The Application of Narrative Education of Wisdom Classroom Model in Nursing Teaching

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ABSTRACT

Objective: To evaluate the effect of narrative education in nursing teaching of wisdom classroom model. **Methods:** 60 general surgery nursing students were divided into groups, 30 nursing students in control class were taught in traditional teaching mode, and 30 nursing students in research class were taught in wisdom classroom mode. Compare the nursing teaching effect of two classes. **Results:** There was no significant difference in the scores of clinical nursing ability between the two classes before teaching, and the improvement was more obvious after different teaching modes, with statistical significance between the two groups ($p<0.05$). After different teaching modes, the assessment results of nursing students in the research class were better in all aspects, and the difference between groups was obvious ($p<0.05$). There was no significant difference in clinical thinking between the groups before teaching ($p>0.05$), and the clinical thinking ability of the study group was improved after different teaching modes, and the difference between the groups was significant ($p<0.05$). Compared with the two classes of nursing students' satisfaction with different teaching modes, the satisfaction of the research class was higher, with statistical significance ($p<0.05$). **Conclusion:** The use of narrative education in wisdom classroom mode in nursing teaching can significantly improve the clinical nursing ability of nursing interns, exercise their clinical thinking, improve their assessment scores and teaching quality satisfaction, and is beneficial to the cultivation of excellent quality of humanistic care of nursing interns, and has a prospect of popularization and application.

1. Introduction

The development of nursing education in our country has tended to be mature, but the traditional teaching mode can not satisfy the pace of nursing education reform. No matter the traditional teaching method in school or the traditional teaching method in clinical practice, nursing students are taught rigid book knowledge and clinical skills. However, in today's advocating humanistic quality education, it is particularly significant to cultivate the humanistic care ability of nursing students and improve their comprehensive quality. The emergence of narrative education just makes up for the shortcomings of traditional teaching mode, and brings different teaching experience to teachers and students through rich teaching forms, so that the content learned is more deeply rooted in people's hearts, and achieves the purpose of teaching and learning.

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Narrative education, as a new teaching mode, was first introduced into the field of nursing education by American nursing educator Diekelman in 1993[1]. Now it has been widely utilized in nursing work and achieved good results [2].In 2022, a study in the United States showed that at least 69 of the 125 medical colleges surveyed took narrative education as a compulsory course [3], which shows that narrative education has long been carried out in full swing in foreign countries. With the development and application of information technology, the Ministry of Education has issued a number of documents, emphasizing the use of information technology to carry out smart education, accelerate the process of education modernization, and realize the goal of national education informatization and education power [4]. Supported by modern information technology, "wisdom classroom" is a new type of teaching classroom different from the traditional one, which is created by using various teaching resources according to pedagogical theories and subject characteristics in the teaching process to promote students' active participation in the classroom, experience the happiness of learning and improve the teaching effect [5].With the help of information technology, "wisdom classroom" has various forms of teaching organization, abundant teaching resources, novel teaching methods, relaxed and interesting teaching atmosphere, and good teaching interaction, which can give full play to the principal role of students, cultivate students' independent learning ability, enhance students' learning participation, and thus improve teaching effect [6]. Next, we will study the application effect of narrative education under the wisdom classroom model in nursing teaching in our country, hoping that this new nursing education idea and model can be paid attention to and applied by more nursing scholars to promote the further development of nursing education in our country.

2. Objects and methods

2.1 Research object

A total of 60 nursing students from September 2022 to June 2023 were selected as the study objects. According to different teaching modes, they were divided into control group and study group. Inclusion criteria :(1) General surgery nursing intern; (2) Voluntary participation in and completion of general surgery practice teaching activities, and informed consent. Exclusion criteria:(1) Those who have participated in wisdom classroom teaching before, or are participating in other similar researchers at the same time; (2) Those who can not complete the research due to their own reasons and quit midway. In the control group, there were 2 men and 28 women, respectively, with the

minimum age of 20 years and the maximum age of 22 years, and the mean age was (20.31±0.22) years. In the study group, there were 1 male and 29 female patients, respectively. The minimum age was 21 years and the maximum age was 22 years. The mean age was (20.32±0.21) years. There was no significant difference in the basic data between the two groups (p<0.05).

2.2 Methods

2.2.1 Regular teaching in comparison class

The nursing students in the control group adopted the traditional teaching method, carried out the clinical teaching guidance according to the learning plan made in advance, and conducted the small lecture and teaching round once a week. Nursing students are required to preview and review the textbook content knowledge in advance. During class, they should actively answer the relevant questions raised by the teacher and make relevant notes; During the weekly implementation of small lectures, ward rounds and clinical teaching, representative general surgery nursing cases will be shown to students, and students will be organized to discuss and analyze nursing plans. Meanwhile, teachers should carefully answer relevant questions raised by students, and regularly summarize and give timely feedback.

2.2.2 Intelligent classroom narrative education of the research class

The nursing students in the research group were given narrative education of wisdom classroom teaching mode, which was divided into pre-class stage, mid-class stage and after-class stage.

The pre-class stage is mainly the stage of teacher's lesson preparation and students' independent learning. Teachers need to prepare lessons according to the teaching objectives and teaching content of the course. For example, relevant learning content and materials should be made into PPT and uploaded to the mobile teaching assistant or network teaching platform, and relevant topics should be published for study and discussion. Students can learn and summarize knowledge points by means of data reference, video learning and group discussion before class.

The middle stage of the class is mainly the stage of the teacher's teaching and the students' listening. Through pre-class preparation, during the teaching period, the teacher uses network technology to highlight the student-centered and themed teaching concept, and draws out the problems existing in pre-class preview and discussion during the teaching period, and cultivates students'

learning interest through various forms such as case explanation, video teaching and online class. And through group discussion to stimulate the enthusiasm of students to participate, so that it is easier for them to grasp the key and difficult points of the learning content.

Narrative education in the course is mainly carried out through the following ways. The first is the story form, which teaches the concept of disease, etiology, clinical manifestations, auxiliary examination, nursing diagnosis and related nursing measures. Through clinical narration, story reconstruction and other ways, teachers skillfully "contain" the above theoretical knowledge in the story, that is, use the story as the carrier to teach disease knowledge. For example, by telling the story of a classmate who vomited blood after the class reunion, "I" was confused about why he vomited blood (cause), worried about the danger of his life (clinical manifestations and prognosis) - sent to the hospital after treatment and turned the crisis safe (treatment and nursing measures), and the medical staff was concerned about the hospital when discharged (health guidance). By designing such a storyline, the knowledge of the disease is connected to "me". Through the "I" story perspective, to learn and master nursing knowledge.The second is a form of art and literature, in which narrative experiences and stories are an important way for human beings to express and transmit experiences. Teachers may recommend medical films, TV dramas and literary works to students. Students' enthusiasm for learning can be aroused through rich story plots and teachers' interpretation from the perspective of professional courses. By watching videos, students can understand the physical state, life and pain of patients, and deepen their understanding of disease knowledge.The third is the reflection diary, which guides students to summarize what they have heard, done, thought and felt, that is, the internalization of knowledge. Reflection diary not only involves disease knowledge, but also personal thoughts and experiences. Teachers can learn about students' learning experience from students' reflection diary, which is not only conducive to the communication between teachers and students, but also conducive to teachers' teaching adjustment according to the feedback of students. In addition, with the help of teaching assistants on the network platform, students can share pre-class presentations or the results of independent learning in class. For the knowledge points that have doubts, students can circle notes according to the content of the APP, and exchange questions with students or teachers, which helps to form a good atmosphere for independent learning and improve the learning effect. The participation and implementation of each session were evaluated according to the score weight set by the teacher.

The after-school stage is the teaching effect evaluation stage. During the teaching period, the teacher implements the wisdom classroom, uses the network teaching platform and teaching assistant to evaluate the teaching effect by using information technology, so as to comprehensively understand the latest progress of students' learning content in this chapter, understand the weak points of students' mastery of knowledge, and provide references for the next class. The whole wisdom classroom teaching mode under the background of "Internet +" relies on mobile assistant APP or online platform. Meanwhile, in the student assessment system, individual self-assessment, classmate mutual assessment, group assessment and teacher comments can be set up in combination with systematic evaluation, and corresponding reward and punishment mechanism can be established to make the assessment more systematic and humanized. After the end of the classroom teaching, the teacher will focus on the students' learning attitude, the shortcomings in the learning process and the learning direction, explain the nursing difficulties and relevant important content involved in the practice of general surgery for individual students, and guide them to carry out practical operations to ensure that they are proficient in the important knowledge of nursing practice. In addition, during the nursing practice, they will acquire the important knowledge After the consent of the patient, the relevant clinical data and image data will be uploaded to the APP, so as to facilitate the students to further deepen their understanding of the nursing method of this kind of general surgery patients, and learn the corresponding nursing method or propose the corresponding innovative nursing plan.

2.3 Evaluation index

(1) Nursing students' clinical practice ability was evaluated using the nursing mini-clinical exercise evaluation scale compiled by previous literature [7], which consisted of 8 items, namely, overall evaluation, organizational effectiveness, health consultation, humanistic care, nursing consultation, nursing measures, nursing diagnosis and nursing physical examination. A 9-point scale was used for each entry, with 1-3 classified as unqualified, 4-6 as qualified, and 7-9 as excellent. The Cronbach 'so coefficient of the scale was 0.780, indicating good reliability and validity. (2) The examination results are designed and organized by the researchers themselves: the examination contents include theoretical knowledge, practical operation, basic nursing, communication ability, and medical record writing. The total score of each is 10 points, and

the higher the score, the better the score.(3) The evaluative Thinking ability Scale (CTDI-CV) revised from previous literature [8] was used to evaluate the thinking ability of nursing students. The scale consists of 7 items, each consisting of 10 items, divided into 40 negative items (from strongly disagree to strongly agree) and 30 positive items (from strongly agree to strongly disagree). The scale ranges from 70 to 420 points,≤120 points indicates negative critical thinking ability, 211-279 points indicates unclear meaning,≥280 points indicates positive critical thinking ability, and >350 points indicates strong critical thinking tendency. The total score of a single item ranges from 10 to 60 points,≤30 points indicates negative tendency, 31-39 points indicates unclear meaning,≥40 points indicates positive tendency, and >50 points indicates strong positive tendency. Cronbach 'sα coefficient was 0.810, indicating good reliability and validity. (4) Clinical intern satisfaction questionnaire was used to evaluate nursing students' satisfaction [9]. The scale consists of 27 items in 5 dimensions, such as teaching effect, teaching content, practice environment, operation skills and management mode. Likert4 scale was used to score from very unsatisfied to very satisfied, ranging from 1 to 4 points. A higher score indicates a higher level of satisfaction. The Cronbach 'so coefficient of the questionnaire was 0.885, indicating good reliability and validity.

2.4 Statistical Analysis

SPSS24.0 software was used to analyze the data. The counting data were expressed as rate or component ratio, and the intergroup ratio was tested by x2. The measurement data were expressed as mean ± standard deviation. Paired t test was used for intra-group comparison and independent sample t test was used for inter-group comparison. P<0.05 was considered statistically significant.

3. Results

3.1 Comparison of clinical nursing ability between the two groups

Before teaching, there was no significant difference in nursing ability between the two groups, but after teaching, the improvement effect of nursing ability in the study group was significant, and the comparison between the two groups was statistically significant (p<0.05). See Table 1.

3.2 Comparison of assessment results between the two groups

After teaching, the assessment results of nursing students in the study group were better than those in the control group with conventional teaching mode, and the comparison between groups was statistically significant (p<0.05). See Table 2

3.3 Comparison of clinical thinking between the two groups

Before teaching, there was no significant difference in the total score of critical thinking ability between the two groups (P>0.05). After teaching, the total score of critical thinking ability of nursing students in the 2 groups was significantly increased, and the total score of the study group was higher than that of the control group, the difference was statistically significant (P<0.05). See Table 3.

3.4 Comparison of nursing students' satisfaction between the two groups

After teaching, the two groups of nursing students had little difference in satisfaction scores on practice environment and management mode, but higher satisfaction in teaching content, operational skills and teaching effect, with statistical significance (p<0.05). See Table 4

Table 1. Comparison of nursing ability between the two groups

group	time	Nursing consultation	Nursing physical examination	Nursing diagnosis	Nursing measures
Research group	Before teaching	5.18±1.50	5.11±1.59	5.05±1.48	5.06±1.30
	After teaching	7.09±1.33*	7.07±1.19*	7.11±1.23*	7.13±1.06*
Control group	Before teaching	5.02±1.45	5.15±1.80	5.13±1.45	4.98±1.41
	After teaching	6.31±1.34	6.32±1.30	6.40±1.36	6.70±1.21

group	time	Health consultation	Humanistic care	Organizational effectiveness	Overall evaluation
Research group	Before teaching	5.10±1.71	4.95±1.15	5.04±1.21	4.96±0.69
	After teaching	6.99±0.97*	7.34±0.92*	7.41±1.06*	7.06±0.56*
Control group	Before teaching	5.19±1.32	5.12±1.55	5.11±1.20	5.07±0.79
	After teaching	6.26±0.99	7.11±1.04	6.50±1.04	6.39±0.61

Note: * indicates that compared with control group, P<0.05

Table 2. Comparison of assessment results of nursing students

group	n	Theoretical knowledge	Medical record writing	Communication ability	Practical operation	Primary care
Research group	30	8.23±1.10	8.36±1.60	8.67±1.22	7.79±1.61	8.02±2.03
Control group	30	6.33±2.12	6.32±1.92	6.63±1.72	6.52±1.69	6.44±1.80
t	-	4.357	4.471	5.299	2.980	3.190
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

Table 3. Comparison of clinical thinking of nursing students between the two groups

group	time	Search for truth	Open mind	Analytical ability	System capability
Research group	Before teaching	41.31±8.27	38.47±5.87	35.32±4.70	34.37±5.36
	After teaching	45.33±6.53*	40.86±6.20*	38.15±7.81*	40.52±7.79*
Control group	Before teaching	38.92±7.73	39.57±6.49	34.13±6.72	35.54±5.63
	After teaching	41.27±8.09	38.47±5.88	35.53±4.62	35.34±7.02

group	time	self-confidence	Thirst for knowledge	Cognitive familiarity	Total points
Research group	Before teaching	31.70±7.22	32.32±4.74	43.62±7.97	257.03±28.52
	After teaching	37.59±9.53*	38.67±8.55*	45.47±6.83*	286.53±40.66*
Control group	Before teaching	34.57±6.86	34.12±7.22	41.47±7.27	258.21±33.40
	After teaching	32.71±6.90	34.54±6.63	38.66±8.48	256.32±38.48

Note: * indicates that compared with control group, P<0.05

Table 4. Comparison of nursing students' satisfaction between the two groups

group	n	Practice environment	Management mode	Teaching content	Operational skill	Teaching effect
Research group	30	3.40±0.46	3.33±0.42	3.51±0.45	3.59±0.34	3.41±0.40
Control group	30	3.36±0.45	3.29±0.71	3.10±0.27	3.05±0.52	2.97±0.46
t	-	0.341	0.266	4.384	4.766	3.953
P	-	>0.05	>0.05	<0.05	<0.05	<0.05

4. Discussion

4.1 Application effect of narrative education

4.1.1 Improve humanistic care and empathy

Narrative education is a kind of teaching method, through creating a teaching environment in line with the situation, and explaining, analyzing and re-deconstructing the narrative materials, to achieve the purpose of improving the quality education of nursing students. Humanistic nursing and empathy are the core parts of nursing students' personal quality and an important entry point to establish a good nursery-patient relationship. They can be used to perceive the emotions of others, understand the spiritual world of others, and provide caring services to patients to make them feel social support and emotions [10]. Narrative education can hide the intention of humanistic care and empathy literacy in vivid stories, and present narrative scripts through the intelligent classroom platform to provide nursing students with perceptible story situations, thus triggering their thinking, prompting them to feel the real nursing scene, perceiving the inner thoughts of patients in the interactive experience of the scene, and stimulating their true feelings. Make them feel the true meaning of humanistic care, and then produce psychological identity. The problems existing in clinical practice are introduced to nursing students, and narrative education is carried out through stories related to them, so as to arouse nursing students' thinking, stimulate their empathy and improve their humanistic literacy.This teaching method is able to enhance learners' emotional intelligence and enable them to better understand patients' emotional states, thus providing more humane and personalized care.

4.1.2 Innovate teaching forms to improve teaching quality

The research indicates that the application of multi-form teaching methods and teaching resources in nursing teaching can improve the professional theoretical level and operational level of nursing students, and strengthen the identity of nursing students to teaching methods, so as to obtain higher satisfaction with teaching quality. In the process of nursing teaching, intelligent classroom is established by means of Internet platform and other forms, and narrative scenario simulation teaching is carried out,

which enriches the teaching form and makes it easier for students to understand abstract nursing knowledge, thus enhancing the enthusiasm and initiative of nursing students in learning and making classroom teaching lively and interesting [11]. Traditional nursing teaching pays more attention to the imparts of knowledge points and teaching results, ignoring the emotional experience of nursing students and the training of clinical thinking. Through the development of narrative education, nursing students can deeply understand the emotional experience of the service objects, deepen their understanding of nursing work, and apply the knowledge to analyze and solve the problems they face, so as to achieve the expected teaching effect [12].The typical clinical cases provided in the "wisdom classroom" teaching can help students apply theoretical knowledge to solve clinical practical problems, organically combine theoretical knowledge with clinical practice, create clinical nursing scenarios for nursing students, and enable students to experience clinical nursing scenarios immersive in class, improve learning interest and enthusiasm. The "wisdom classroom" teaching has laid a good foundation for students to engage in clinical nursing work in the future, and cultivated high-end nursing talents suitable for the development needs of modern clinical nursing.

4.1.3 Deepen nursing students' understanding of nursing work

Nursing work involves a wide range of contents, a large number of service objects, the situation is more complicated, and the corresponding problems are also more. Because nursing students have not systematically accepted the situational teaching with practical significance, they can not understand nursing work well. For example, in nurse-patient communication, patients may ignore the feelings of nursing students due to illness or emotional factors, and nursing students may not understand their own work, have a sense of loss, show taciturn, inattention and other situations, and even have certain wavering about their future career development [13]. Therefore, nursing education should be strengthened during school study. Role-playing of narrative education can strengthen nursing students' subjective feelings, improve their cognitive level of practical work, stimulate empathy for patients and their families, give them more humanistic care, and make patients feel cared for, supported, and not lonely. It is helpful to build harmonious nurse-patient relationship.

4.1.4 Cultivating nursing students' narrative ability is conducive to nurse-patient communication

In clinical work, nurses have the most contact with patients, and it is easier to detect the mental changes and needs of patients. Conflicts between nurses and patients sometimes occur because the nurse does not understand and respond well to the patient. If the narrative ability of nursing students can be cultivated, nursing students can realize effective communication between nurses and patients in nursing practice in the future. Through communication, nurses can find the needs and difficulties of patients in time and constantly reflect on their nursing behaviors, which will greatly promote the development of nurse-patient relationship in a better direction. Therefore, it is a general trend to cultivate the narrative ability of nursing students and clinical nurses, but at present, there is no standardized teaching mode for this problem in China, which requires relevant researchers to increase research efforts and build a teaching mode for cultivating the narrative ability of nursing staff as soon as possible.

4.1.5 Simplify the complex to improve teaching efficiency

Nursing involves many concepts and theories, and teachers will get half the result with twice the effort by using traditional teaching methods. The teaching goal of nursing is to realize the transformation of "theoretical knowledge" - "thinking activity" - "concrete behavior", that is, the application of knowledge and skills. For example, when describing the "manifestations of asphyxia" in the care of patients with massive hemoptysis, the text description in the book is "manifested in the process of massive hemoptysis, the sudden reduction or termination of hemoptysis, shortness of breath, chest tightness, restlessness or tension, fear, sweating, blue face, and severe consciousness disorders." Through the use of narrative education, by playing "elevator accident", students can see the people trapped inside from breathing difficulties to suffocation, and can easily "imprint" the performance of suffocation in students' minds. Therefore, through film and television works, narrative education can simplify the complex, get twice the result with half the effort, and significantly improve the teaching efficiency.

4.1.6 Exercise nursing students' practical ability of clinical nursing

Narrative education method is applied to clinical teaching to help students accumulate clinical experience and lessons, improve nursing interest and comprehensive quality of nursing students. In the clinical teaching of undergraduate nursing interns, nursing students are required to watch and read relevant movies or literary works, and are encouraged to communicate with patients and write reflective diaries. After three weeks, assessment and evaluation are carried out. This narrative teaching method has improved nursing students' interest in learning and greatly

improved their theoretical knowledge and clinical skills. On the basis of traditional teaching methods, narrative education method is added to implement narrative education strategy for nursing undergraduates who enter the operating room for practice, and the corresponding clinical narrative materials are told to nursing students according to different stages of practice, so as to cultivate the caring ability and practical operation ability of interns.

4.2 Application strategies of narrative education

4.2.1 Select appropriate materials to design lesson plans

Before class, teachers select materials suitable for the teaching theme, provide important knowledge points of the course, and let students collect relevant content by themselves and recall their life experiences and stories. According to these materials, teachers can design teaching programs on the basis of these materials, so that students can deepen their understanding of the subject [14].

4.2.2 Establish a nursing narrative education team

The application of different courses requires different materials. Therefore, to carry out narrative education, it is necessary to collect, organize and summarize materials. Therefore, it is necessary to establish a nursing narrative education team. Regarding the application form and effect of narrative education, we should carefully study and explore from the perspectives of teachers' teaching and students' learning, strive to practice, and pursue better teaching process and results [15].

4.2.3 Introduction of themes to create nursing situations

The teacher draws out the question through the guidance language, and renders the atmosphere of the class through the language in a timely manner, so that the students can quickly enter the state. By playing pictures and videos, appreciating literary works or telling stories, the materials can be presented, and students can role-play specific situations to create situations similar to the real world, so that students have a more profound experience.

4.2.4 Teachers and students discuss and exchange views

After presenting the material in different ways, the teacher sets questions for the students to ask and guides the students to think. Students are encouraged to ask questions and state their opinions. Students can express their opinions and debate freely, and teachers can participate in discussions when appropriate. The collision of thinking between students can deepen their existing understanding and promote the generation of new thinking [16].Moreover, the implementation of narrative education requires teachers to prepare narrative materials in advance. In the process of narration, teachers need to design appropriate narrative methods, narrative discourse, and give narrative materials with personal emotion and value orientation; It is necessary to design and lay out a narrative environment of equality, cooperation, mutual trust and mutual respect. Therefore, narrative education gives teachers new teaching ideas; Narration education enriches teachers' teaching experience and improves their teaching level. In the process of data collection and literature review, the teachers' scientific research ability has been exercised.

4.2.5 Summarize and share self-reflection

After students think and discuss, teachers should guide students to combine their own actual experience with the teaching theme, self-reflect, and share everyone's thoughts and insights. Teachers should make use of clinical practice opportunities to guide students to apply the knowledge and ability acquired in narrative education to real clinical nursing work.

4.2.6 Creating an educational mode conforming to the nursing characteristics of our country

The development of narrative education in our country has just started, the narrative materials are not extensive and fresh, lack of creativity, and mainly rely on western art works. In the past nursing narrative education, teachers used foreign literary works for reference. Due to the different cultural background and ideology, students sometimes could not understand the profound meaning of these materials, which led to the failure of teaching purpose. Therefore, in the future, we should combine the characteristics of our culture and nursing disciplines, and establish a resource base of nursing narrative materials with Chinese characteristics. In addition, the teacher construction and teaching evaluation system of nursing narrative education are still not perfect, which requires nursing researchers to learn from foreign experience and create teachers and quality evaluation tools that meet the needs of our society.

To sum up, the use of narrative education in wisdom classroom mode in nursing teaching can significantly improve the clinical nursing ability of nursing interns, exercise their clinical thinking, improve their assessment scores and teaching quality satisfaction, and contribute to the cultivation of excellent quality of humanistic care of nursing interns. In order to promote the further development of information technology in nursing education, And train high-quality nursing professionals to meet the needs of modern nursing.

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