# **Kansas State University Libraries**

# **New Prairie Press**

Adult Education Research Conference

2011 Conference Proceedings (Toronto, ON, Canada)

# "It's the physical versus the emotional": Using poetics to represent the power of art in the nursing clinical experience

**Carrie Bailey** University of Tennessee

C. Amelia Davis University of Tennessee

Follow this and additional works at: https://newprairiepress.org/aerc



Part of the Adult and Continuing Education Administration Commons



This work is licensed under a Creative Commons Attribution-Noncommercial 4.0 License

#### Recommended Citation

Bailey, Carrie and Davis, C. Amelia (2010). ""It's the physical versus the emotional": Using poetics to represent the power of art in the nursing clinical experience," Adult Education Research Conference. https://newprairiepress.org/aerc/2011/papers/4

This is brought to you for free and open access by the Conferences at New Prairie Press. It has been accepted for inclusion in Adult Education Research Conference by an authorized administrator of New Prairie Press. For more information, please contact cads@k-state.edu.

# "It's the physical versus the emotional": Using poetics to re-present the power of art in the nursing clinical experience

Carrie Bailey & C. Amelia Davis University of Tennessee, USA

Keywords: Nursing, Clinical Instruction, Art, Qualitative Research,

**Abstract:** The purpose of this exploratory qualitative study was to consider how the use of art in the post-clinical experience could broaden nursing students' perceptions of holistic care, utilizing reflective practice and arts-based resources to increase their awareness of comprehensive patient care. Arts-based education research served as a useful curriculum tool for deep reflection in clinical nursing students' experiences. Keeping with the tenor of arts-based research, we used poetic re-presentations as a means of maintaining students' voices in this work. Reflections not only spanned the care provided but looked closely at patient relationships through analysis of their own clinical practice.

#### Introduction

Because of the empirical foundation of nursing, motivating students to think holistically about patient care is a challenge for nursing educators. Consequently, nursing instructors look to other disciplines to enhance their teaching practice. Prior research studies have demonstrated using art before the clinical experiences is effective (Pellico, Friedlaender & Fennie, 2009; Jensen & Curtis, 2008; Inskeep & Lisko, 2001); however, art, in post-clinical experience, can also facilitate further learning on the students' part. It exposes students, without prior art experience, to art and provides a mechanism for encouraging self reflection, thus giving the student a better understanding of self and the patient (Inskeep & Lisko, 2001). While there is substantial literature supporting the integration of art into nursing education, a review in both adult education and nursing literature failed to produce research that supports integration of art into the post-clinical experience. For this reason, along with our belief that reflective practice is an integral part of understanding one's own reasoning and actions, this research is focused on clinical nursing students and the integration of art into their curriculum. The purpose of this exploratory qualitative study was to consider how the use of art in the post-clinical experience could broaden nursing students' perceptions of holistic care, utilizing reflective practice and artsbased resources to increase their awareness of comprehensive patient care. We sought to engage students in a curriculum that would provide them with an opportunity to think reflexively about (1) their work, (2) their position in relation to that of the patient and the patients' families, and (3) how the use of art impacted their perceptions of holistic and comprehensive patient care.

# Theoretical and Philosophical Framework

Some researchers argue that educational researchers across disciplines should move beyond traditional research methods embracing alternate forms of research (Barone & Eisner, 1997; Finley, 2008; Liamputtong & Rumbold, 2008; Phillips, 2003; Quinn & Calkin, 2008). Consequently, Arts-Based Education Research surfaced as an interesting framework in which to

situate this work. Arts-Based Education Research (ABER), introduced by Barone and Eisner (1997), reminds us that we have the ability to make sense of the world around us in multiple ways. Often, the meaning of our experiences escapes verbal description and is best represented through visual or structural images (p. 90). The structural framework of ABER uses seven tenets: (1) the creation of a virtual reality, (2) the presence of ambiguity, (3) the use of expressive language, (4) the use of contextualized and vernacular language, (5) the promotion of empathy, (6) Personal signature of the researcher/writer, and (7) the presence of aesthetic form (Barone & Eisner, 1997). Images invite us to speak about our experiences with reflective depth so, for this research we have to chosen to employ ABER through visual imagery. We consider *the creation of virtual reality, the presence of ambiguity,* and *the promotion of empathy* paramount to our study because it allows the nursing students in the clinical setting to make sense of the world around them in multiple ways.

# **Research Design**

While there is a deluge of literature supporting the integration of art into nursing education, there is little research to support integration of art into the post clinical experience. For this reason, along with our belief that reflective practice is an integral part of understanding one's own actions and reasonings behind these actions, this research is focused and framed specifically on clinical nursing students and the integration of art into their clinical curriculum. In this exploratory qualitative study, we considered how the use of art in the post-clinical experience could broaden nursing students' perceptions of holistic care, by engaging in reflective practice and arts-based resources to increase their awareness of comprehensive patient care.

This following research question guided this exploratory qualitative study:

(1) What is the impact of arts-based instruction on nursing students' perceptions of their own nursing practice?

The creation of a virtual reality is constructed to illustrate physical realities easily recognizable that allow the examiner to identify similarities between the art and personal experience. Through art, students can create their own virtual reality as they draw connections and identify similarities between what is depicted in the art and their reality with a patient. The presence of ambiguity reminds us that rather than being final statements on what is reality, the research is intentionally open-ended. By encouraging students to engage with artwork, they are invited to make personal meaning from their own experience yet acknowledging the multiple interpretations that are possible. The promotion of empathy allows the student to feel the emotions or thoughts of the patient. Such empathic understanding is made possible using evocative artwork that draws the student in to feel as if he or she or the patient is portrayed in the image.

In addition to ABER, we also chose to adopt Rose's (2001) critical visual methodology to situate this study. In Rose's work, the visual is presented as being central to our underestimating and interpretation of the world; we see before we can speak, and we interact with the world largely by seeing it (Hall, 1997). Addressing the need for more rigorous analytical frameworks for arts-based research, particularly as it relates to visual methodologies and data, Rose suggests three critical elements in her approach to critical visual methodology: (1) take images seriously rather than as a pleasant distraction or a reflection of their social contexts; (2) consider the effects

of the images and the social conditions in which they were interpreted; (3) practice reflexivity when examining and interpreting images, recognizing that our own social, cultural, political, and historical experiences are tightly coupled with (Weick, 1976) our examination and interpretation of images. Reflexivity aids in understanding that our interpretations are fluid and only momentarily fixed in a particular time and space.

As qualitative researchers we recognize the importance of our own position within our research. Prior to beginning our work, we considered our own assumptions about this project and hopes for the broader group of nursing educators by reflecting on our own position including a priori theory, personal philosophy of education, experience in the field, and relationship to the participants (Noblit et al., 2004; Pillow, 2003). Carrie is a Registered Nurse, clinical nursing instructor, and qualitative researcher. Amelia is an adult educator and qualitative researcher. Carrie was privy to insider knowledge, not necessarily evident in the data collected while Amelia was able to hear the students' storied experiences from a position of listener and learner. Nevertheless, all of the data we draw upon in re-presenting the experiences the students is drawn from what they shared with us. Yet, we acknowledge that interpretations are always partial and positional. The lens through which we interpret our students' words is laced with our own experiences and perceptions of nursing and patient care. We are committed to preserving the "human-ness" of the students and the patients (Willinsky, 1998) and reiterate Bochner's (2009) notion sentiment that "life is organized and organized life occurs in layers" (p.366). Through this research we position ourselves as instructors, researchers, fellow students, and potential patients as we unpack the multi-dimensional layers of life, experience, and emotion reported to

### **Participants**

Participants for this study were chosen through purposeful sampling (Miles & Huberman, 1994). Junior-year nursing students currently enrolled in a clinical nursing course focused on medical surgical nursing were asked to participate. There were eight participants in total who were 20 or 21 years of age and were all white, females working towards a Bachelor of Science degree in nursing. These students were asked to participate since they had completed one year of coursework in a baccaloreate nursing program, had just finished a six-week clinical round in the hospital setting and presumably would have patient care still recent in their minds. Institutional Review Board approval was obtained before asking students to participate. Participation was voluntary and it was explained to students there would be no negative repercussions if they chose not to participate in the study.

#### **Data Collection**

We employed ethnographic methods informed by methodological assumptions and strategies that utilize the tenets arts-based education research along with Rose's (2001) critical visual methodology to "enhance perspectives" of clinical nursing education (Barone & Eisner, 1997, p. 96). Data was collected through direct observation and recording of student presentations in a casual environment on the last day of the their clinical experience. Observation notes were written and each student's presentation and discussion was recorded and then transcribed. Finally, all references that might identify the individual were removed and they were given a pseudonym.

#### **Data Analysis**

Once the presentations had been transcribed, we used open coding followed by in-vivo and sociologically constructed (Coffey, A. & Atkinson, P., 1996; Strauss 1987) coding to identify categories and themes within and across participants' storied experiences (Glesne, 2007). In vivo codes are derived directly from the language used by the participants in the course of interviews. These codes can often lead the researcher towards associated theoretical codes. Sociologically constructed codes are developed based on the researcher's knowledge of the field of study. These codes go beyond in vivo codes to "broader social science concerns," adding more depth and utility for analysis (Strauss, 1987, pp. 33-34). After we each coded the transcripts individually, we came together to comparing and negotiating our codes. Working within an interpretive paradigm and Rose's (2001) critical visual methodology, we identified commonalities and produced themes. After we each coded the transcripts individually, we came together to comparing and negotiating our codes. Working within an interpretive paradigm and Rose's (2001) critical visual methodology, we identified commonalities and produced themes across transcripts.

Keeping with the tenor of arts-based research, we decided to use poetic re-presentations<sup>1</sup> as a means of maintaining students' voices in this work. To create each poem thematic phrases from each student's transcript were selected and put into poetic form on the page. To capture the tone of self-disclosure and experience that was shared with us and to draw you, the reader, towards the students' stories and experiences, the poems re-presented here are constructed entirely from the words of the students themselves and placed alongside the artwork they chose to represent their experience. The titles of each poem are direct quotes. We acknowledge these interpretations are entirely our own and invite feedback, criticisms, and re-interpretations along the way.

# **Re-presentation Through Art and Poetics**

In the next section of this paper, we present our ethnographic re-presentation of data<sup>2</sup> signaling themes that emerged within and across students' experiences. Two major themes, each including their own sub-themes, were developed from the data: (1) Holistic Care; communication and prioritization of care and (2) Emotion; faith, hope, empathy, frustration, regret. These themes manifest through reflexivity of holistic care and emotion. Following our representation of the data, we will discuss each of these themes in more detail.

Recognizing that the re-presentation of another's life experience is imbued with power dynamics between researchers and participants (Norum, 2000) and that poetic re-presentations often speak back to the dominant discourse and can provide disruptive images, we have worked to maintain the students' voices in both narrative format and poetic text. In this re-presentation, we invite you to participate in a poetic performance that explores the experience, emotion, feeling, meaning, reflection, conflict, and learning that takes place in the clinical setting. Following our re-presentation of the data, we will discuss each of the themes in brief detail.

<sup>&</sup>lt;sup>1</sup> The data is "re-presented" because they are a product of our interpretation yet have been carefully constructed to allow student voices to be heard, rather than the voice of the researchers

<sup>&</sup>lt;sup>2</sup> Only one poem is re-presented in this article due to space. We selected a poem that we felt effectively portrayed the theme under which it is listed.

#### **Holistic Care**

#### I am sure he has a story (Louise's Poem)

He had suffered several mini strokes.

He had right-sided weakness.

You could tell his mind was

very deteriorated.

It was a struggle for him just to communicate.

You could tell he had so much to say

But

It was like he had someone holding a hand over their mouth.

He just couldn't,

even though they probably wanted to.

He's probably gotten used to people

not taking the time to talk to him anymore

So

He just doesn't put forth an effort

to talk to you that much.

I think I should've tried to talk to him more.

I should have put more of an effort into just talking more to him

not necessarily trying to get something out of him.

Me give more to him,

That's what I should've done.

He's probably worked hard his entire life.

He probably doesn't get the credit that he deserves.

I am sure he has a story

But

He can't tell us what it is.



Old Peasant Vincent Van Gogh (1888) [Creative Commons License]

# **Findings**

Arts-based education research served as a useful curriculum tool for deep reflection in clinical nursing students' experiences. Reflections not only spanned the care provided but looked closely at patient relationships through analysis of their own clinical practice. The use of Rose's (2001) visual critical methodology provided us with a framework from which to begin our interpretation of the words within our students' stories. We note "interpreting images is just that, interpretation, not the discovery of their truth" (Rose, 2001, p. 2). Therefore, we have used relational criteria in this study to demonstrate the beneficial use of art in the clinical post conference setting. From the experiences shared with us, holistic care and the students' emotions related to their clinical practice were the most prominent themes across their stories. As is evident in our re-presentation of data, emotions are woven throughout each of the poems. Because we are all emotional beings, it is often difficult for clinical nurses to separate their emotions from their practice (Scott, 2001). Below we look more closely at the individual themes of (1) holistic care provided by the students and (2) emotions they experienced.

#### **Holistic Care**

According to Romeo (2000) holistic care puts a patient's perceived needs first by offering care for the spirit as well as the physical body. As demonstrated in Louise's poem re-presented here, *I am sure he has a story*, she realized that "I should have tried to talk to him more. I should

have put more of an effort in to just talking to him more, not necessarily trying to get something out of him." She reflected on the communication she didn't have the opportunity to have with her patient, understanding the tension between his desire to speak and his ability not to. It is this holistic understanding of care and this type of critical reflection that will impact the care she gives in the future.

#### **Emotions**

Smith (1991) found the emotional aspects of caring associated with the nursing process to be an integral component of the student/patient relationship. The emotions that were evident through the students' reflections included loneliness, isolation, vulnerability, faith, hope, empathy, frustration, and regret. We believe it is important for nursing students to be able to recognize their emotions as well as the emotions of their patients in order to perceive the context and perspective of the situation more accurately (Scott, 2001). Integrating art into our curriculum enabled the students to verbalize not only their emotions, but the perceived emotions of their patients.

# **Discussion and Implications for Adult Education**

While this research focused on nursing education, it is a design that can be integrated into existing curriculum across content areas in adult education. The process of students engaging one another through the use of art fostered critical thinking and reflection in the students involved. The use of art increased the students' ability to think deeply about a patient they had cared for or a situation that occurred while they were caring for a patient. Through reflection on the semester, and descriptions of their experiences, this qualitative study provided the students a more meaningful clinical experience.

Still, key factors must be present for this method to be effective in other adult education settings. First, the students must be involved and feel comfortable talking about feelings or situations that they have experienced throughout the semester. Second, there should be a variety of resources available to ensure that the student is able to make a connection between the artwork and an experience they encountered throughout the semester. Finally, the students must be acclimated to a teaching/learning environment that is more abstract and not as structured and rigid as their traditional classroom experience.

#### References

- Barone, T., & Eisner, E. W. (1997). Arts-based educational research. In R. M. Jaeger (Ed.), Complementary Methods for Research in Education (2nd ed.). Washington, D.C.: AERA.
- Bochner, A. (2009). Warm ideas and chilling consequences. International Review of Qualitative Research, 2(3), 357-370.
- Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage.
- Finely, S. (2008). Arts-based inquiry: Performing revolutionary pedagogy. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (3rd ed.). Thousand Oaks, CA: Sage.

- Glesne, C. (2007). *Becoming qualitative researchers: An introduction* (3rd ed.). White Plains, NY: Longman.
- Hall, S. (1997). *Representations: Cultural representations and signifying Practices*. London: Sage.
- Inskeep, S.J., & Lisko, S.A. (2001). Teaching strategies: Alternative clinical nursing experience in an art gallery. *Nurse Educator*, 26, 117–119.
- Jensen, A. & Curtis, M. (2008). A descriptive qualitative study of student learning in a psychosocial nursing class infused with art, literature, music, and film. *International Journal of Nursing Education Scholarship*, *5*(1) Article 4, 1-9. doi: 10.2202/1548-923X.1344
- Liamputtong, P., & Rumbold, J. (Eds.). (2008). *Knowing differently: Arts-based and collaborative research methods*. New York: Nova Science Publishers, Inc.
- Miles. M. B. & Huberman, A. M. (1994). *An expanded sourcebook: Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Noblit, G. W., Flores, S. Y., & Murillo, E. G. (Eds.). (2004). *Postcritical ethnography: Reinscribing critique* New Jersey: Hampton Press, Inc.
- Norum, K. E. (2000). School patterns: a sextet. Qualitative Studies in Education, 13(3), 239-250.
- Pellico, L. H., Friedlaender, L. & Fennie, K.P. (2009). Looking is not seeing: Using art to improve observational skills. *Journal of Nursing Education*, 48(11), 648-653.
- Phillips, L. C. (2003). Nurturing Empathy. Art Education, 56(4), 45-50.
- Pillow, W. S. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *Qualitative Studies in Education*, 16(2).
- Quinn, R. D., & Calkin, J. (2008). A dialogue in words and images between two artists doing arts-based educational research. *International Journal of Education and the Arts*, 9(5), 1-29. Retrieved from <a href="http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content\_storage\_01/0000019b/80/3e/3e/0f.pdf">http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content\_storage\_01/0000019b/80/3e/3e/0f.pdf</a>
- Romeo, J.H. (2002). Comprehensive versus holistic care: Case studies of chronic disease. *Journal of Holistic Nursing*, (18), 352-361.
- Rose, G. (2001). Visual methodologies: An introduction to the interpretation of visual materials. London: Sage.
- Scott, P.A. (2001). Emotion, moral perception, and nursing practice, *Nursing Philosophy*, *1*(2), 123-133.
- Smith, P. (1991). The nursing process: Raising the profile of emotional care in nurse training. Journal of Advanced Nursing 16, 74-81
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press.
- Weick, K. E. (1976). Educational organizations as loosely coupled systems. *Administrative Science Quarterly*, 21(1), 1-18.
- Willinsky, J. (1998). *Learning to divide the world: Education at empire's end*. Minneapolis, MN: University of Minnesota Press.