space for both the researcher and the participant. It needs to be clarified that the research space is an opportunity for finding out about people's experiences. Nevertheless this can also constitute learning about themselves, making this also a learning space. While Sorin initially appears to have been left with is a sense of being an 'outsider', telling his story appears to have helped to consolidate his knowledge of drug administration and what to do. The research space provides an opportunity to sustain critical reflexivity that might be freer from professional agendas allowing deeper connections to develop (West, 2006). I proceed now to discuss an imaginative approach to learning which can help to make such spaces more compelling of learning.

## Developing interpretive imagination

Eowyn also came from the Philippines and had worked as a nurse in the Middle East. Eowyn had also found it hard coming to the UK and practising in the very busy healthcare environment. Of great concern to her were some differences in caring for patients that required enormous socio-cultural imagining and change on her part to 'love', or care differently.

> Eowyn — It's about wanting to know more, not being stagnant, being professional, moving on……We ask each other how far we have come…. Because it was hard for me ….Because in the Philippines we are used to care for the elderly, and respect the elderly….Here …the first few months…we were shocked….their families don't take care of them. They do take care of them, but in a different way. The carers….might feel love, but different love… but it is just a matter of understanding the cultures.

Eowyn equated 'love' with care. She struggled with a more detached approach that she was experiencing in the UK. Her interpretive imagination begins to emerge in trying to explain and understand nursing through other possibilities and translate love into care in the way she would like to be cared for herself through cultural understanding (Howatson-Jones, 2010b).

> Eowyn I wanted to join this research to help foreign nurses who come after me, to make things better....
>
> ....And then I don't know, how did it change?....Yes, I have to get used to it first and I think I need more studies....That's my anxieties as well….that's the....most horrifying…to become in charge….I might encounter a relative who is racist what do I do?
>
> …. I've learned a lot of things personally, academically and professionally.

To develop the interpretive imagination involves starting from a position of uncertainty emotionally:

> Eowyn: Because it was hard for me.

Uncertainty is the point of, what Jarvis (2007, p.11) calls '*disharmony*' that disturbs the mind. The first consideration is the meaning that is given to a situation drawing from personal and cultural scripts.

> Eowyn: They do take care of them, but in a different way.

If the meaning is discussed, concepts can become translated with consideration of others' views:

> Eowyn: It is just a matter of understanding the cultures.

Ideas continue to develop and there is a possibility to diversify experience and reach to the unknown considering reflexively how the self is changing.

> Eowyn: I wanted to join this research to help foreign nurses who come after me, to make things better…. How did it change?…. I think that's the important and the most horrifying……to become in charge…I've learned a lot of things personally, academically and professionally.

### *Pen portrait themes*

Eowyn was known to me from a previous clinical practice role and she had been very keen to join the research. For Eowyn relationship is the key component of her experiences and learning. We met in a quiet spot outside which helped to set a different context. Emotional aspects of learning emerge as she experiments with asserting herself and making decisions. She assimilates feedback from many sources such as the patient, colleagues and managers, to try to make sense of this different setting and culture as she works through transition. Her interview is full of imagination and interpretation as she tries to make connections with her cultural understanding and possibilities for her future. There are concerns about judgement from her Philippino colleagues of how far she has come and of racism from some patients and how she might respond to these

concerns. But underlying this is also personal learning of who she is and might be becoming. As she talks about assertiveness she recognises some of her own values of respect. Imagining what it might be like enables her to take the risk of moving on.

I propose interpretation and imagination co-operate in ways of coming to know that open up compelling spaces of learning. In Eowyn's narration uncertainty is the stimulus for trying to orientate her ideas about caring and nursing and develop understanding of how and what she is learning. She is able to see the UK system from a different perspective partly because she is a foreign nurse imagining herself in a variety of situations, to make sense of it. Imaging, in the form of building a mental picture, can be a way of thinking about and questioning possibilities as part of human becoming (Parse, 1998; Bunkers, 2002). C. Wright Mills (2000) developed the idea of the sociological imagination. This type of self-consciousness enables individuals to envision themselves and their problems within a larger historical and social scene. Eowyn may not share a history or culture, and this can make it difficult for her to develop a sociological imagination in the workplace and the University in the UK. But she is able instead to develop a compelling space for learning through translating concepts via interpretive imagination which helps to integrate her thinking. I proceed now to consider how using biography in teaching and learning can contribute to making spaces of learning more compelling as follows in the next account.

## Using biography in teaching and learning

Larissa was married with grown up children. She had always wanted to work with children, either as a nurse or a teacher. Significantly, she accompanied her mother as a child on Red Cross work, which instilled a sense of vocation in her. Larissa had done well at school, but had also been teased for this which led her to question difference.

> Larissa I don't know, maybe it is because I was in the top stream….used to get some saying: 'You….snobby (insult that suggests a superior attitude to others) lot….you only use your brains'….I did quite a lot with special needs children….I've got a very good friend who's got cerebral palsy (brain injury which results in mental and physical problems) and I met her at the Red Cross holidays….we didn't really think about it. And it never really struck me that (named) went to…. boarding school….And they were actually shut away.

Larissa felt strongly that respecting difference in teaching and assessing were important ingredients of a learning relationship.

> Larissa We need to talk about that…. not with the sense that they think 'Well I made a right mess of that, failed everything.' But….understanding that we don't always get everything right….let us work through it and let us not destroy you in the process….Let us be positive about it.

It was important to Larissa to acknowledge fallibility as being part of professional practice to promote integrity in the developing professional. Larissa drew on her biographical experience to help others learn.

> Larissa We need to be….enthusing them to learn and talking to them about things, ….So what I did for this talk was I started where I started with nursing….I started thinking about (named institution) where I did my training….And I

> started there and built this up and lead it through the process that I had seen developing….
>
> …..about a month later we had one of the students….came up to me and said 'I really enjoyed that talk….it was really interesting.

Larissa also drew on her biographical experience to help her reflect upon and develop understanding about her own learning.

> Larissa Last week I went to visit a lady who….was suddenly falling into a big heap and realised she [has] got far too much on her plate….And talking to her….you never end up being the one comforting and talking, you always get something back from that don't you….So I think….learning….reflective thinking….I have come away having learnt a lot myself.

Larissa's professional and personal growth in terms of her experiential learning, her deepening emotional awareness and, in particular, how she used her biography to develop personal and reflexive understanding made the space compelling for learning.

### *Pen portrait themes*

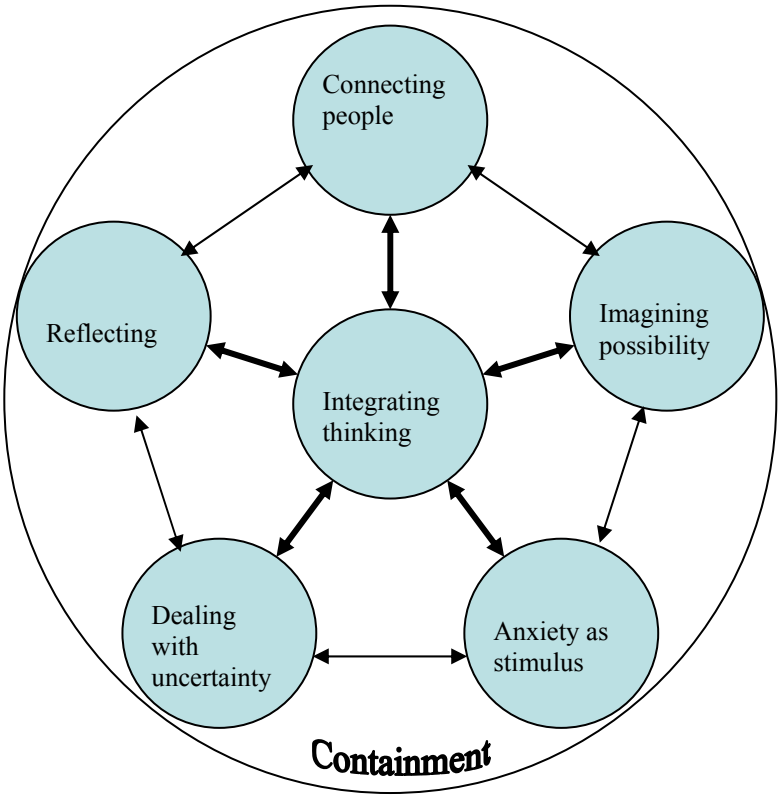
We met in Larissa's workplace and she made sure that she saved some of our refreshments to share with her staff acting out what she had narrated in her story. Larissa had undertaken a traditional form of training which now required her to return to formal learning to underpin her teaching. Learning for her occurred in social dimensions in the main with relationships critical to achieving learning. Biographical aspects were important to the authenticity of the processes of teaching and learning. I recognised many elements in Larissa's story that are important for me in teaching and learning. Nevertheless, using biography is also fraught with considerations about purpose and motivation. Larissa challenged me to reconsider how as teachers we use experiences in teaching.

I suggest that it is important to bring subjective processes to learning in terms of values, beliefs and biography because these can offer authentic and humanistic ways of engaging that develop insight and personal responsibility for change. Dialogue, from one perspective, can be viewed as being part of '*dimensions of development*' that include coming to know through examining personal assumptions, ways of thinking and taking responsibility for the '*authorship*' of personal actualisation (Taylor, 2000, pp. 159,161,162). Larissa's account has summarised the importance of emotional and biographical engagement with learners and each other as more informal and neglected forms of learning which are relevant to nurse education. However this requires authentic and reflexive responses from those facilitating such learning and not all teachers may feel ready or qualified to do this. By this I mean being able to think biographically about whom we are and what has shaped us. This is important for nursing because it helps to highlight the progression of individuals as well as the profession and can potentially help others to find points of reference to help integrate themselves when perhaps joining the healthcare system from elsewhere in the world. A view of biographical telling suggests that new stories may emerge which can be empowering (West, 2001). I proceed now to suggest ways how the interweaving of biographical experiences can make spaces compelling to learning.

## Compelling space

The participant accounts have highlighted aspects of a 'compelling space' which include containment and support for emotional aspects of experience, developing a different vision of oneself and relationships with others. These support learning, not in the sense of coercion, but through the creation of the desire to learn through developing an interpretive imagination and biographical processing. Developing an interpretive imagination is a first step involving examining one's own ideas and assumptions to begin to interpret others (Howatson-Jones, 2010b). Ideas of new possibility can then begin to develop. Within such a space it becomes possible to build better relationships with one another through authentically acknowledging vulnerability and not knowing, which is a crucial part of a compelling space for learning. This space builds on Winnicott's concept of transitional space that exists between people as they negotiate and renegotiate their place in the world (Winnicott, 1965). Key aspects of compelling space are illustrated in figure 1.

*Figure 1.* Key aspects of a compelling space (Howatson-Jones, 2010b). Used with kind permission from Learning Matters.




Integrating thinking lies at the heart of a compelling space, as the participant narratives have suggested, in the way they have tried to develop understanding as it connects to their lives. Connecting with others, reflecting and imagining are important for reaching out to inform as well as to be informed. Compelling space is found in formal and less formal situations such as teaching in practice, reviewing personal development and within spaces for research as well as the lifeworld. This suggests that compelling space can be created in both University and practice with the right facilitation and commitment from teacher and students. What is needed is a reflexive focus on

biographical elements and responses to these. Biographical approaches offer an opportunity to open up compelling spaces for learning but are reliant on teacher skill.

Lives can be drawn together through processes of biographical reflecting and imagining and, when drawn together, may collectively expand reflection and imagination as is suggested in Larissa's narration. When these connections are encompassed in a containing space that frames the processes within clear and manageable boundaries, it might be said that this is a compelling space for learning to take place. Learning becomes irresistible and undertaken for its own sake. Innovation in teaching might be better served, not through increasingly complicated technological systems but, through facilitators and tutors collaborating with learners on a more equal plane of really reflexive learning.

## Conclusion – Shaping future learning

What this paper contributes is the idea that biographical work can be used as a different pedagogy for nurses learning because it enables nurses to make sense of what they bring to learning, what they do as well as how they might develop. Such approaches have been shown to be important to emotional development, a sense of self and are an important vehicle for creating compelling spaces of learning. My argument, derived from the research, is that embedding biographical reflexivity into nurse educational provision could help to harness nurses' biographical experiences and enable nurses to use these not only in their own learning, but in helping to create more compelling spaces of learning when teaching others. Competency needs to reach further than just practical applications to include embodied responsiveness to others including patients.

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