

Dispelling desperation in prelicensure nursing education

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Abstract:

Traditional nursing education that is perceived as autocratic and conformist produces feelings of isolation and desperation in many prelicensure nursing students. This article illustrates, through the voices of two nursing students, how prelicensure students can dispel their isolation and desperation. Implications for nurse educators are discussed.

1. Introduction

Traditional nursing education that is perceived as autocratic and conformist produces feelings of isolation and desperation in many prelicensure students. Hall's (2004) descriptions of the dehumanizing practices in nursing education and the desperation of nursing students are consistent with our experiences. Desperation, according to Hall, is "the condition of being without hope, feeling less than a full person, seeing few options" (Hall, 2004, p. 147). She suggests that "desperation may be fostered, at least in part, by conditions of educational pressures... students feeling isolated, misunderstood, and dismissed" (p. 147).

Desperation felt by prelicensure nursing students about their nursing education may be influenced by generational differences in teaching/learning. Evidence suggests that generational differences influence learning (Skiba, 2003). Today's traditional prelicensure nursing students are predominantly from Generations X and Y (Generation Y is also known as the iGeneration or Internet Generation). Generation Xers (who are currently 24–44 years old; born 1963–1983) are self-directed learners who enjoy working in teams; want clear information with practical value; and use humor, games, and activities to learn (Billings & Kowalski, 2004). Generation Yers (who are currently 23 years old or younger; born 1984–1999) are active learners. They seek innovation, want immediate responses to learning needs and questions, and enjoy being mentored by older generations. They prefer to work in groups and teams, can multitask, and use hyper-learning models as opposed to linear acquisition of information (Billings & Kowalski, 2004).

As noted by Hodges, Keeley, and Grier (2005), "current curricula are typically natural science based and university housed Conventional pedagogy, with teacher-as-authority, revolves around prescriptive content and outcomes" (p. 549). Prelicensure nursing curricula (and teaching methods), which are content focused rather than learner focused, were developed and are perpetuated by members of the Baby Boomer generation (born 1945–1964) and those who came before. These seemingly autocratic and conformist educational programming and

teaching styles, which worked for many years, are less than optimal for today's students. These independent and creative students expect to be engaged in the decisions and directions of their learning. This article is designed to extend Hall's analysis of prelicensure nursing students' desperation by describing how some of today's prelicensure nursing students express their desperation, discuss how they dispel it, and present implications for nurse educators.

2. Desperation expressed in social networking web sites

Most prelicensure nursing students today are part of Generation Y, who never knew a time without the Internet. Two of the most trafficked Internet web sites, used primarily by the Y Generation, are the social networking web sites MySpace and Facebook (Rosenbush, 2006), ranked second and seventh, respectively, by users; these web sites combined have more than 23 million users. Integral aspects of MySpace and Facebook are networking groups for any imaginable interest area (and more), including networking groups of prelicensure nursing students.

A cursory review of nursing student networking groups reveals the desperation that Hall (2004) noted. The following groups, which include several hundred members, illustrate their experience: "And We Chose to go to Nursing School, WHY?" "I Heart [Love] Nursing School... But Nursing School is Cruel and Unusual Punishment," "ATSINS—Alliance to Stop the Intimidation of Nursing Students," "I Hate Being a Nursing Student," "I'm About to have a Nervous Breakdown from Nursing School," and "Are Your Nursing Professors Out to Get You?"

The networking groups used by hundreds of prelicensure nursing students are only one way that desperation is expressed. The prelicensure nursing students whose stories are presented below are not MySpace and Facebook users. Their desperation was expressed and dispelled through two classroom assignments: an art exhibit and an honors project. These classroom assignments served as conduits through which their desperation in nursing education and their escape from desperation could be experienced and communicated. What follows are their stories.

3. Students' experiences and suggestions for dispelling desperation through creativity

3.1. Katie's experience—Finding self-awareness and self-expression

Through nursing school, there have been papers, care plans, journals, and objectives. Classes typically consist of PowerPoint presentations and lectures. I take in as much information as I can and later pour it into whatever mold required. The work seems never ending, monotonous, and unnecessary. I cannot help but wonder how conforming the information presented in classes, readings, and clinical experiences to a prestructured format is helping me become a good nurse. I can count on one hand the assignments I have completed that allowed room for any sort of personal expression. While I respect the pressures on teachers to guide students through school, I would like to encourage aspects of nursing education that allow self-exploration, self-expression, and mind-expanding skills.

Optimal nursing care requires understanding and respect for the human spirit, working with clients as individuals, and seeing and appreciating who they are. But before we can respect another as an individual, must we not respect ourselves? Without acknowledging the individual in each nursing student, is nursing education leaving out a vital aspect of good client care? As

students, we are taught and retaught the significance of respecting a client's autonomy, but this is abandoned in our own education. To meet the needs of others, we must have an understanding of our own needs, emotions, beliefs, and values. An optimal nursing school experience would acknowledge this need for self-awareness and foster student growth while acknowledging the qualities that make each of us unique.

During my psychiatric nursing rotation, we were studying substance abuse and, coincidentally, there was an art exhibit of paintings of artists who had died of heroin overdose. Our teacher ended the lecture early, and as a class, we went to see this exhibit. The paintings included Billie Holiday, Jimi Hendrix, Charlie "Bird" Parker, and others. The instructor asked us to write about what we saw in the paintings and what they made us feel. Funneling energy into interpretation of someone else's perceptions on canvas required me to explore my own feelings about substance abuse. For once, I felt I was allowed complete freedom, no format, no grade, and no right answer, and I appreciated the opportunity to express my thoughts and feelings. By acknowledging the perceptions and experiences of each student and allowing students to share these, the instructor gained insight into the minds of her students. There have not been enough such experiences in my nursing education, with open communication between student and instructor as fellow human beings, outside the power hierarchy. But understanding and appreciation for one another are vital to the nurse–client relationship and should be demonstrated more in nursing education.

I would like to encourage educators to acknowledge the individuality of their students, just as they do their clients. Opening students' minds to art and receiving their perceptions can provide insight into the mind of individual students. By opening and expanding the minds of students, educators arm students with an appreciation for self-expression as well as a new level of self-awareness.

3.2. Emily's experience— Embracing creativity

When I began my junior year of nursing school, I had no idea of the journey I was about to take. Often, I heard statements like these: "Nurses are very creative people." "You'll like being a nurse; you can use your creativity." "Creative people make great nurses." Hearing these made me feel that nursing was something I would enjoy. I did not know what nursing school would be like, but I was okay with that. I figured I would do what I always did: take my classes, do my work, and get on with my life.

However, putting time in at school, in classes, in reading textbooks and research articles, I found that those earlier voices about creativity began to fade. The further I got into my education, the louder the formalized, professional chorus sounded. I found myself striving for the ideal of perfection held up for us in nursing school, trying to be the perfect student nurse. Syllabi, evaluation forms, strict adherence to dress code, I was going to do it all.

For a while I succeeded. But I was trying to stuff my self into a space I did not quite fit. I did not realize what I was doing to myself until one morning when I sat in psych class and thought, "Wait a minute. I am learning about a subject I find vastly interesting, with teachers I really like and connect with, and yet I feel like I am crawling out of my skin. I cannot focus, concentrate, or

sit still. I just caught myself staring at the windows and wondering how far they open. Something isn't right."

I kept getting the feeling that there was a deeper root to the difficulty I was experiencing. I felt constricted, restricted; I felt I was losing myself. Nurse me was taking over my life, starving out the real me.

Visits to my teachers' offices did not provide any help for the sense of panic I was feeling. Then, during a visit to my grandmother's house, my epiphany came. I was in tears because I had a deadline the next Tuesday and still had no idea what I was going to do for my honors work. I remembered one of my mental health nursing teachers challenging us to know ourselves that first day of class. I remembered when I was little and my school notebooks would be covered in drawings. I thought about the way I would try to get my tutees at the learning assistance center to visualize difficult concepts in their minds' eyes. And I realized I had been pressing down on the part of myself that sees pictures when I learn. I was not myself. I was pushing myself away in favor of an unattainable, idealized "perfect nurse"—as if I could turn myself off and be perfect at school, and then take nurse me off with my uniform when I come home.

The problem was—is—that nursing and nursing school are intense experiences that spill over into the rest of one's life. There is no way to compartmentalize them. Thus, I realized that it was either be myself, all of me, the real me in all aspects of my life, and accept nursing as a facet of myself, or something would break inside irreparably. Once I came to this understanding, the fog lifted and things began to make sense.

Thoughts, ideas, words, and pictures flashed through my mind. If they were meaningful to me and helped me to learn, why should I alone benefit? Finally, I had something to propose for my honors project: I would select some of my brain pictures, at least one for each section of material covered in class, and share them with my classmates at the close of our survey of mental health nursing.

It was amazing how much improvement I noticed after I started being real me again full time. The concepts I was learning in class came more alive; the people with whom I came into contact revealed an entire spectrum of rich experience, and I valued the privilege of encountering them. Because I was viewing myself and my experiences through the prism of rich experience, I could value others the same way.

Doing something I loved—painting with watercolors— as a way to personalize my learning was like starting to breathe again. And thus, through my mental health nursing class and my honors work, I was able to reinvigorate my self-expression and give of myself, not just of my book learning. When I finished my artwork for class, I had visual representations to share with my peers. I displayed my pictures and I watched as everyone took them in. Many classmates told me that they felt the meaning of my work; they were touched by the images, enjoyed seeing them, and gained insight into the concepts they depicted.

The challenge in nursing, as in many other disciplines, is to take information, what you are meant to learn, and give it personal meaning. There is always a way, if you look hard enough and work hard enough, to incorporate what you learn into what you love.

Seeing the people we care for as people, not as patients, begins with seeing ourselves as persons, not just nurses. Knowing who we are and what we have to give and sharing that with peers enrich all of us. It dispels the desperation and fatigue that plague nursing and nursing education.

Nursing needs real people to take care of others with needs they cannot meet alone. Hence, whatever you can do, if you sing or play music, if you dance, if you laugh, or if you just listen, bring it with you. Bring yourself to nursing and bring nursing to yourself. There is no perfect nurse, but there is a real nurse. That nurse is a person, taking good care of another person. That nurse can be you.

4. Discussion

Common themes in Katie and Emily's voices are desperation and creativity. Both broke out of their desperation through creative exercises—one through her own artwork and the other through observing and interpreting the artwork of another—and then through their contributions to this article and their work with faculty contributors. Katie and Emily not only used creativity in their education but also enhanced their experiences by writing about it (Andreason, 2005). This article, our creative product, resulted from collaborative work between faculty and students. Katie and Emily have done perhaps what MySpace and Facebook users have not—expressed their experiences and suggestions in a way that has the potential to have a positive impact on others.

Nurse educators, who serve the students of today, who are the nurses of tomorrow, should encourage and facilitate creativity rather than conformity. Nurse educators should listen to individual voices and allow and encourage creativity and self-expression in the classroom and beyond. This can be done through active learning strategies (less lecture-only formats) and more creative student assignments and testing. Upon graduation, prelicensure nursing students must pass the National Council Licensure Examination (NCLEX). Multiple-choice examinations are not the only way to prepare students for this examination and for nursing practice. Creative, individual thinkers will be better prepared for this examination than conformists. They not only will pass the NCLEX examination but also will be better prepared to practice in our ever-changing health care system.

Because many of our students also work, they come to us as resourceful, independent, technologically savvy, and with a strong idea of the collective group. Assignments that encourage students and faculty to think "out of the box" must be more fully integrated into teaching/learning. Educators must reach out to and connect with, engage, and encourage the next generation of nurses. Then, we will produce the creative nurses that society needs.

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