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## Brief Report

### Teaching Our Future Nurses: Professors Sharing Personal Stories

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#### Abstract

The purpose of this study was to examine the impact of professors' sharing personal experiences of living with and surviving chronic illness. This personal Breast Cancer survival story was shared with the author's nursing students during their grief and spirituality lecture in their Fundamentals of Nursing course. Students who had heard this lecture over a span of eight years were invited via Facebook to participate by completing an anonymous Survey Monkey questionnaire. The questionnaire consisted of nine questions, which included demographics and open-ended questions aimed to ascertain whether or not this lecture contributed to their nursing knowledge and practice and if so in what way. These study findings provide a better understanding of the student's experience of learning from their professor sharing her Breast Cancer experience. Findings suggest that appropriate sharing of personal health stories with direct correlation to the subject content can significantly enhance understanding in nursing education.

**Keywords:** Breast cancer; Nursing students; Teaching

#### Introduction

Teaching our future nurses is an undertaking that nurse educators take very seriously. Nurse educators must be highly educated with Master's and Doctoral degrees. Focus needs to be on the most up to date pedagogy supported by evidence-based research. Nursing curriculum continues to be studied and researched. Often nurse educators are advised to follow the text and to choose teaching strategies aimed toward their often-diverse student learning styles. Creativity in planning teaching strategies for use in the classroom is encouraged in an effort engage students. Could sharing stories in nursing education be an effective technique? Would the technique of sharing health stories and scenarios help nursing students to "Put a face to the disease?"

#### Background

In healthcare settings, patients themselves are encouraged to share their stories in an attempt to help other patients. Morse and Stevens [1] explore the role of patient storytelling in narrative medicine. Patients were encouraged to share their stories with

their Healthcare Practitioners (HCP) in an effort to increase understanding and to improve care. This could be applied to nursing students. Fitch, et al. [2] studied a program being used in Canada where survivors teach nursing students by sharing their stories. The program, Survivors Teaching Students (STS), originated in the United States in 2002 by Betty Reiser. At that time, Dr. Reiser was a professor at the University of Medicine and Dentistry in New Jersey. This program used specifically trained volunteers, to present their stories to nursing students in a one-hour session. Laukner, et al. [3] researched patients teaching nursing students by sharing their stories of living with chronic conditions and disabilities. Findings revealed that this framework may be beneficial to both the patient and the student nurse.

Greenwald [4], Mangol [5] and Wooten-Blanks [6] have had experiences where they have shared personal experiences with students in the realm of teaching. Wooten-Blanks [6] found that "Sharing a piece of herself" with her students helped to build rapport. She shared stories of her educational history including mistakes, bad decisions and failures. Her intentions were for students to see her as a "Real" person-not just as their professor. She wanted the students to see that they could also overcome any

difficulties in their education. Feedback about her self-disclosure was all positive. She believes that her self-disclosure had a positive impact on her effectiveness as a professor.

Mangol [5] uses personal storytelling related to her nursing practice and her personal health as a teaching strategy. One example of a personal story she shared is receiving the medication, Adenosine, while experiencing a cardiac problem. Students listened and developed a better understanding of this medication and its use in medical practice. It allows the students to connect theory to practice. Survivors presenting to nursing students provides for a unique perspective by putting a face to the disease [2]. The strategy of sharing stories can be a very effective teaching strategy based on student feedback. A dilemma that nurse educators experience is whether or not to share stories about themselves, specifically stories about their own health. As a breast cancer survivor, this is a dilemma I am faced with when educating nursing students.

## **My Story**

A cancer diagnosis is devastating to most patients and it was no different for me. According to the American Cancer Society [7], other than skin cancer, breast cancer is the most common type of cancer among American woman. The rate of diagnosis is equal and most prevalent among Caucasian woman and African American women in the United States (U.S.). According to the United States Breast Cancer Statistics [8] one in 8 U.S. women (approximately 12%) will be diagnosed in her lifetime ([www.breastcancer.org](http://www.breastcancer.org)).

On October 15, 2009, I was diagnosed with breast cancer. I have absolutely no family history of cancer. My theory is that stress affected my immune system and triggered the breast cancer. We know it can happen and for me it did. I researched the concept and found research to support my personal theory. It was a stressful time for me and for my family. Helgesson, et al. [9] studied when in Sweden looking at correlations between self-reported stress and the incidence of diagnosis of breast cancer. Findings showed that women experiencing more than one month of intense stress have twice the likelihood of being diagnosed with breast cancer.

For three days I was dying. It seems that all I could remember learning in nursing school is that if a person had a cancer diagnosis, death was inevitable (1977-1980). During this time, I spoke with other survivors and learned that I would live. On October 18, 2009 I shared my story with my Fundamentals class of 58 students. My feeling at that time was to put some meaning to what was happening to me...to have my students learn through my lived experience. Their responses to my sharing varied. some were emotional, while others refrained. I was honest and continued to share with them throughout my journey that year...through chemotherapy, radiation, and recovery.

My treatment included a lumpectomy at Massachusetts General Hospital (MGH), followed by 8 rounds of every other

week chemotherapy (4 A/C combination and 4 of Taxol). Radiation followed for 33 sessions. Through it all, I continued to lecture and work my maternity clinical rotations. While researching breast cancer, I learned how important it is to the prognosis to surround oneself with positive energy. In my case, my students were the positive energy I needed. It was important for my students to learn from "My cancer diagnosis". I wanted them to learn that cancer is not a death sentence. I wanted them to learn how they could make a difference in the lives of the patients they may care for one day. My battle was successful (9-year survivor at this time) and the Mount Wachusett Community College (MWCC) Nursing Class of 2010 asked me to be their Pinning Speaker. It was truly an honor.

After sharing my journey with this first class, I reflected on whether or not sharing my story will benefit these students in their future nursing careers. From student feedback before and during this first time sharing, I made a decision to continue sharing my story every year during my Grief and Spirituality lecture. Up to this point in the semester I refrain from sharing my story. During the first half of the class I lecture with a PowerPoint presentation based on the text. While returning from break, students walk in the room to see me proudly wearing my survivor sash, as I begin to share my story of survival. I organized my story into a PowerPoint presentation based on Kubler-Ross's Stages of Dying [10]. Copies of my inspirational book, *Strength of Heart: An Optimistic Journey through Breast Cancer*, are available for interested students [11]. Students walk away from this lecture with skills and understanding needed to care for patients with varied diagnoses. I wanted the students to see me as I am. I am an optimistic survivor who does not let breast cancer define me.

Learning of the powerful impact sharing my story made was so rewarding. I will always remember that day. Several years ago, a student contacted me requesting an appointment. She came into my office, shut the door, and proceeded to share her story with me. She said that after my breast cancer lecture, she decided to do a breast exam and felt a lump. Over the semester break she had been going through the work up leading to a diagnosis of breast cancer. She had come to tell me that her oncologist told her that her professor had saved her life. There have been a few other occasions, when students have told me that hearing my story, motivated them to get medical follow up that they had been procrastinating getting done. This led me to reflect and wonder how many others were affected by hearing their professor share their story of survival. Did it affect their personal health care decisions? How does this affect the nursing care they provide?

## **Purpose**

The purpose of this study was to explore the use of sharing appropriate health stories in the pedagogical process of nursing education. This study explores how one nurse educator uses her true story of living with breast cancer to enhance the authenticity of student learning.

## Methods

Students were recruited via Facebook, for those on social media and snowball recruitment for all other participants from May 1, 2017 to June 1, 2017. Inclusion criteria included the fact that the respondent was a nursing student in the day program at MWCC in North Central Massachusetts in the past and had heard the lecture about my journey through Breast Cancer. Respondents were asked by way of social media (Facebook) to complete a confidential questionnaire (Survey Monkey) with a variety of demographic, dyad questions, and open-ended questions (Appendix A). Participation was voluntary, anonymous and no participation incentives were offered.

During the years of 2010 to 2017, there were approximately 480 nursing students in the ADN nursing program at a Mount Wachusett Community College. Response rate yielded a 17% (n=82) return. The number of responses in each graduating year varied from 5 to 20 graduates with the most responses from graduates in the class of 2017. Nursing specialties included Maternity (n=2), Medical-Surgical nursing (n=8), Mental Health (n=13), and Other (n=55). Only one respondent currently worked in Maternity and Oncology. Two respondents did not answer this question.

## Results

When asked if they personally have had or are close to anyone diagnosed with Breast Cancer, 57% (n=47) answered yes while 43% (n=35) responded no. Of those who answered yes to this question, 57% (n=27) were diagnosed prior to the Breast Cancer lecture and 47% (n=22) were diagnosed after the lecture. Initial thoughts during the Breast Cancer lecture ranged from interested (59%) and surprise (33%) to upset (6%). One respondent had no reaction and there were no claims of boredom during the lecture. Thoughts following the lecture included “What would I do if it were me or my family?” (37%) and “I learned a lot that may help patients someday.” (81%). One respondent chose the answer of “Thank goodness it wasn’t me!” (1%).

When asked if any changes were made in their personal health care because of the lecture, responses were divided with 55% (n=44) responding yes and 4% (n=36) responding no. Two respondents did not answer this question. Forty-two (95%) of those who made personal health changes responded by identifying the changes that they made. These included monthly self-breast exams (MSBE) (n=21), mammograms (as advised by HCPs) (n=8), changes in diet (n=3), annual exams (n=2), and Vitamin D intake (n=1). Remaining comments focused on nursing practice and not on personal healthcare changes.

The final question was directly linked with my original hypothesis of “Does a nursing professor sharing a personal story

of living with breast cancer enhance student learning and nursing practice?” The question that was asked was: Did hearing the story about your professor’s journey with breast cancer help you in your nursing career? The results of the question were that 94% (n=76) of the respondents answered positively while 6% (n=5) did not believe that the lecture helped them. One respondent did not answer the question. When asked to share “How” the lecture has made a difference in their nursing practice, there were 63 responses. Increased empathy (n=26), enhanced understanding of cancer and coping strategies (n=12) and the importance of being a patient advocate and encouraging health screenings (12) were among the responses. Three respondents indicated that the lecture developed an interest in oncology and hospice nursing. Examples of quoted comments showing the benefits of sharing my breast cancer story with nursing students include:

“It put a face to the disease. This made it more real for me, like it can really happen to anyone...it doesn’t matter who you are, what you eat, how old you are, or what shape you think you are in....”

“It taught me that patients can be teachers and to always listen to what they have to say.”

“It made me realize that it is indeed a survivable disease and that with proper treatment, support system and attitude, breast cancer can be overcome. Hearing your story put a personal perspective on breast cancer survival.”

“Hearing a personal experience helps being able to relate and feel true empathy. It brings on a different emotion compared to reading about it in a text book.”

“When someone you respect shares a personal story with you it sticks. Having the educational side of your story combined with the personal side helped me to put the whole picture together.”

“Hearing a first-hand account during lecture helped to humanize breast cancer.”

“We were one of the first classes to be part of your journey. We lived it with you. No doubt it made me a better nurse.”

“It was a testament to hard strong faith and perseverance. If my professor could battle cancer and still be so strong, I could make it through nursing school!”

“I learn more through hearing stories than I do reading a text book, so this was very helpful in learning how to take care of my patients and to understand what they are going through during their diagnosis and treatments.”

“Your willingness to share and personalize a very real diagnosis and journey helps because so often in school or disorder is described in a textbook. Thank you...please keep sharing!”

## Limitations

Limitations included the fact that only Facebook, along with an associated snowball factor, was used for recruitment limiting recruitment exposure. Question two, which asks about their specialty in which the respondent is currently working limits the respondent. A write-in would have provided for more accurate results.

## Summary

Findings from this study suggest that sharing personal stories in the academic setting, when appropriate and correlated with the lecture content; can significantly enhance the student's learning and understanding of a patient's journey living and surviving with chronic illness. Educators can use these findings to support sharing stories as a viable and effective technique for teaching nursing students. As one respondent quoted....it puts a "Face to the disease".

## Appendix

### Appendix A: Questionnaire.

Thank you for your willingness to complete this questionnaire. It will be helpful in learning whether or not sharing personal experiences with students are helpful to learning.

Year of Graduation: \_\_\_\_\_

Nursing Specialty (now): \_\_\_\_\_

a. Have you, or somebody close to you, ever been diagnosed with breast cancer?

b. Was this before or after this lecture while in nursing school?

a. What were your initial thoughts during this lecture? (choices: interested, upset, boredom, no reaction)

Please share your initial thoughts after this lecture.

Did you make any changes in your personal health care as a result of hearing my story?

a. Did hear this personal experience of surviving breast cancer help you in your future nursing practice?

b. If so, how?

Thank you for taking the time to share your thoughts!

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