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# Parasocial activity: professional learning in cyberspace

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# NHS Context

- The nursing profession is facing a number of challenges
  - Structural changes (Liberating the NHS 2010, Health and Social Care Act 2012, Five Year Forward View 2014)
  - Change to the division of labour between doctors, nurses & HCAs (The Care Act 2014)
  - Safety (Francis Report 2013, Keogh Report 2013 )
  - Perception of the public (e.g. Ann Clwyd MP, Christina Patterson)
  - Funding (Simon Stevens Chief Exec NHS 2015)

# Nurse Education

- Pedagogical approaches are needed in nurse education that promote compassionate care.
  - Experience in COTE & EOLC
  - Coaching & mentoring
- But challenges exist to providing quality placements
  - Funding (NHS & HEIs review of nurse education funding)
  - Staffing (RN4 Cast 2012, NICE 2015)
- New pedagogies such as entertainment-education are emerging to address these issues.
- Online learning environments (OLLEs) may provide additional opportunities.

**DH** Department of Health

**NHS** Commissioning Board

**Compassion in Practice**  
Nursing, Midwifery and Care Staff  
Our Vision and Strategy

**Raising the Bar**  
Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants

Lord Willis, Independent Chair - Shape of Caring review  
Health Education England

# My Study: Tales from the Cardioverse

## Focus

- Explored nurse learner experience of entertainment-education in the OLLE

## Aims

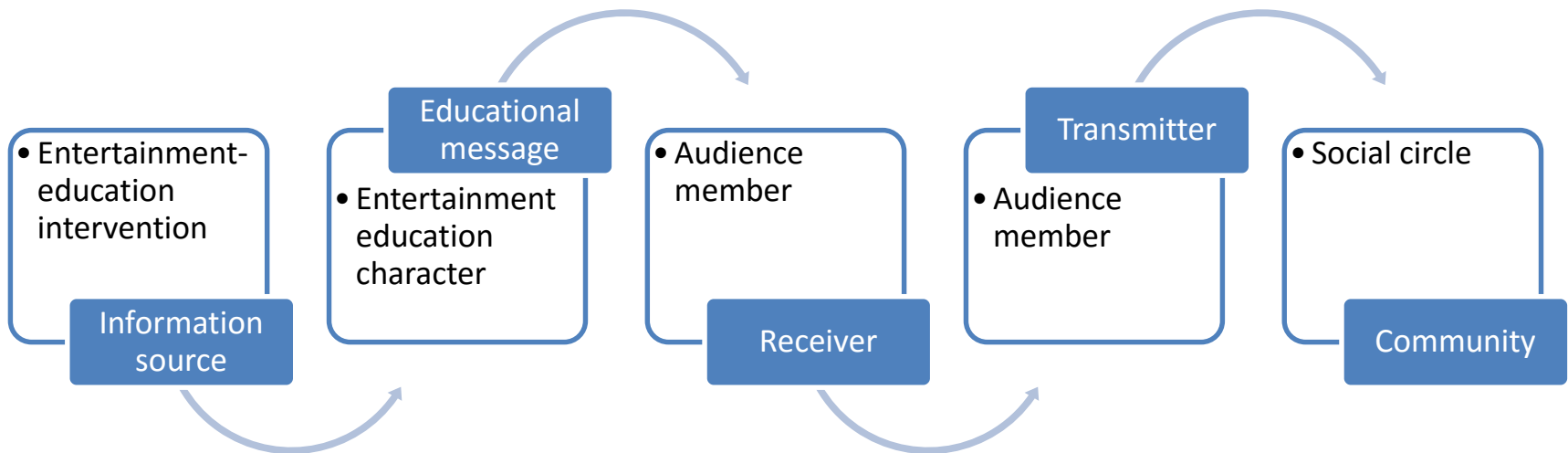
- Sought to identify how nurses learn through entertainment-education in the OLLE

## Methods

- Interpretive Phenomenological Analysis
- Used face-to-face & telephone interviews to collect data

# Entertainment-education pedagogy

- Entertainment-education (Sabido 1993)



# Baby Jack

- Storyline on US TV show the *Bold and the Beautiful*
- Impact on knowledge and attitudes to bone marrow donation evaluated (Lapsanky et al 2010)



<https://www.youtube.com/watch?v=74mDQvGgK4A>

# The setting for nurse learner experience

- **The Cardioverse OLLE**

- A series of clinical dramas that follow 4 patient characters affected by heart disease & the social, emotional & physical challenges they face.
- Each patient character is featured in a series of filmed episodes over a 3 week period.
- Episodes filmed in the homes & clinical environments.
- Each patient has a detailed social history, a comprehensive set of clinical records.
- Related reading materials and course activities guide nurse learners through the programme of study.



**CHD**  
**Prevention Online**

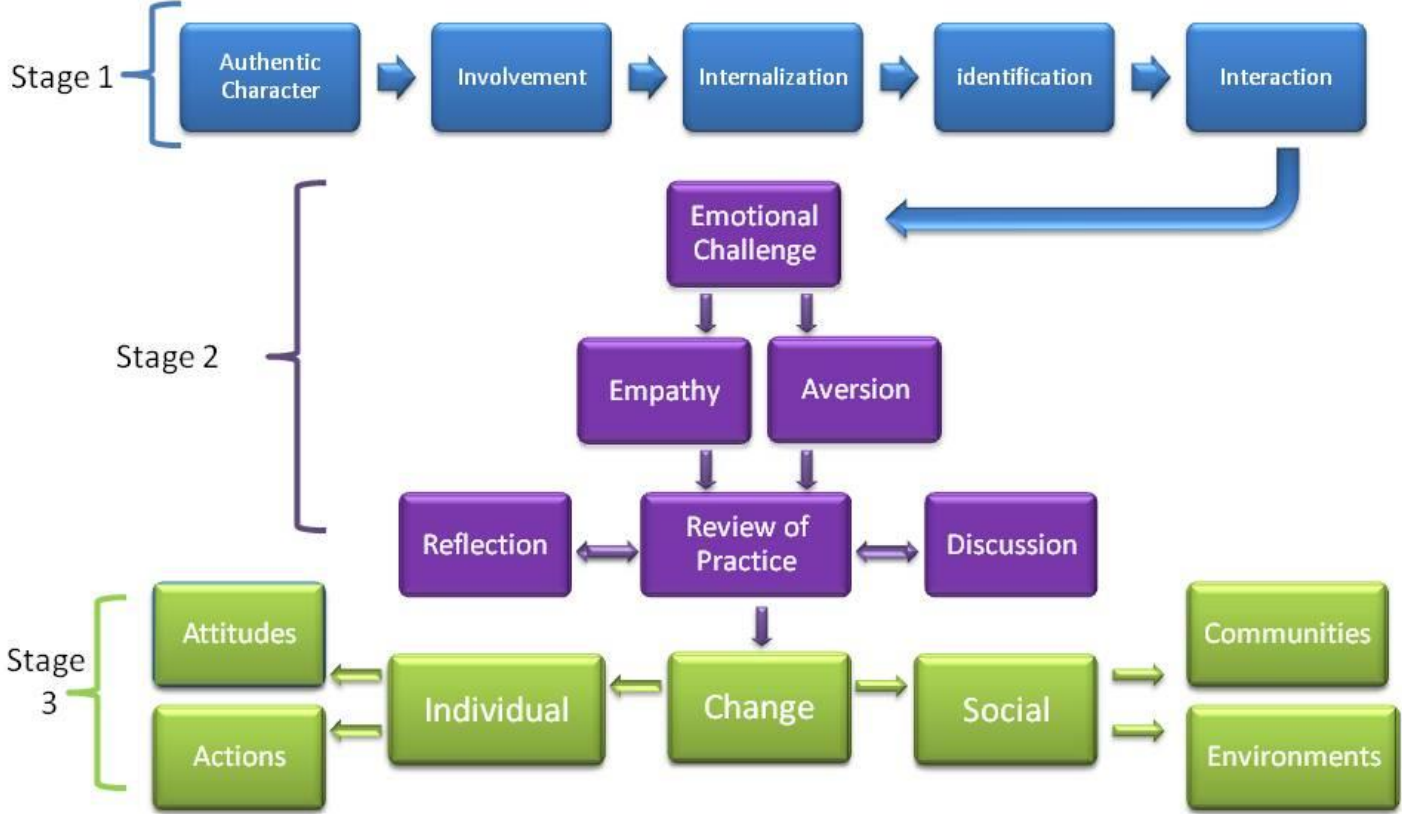






# Findings: How learning takes place

Parasocial Learning Brownlow 2015



# Example of parasocial interaction

- **Angela (Cardiac rehabilitation nurse):**

*“On the video you can see this person and see their face and really believe it’s a real person we’re talking about. Having an interaction with this person was, for me, a much better learning system”*



Patient Character Mohammed

# The role of emotion in parasocial learning

- Parasocial interaction is a stimulus for learning through emotions of empathy/aversion
- Parasocial nature allows safe exploration of difficult experiences in the OLLE
- Emotions prompt a review of practice
- Emotions act as a stimulus for change



# Example of empathy as a stimulus for learning

- **Mandy (Cardiac risk assessment nurse):** *“Deidre, the one with depression, that was really interesting. Very often with depressed people they are just hard work aren’t they? I know I’m hard work if I’m depressed. What was great about that is remembering, coz we went through it with her, is she actually got better. And if you proactively engage, it’s not like that forever.”*



Patient Character Deidre

# Example of aversion as a stimulus for learning

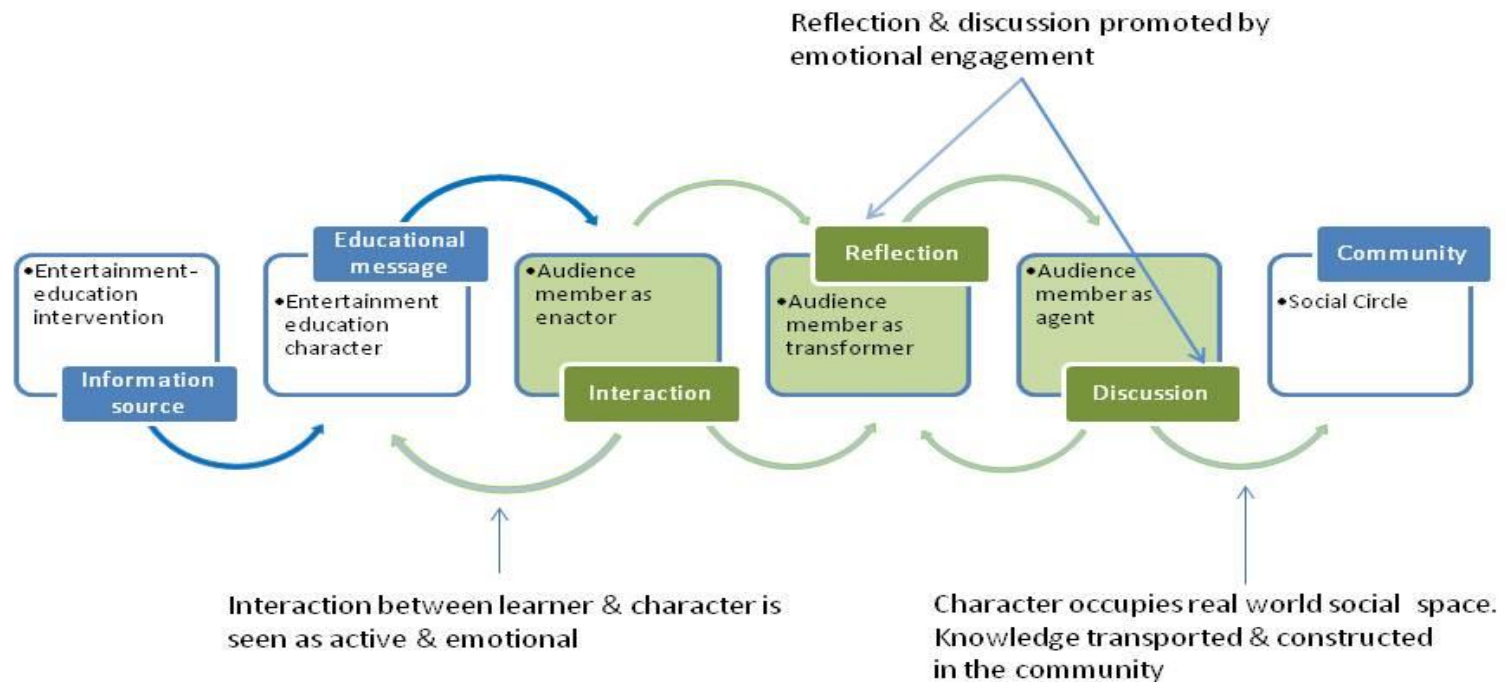
- **Sarah (Cardiac rehabilitation nurse):** *“God I dreamt about Malcolm for so long. I woke up dreaming about Malcolm... I wished him dead. (Laughs). At one point I did actually post “Does anyone wish Malcolm would just snuff it?” ...I think it was just because he was our first case and he was so challenging. So I breathed a sigh of relief when he had gone...To be fair, the ambivalence to change was an area that I particularly liked. So I can’t say it was that I hated Malcolm that much, really. I did actually learn a lot about managing ambivalence and the ability to change from working with him.”*



Patient Character Malcolm

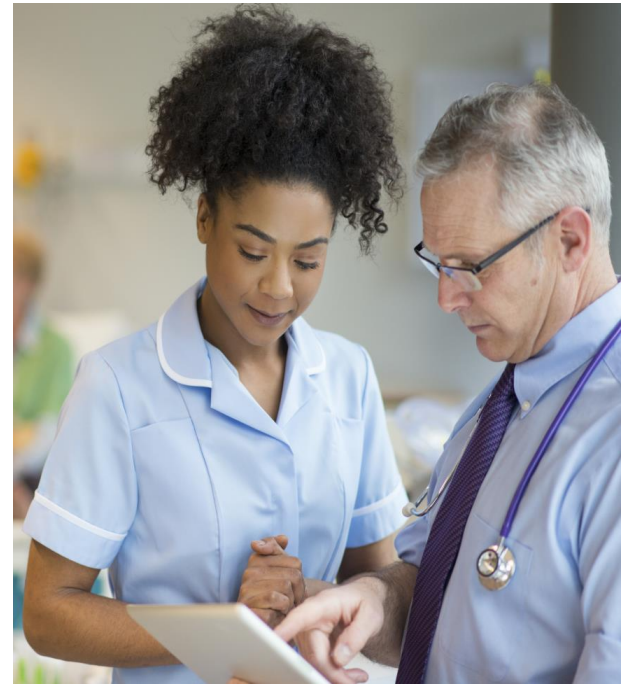
# Change in practice as an outcome of parasocial learning

Sabido's (1993) Communication circuit modified to reflect the role of the learner as an agent for social change



# Parasocial learning: Translating theory into practice

- **Angela:** *“I was thinking the other day, I’m actually sort of seeing this in work. I did actually mention to one of the doctors, what we’d been doing with Deidre and whether we probably do need to consider using a depression scoring system. I guess it was quite hard, coz this person is a senior registrar, it was quite hard to question how we assess depression, that it could be challenged and it could be worked on. He felt if we could look at using it to refer patients onto the psychiatry team the problem would then be solved. I was thinking a more holistic approach but at least it helped us talk about it.”*



Discussing online patients in practice



# Example of change in personal practice:

- **Mary (Practice nurse):**  
*“After using the NICE questions that we used with Deidre, I’m actually better at asking patients the questions, not being so ‘Oh god! I’ve got to ask him about depression!’ I explore it a bit more than I used to. Sometimes I still worry its opening a can of worms and I think ‘Do I want to ask this?’ But I’m a lot better at approaching that now.”*



# Example of service level change

- **Janet (cardiac rehabilitation manager):** *“I think Mohammed reignited my efforts to look at the lack of representation that we see in rehabilitation from the South Asian Continent. Because we don’t get the level of patients through, based on the number of people who have heart disease or cardiovascular disease, they are never represented either in the earlier phases of rehabilitation or at maintenance. And we need to do more to kind of bridge that gap because we are perpetuating an inequality that’s impacting on health. So I’ve been looking at funding. We’ve just been talking, as we prepare to put bids in for money for phase 4 to be increased, to include some money to do some outreach work with the Asian population.”*



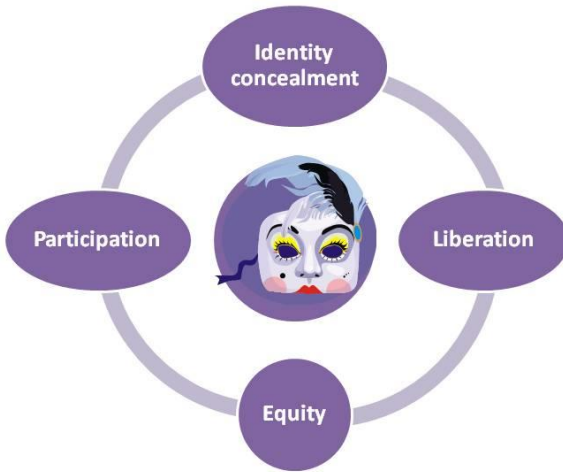
# Affordances of the OLLE: Resolving difficulties through discussion

- Mechanisms
  - Posting to safe social spaces
  - Blogs & discussion boards
- OLLE as a Microworld
  - Safe environment
  - Freedom of expression
  - Reflective practicum

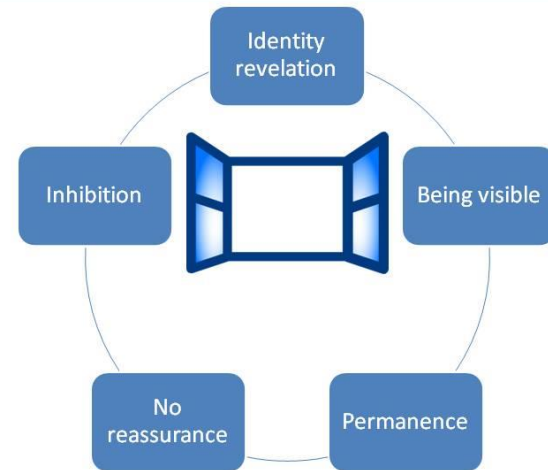


# But the OLLE presents challenges...

## The Virtual Mask



## The Virtual Window



# Conclusions

## Nurses can learn parasocially through entertainment-education

- Nurse learners may interact with online characters as if they were real people.
- Emotion appears to a key stimulus for learning.

## Parasocial learning in the OLLE appears to be experienced in the same way as learning in the real world.

- Nurse learners may experience the same emotional and cognitive challenges.
- Nurse learners may engage in the same reflective and discursive processes

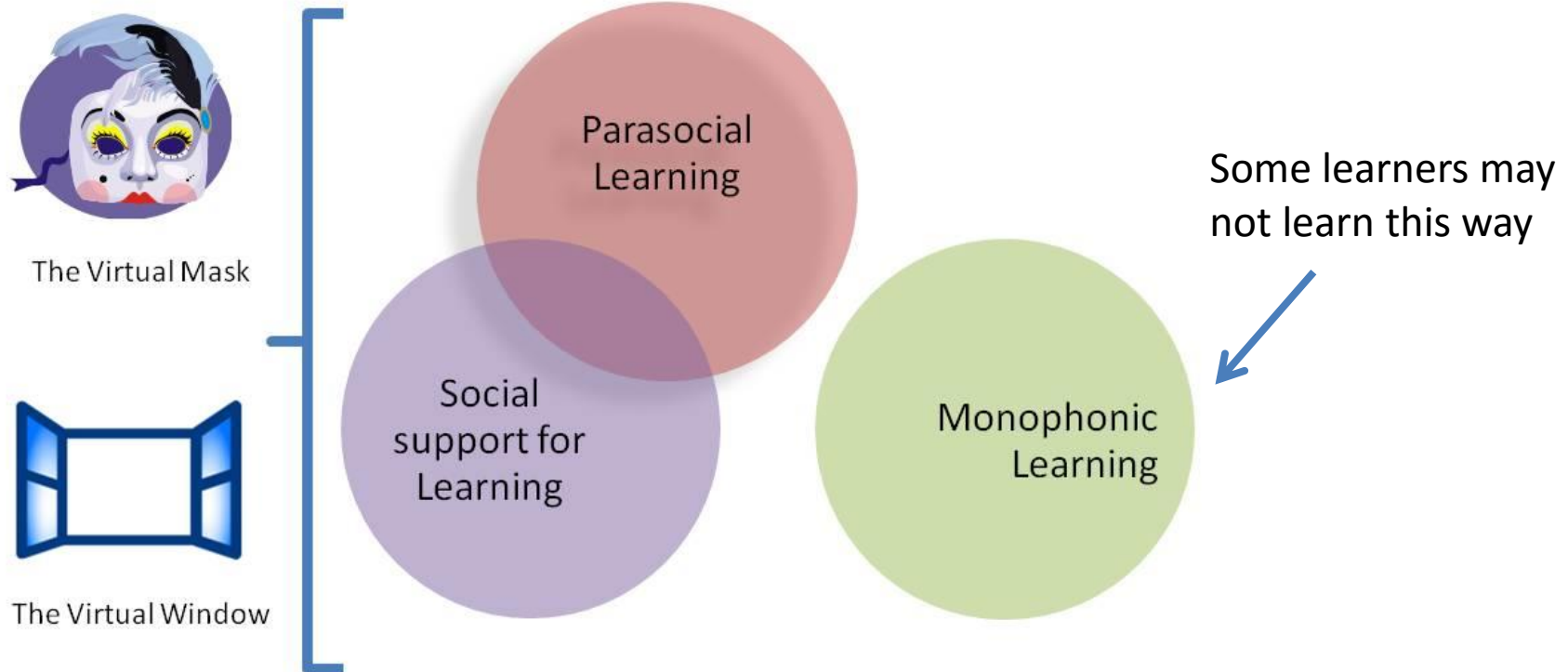
# Conclusions

Parasocial learning in the OLLE may help nurse learners to:

- Build relationships with patients
- Manage the emotional challenges of care
- Change practice

# But...

The experience of learning through entertainment-education



# Implications of parasocial learning

- Learning parasocially through entertainment-education in the OLLE may offer a safe viable alternative to learning in the real world.
- But is it appropriate for all learners?





# Thank-you.

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