Thank-you cards: Reclaiming a nursing student ritual and releasing its transformative potential

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Summary  The giving of a “thank-you card” to the staff of a health service in which clinical experience was gained, is common practice amongst nursing students in Australia. Group reflection, or debriefing, following the clinical experience is also a common practice. As rituals in nursing, they can become routinised, taken-for-granted and have little meaning or influence. This paper discusses an educational activity devised by the author that aimed to transform a relatively innocuous practice into one that had empowering potential for students, giving them voice in the health service culture and emphasizing the need for a more humanized workforce, one that actively seeks out opportunities to give each other helpful feedback so that change is ongoing. The activity drew upon narrative pedagogy, showing students how stories combined with rituals have transformative potential not only for themselves as students, but for the entire culture of nursing. The paper argues that cultural change need not be monumental for it to have enduring effect and it is within the jurisdiction of even the most junior student. The “thank-you card” ritual that students commonly use can be reclaimed and extended so that students become activists in the building of a more humanistic, supportive nursing and learning culture.

Introduction

As a teacher of undergraduate nursing students for over 13 years, I knew from experience that students frequently had emotional stories to tell after they had completed guided clinical practice. Upon reflection of these events, the emotion generally came from retelling experiences of pain, suffering, loss and grief. Students also had emotional stories of resilience, transition and transcendence. The narratives stemmed from relationships that developed with, or observations of, themselves, patients, nursing staff, clinical colleagues, and clinical teachers. Typically, students are eager to
tell their stories, perhaps because of the cathartic function the retelling serves for individuals.

Embedded cultural tensions in nursing are commonly revealed in this discussion. A tension between the desire to belong and the need to avoid getting in the way was common. For example, students often relayed experiences where their ideas or needs were either pushed aside or embraced by RNs and medical doctors. Responses could either make the student feel welcomed and safe, or unwelcome, afraid and frustrated.

Students frequently told of the anxiety they felt when commencing practice in an unfamiliar unit and how frightened they felt when expected to attend to a client with problems and issues students had never encountered before. Oftentimes, students were directed to be with a patient, without having any opportunity to observe the way care was delivered in the particular unit.

Students also frequently perceived a tension between the expectation to imitate observed practices and at the same time critique them. For example, students would talk of clinical teachers and nursing managers conveying the expectation that students should be active in the health service, doing what the other RNs were doing. Yet at the same time, students were criticised if they enacted modelled practices that were incorrect or unscientific.

Another practice that commonly occurred seemed ironic, in the context of all the rich, deep, emotional and sometimes conflictual experiences students had on clinical practice. Students collectively would ritually mark the ending of their relationship with staff in the clinical environment and their RN colleagues, with the giving of a simply written 'thank-you card'. Regardless of how powerful the experience was — whether students were moved, awakened, traumatized or saddened — the cards contained the same script and it was evident to me that students missed an opportunity to use their voice, to offer feedback and to attempt to make change for students of the future. I began to wonder if there might be other ways that the experiences could be interpreted, discussed and acted upon differently so that students might feel empowered, participants involved, and change made possible. What follows then is a critical reflection upon the meaning of story-telling, ritual and a description of an innovation that offers possibilities for transformed experiences. The paper discusses in turn a number of cultural practices being harnessed to undertake what is a simple learning activity — but one that may have profound effects for both students and the health care culture. The cultural practices include: shared story-telling, the power of ritual, the practice of letter writing and finally, the thank-you card ritual.

Shared story-telling

The growing body of work within the education nursing disciplines, known as narrative pedagogy, rests in the belief that stories have communicative, connecting and transformative potential and thus are powerful learning tools (Connelly and Clandinin, 1990). Stories can convey context, emotion, ethics, values, culture, relationship and, when they are shared, can move people to create change and take political action (Van Manen, 1994). Foremost in advancing knowledge in this field, are nursing researchers (c.f. Andrews et al. (2001), Diekelmann (2001), Ironside (2006), Ironside (2003) Nehls (1995) and McAllister (2007)). The benefits of students engaging in shared story-telling are summarised in Table 1.

One common site for students to engage in shared story-telling is following clinical experiences, but post-clinical debriefing also has limitations when the event takes place without engaging the context and the people to which the story relates. In the classroom setting, the subject/s of the students’ stories (such as patients, clinical staff and teachers) are usually excluded from the listening experience, even though this can offer opportunity for rich feedback. When the subjects are not present they are also not given the right of reply or the benefit of knowing that the encounters had with students may have made a deep and enduring impression. Without feedback, people do not have the opportunity to feel validated and nor do they have a chance to change. Furthermore, the stories told are often critical of health practices, and unless students are assisted to find remedies and do more than simply ‘debrief’, students are not empowered or assisted to engage in anti-oppressive nursing practice (Hopton, 1997).

Furthermore, classroom debriefing does not offer to the students themselves opportunity to realise the transformative potential that story-telling can offer to nursing culture (McAllister, 2005). Simply revealing tension is not sufficient to enact or create change in the system. In this way, students who simply offload stories from experience to their student colleagues or teachers are performing an essentially conservative act because nothing about the clinical environment is likely to change as a result of this retelling. Yet, story-telling does have powerful potential because it can become a political act such that it produces change, and in this act students may come to realise their agency and
their role in contributing to a better clinical and social world. As ritual practices shared story telling and thank-you card-giving have strengths and limitations and these need to be considered.

Table 1  Positive functions of story-telling

- Story-telling gives an the oral/aural interpretation of an experience.
- When a story is told it can have a cathartic function, offering release and understanding.
- When a story is heard it can have a connective function.
- Teller and listeners joined in a common way can build community and solidarity.
- Each story is unique, offering different emphases and perspective.
- Story relies on context. In a story a scene is set, a plot unfolds, interactions occur and these organize the information about the event. Without these, meaning about an event is incomplete or superficial.
- Story-telling can evoke a subjective understanding, closer to the embodied human experience, offering an alternative to objectivity and empiricism.
- Story-telling can evoke and transmit feelings, thereby allowing people to relate to the issue and to learn from it.
- Powerful story-telling can awaken, enlighten, move, galvanise, activate and motivate.
- Thus story-telling has a political function. It can make the personal, public and ignite change.

The power of ritual

Ritual, used in its spiritual or cultural sense, simultaneously conveys, embodies and enriches meaning and thus, if used consciously, has powerful transformative potential.

Rituals, ceremonies, and rites of passage are practices that can help individuals and groups feel in touch with previous generations and with tradition, contributing to an awareness of the rich place of history, the maintenance and development of society and culture (Turner, 1997). Rituals can be grounding, offering a sense of purpose and connection, keeping a person in touch with core values, humanity, with god and with life (Helman, 1990). Indeed, Helman also claims that rituals are necessary for human society. Rituals express and renew basic values of a culture, especially regarding relationships between human beings.

Ritual has an interesting and changing place in nursing. In the contemporary world unfortunately, ritual and ceremony are not as much a part of nursing or society as they used to be. Catanzaro (2002) and Strange (2001), argue that ritual has been stigmatized because of the rise of technical rationalism in health and society. Such an ideology emphasizes science and reason and dismisses important emotional aspects of humanity, associating them with the primitive, and therefore nonsensical. Furthermore, all things religious have tended to be separated from scientific ways of knowing. A similar trend has occurred in nursing’s development, such that there is a tendency to associate with anything religious. So, ritual in health care tends to be dismissed and considered only in its narrowest and negative connotation — as irrationality and thoughtless repetition, perpetuating habit and traditions that prevent advancement (Ford and Walsh, 1994; Parker, 1999; Silberger, 1998; Tonuma and Wimbolt, 2000).

Yet, amongst people interested in exploring how humanistic, holistic and cultural aspects might improve and enrich health care, the value of ritual is re-emerging (Biley and Wright, 1997; Holland, 1999; Philpin, 2002; Shelly and Miller, 1999). Strange (2001), for example, has argued and illustrated how some of the difficult or taboo aspects of health care — caring for the dying or dead person, caring for the soiled, leaking or smelly body — is assisted by ritual. Emotional intensity is reduced, some distance is enabled and the taboo nature is normalised. Since nurses are commonly involved in these health/illness/life transition rituals, it is not taboo to talk about similar experiences with nurses. Perhaps this is one reason why people may feel more willing and ready to talk with nurses about issues that may be otherwise unspeakable.

Ritual has been examined for its many connotations, including the negative, and these vary, depending on disciplinary interests. The cultural anthropologist Linton (1945) explained that culture is learned and transmitted through ritual, and that ritual itself has four important aspects: form, uses, social function and meaning. Strange (2001) uses the example of the English ritual greeting, “how are you?” to illustrate. The question is the form of the ritual — ”How are you?”. Its use is to start a conversation. Its social function is to establish connection amongst people through small talk and its meaning is that it establishes common ground. Given this connecting power, it may be useful to reconsider and examine those rituals in
nursing that have managed to continue and endure, and even those that have begun to disappear, because of the prevailing discourses that devalue and dismiss them. Nursing needs connection and community. Perhaps ritual may help to enable that.

Ritual also involves a symbolic act designed to achieve an ends — whether it is to celebrate or mark an achievement or turning point; to preserve a memory; to bond with a cultural group or to rouse emotion, courage or other feeling. As anthropologist Mary Douglas (1970) explained, early on in a culture’s history a ritual may be performed with elaborate and precise detail in order that the community appreciate and share the significant moment it seeks to mark. As the culture develops, the ritual may not seem so elaborate or complex, but its meaning endures because of the embedded symbolism. The practice of a Catholic person genuflecting in church is an example. In early times, the practice may have been a more elaborate act of bowing of the head and knee at the same time as making the sign of the cross by touching four points on their body to show humility, awe and respect to God. Now it is a simple gesture, but still imbued with meaning for many. In a similar way, simple gestures between nurses and others can be a powerful transmitter of meaning, respect and connection.

As the previous example showed, another key characteristic of ritual is that it involves repetition. Some scholars have rightly criticised mindless repetition in nursing as a practice that effectively prevents or obstructs nurses from thinking before, during or after action (Chapman, 1983; Ford and Walsh, 1994; Menzies, 1970). But on the other hand, an action that is regularly repeated also has potential for generational transmission. A ritual action can be passed on from nurse to nurse and if it has a meaning that is enriching for the profession, then the culture has potential to grow and develop. Without repetition, a useful practice that could be shared may simply fade away.

Another important characteristic of ritual is that it has an exaggerative effect and thus can emphasize or call attention to the issue it is seeking to mark. Thus, similar to metaphor, ritual can have an educative and enlightening effect for people (McAllister, 2000). Importantly to the issue of nursing culture and the potential for transformation, ritual involves action. Ritual is not just thought, or intention, but action. Ritual participants do something and their actions have an effect on the world.

In considering all of these characteristics of shared story-telling and ritual there were opportunities to further enrich the learning experiences for students as well as to empower them to make a positive effect on the nursing culture through the performance of a renewed and enriched thank-you ritual.

The transformative function of letter writing rituals

Letter writing is a ritual that has deep and long standing social connective function and over the last 20 years has increasingly been used in therapeutic relationships in different ways. For example, therapists have written letters to clients pointing out their strengths and achievements (Bacigalupe, 2003; Epston, 1994) and clients have written letters to significant others (Goldberg, 2000) and this has been shown to raise the client’s self-efficacy, commitment to change and to heal suffering (Moules, 2003). Proponents of the value of letter writing have argued that when utilized effectively, it has a greater effect than verbally communicated meanings. Letters create an intimacy, they can carry emotional tone, they are meaning-rich, and they can preserve the message (Steinbaum, 1996; Wagner, 1977; Hirshfield, 1997).

Letters of appreciation are a commonly known practice available to families and work supervisors, but such humble practices are rarely the subject of social analysis. An exception is the work of Kecskeméti and Epston (2001), which used the device with primary school students who sent letters to their teachers describing the specific ways that the teacher had been helpful. In their evaluation, the authors commented that this strategy helped the teachers see their practices through the eyes of their students and subverted a very common tendency in education — for teaching to be uni-directional. The ritual emphasized the reciprocal nature of communication that can occur in good teaching. It also powerfully validated purpose for the teachers — teachers were given evidence that they can and do make a real difference in young peoples’ lives.

Thus, letter writing is a practice that has potential to give voice, and therefore, power to the writer. It gives benefits also to the receiver and it opens up communication pathways between people, building connection and understanding. In the following section, the practice of letter writing, specifically thank-you cards, from students to nursing colleagues is incorporated into a learning activity that aims to empower students and be change oriented.
Extending the thank-you ritual

A one hour teaching and learning activity was designed for undergraduate nursing students and took place following completion of a clinical practicum. It aimed to give students voice, to prompt reflection on practice, to challenge students to think laterally about solutions and then to encourage empowered action. The activity was divided into three sections: a trigger activity designed to generate discussion; new information to build knowledge and skills; and an activating exercise to encourage students to contribute to change.

In the trigger activity, students were shown typical images of what I anticipated their practicum to be like. These included: patients in need or engaged in a treatment intervention; a hurried, busy environment; technical equipment; group conversation; and apparent tension. Then I invited students to identify an image to which they could most relate and to offer their full and open critique of the nurses and doctors that they worked with and their overall experience. I was surprised to find that there was more tension, bullying and marginalisation of students and of difference, than I expected. Students all had the experience of interactions with RNs characterised by impatience, exclusion and hostility, but equally they also all could relate stories wherein RNs were supportive, instructive, kind and understanding. Unfortunately, the painful stories were the most memorable and left the deepest impression. After opportunity for discussion, students saw there was value in achieving understanding, though this was explained as only one step in the change pathway. Talking on its own can also amount to an essentially conservative act. Important subsequent steps are to become informed and learn strategic interpersonal skills that protect the self from disempowerment, but also show others how kindness and assertiveness can replace bullying and disrespect.

In the information stage of the activity, the concept of conflict transformation was explained (Chinn, 1999). Students were asked to try to relate the concepts about to be heard with how they could have responded in the encounters they had just described. They were also asked to think about what they would do in the future when they were in a position of authority as a registered nurse.

Peggy Chinn, a feminist nurse scholar experienced in collaborative action, explains that workplace tensions are to be expected because people have different interests, problems or issues and that these are likely to compete with others’ in terms of priority and importance. But people do not have to respond in powerless or aggressive ways. Indeed, it is possible to act in powerful ways that are positive and effective. Important notions about conflict transformation are that: conflict is no one person’s responsibility; no one person is to blame; rather, it is everyone’s responsibility.

Chinn emphasizes the value of constructive criticism as a strategy to move away from a blaming style of communication, but appreciating that opinion, perception and feedback are important conversations to have between colleagues. Constructive criticism is also a kind of art that needs to be practised, ideally in a safe context and this is why classrooms and distance from practice environments, can be so important for the advancement of nursing and healthcare.

Students were encouraged to think laterally about ways to be constructive with others. Noticing strong points, remembering shared values, and providing validation were all suggested. This became an important opportunity to reinforce with students the positive actions they had already taken to be respectful with their clinical colleagues. All of the students had taken part in signing and giving a card of thanks to the nursing team. It was emphasized to students that such a gesture was thoughtful and likely to have been much appreciated. Students were then asked if they wanted to try to enrich and extend that important ritual of giving thanks.

So, students were asked to acknowledge and talk about all of the positive behaviours they could identify in the people that they had just critiqued. And finally, they were invited to put these stories and skills of conflict transformation into action, by writing a story of validation and critique onto a specially designed university thank-you card and posting them to the relevant health service (for an example, see Fig. 1).

Note that in this card, students found a way to voice the things that they found upsetting and frightening – being told to speak with unfamiliar clients without adequate preparation, or opportunity to observe relevant skills; being expected to be an ‘insider’ and have knowledge about procedures that are taken for granted by the RNs but which were unfamiliar to students. Students also provided much needed validation of effective, supportive colleagues and showed the way for others by specifically naming the positive support strategies such as patience and optimism and by reminding nurses that students admire and respect them.
Evaluation and the future

Feedback from students about the activity was all positive. Students felt their grievances were understood and they felt personally supported. But more than that, they felt optimistic about being able to manage and direct future clinical experiences. They had knowledge to understand the nature of conflict, skills to be able to transform it, and a strategy that gave them a voice to convey constructive criticism and also to show good leadership.

In this exercise, no formal responses were made by the agencies that received the cards, although one person with whom I later spoke said that she was thrilled to receive the card. Indeed, after it had sat posted on the staff notice board for some weeks, she carefully mounted it in an album bought especially to store and showcase future cards and letters like it.

The ritual of sending thank-you cards has been repeated in subsequent classes and has also been extended by individual students. One student stated that at the end of each clinical placement he now has his own ritual of personally thanking each staff member and each patient for the privilege of being able to work with and for them. Each time he notices the joy and fulfillment this small act produces. This embodies what Driver (1998, p. 92) has said is the transformative power of ritual: ‘‘Like art, rituals are likely to bear more meanings than words can say’’. Draper explains that ritual can grow as we grow and conversely, we grow as our rituals grow. Ritual not only transmits knowledge, but also assists in the discovery of new knowledge, creating new pathways for us to follow.

Thus, in the future, the intention is to take the pedagogical innovation one step further and, tactfully, invite clinicians to write a response. In this way, as Kecskemeti and Epston (2001) suggest, mutuality is being emphasized and there is potential for a two way benefit, where each person experiences agency and self-appreciation. Much more of this connectivity needs to occur. Evaluation and ongoing development of the innovation are of course needed. Whilst the personal gains made for students and clinicians involved in the interaction may be clear, such a practice, especially if more widely utilized, may have long term, and sustained benefits for the student–clinician relationship. This would also give an indication of long term outcomes of the change activity.

Conclusion

Since conveying thanks is a universal practice, the learning activity described in this paper may have relevance for nursing teachers all over the world. As a ritual it has been extended and made more powerful by incorporating the principles of narrative pedagogy and transformative learning. It was underpinned by the belief that nurses, like all human beings, thrive when acts of kindness are bestowed upon them, that the health service needs an injection of practical humanism. And furthermore, nurses deserve opportunities to learn ways to better communicate and support each other. This can be achieved respectfully and effectively in the simple and intimate act of communicating stories of change. Extending the thank-you card ritual was one way to help students use their voice, and show clinical staff how to be effective supports for future students. This is transformative learning in action – noticing oppression, refusing silence, and attempting social change. Future work exploring this and other
acts of communicating transformatively within the health care culture may further contribute to the project of bringing applied humanism into complex health care environments.

References


