

COMING TO UNDERSTAND THE
PROFESSIONAL ARTISTRY OF NURSING
PRACTICE AND FACILITATING ITS
DEVELOPMENT: A CRITICAL CREATIVE
COLLABORATIVE INQUIRY

DONNA MICHELLE FROST

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Abstract

This thesis explores the concept of professional artistry in nursing practice. In particular, as it was uncovered and understood by nursing professionals working in hospital, primary care and long term care settings in the Netherlands.

Despite the many pressures and challenges within the healthcare system some nurses do manage to practise with beauty and graceful skill while nursing in person-centred and evidence-based ways. These nurses demonstrate that effective, beautiful, perhaps even transformative practice is possible. Practice of this kind has been called professional artistry.

A collaborative, critical and creative methodology was developed specifically for this study to enable groups of nurses to inquire together using methods that would take account of the embodied, embedded and creative nature of professional practice.

This research has demonstrated that professional artistry in nursing can be understood as a set of ontological and praxiological assumptions which are expressed in five patterns of engagement and result in an enlargement of the space for becoming. The patterns of engagement are described as the creation of a sheltered, shared space; being committed to the ideal; working with the parts and the whole; working with the now and the not yet, and, taking or enabling transformative action. This research has furthermore demonstrated that it is possible within busy, real life nursing environments for nurses to engage in an iterative and systematic process of embodied learning through which they can develop shared understandings of their professional artistry, involve their colleagues, patients and other stakeholders in co-creation of these understandings, and experience both perspective transformations and further development of their professional artistry. Iterative inquiry into professional artistry via a critical, creative and collaborative process not only supports the embodied understanding of professional artistry in one's own practice, but creates the conditions in which it can be further developed.

Keywords: Professional artistry, nursing, collaborative inquiry, critical creativity, embodied learning, participation, nurse practitioners

Dedication

To Mum and Dad

Kathleen Joyce Grainger

&

Robert John (Frosty) Frost

And to my dear wife

Martine Luise (Marlies) Visser

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Chapter 1 : Introduction

What does it mean, to
be a nurse? What stories do
we tell? Which are heard?

This thesis explores the concept of professional artistry in nursing practice. In particular, as it was uncovered and understood by nursing professionals working in hospital and long term care settings in the Netherlands. Eleven nurses and nurse practitioners researched their practice, and specifically their professional artistry, in two collaborative inquiry groups. I was a member of both groups as a nurse researcher, in the beginning as initiating inquirer and group facilitator, and later as co-inquirer and co-facilitator. The stories, findings and implications of those investigations are presented here.

Although the research focuses on the concept of professional artistry within nursing practice, the thesis and the research also very much reflect my own journey towards understanding my motivations and interests as a professional (nurse, nurse lecturer and nurse researcher), learning to recognise and nurture my own professional artistry, and learning to understand, accept and ultimately engage with my way of being in the world. As well, this thesis contributes to understandings of how collaborative inquiry into embodied practices can be ethically and rigorously realised in the midst of busy clinical practice and how it contributes to the professional and personal development of those involved.

This work begins with an account of my reasons for focusing on the concept of professional artistry within nursing. The intention is to make explicit those factors that may have influenced my understanding of nursing and professional artistry in my research work. The chapter continues into an overview of previous research in which professional artistry has been investigated and makes the case for a collaborative approach to this study. After presentation of the research questions guiding this study an overview of the structure of the thesis is given.

Why professional artistry?

I am a nurse. These days I am also a nurse researcher and nurse lecturer, but my professional identity is anchored in nursing. Nursing remains the discipline I most identify with, am proud of and wish to contribute to. As with most disciplines there is no single story that captures the essence of nursing, no single story which nursing tells about itself or which is told about it as a profession. I play a part in a number of stories about nursing.

My career in nursing spans 25 years and the health care systems of three different countries: New Zealand, the United Kingdom and the Netherlands. A story relevant for all three countries describes nursing practice as complex and dynamic, taking place in challenging contexts characterised by varying degrees of uncertainty and high expectations of the nurse as professional. Nurses are persistently confronted, for example, with bureaucracy, time pressure, staffing shortages, audit and control procedures, a steady stream of implementation projects and ongoing organisational change. A related story tells of nurses and other health professionals who do not work in life affirming person-centred ways, and the colleagues and managers who do not intervene.

These stories are influential and disheartening, but they do not capture the whole picture. Despite the many pressures and challenges within the healthcare system some nurses do manage to practise with beauty and graceful skill. In their ways of doing and being such nurses maintain their focus on the person who is before them (Frost, 2008). They ground their actions in evidence of what works, or is likely to work, in the particular situation in which they find themselves. These nurses demonstrate that effective, beautiful, perhaps even transformative practice is possible. During my career I have been witness to countless of these moments, moments of excellence within nursing practice, demonstrated by nurses who make a real difference for the people they are nursing and who make their work seem effortless, despite the complexity. These stories and 'beautiful moments' (Frost, 2008, p. 47), in which professionals manage to transcend the tensions, constraints and complexity of the practice context, give me hope. Such stories contain inspiration and the seeds of growth and transformation.

What is going on in such situations, where the coming together of what nurses know, how they behave and who they are leads to exemplary practice? Schön (1983, 1987, 2001) considers such instances of excellent practice to be demonstrations of *professional artistry*. He asserts that a purely rational, linear and technical view of practice and the practice world, a view which he calls *technical rationality*, leads to behaviourist conceptualisations of professionals and practice (Schön, 1983; Fish & de Cossart, 2006, 2007). Within a technical rationality narrative the achievement of pre-determined and objective goals is valued as the purpose of professionalism and professional judgement. Structured, rational and even pre-determined processes for both decision making and professional intervention are therefore thought to ensure predictability, safety and effectiveness. Schön (1983, 1987) argues the contrary, stating that a technical rational view is generally too simplistic to account for, explain or understand the complexity of many real practice situations and the competency of professionals who act within them. In many practice situations the professional cannot simply apply rules or theory as one would when faced with a predictable or easily managed problem. Instead, in the messy world of practice, complex ontological processes of problem setting and problem framing come into play, in which practitioners determine what they will pay attention to in their decision making and interventions, and what they will ignore. In other words, they recognise the salient features of a practice challenge and frame them in a particular context, enabling them to take effective and economic action. Schön (1983, 1987, 2001) argues, therefore, for an alternative epistemology of practice; one which recognises the knowledge embedded in the artistic and intuitive processes he identifies in the practice of particularly competent professionals. Schön terms his alternative view of professional practice *professional artistry*.

What is known about professional artistry?

Support for the idea that nurses and other professionals use artistic and creative processes to enable this kind of practice has been found in both scholarly work (e.g. Fish, 1998; Titchen & Higgs, 2001a; Whiteford, 2007; Finfgeld-Connett, 2008a) and empirical research (McIntosh, 1996; Titchen, 2000; Osterman, 2002; Manley, Hardy, Titchen, Garbett & McCormack, 2005; e.g. Austen, 2010). Flynn, Sandaker and Ballangrud (2017) for example argue that the development of excellence in the clinical practice of nurse anaesthetists, and even a safe level of competence, is not possible without paying attention to the non-technical skills as well as the technical aspects of

anaesthesia practice. They refer to situation awareness, decision making, team working, managing varying tasks simultaneously and responsiveness to a changing situation.

Recognising professional artistry in the practice of others is often not difficult. It is 'inherent in the practice of professionals we recognise as unusually competent' (Schön, 1987, p.13). Professional artistry is 'at the heart of the kind of professional practice that is acknowledged to be outstanding and to which we all aspire' (Beeston & Higgs, 2001, p.108). Nevertheless, *describing the essence* of professional artistry, in ways that are easily comprehended and can be learnt from by self and others, is challenging. Much of the complexity rests in the idea that the knowledge and ways of knowing used when demonstrating professional artistry are tacit or embodied, and therefore hidden from cognitive awareness. So we find that nurses who have a particular way of being with patients, as related for example in narrative accounts of especially skilled or beautiful practice (eg. Mysko, 2005; Gramling, 2006), are often presented as 'just having' a particular quality which makes their practice stand out from that of their colleagues. Moreover, as Titchen (2009) and Austen (2010) explain, professional artistry can be invisible to the very practitioners who demonstrate it in practice, even when those practitioners are explicitly engaged in developing their professional expertise.

Two small bodies of work have made particular contributions to explicating and endeavouring to understand professional artistry. Within the first of these the artistry of professional practice is linked to the Arts (Fish, 1998), in terms of both artistic practice or performance and aesthetic appreciation or connoisseurship. Through the artistic expression and appreciation of those ideas, knowledge, thoughts and feelings usually regarded as tacit or even ineffable, professionals are helped to communicate about, appreciate and consciously develop their artistry, enabling wisdom in their decision making and practice (Fish & Coles, 1998; Beeston & Higgs, 2001; Fish & de Cossart, 2007). Fish (1991, 2004) emphasizes the need to pay attention to both technical and professional artistry views of professionalism when considering how to assure quality within professional practice and clinical judgement. This work has been influential with respect to the development of resources, for example, to support professionals such as new doctors in learning decision making practices which will enable wisdom (Fish & Coles, 1998; Fish & de Cossart, 2006, 2007). De Cossart and

Fish (2004) see professional artistry as necessary for wise judgement and as complimentary to scientific knowledge. They emphasize the importance of bringing tacit processes into cognitive awareness to help professionals learn to exercise judgement in the midst of messy practice situations (Fish, 2004).

In the second body of work around professional artistry, performance, connoisseurship and wise judgement are also discussed, as parts of a wider story. Professional artistry emerged as one of three key findings from Titchen's (1998) research into professional craft knowledge and its facilitation. Professional artistry was found to be:

... key to patient-centred nursing and to being an effective facilitator of learning. This artistry is discerned in a subtle balance and interplay between intuition and rational thinking and an interpretive and associative use of professional craft knowledge' (Titchen, 2000, p.3).

Titchen argues that this finding challenges both the idea of expertise being exemplified by the use of intuitive judgement, and that research findings and theoretical principles are merely *applied* to practice by nurses. Her understandings of professional artistry have been explored and tested in several collaborations since then (eg. Titchen & Higgs, 2001b; Titchen & McGinley, 2003; McCormack & Titchen, 2006; Titchen, Higgs & Horsfall, 2007; Titchen & Kinsella, 2019). Most recently, professional artistry has been conceptualised by Titchen (2019) as two frameworks of 'professional artistry dimensions of self' and 'professional artistry processes' (p. 50). She describes nine different but interconnected dimensions including artistic qualities, use of self, working with different knowledges, multiple discourses, ways of knowing and multiple intelligences, and exercising creative imagination, praxis skills and artistic and cognitive critique. These dimensions are drawn together by eight, often somewhat hidden, processes: synchronicity, attunement, flowing, interplay, energy, balance, synthesis and melding-blending-harmonising. These professional artistry processes:

...enable the practitioner, facilitator, leader, educator and researcher to create particularised care and embodied learning experiences, interventions and responses that are right for the patient, service user, colleague, student, team or co-inquirer within the particular context, situation and time, because they create unique configurations (shapes/patterns) of the dimensions (Titchen, 2019, p. 52)

The resulting 'dance' is seen to enable praxis, where praxis is seen as intentional, mindful and morally imbued action, or doing (Titchen & Hardy, 2009). Furthermore,

with praxis comes the potential to contribute to human flourishing for all involved (cf. Heron & Reason, 1997; McCormack & Titchen, 2006).

Although Titchen's (2009, 2019) explication is the most comprehensive to date, she emphasizes, also elsewhere with colleagues (McCormack & Titchen, 2006; Titchen et al., 2007; Titchen & McMahon, 2013; Titchen & Hammond, 2017; Titchen, 2019; Titchen & Kinsella, 2019), that the dimensions and processes, the relationships between the dimensions, and the ways in which the processes work in practice, need further empirical investigation. Additionally, the current conceptualisation has arisen from investigations into the nature of expertise in clinical, research and development practice; professional artistry itself has yet to be the subject of an empirical investigation within nursing.

Getting to the essence of nursing practice

Although professional artistry itself has not explicitly been studied within nursing, there is a long history in nursing research of inquiries that try to get to the nub of nursing practice, or which have looked to uncover the more tacit or hidden aspects of practice. These studies shed light on how such aspects of practice can successfully be studied. Benner's (1984) seminal work on expertise and its development in nursing discussed among other things the role of intuition in expertise and clinical judgement (Benner & Tanner, 1987). In later work she examined caring (Benner & Wrubel, 1989) embodiment (Benner, 2000a) and clinical wisdom (Benner, 2000b; Benner, Tanner & Chesla, 2009; Benner, Kryiakidis & Stannard, 2011). Deep, reflective narrative interviews and conversations with nurses themselves were central to these studies and to coming to understand the nature of expertise in nursing, caring and embodied clinical wisdom.

Conway (1996, 1998) too has researched nursing expertise while both Street (1992) and Ersser (1997) presented critical ethnographies, looking at clinical nursing and therapeutic activity within nursing respectively. In these inquiries a range of data collection strategies were combined, including practice observations, interviews and reflection on critical incidents. In this way both the practice of nursing and talking about or reflecting on practice were brought into the realm of study. Rose and Parker (1994) and Bishop and Scudder (1997) argue that the essence of nursing lies in viewing it as a practise, instead of as either an art or science; Savage (1995) researched nursing

intimacy and Taylor (1994), among other things, emphasized bringing self to the nurse-patient encounter. Appleton (1991, 1993) too concluded that 'the gift of self' was a large part of the art of nursing, while Gramling's (2004b) narrative investigation into nursing art has resulted in a large number of published exemplars of nurses 'making a difference' for their patients (eg. Gramling, 2004a; Gramling, 2006, 2008c, 2008a, 2008b). This work too emphasized the storied nature of nursing encounters and the power of the story, when told by the nurse or others within or observing the encounter, to illuminate the less tangible aspects of nursing practice.

McCormack (2001) and McCormack and McCance's (eg. 2010, 2017) work on person-centredness in nursing encompasses both the 'things' that nurses do and the 'way' that they are in the nursing encounter. Titchen's (1998, 2001a, 2001b, 2004) *skilled* and *critical companionship* conceptual frameworks have furthermore been found useful in helping nurses and facilitators to reveal and understand their expertise, including aspects of their professional artistry (eg. Brown & Harrison, 2009; Greggans & Conlon, 2009; McGinley, 2009). Some of this work was undertaken as part of a large study in the United Kingdom looking at the ways nurses could be supported to understand and develop their expertise by being supported to inquire into it (Manley et al., 2005; Hardy, 2009; Hardy, Titchen, McCormack & Manley, 2009b).

What these studies demonstrate, with respect to studying professional artistry, is that it is possible, desirable even, to investigate the complexity of practice within practice: within the complexity. It is the complexity of the context which gives practice its meaning and makes it understandable (cf. Snoeren, 2015). Furthermore, it is useful to look at practice 'from the inside out' and 'from the outside in' (Titchen, 2000; McCormack, Titchen & Manley, 2013). Observations of practice followed by reflective dialogue about those specific encounters with the people who were part of the encounter have been successfully employed to increase understandings of complex and tacit aspects of nursing practice.

I have argued in the first half of this chapter that it is professional artistry which lends a special effectiveness and perhaps even beauty to excellent nursing practice. This conclusion has been reached based on theoretical work, much of it in other disciplines, and research within nursing which had, initially, a focus other than professional artistry. An empirical investigation into professional artistry in nursing is

not yet present in the literature. A deeper understanding of the professional artistry of nursing practice has implications for the education and professional development of healthcare professionals, as well as the development of contexts within which such practice can flourish. The aim of the present research, therefore, was to deepen empirical understanding of the professional artistry of nursing practice and the ways in which such professional artistry, and its development, can be facilitated. The research questions were:

1. What is the nature of professional artistry in nursing practice?
2. How can the development of professional artistry in nursing be facilitated?

Structure of the thesis

This thesis opens with a concept analysis of professional artistry, considering how the concept is used and understood in the literature (Chapter 2). In Chapter 3 the philosophical and theoretical foundations of this research are explored and explicated, moving into a justification for locating the research within the worldview of critical creativity (McCormack & Titchen, 2006; Titchen & McCormack, 2008, 2010). Chapter 4 presents the design of the research, 'critical creative collaborative inquiry, and explains the research methods in detail. Chapters 5, 6 and 7 each present a different aspect of the findings. Chapter 5 shows how the collaborative inquiry looked in action, introducing the research participants and illustrating our ways of working together. In Chapter 6 the findings pertaining to the first research question are presented, and in Chapter 7 the findings in relation to the second question. The thesis closes in Chapter 8 with a discussion of the findings in relation to extant literature and presentation of the contributions and implications of this research.

Chapter 2 : Professional artistry: analysis of the concept and implications for further investigation

The purpose of this chapter is to present a concept analysis of professional artistry, exploring and explicating the ways in which the term is used and understood in the literature. Secondly, to address the implications of this knowledge and the gaps in what is known for furthering understanding of professional artistry and meeting the aims of this research.

Professional artistry: setting the scene

Terms such as *the art of nursing* can be traced back to Florence Nightingale (1860/1969, p. 9), as can the idea that it is not just what nurses do but how they do it that is important, and that there is more to nursing than meets the eye (Stewart, 1929). The words '*art of*' or '*artistry*' are fairly common place in modern healthcare literature and often used without further definition, leaving the meaning of the term to be inferred (eg. Hines, 1992; Turpin, 2014; Wood, 2016). Even when the term artistry is being used as a criteria against which the quality of work can be measured or determined, the term is not necessarily defined in the text (eg. Whiteford, 2007; Aamotsmo & Bugge, 2014; Coleman, 2016; Carroll, 2018). Not all connotations are wholly positive: Finlay (2006) seems to use it to describe aspects of writing that are needlessly decorative (artistic flourishes). In most cases, however, the use of 'art of' or 'artistry' are terms associated with excellence and practice which is more than merely technically correct (Strachan-Hall, 2014; Steinke & Elangovan, 2016; Wolf & France, 2017; Cleary, Cohen & Delaney, 2019). Stewart (1929), for example, describes the art of nursing as having to do with the creative imagination, sensitive spirit, and intelligent understanding of the nurse. Chan (2014) links the terms art, artist and artistry explicitly with creativity and critical thinking, while Steinke and Elangovan (2016) say that it puts the heart in nursing; that the art of nursing has to do with the 'who' and the 'why' of nursing instead of the 'what' and 'how'. According to many (e.g. Austen, 2010; Schön, 1983, 2001; Titchen & Higgs, 2001; Titchen, Higgs, & Horsfall, 2007; Wagenheim, 2014), a similar case can be made in the practice of any profession: artistic practice is effective, holistic, creative, inspirational and made to look easy.

The term '*professional artistry*' within the professional literature originates with the work of Donald Schön (1983, 1987). Since Schön, use of the term professional artistry has varied, sometimes serving simply as a synonym for skilled know-how (e.g. Kennedy, 2004) or intuitive knowledge (e.g. Ajeneye, 2005). At the other end of the scale professional artistry is considered to be a complex interplay of processes and dimensions (Titchen, 2000, 2009, 2019), which together enable morally intentioned practice and ultimately human flourishing (Henderson, 2001; Titchen & McCormack, 2008, 2010; Titchen, McCormack, Wilson & Solman, 2011). The goal of this concept analysis is to uncover and critically appraise existing understandings and usage of the term professional artistry in the literature, laying the groundwork for further exploration, testing and development of these ideas.

Concept analysis: theoretical principles and methods

The standpoint taken is congruent with Wilson's (1963) ontological position on the nature of concepts: they are more than just words or parts of language. Representing a particular discourse, concepts encompass whole groups of ideas, ways of acting,

Textbox 1: Rodgers' seven phases of evolutionary concept analysis (adapted from Rodgers, 1989, p. 333-334).

1. Identify and name the concept of interest
 2. Identify *surrogate* terms and *relevant uses* of the concept
 3. Identify and select an *appropriate realm* for data collection
 4. Identify the *attributes* of the concept
 5. Identify *references* (the range of events, situations or phenomena over which the application of the concept is considered appropriate), *antecedents* (the events or phenomena that are generally found to precede an instance of the concept) and *consequences* of the concept, if possible
 6. Identify *related concepts*
 7. Identify a *model case* of the concept (avoiding *construction* of a model case and making every effort to *identify* a case within the available data)
-

ways of being and understanding, and ways of coping in the world. As such, both the meaning and usage of a concept are contextual and liable to evolve with time. Rodgers' (1989, 2000) *evolutionary concept analysis* enables an analysis congruent with the philosophical standpoint that concepts are evolving and evolved, that they are both shaped by and shapers of context and theory. Evolutionary concept analysis focuses on concept utilisation both within and outside theory, and on the 'behaviours and capabilities [made] possible as a result of an individual having a grasp of particular concepts' (Rodgers, 1989, p. 331). Rodgers states that non-discursive forms, such as physical behaviours or creative expression, are legitimate areas for study when analysing concepts. She emphasizes the non-linear nature of concept analysis and development, and the importance of

recognizing the interconnectedness of the world and therefore of the concepts we are attempting to clarify. This means that conceptual boundaries can be better expressed through identifying related concepts and surrogate terms, rather than searching for contrary and illegitimate cases (cf. Walker & Avant, 2005) with which to delineate, likely artificial, divisions. The seven phases to Rodgers' evolutionary concept analysis are listed in Textbox 1.

Within this concept analysis of professional artistry diverse ways of knowing and forms of knowledge are regarded as legitimate. Non-cognitive, for example aesthetic and emotional, responses to and interpretations of the literature were recorded, examined and incorporated into the analysis, as well as cognitive responses and interpretations. I used tools such as analogy, illustration and metaphor during the analytic process to

help in understanding and illuminating the concept of professional artistry, and creative expressions such as painting, drawing, senryu (a form of poetry similar to the haiku (Haiku Kring Nederland, 2015) and imaginative writing to summarise, compare and dialogue with the literature, with self and with my supervisors. Scholars such as Hupcey and Penrod (2005) argue against creative imaginative processes being used in concept analysis, but these tools are congruent with Wilson's (1963) view of concepts and with Rodgers' (1989) view of concept analysis. Additionally, blending of cognitive and non-cognitive ways of knowing enables deeper understandings and creative expression can enable a holistic grasp of less tangible ideas (McCormack & Titchen, 2006; Titchen & McCormack, 2010; Titchen, 2013).

Search strategy

The term 'professional artistry' is neither a (major) subject heading in the Cumulative Index of Nursing and Allied Health Literature (CINAHL) nor a MeSH term in PubMed. Using the databases listed in Table 2.1, 'professional artistry' as a phrase and the words 'professional' and 'artistry' joined with 'and', were searched for in all text, or, when possible within the database concerned, were used as key words. The search was refined, if necessary and possible, to exclude non-academic publications and non-relevant topics, such as instances of the words Professional Artistry being used as a brand name.

Table 2.1 Summary of literature search and number of items found

Database or other search field	Search terms	(Total hits) & those retained for screening after exclusion of non-academic publications or non-relevant topics	Retained after initial screening, less duplicates (duplicates)
CINAHL	Keyword search: 'professional' AND 'artistry'	(414) 305	201 (0)
PubMed	'professional' AND 'artistry' in all text	(25) 25	23 (0)
Academic Search Premier	1. 'professional' AND 'artistry' in abstract	(71) 24	19 (4)
	3. 'professional artistry' in all text	(1012) 78	18 (29)
	4. 'professional artistry' in abstract	(15) 13	0 (13)
Science Direct	1. 'professional' AND 'artistry' in all text	(933) 44	23 (0)
	2. 'professional artistry' in all text	(852) 150	33 (38)
Highwire	'professional artistry' in all text	(33) 30	15 (13)
ProQuest	'professional artistry' in all text	(102) 65	36 (25)
Theses and book chapters not otherwise indexed in databases found through combination of: sources already known to me, my supervisors or colleagues; consulting literature lists in other sources found, Google Scholar		32	32 (0)
Total potentially relevant sources, excluding duplicates:		400	

Initially only works in which the term professional artistry was used were included (phase 1 of Rodgers' process, see Textbox 1) and I confined my attention to the nursing, medical, allied health, and education for the health services literature (phase 3). After a beginning analysis of these sources was made and my understanding of the concept professional artistry was developing (early stages of phase 4), I had a better idea of relevant surrogate terms (synonyms). The search was therefore widened to works found in the fields of teaching, business and other professions and, by referring to the literature lists and indexes in already identified sources, to include items in which terms such as 'artistry' or 'art of nursing' were used as a synonym for the concept professional artistry (phase 2). Broad searching and initial screening gave 400 sources identified as potentially relevant.

Sources were retained if the concept professional artistry, later including surrogate terms, was used in the context of professional practice or education for professional practice. Those items where the term was used in the title or abstract, but not further

returned to in the body of the work, were discarded (Marks-Maran, 1999; eg. Coleman, 2016), as were those where the concept of professional artistry was used to position or support a study, results, standpoint or programme without further explanation or illustration (eg. Rosie & Murray, 1998; Hayward, 2002; Bright, 2010; Seers et al., 2012; LaDonna, Hatala, Lingard, Voyer & Watling, 2017). These and other similar cases tended to use the terms 'artistry' or 'professional artistry' to indicate work of a particular calibre, or excellence, or work in which attention is paid to emotions, whole personhood, and the less tangible aspects of practice (Palos, 2014; Wood, 2016; eg. Drette, 2017; Wolf & France, 2017). In the end, 231 sources were studied for this concept analysis, including some making use of a surrogate term (see Table 2.2).

Phases 1 to 6 of Rodgers' (1989) process, summarised in Textbox 1, were followed. Identifying and naming the concept of interest, surrogate terms, relevant uses and an appropriate realm for data collection (phases 1 to 3) were crucial steps when searching the literature, screening sources for relevance and broadening or limiting the search criteria. The procedure was not linear and Rodgers' phases supported a layered process of discovery, as described above (p. 13) and summarised in Table 2.1 and 2.2. The results of phases 4 and 5, concerned with identifying the attributes, references, antecedents and consequences of professional artistry, are discussed at length in the rest of this chapter and summarised in Table 2.3. Related concepts (phase 6) are also discussed when presenting the various aspects of professional artistry. The culmination of concept analysis following Rodgers (1989, 2000) is identification of a model case of the concept within the literature (phase 7). Ideally this model case is not constructed, but found within the available data. As will be returned to at the end of this chapter, no model case of professional artistry was identified within the literature, leaving this phase open ended at the commencement of the research.

Table 2.2 Surrogate terms for 'Professional Artistry' and the sources using them included in this concept analysis

Surrogate Term	Relationship to the term 'professional artistry' (PA)	Examples of Sources
Art	Used to a greater or lesser extent as a synonym for PA. Refers in any case to the less tangible aspects of practice, those things not covered by technical skill. In some cases referring to bringing everything together in a fluid and effective way. For example, 'the art of nursing', or 'leadership as art'.	Stewart (1929) Appleton (1993), Finfgeld-Connett (2008b), Frownfelter (2004) Palus and Horth (2002) Tarnow and Butcher (2005), McNeill (2006), Thomas (2011) Thomas (2015) Wilson (2008) Gramling (2004b)
Artful practice	For example, 'artful teaching' or 'artful nursing'. Relationship to the term PA is the same as for 'art'.	Bickford and Van Vleck (1997) Rahim, Ruknuddin, Gramling and Tharani (2016)
Artistry (when PA not used)	Used as a synonym for PA in sources in which the term PA is not used. (NB: Some sources use PA and 'artistry' interchangeably in the same work. Those are not listed here.)	Antrobus (1997), Callahan (1990), Tirozzi (2001), Bleakley, Farrow, Gould and Marshall (2003) Ross (2005), Finlay (2006), Sadler-Smith and Smith (2006), Stockhausen (2006), Huston and Weaver (2008), Lehmann (2008) Austen (2010), Lane (2010), Shavell (2013) Chan (2014) Frownfelter (2014) Strachan-Hall (2014) Baker (2015) McNeill (2006) Gramling (2006)
Professional practice judgement artistry (PPJA)	Seen by the authors as a particular aspect of PA. The attributes of PPJA are seen by the authors to be attributes of PA.	Paterson, Higgs and Wilcox (2005, 2006); Paterson, Wilcox and Higgs (2006)
Métier artistry	Referred to as an 'as yet undetected aspect of artistry in practice' (p. 54). It is a kind of reflection-in-action during patient encounters whilst also involved with students. It was an unanticipated outcome of a larger ethnographic study into how experienced practitioners teach nursing to undergraduate students during structured clinical placements.	Stockhausen (2006)

Overview of the literature

The literature examined for this concept analysis can be divided into three broad categories: personal accounts, theoretical work and research papers. The personal accounts include reflections on professional practice, anecdotes and tributes or obituaries written in honour of professionals recognised by their peers as demonstrating a particular quality in their practice. The literature with a theoretical focus includes literature reviews and concept analyses, and a number of sources examining and challenging the principles and assumptions underpinning professional practice or research into practice. It also includes theoretical or philosophical work that builds on earlier research, for example Titchen (2019).

The third category, research papers or theses, can themselves be divided into two areas. Firstly, those studies in which information about professional artistry came to light while another, related concept or topic was being researched (eg. Thomson, Petty & Moore, 2014). The related topics include, for example, experiential knowledge in district nursing (McIntosh, 1996), professional craft knowledge within nursing, and its facilitation (Titchen, 1998, 2000), the development of competence among certified holistic nurses (Sharoff, 2006), and investigations of expertise within midwifery (Price & Johnson, 2006) or nursing (Manley et al., 2005; Hardy et al., 2009b). Secondly, those studies in which professional artistry, or aspects of it, were the explicit focus of the research. Included in this group are studies carried out in medicine (Daoud, 2004), teaching (Grainger, 2003), occupational therapy (Paterson et al., 2005) and with business or other professionals regarded as being at the top of their game (Bennink, 2008; Austen, 2010).

I found no studies in nursing in which professional artistry was the explicit focus of the research. Several studies in nursing have, however, examined the art of nursing (eg. Appleton, 1993; LeVasseur, 2002; Duran & Çetinkaya-Uslusoy, 2015). Gramling (2004b), for example sought narrative descriptions of 'nursing as art' from people who had experienced critical illness and Rahim et al. (2016) examined practising nurses understandings of artful nursing. Stockhausen (2006) examines the idea of artistry, with a focus on reflection-in-action among nurses during patient encounters while also involved with students. Chan (2014) looks at the impact of using artistic approaches in nursing education, concluding that the arts, and artistic ways of thinking, enrich

nursing education. None of these researchers examined professional artistry in its entirety.

Within the fields of healthcare practice and education for healthcare practice there are two significant bodies of work with respect to professional artistry and its facilitation: that of Della Fish (1998) and colleagues (eg. Fish and Coles, 1998; Fish and de Cossart, 2007) and that of Angie Titchen (1998, 2000, 2009, 2019) and colleagues (Higgs & Titchen, 2001a, 2001b; Higgs, Titchen, Horsfall & Armstrong, 2007; eg. Hardy et al., 2009b; Titchen & Kinsella, 2019). The work of Fish and colleagues explores the relationship and relevance of ideas such as connoisseurship and artistic appreciation to the caring professions, linking the idea of professional artistry within healthcare to the Arts. They argue, for example, for a more holistic view of medical decision making and judgement, one that recognises and draws on the artistic processes involved (Fish & Coles, 1998; de Cossart & Fish, 2004; Fish, 2004; Fish & de Cossart, 2006, 2007). Titchen's (2019) work 'is derived from studies of the professional craft knowledge of practitioners with expertise and has focused on enabling others to develop their professional artistry' (pp. 49-50). Titchen's conceptualisation of professional artistry is the most comprehensive within the literature studied for this review. It is also the only work on professional artistry to be represented in all six of the key aspects of professional artistry discussed in this chapter.

The results of the concept analysis are presented below. After summarising the six key aspects of professional artistry they are identified as reference points, antecedents, attributes or consequences (phases 4 and 5 of Rodgers' process, see Textbox 1). This is followed by an exploration of each aspect in turn. The senryu-style poems at the beginning of each subsection were written by me and express the essence of my understanding of each aspect.

Key aspects of professional artistry: reference points, antecedents, attributes and consequences

Six key aspects of professional artistry were evident in the literature. In short, professional artistry:

1. Occurs in complex or challenging practice situations,
2. Is demonstrated by professionals well prepared for the encounter,

3. Occurs against a (theoretical and practical) professional framework,
4. Is embedded and embodied in professional practices,
5. Involves the professional perceiving and responding holistically, critically and creatively,
6. Contributes to human flourishing.

The first of these aspects is a *reference* (Rodgers, 1989) or boundary for the concept of professional artistry (see Table 2.3). The second and third are *antecedents* in that they enable or are prerequisites to the occurrence of professional artistry in practice. Characteristics three through six are *attributes* of professional artistry while also evident as *consequences*. These distinguishing characteristics can be considered both means to and ends of practice which demonstrates professional artistry.

Classifying the aspects of professional artistry in this way is a direct contradiction of Walker and Avant's (2005) position: 'an antecedent [or a consequence] cannot also be a defining attribute for the same concept' (p. 73). Classifying the different aspects neatly into one category or the other, however, distorts their meaning and ignores their interconnected nature. The classification summarised in Table 2.3 is congruent with the assumptions of both critical creativity (Titchen & McCormack, 2010) and evolutionary concept analysis and attention is paid, in the following exploration of each of the aspects of professional artistry, to this interconnection.

Table 2.3 The six key aspects of professional artistry as found in the literature

	Key aspect of professional artistry (PA)	Reference	Antecedent	Attribute	Consequence
1	PA occurs in complex or challenging practice situations and results in effective practice within the complexity of the situation.	<i>PA occurs in complex practice situations, that are nevertheless sufficiently familiar to the professional.</i>			<i>Effective coping within the complexity of practice</i>
2	PA is demonstrated by professionals well prepared for the encounter and contributes to preparing them / keeping them prepared for future encounters.		<i>The professional possesses the necessary personal and professional characteristics; brings these to the encounter</i>		<i>Exercising PA results in the further development of particular personal and professional characteristics</i>
3	PA occurs against a (theoretical and practical) professional framework and results in further development and testing of that framework		<i>The professional practises within a particular professional framework – including its history, body of knowledge and boundaries.</i>	<i>Professional framework and traditions are used flexibly and in order to 'dialogue with' the practice situation and the framework</i>	<i>Further development and testing of the professional framework or the creation of new frameworks.</i>
4	PA is embedded and embodied in practice and results in further embodiment of practice		<i>The professional has embodied aspects of their practice.</i>	<i>PA is manifested through (physical and meta-physical) practices within the context of practice situations</i>	<i>Practices become further embodied</i>
5	The professional demonstrating PA perceives and responds holistically, creatively and critically, in doing so further refines or increases their range of responses			<i>The professional perceives the professional situation in its fullness (holistically), drawing creatively and critically on their diverse personal and professional characteristics; responds holistically and creatively</i>	<i>Repertoire of holistic, critical and creative responses is refined or further expanded</i>
6	PA contributes to human flourishing			<i>Both the practice processes and outcomes contribute to human flourishing for both patient and practitioner</i>	<i>Movement toward human flourishing</i>

1. Professional artistry occurs in complex and challenging practice situations

*Complex, uncertain,
unique. Hidden conundrum.
Tumbling rush. Challenge.*

Professional artistry occurs in what Schön (1987) termed the 'indeterminate zones of practice' (p. 6): those practice situations characterised by complexity, uncertainty and unpredictability in which, as professionals, we are 'pushed to the edge of what we know' (Austen, 2010, p. 3). Beeston and Higgs (2001) stress the plurality of responses available to the practitioner and that these may seem ambiguous. Often none of the multiple possibilities seems immediately self-evident (Cowan, 2007). Such situations require the professional to exercise discretion and professional judgement (eg. Fingeld-Connett, 2008; Wilson, 2008). A reliance on pre-prescribed and standardised responses in such situations is likely to be inadequate, and may even be harmful (Fish and de Cossart, 2006; 2007; Baker, 2015). This first aspect of professional artistry forms a reference in that it describes the kind of situations in which professional artistry may occur: one in which the professional situation is sufficiently challenging but in certain important ways recognisable for the professional.

Although Schön (1987) suggested that gifted professionals could display professional artistry in their day-to-day practice, he did differentiate between those situations amenable to more linear and technical problem solving methods and those which required professional artistry. According to Schön, some problems are like being on the 'high ground' of professional practice: the professional recognises both the situation and what needs to be done. There is a suitable procedure or protocol available and familiar to the professional, with which the practice problem can be effectively tackled. It is in the 'swampy lowlands' of practice, when either the problem or the solution, or both, are less clear cut, that the professional needs to draw on their professional artistry in order to practise effectively and safely.

Other sources have characterised complex and unpredictable practice situations as being the norm within professional practice (eg. Goldstein, 1998; Titchen and Higgs, 2001b, Lehmann, 2008). Henderson (2001b) argues that such situations are characteristic of and ubiquitous within teaching, and Grainger (2003) that the extent of the complexity in teaching is largely covert. Similar claims have been made within

fields such as management and leadership (Cowan, 2007), anaesthesiology (Smith, Glavin & Greaves, 2011; Flynn et al., 2017), social work (Lymbery, 2003), occupational therapy (Williams & Paterson, 2009), research (Titchen et al., 2007; van Lieshout, Titchen, McCormack & McCance, 2015) and the facilitation of practice development within healthcare settings (McCormack et al., 2013; Titchen & McMahan, 2013). Bond and Wilson (2000) and Fish and de Cossart (2007) argue, in fact, that all professional practice situations involving people can be described as unique and unusual. A concrete example is given by Wright (2004) as he describes his observations of an experienced nurse delivering 'basic' care during an ordinary day on the ward. He witnessed 76 decisions being made in 15 minutes before he lost count. Wright described the bombardment of stimuli as mind-boggling. Researchers such as Kahneman (2011) do point out, however, that although such situations are complex, and to a stranger perhaps overwhelming, to the professional they are full of familiar elements. These aspects enable the professional to find their bearings, react appropriately and recognise unusual events within the encounter. According to the chief theoretical and research based works consulted for this analysis, it is professional artistry that enables professionals to cope and be effective within complex and challenging practice situations (Schön, 1983; Fish & de Cossart, 2006; Titchen, 2009; eg. Austen, 2010, 2019).

2. Professional artistry is demonstrated by professionals well prepared for the encounter

*Way of being. Wise
learner. Reflexive, expert,
creative: prepared.*

Practitioners demonstrating professional artistry come prepared to the professional encounter (Henderson, 2009; Titchen, 2009), even if they are not aware, or entirely aware, of that preparation (Manley, 2008; Manley et al., 2009). 'Coming prepared' is an antecedent of professional artistry; the professional must have built up a repertoire of responses and developed a certain way of being in their professional life preceding this particular encounter, preparing them for the situation they now face. As well, these same characteristics can be viewed as outcomes of professional artistry. Paterson et al (2006b), for example, stress how practicing with artistry requires reflexivity from, but also results in reflexivity in, the practitioner. As practitioners practise in challenging

situations their personal and professional capacities will continue to develop. The variety of personal and professional characteristics associated with professional artistry in the literature are summarised in Table 2.4 and discussed in the text below. For readability the sources are not generally listed in the discussion: the reader is referred to Table 2.4.

Table 2.4 Summary of the personal and professional characteristics brought by professionals to situations in which they demonstrate professional artistry

The professional demonstrating artistry:	Details or emphasis	Examples of key sources (<i>original research in italics</i>)
Possesses practice expertise	Professional artistry is indicative of expert practice	Schön (1983; 1987), <i>Titchen (2000), Manley et al. (2005), Hardy et al. (2009).</i>
	Not all practitioners with technical expertise develop professional artistry	<i>Conway (1996), McIntosh (1996), Klemola and Norros (2001), Paterson et al (2006a), Smith et al (2011).</i>
	Practitioners develop their professional artistry holistically, together with competence	Tarnow and Butcher (2005), Fish and de Cossart (2006; 2007), Titchen et al. (2007), Lehmann (2008) Kinsella (2009).
	Dissenting voices: professional artistry may in some cases be demonstrated by more novice practitioners.	<i>Bond and Wilson (2000), Grainger (2003), Pitts and Coles (2003) Paterson et al(2006a). Lehmann (2008)</i>
Is reflective and reflexive	Reflection on practice but also in the midst of action	Schön (1983; 1987; 2001), Antrobus (1997), <i>Titchen (2000), Gore et al. (2000) Stockhausen (2006). Lehmann (2008)</i>
	Sustained (lifelong) and disciplined reflection, learning and inquiry into practice	<i>Titchen (2000), Beeston and Higgs (2001), Henderson (2001b), Paterson et al (2006b), Cherry and Higgs (2011), Smith et al. (2011).</i>
	Capable of artistic and cognitive critique of own ideas and practice	Fish (1998), Fish and Coles (1998), Beeston and Higgs (2001), <i>Paterson et al (2006b) Titchen (2009).</i>
Draws on and integrates knowledge of varying kinds and from varying sources		<i>Conway (1996), McIntosh (1996), Titchen (2000), Grainger (2003), Hardy et al. (2009), Austen (2010)</i>
Demonstrates passion, courage, openness and curiosity		Callahan (1990), <i>Titchen (1998, 2000), Klemola and Norros (2001), Gramling (2004; 2006), Lehmann (2008) [curiosity, flexibility], Titchen and Hardy (2009), Smith et al (2011)</i>
Possesses keen intelligence	Critical reasoning and intelligence in general	<i>Klemola and Norros (2001), Gramling (2004)</i>
	Specifically mention diverse sorts of intelligence, for example, intellectual, spiritual, emotional, artistic and bodily intelligences	<i>Titchen (2000), Titchen and Higgs (2001b), Tarnow and Butcher (2005), McCormack and Titchen (2006), Titchen et al (2007), Lehmann (2008) Titchen (2009), Austin (2010), Lane (2010).</i>

The professional demonstrating artistry:	Details or emphasis	Examples of key sources (<i>original research in italics</i>)
Uses creative imagination		Antrobus (1997), <i>Titchen (2000)</i> , Titchen and Higgs, (2001b), McCormack and Titchen (2006), Titchen (2009).
Has a particular way of being and becoming		Schön (1983; 1987), Fish (1998), <i>Conway (1996)</i> , <i>Titchen (2000)</i> , Henderson (2001b), Titchen and Higgs (2001b), <i>Grainger (2003)</i> , <i>Gramling (2004; 2006)</i> , McCormack and Titchen (2006; 2007), Fish and de Cossart (2007), <i>Stockhausen (2006)</i> , <i>Austin (2010)</i> , Titchen and McCormack (2010)

As Table 2.4 shows, professional artistry is associated in the literature with professionals possessing a degree of practice expertise. It is generally viewed as indicative of particularly competent or expert practice. While agreeing that experts demonstrate professional artistry, some sources question the assumption that professional artistry is the sole province of experts. They suggest that coping with ordinary practice is complex enough to require a degree of artistry from all practitioners and reason that professional artistry may be learned or developed holistically, 'from the ground up', in the same way that it is more effective to teach young learners of the guitar about qualities such as tone, expression and invoking a response in listeners before waiting for them to have mastered the technical skills (Flynn et al., 2017).

Professionals demonstrating artistry are described as reflexive with a capacity for lifelong learning and inquiry into practice. They are capable of both artistic and cognitive critique of their ideas and practice. These practitioners embrace multiple ways of knowing and draw on diverse forms of knowledge, for example propositional, experiential and tacit knowledge, aesthetic knowledge, local knowledge and knowledge of the client and their preferences. Their capacity to integrate these various knowledges in the midst of practice is, within this body of literature, an uncontested characteristic of professional artistry. The results from diverse studies within nursing (eg. Conway, 1996; McIntosh, 1996; Bryans, 2000; Titchen, 2000; Titchen and McGinley, 2003; Hardy et al., 2006; 2009) lend empirical support to this view.

There is a potentially bewildering array of other characteristics, capacities and skills thought to be brought by well-prepared practitioners to those situations in which

professional artistry is demonstrated. These have been listed and described in varying detail by diverse authors, sometimes based on research generated evidence but often on experience or theoretical perspectives. Recipients (see for eg. Gramling, 2006) and observers of nursing care (eg. Titchen, 1998, 2000; Callahan, 1990; Wright, 2004; Cronan, 2006) include passion, courage, openness and intelligence in this list. Some researchers emphasize diverse forms of intelligence, for example, emotional, bodily and spiritual intelligences. They add to this the professional's creative imagination, or the ability to imagine how transformation of the situation could be achieved.

Professionals demonstrating artistry are understood, moreover, to have the capacity to pay attention to and to work with the invisible aspects of practice, such as their own and the client's values, attitudes, assumptions, beliefs, expectations and feelings. Their ability to recognise, draw on and integrate these invisible aspects with their knowledge of varying kinds and from diverse sources have been compared to that of a wine connoisseur (Andresen and Fredericks, 2001) or an artist whose tools are used as an extension of them self (Beeston and Higgs, 2001). In Titchen's (2019) most recent work on professional artistry the various attributes that the professional brings to the encounter are presented as nine 'dimensions of self' (p. 50): ways of knowing, different knowledges, multiple intelligences, creative imagination, multiple discourses, artistic and cognitive critique, use of self, artistic qualities and praxis skills. These nine dimensions do not stand alone. They are integrated and enacted in practice by seven processes of professional artistry (Titchen, 2009, 2019). The processes, for example 'attunement' and 'balance', enable the professional to respond creatively and appropriately within the professional encounter and are often less visible than the dimensions. They are looked at in more detail under the fifth aspect of this concept analysis: the professional perceiving and responding holistically.

Finally, it is both implied (eg. Appleton, 1993; Antrobus, 1997; Gore et al., 2000; Titchen, 2000) and argued (eg. Titchen and Higgs, 2001b; Grainger, 2003; Austen, 2010, Titchen and McGinley 2003, McGinley 2009) that practitioners demonstrating professional artistry are not merely engaged in doing certain things but in being – and becoming – certain kinds of people. Fish (1998) and Manley (2008) propose that practitioners must have a predisposition to developing professional artistry, and patients in Gramling's (2004; 2006) study thought that a nurse either 'had it' or did not (McNeill, 2006). Some studies do suggest that this predisposition, or capacity to

develop professional artistry, may have to do with the worldview of the practitioner. The advanced practice nurses in Conway's (1996) study who demonstrated professional artistry belonged to a group with a, what she termed, 'humanistic existentialist' worldview. Similarly, Klemola and Norros's (2001) study with anaesthetists revealed two different 'habits of action' among a group of experienced anaesthetists. Klemola and Norros understood those anaesthetists who had an 'interpretive' habit of action to be practising with professional artistry, compared to those with a 'reactive' habit of action. The personal and professional characteristics of the practitioner demonstrating professional artistry can therefore be understood in terms of praxis and epistemology, but also ontologically; they have to do with the professional's way of being (Titchen, 2019; Titchen & Kinsella, 2019).

3. Professional artistry occurs against a professional framework

*Guiding lights: values,
ethics, knowledge, theory base.
Test, expand, create.*

There is overwhelming agreement in the literature that professional artistry occurs against the background conventions and traditions peculiar to the profession in question. The theory or tradition of the profession defines what is appropriate and meaningful within the professional episode (Andresen and Fredericks, 2001) so that practice, including episodes of professional artistry, displays 'certain characteristics which are understood within a genre' (Beeston and Higgs, 2001, p. 109). Importantly, a professional capable of artistry is not using the tradition or theory of their profession as a blueprint (Cherry and Higgs, 2011) or like a rigid rulebook of predetermined actions (Bryant, 2010). Instead, the background conventions and principles supply a set of principles (Conway, 1996; Baker, 2015) or a framework within which the professional can reflect on, dialogue with and make sense of the practice situation in which he or she is acting. Such particularising and balancing (Titchen et al., 2007; Titchen, 2009, 2019) requires and is indicative of professional artistry.

Klemola and Norros's (2001) research demonstrates how particularly effective anaesthetists are able to use the rules and conventions of their profession to 'explore' the clinical situation they are faced with, coming to understanding about the most appropriate action for the particular circumstances. Henderson (2001b) likens the

theoretical framework of one's profession to a springboard. Such a framework enables professionals to explore the boundaries, as well as push against them, modify and develop them (Henderson, 2001a; Henderson and Kesson, 2009). Andresen and Fredericks (2001), Titchen and Higgs (2001a), Titchen et al (2007) and Austen (2010) all emphasize the role of professionals who practice with artistry in challenging 'truths', and developing the traditions, theories and frameworks of their professions further. Later work (eg. McCormack & Titchen, 2014; Titchen, 2018) argues and demonstrates that working with professional artistry enables professionals to create *new* knowledge and ways of understanding or looking at the world, exploding existing boundaries and creating new frameworks.

A professional framework is an antecedent of professional artistry as it is only within a professional framework that the actions and being of the professional have meaning. It is also an attribute as use of a professional framework is evident in the practice of professionals demonstrating artistry. Finally, the testing and ongoing development of the professional framework, and the creation and testing of new frameworks, are consequences of professionals practising with professional artistry.

4. Professional artistry is embedded and embodied in the practices of professionals

Body wisdom. Flow.

Intent, finesse, movement.

Wisdom felt, revealed.

Professional artistry is consistently described as both manifested by and contained within the action of professionals within their practice situations: it is embodied by the practitioner, embedded in practice and unfolds in the course of action. It is, therefore, non-verbal by nature and often difficult to articulate (Fish, 1998), even for those professionals recognised by themselves and others as expert (Titchen, 2009). Titchen et al (2007), when reflecting on the artistry of research practitioners, point out that few name or claim their artistry, even when richly describing their research practices: 'It is as if this artistry is often the transparent background or mystic veil of our practices, so taken for granted that we do not notice it' (p. 283). Professional artistry, then, often occurs unconsciously (see also McIntosh, 1996; Stockhausen, 2006). Nevertheless, *practice* that demonstrates professional artistry is purposeful and intentional, as

research combining observations of professional practice with interviews has shown (eg. Titchen, 1998, 2000; Klemola and Norros, 2001; Grainger, 2003; Austen, 2010).

Observers or clients of the professional see, feel, or otherwise perceive professional artistry in the action of the practitioner, at least to a certain extent (eg. Beeston and Higgs, 2001; Radovich and Higgs, 2001). Gramling (2004) describes how ten post-intensive care unit patients experienced the art of nursing 'rendered apparent in the body' (p. 393) of the nurse. Moreover, the impact of the nurses' artistry was felt in the bodies of the patients, through the impact of the nurses' touch. These instances, even when brief, made dehumanising situations human and caring and were remembered vividly by patients, even months afterwards. McIntosh (1996) points out, however, that there are many instances in which professional artistry remains hidden to an observer, and hidden, too, for the patient, or client. Referring to her study into the knowledge base of district nursing, she emphasizes that the more experienced or expert a district nurse is, the more 'unremarkable' are the complex or particularly clever aspects of her or his practice, such as watching, questioning, thinking, analysing and coming to a decision. Titchen's (1998; 2000) doctoral research explicated, among other things, the practice of an expert clinical ward sister and demonstrated how the embodied nature of her practice made her job look easy, natural and ordinary until less experienced nurses tried to emulate it, when they found it very difficult indeed. A casual observer is unlikely to see the complexity and, in addition, the nurse's artistry prevents 'dramatic' situations arising. Later work (Titchen & McGinley, 2003; eg. McGinley, 2009; Mulcahy, 2013; Titchen & Kinsella, 2019) demonstrates, however, that it is certainly possible for practitioners to become aware of and articulate their embedded, embodied knowing. Brought into consciousness it can be critiqued and used cognitively and intentionally as well.

The embodied and embedded nature of professional artistry is, then, antecedent, attribute and consequence of the concept of professional artistry. The studies mentioned above show that a practitioner must have embodied aspects of their practice if they are to be able to practice with artistry, making this distinguishing characteristic an antecedent. Professional artistry itself is not present unless the unique melding of a practitioner's ways of being, doing, knowing and becoming (Radovich and Higgs, 2001) become manifest in the particular being and action of that individual (Greggans and Conlon, 2009) within the practice moment (attribute).

Finally, the knowledge and experience generated by the encounter contribute to the further development and deeper embodiment of the artistry of the professional (eg. Andresen and Fredericks, 2001; Austen, 2010; McGinley, 2009; Mulcahy, 2013), particularly when the professional has become able, perhaps with facilitation, to pinpoint or articulate these aspects of their practice and/or its development (Schön, 1983; 1987; 2001; Titchen, 2019, Titchen & Kinsella, 2019).

5. Professional artistry involves the professional perceiving and responding holistically, creatively and critically

Attune, attend; still.

Imagine, invite, shape, sense:

Clarity, purpose

Bring into being

Spiral down, unique response,

focused action, dance.

This aspect of professional artistry refers to the professional engaging wholly (Goldstein, 1998) with and making sense of the particular professional situation in which they are acting. Using all their senses and drawing on their personal and professional characteristics, or, as Titchen (2019) says, the various 'dimensions of self' (p. 50), the professional dialogues critically and creatively with the practice situation and comes to a cognitive and/or bodily understanding of the particular action required. Perception and understanding lead to the unfolding of a unique creative response in action (eg. Fish, 1998; Cowan, 2007; Titchen, 2009), delivering, in turn, new information. Gore et al (2000) describe this as part of the ongoing exploration of alternatives and Grainger (2003) insists that this complex, emergent response, or performance, must not be divorced from the hidden processes by which it is underpinned. These generally non-linear processes (Andresen and Fredericks 2001, Fish and de Cossart, 2006, 2007), lead to appropriate action, taken intentionally and with confidence (Radovich and Higgs, 2001), and are often able to prevent escalation or minimise problems; therefore the extent of the holistic action is not always visible to an outside observer (Wright, 2004). These aspects of professional practice cannot be explained or achieved with technical skill alone.

Key within this aspect is the professional's 'framing' (Schön, 1983, p. 40) of the practice problem: determining which aspects are salient and have priority (Titchen, 2000). Schön (1987) saw this process as transactional as, although the practitioner frames the problem and therefore determines what he or she will pay attention to, the practitioner remains open to being influenced by the on-going and unfolding process. Klemola and Norros (2001) describe this as on-going sense-making and share how the anaesthetists in their study used action to test their unfolding hypotheses (cognitive or not). Similarly, Henderson (2001) regards the professional as engaging in inquiry during professional encounters and emphasizes that a professional can increase their understanding of a situation by trying to change it. Dawning insights or understandings indicate, in Schön's terms, that the professional has transformed an uncertain practice situation into a solvable challenge.

The idea of perceiving holistically is discussed in varying terms in the literature. Some (eg. Andresen and Fredericks, 2001; Austen, 2010) say rationality is heightened and transcended, others that rationality is bypassed (eg. Lehmann, 2008; Lloyd, 2008). When sufficiently attuned to the client and the practice situation the professional recognises nuance, patterns and deviations from patterns (eg. Conway, 1996; Gramling, 2004), perceives visible and invisible aspects of practice (eg. Fish, 1998; Beeston and Higgs, 2001; Finfgeld-Connett, 2008), and asks powerful verbal and non-verbal questions in their dialogue with the practice situation (eg. Klemola and Norros, 2001; Grainger, 2003). Going beyond Schön, Andresen and Fredericks (2001) discuss the idea that solutions emerge from the problem or stillness, seemingly of their own volition, presenting themselves as the obvious course of action (*cf* 'U' theory, in Senge et al., 2005, and discussed in relation to critical creative research in Titchen and Niessen (2011)). The practitioner is in any case able to pay attention in the moment (Cherry and Higgs, 2011) while also 'hanging above' the situation, perceiving, experiencing and coming to understanding with all their senses (Palus and Horth, 2002; Austin, 2010). As McIntosh (1996) emphasizes, much of this remains invisible to others. Contextualised understanding (eg. Gore et al., 2000; Paterson et al., 2005) and on the spot decision making (eg. Fish and de Cossart, 2007) are enabled by the blending of knowledge and information from diverse sources (eg. Beeston and Higgs, 2001), a process which requires flair and creativity (eg. Grainger, 2003).

Titchen (1998; 2000; 2009; 2019), uniquely, names and explicates these processes in their entirety. Summarized as ‘synchronicity, attunement, flowing, interplay energy, melding-blending-harmonising, synthesis and balance’ (Titchen, 2019, pp. 52-53) these professional artistry processes enable the professional to respond uniquely, intelligently, appropriately and creatively to the particular set of circumstances at hand. In other words, the processes enable the professional to meld and blend the various dimensions of self (see also aspect 2, ‘Professional artistry is demonstrated by professionals well prepared for the encounter’).

As Cherry and Higgs (2011) also emphasize, following Palus and Horth (2002), ideas for action in the midst of the dance of practice do not arrive fully formed and correct. There is interplay, improvisation and experimentation necessary and ends and means are pursued simultaneously (Schön, 1987) as each practice encounter is given unique form. ‘Professional artistry [...] allows nurses with expertise to dance between imagination, conventions, ‘truths’, and the local situation,’ (Titchen, 2009, p. 233), moving between the whole and the part with balance. McCormack and Titchen (2006) and Titchen and McCormack (2008, 2010) argue, in fact, that mindful, intentional action in the midst of practice, with moral and transformative intent, is not possible without professional artistry. It is, in this view, professional artistry that enables praxis. This is the case in nursing and healthcare, but also for example when a more experienced practitioner is coaching or guiding a colleague and helping them to learn from and in practice. It is also the case in practice development and particular kinds of research practice, where practitioners are working towards transforming understandings, practices and contexts.

This aspect of professional artistry is present as both attribute and consequence: perceiving the professional situation holistically and responding creatively and critically is indicative of professional artistry; as the professional responds creatively, critically and holistically their repertoire of responses is expanded.

6. Professional artistry contributes to human flourishing

Moral intent. Hope

kindled. Creates chances, holds

space. Enables growth.

All sources in which the concept of professional artistry is used, either directly or implicitly, associate professional artistry with practice which is beneficial for the client or person receiving care. At a minimum professional artistry contributes to safe, effective, and importantly, individualised care. Most sources, however, consider professional artistry to enable the kind of practice which enables a transformation of the situation, or the experience of the situation. Practice which is graceful (Tasker & Titchen, 2016), which creates hope and encouragement (eg. Chan, 2014), opportunities and options which were not there before the professional encounter. Callahan (1990) describes the artistry of nursing thus: "Just as the singer adds her own voice to someone else's words and tune, so we add our personalities to the human situations we encounter to create something better than there would have been without us." p. 64. Peplau (1988) sums this idea up by saying that rather than referring to nursing as a helping art, it would be better described as 'an empowering, enabling or transforming art' (p. 10).

As alluded to by Peplau (1988), within this aspect of professional artistry the influence of the professional encounter has the potential, and often the intent, of being more far reaching than the encounter itself. Across different professional lines the ability of the practitioner to contribute to the ongoing growth, wellbeing and learning of the other person is seen as indicative of or due to professional artistry (eg. Andresen & Fredericks, 2001; Austen, 2010). This was evident in works about information technology (Bond & Wilson, 2000), leadership (Cowan, 2007), teaching (eg. Bickford & Van Vleck, 1997; Gore, Bond & Steven, 2000; Henderson, 2001; Grainger, 2003), professional and personal development (Tasker & Titchen, 2016; Titchen & Hammond, 2017), nursing (eg. Appleton, 1991; 1993; Conway, 1996; Gramling, 2004b; Cronan, 2006; Gramling, 2006; Finfgeld-Connett, 2008a), medical (Fish & de Cossart, 2007) and other caring professions (Fish, 1998). Hall (2005), moreover, identifies those moments in which a nurse really makes a difference for another as not only a moment when he or she can be described as a nurse healer, but also as a moment in which the nurse cares for him or herself as well: the potential for human connection and growth is reciprocal.

While the sources cited above describe outcomes that can be themed together as having to do with human flourishing, a number of works examined for this concept

analysis were more explicit in their definition and discussion of human flourishing in relation to professional artistry. Titchen (2009, 2019), McCormack (2009), McCormack and Titchen (2007) and a large number of colleagues (eg. Titchen & Higgs, 2001b; Titchen & McGinley, 2003; Horsfall & Higgs, 2007; Titchen et al., 2007; Hardy, Titchen, Manley & McCormack, 2009a; Henderson, 2009; Titchen & Hardy, 2009; Horsfall & Higgs, 2011) consider human flourishing for all stakeholders to be the ultimate aim of person-centred and evidence-based nursing, and of practice development and transformative research activities within the health professions. Their work argues that it is the professional artistry of healthcare, research and practice development practitioners that enables them to weave their professional and personal qualities and capacities, relevant interpersonal strategies and the use of self together, to practise in ways that can result in human flourishing for all those involved.

Within this body of literature two theoretical frameworks, conceptualizing the helping relationship between nurse and patient and between professionals, and a systematic approach to continuous workplace and professional development have been developed and tested: skilled companionship (Titchen, 2001b), critical companionship (Titchen, 2001a; Titchen & Hammond, 2017), and practice development (Manley, McCormack & Wilson, 2008; McCormack et al., 2013) respectively. As well, the philosophical and methodological paradigm of critical creativity has been explicated (McCormack & Titchen, 2006; Titchen & McCormack, 2008, 2010). Professional artistry and its relationship to transformative practice and human flourishing play a central role in each of these theoretical perspectives.

The presence of this sixth and last aspect in professional practice is indicative of professional artistry, making this aspect an attribute of professional artistry, and movement towards human flourishing is also a consequence of practice demonstrating professional artistry.

The meaning of professional artistry

*Parts and wholes, heart of
inspiring practice. Focus,
dynamic presence.*

Common to all conceptualisations of PA are aspects having to do with **who the professional is** and **what they bring** to the professional situation; the **kinds of professional situations** in which PA is evident; the ways in which the professional situation is **perceived and 'processed'** by the professional practising with professional artistry, the **ways in which the professional acts in the situation** and the kinds of **outcomes** that are expected. Where perspectives of professional artistry tend to diverge is in the extra attention given to **dimensions of being and becoming**, or the way in which **professional artistry becomes central to other theoretical perspectives**, for example critical creativity, **or frameworks**, for example critical companionship.

Professional artistry is more, then, than the 'art' of nursing, where the art has to do with the interpersonal and less tangible aspects of practice. It is also more than the 'artistry of everyday coping' (Whiteford, 2007) outside a professional context. This concept analysis demonstrates that the concept of professional artistry transcends the 'art vs science' debate within the literature because both of these aspects of practice, and others besides, are needed for a professional to practise with professional artistry. Where Schön's (1983, 1987; 2001) definition and treatment of professional artistry were largely epistemological in focus, the concept is regarded in current literature as an embodied phenomenon; one which makes praxis and movement towards human flourishing possible.

Identification of a model case of professional artistry in the literature, Rodgers' (1989) seventh phase of evolutionary concept analysis, has not been possible. Although painting a holistic picture, the antecedents, attributes and consequences of professional artistry remain to some extent nebulous. Researchers and scholars draw on a large number of other concepts when attempting to 'grasp', approach or describe the concept of professional artistry. It is not clear which of the many concepts referred to are always necessary to be able to speak of professional artistry. Similarly, it is unclear if there exist particular processes or dimensions without which there can be no designation of professional artistry. The literature reviewed here offers broad brush strokes with which to paint an image of professional artistry: a detailed picture of what professional artistry looks like in the practice of nursing is not yet clear.

Rationale for the present study

The concept analysis reveals a larger body of literature contributing to understandings about professional artistry than I had anticipated when beginning the inquiry. There are however few common denominators across the board except that the vast majority of sources refer to Schön (1983, 1987) as starting point or to sources which rely on Schön. The idea that professional artistry is different from technical rationality and different from a purely cognitive and instrumental approach to professional practice appears universally accepted in the literature around professional artistry. Further, the embodied nature of professional artistry and its role, or potential role, in enabling morally imbued action and particularised care is supported theoretically and, in those sources in which a study has been made of professionals in practice or of professionals talking about their practice, empirically. The diversity of descriptors used to describe the attributes or desired attributes of professionals practising with artistry, the many and various dimensions of and processes considered to be relevant to or involved in professional artistry and the vast range of related concepts used by researchers and scholars to explain their understandings of professional artistry make the literature on this topic daunting. It offers, furthermore, no particular focus that could usefully be chosen as the starting point for a study into professional artistry over the other aspects.

There is a long history within nursing of scholarly work and research that has considered or investigated a diverse range of nursing skills and qualities which could contribute to the nurse being able to act with professional artistry. Such work has examined, for example, different ways of knowing (eg. Bender & Elias, 2017), the development of nursing expertise (Benner, 1984) or clinical judgment (Benner & Tanner, 1987), compassionate listening (Kimble & Bamford-Wade, 2013), synchrony (Krejci, 1992), paying attention to the little things amidst the complexity of everyday practice (MacLeod, 1994), the development of compassion (eg. Mercer, Kenworthy & Pierce-Hayes, 2016), learning how to be with others in intense interpersonal situations (Ramey & Bunkers, 2006), identifying the sublime and beautiful moments in nursing (Siles-González & Solano-Ruiz, 2016), reflection in action (Stockhausen, 2006), the art of being present (Turpin, 2014) or the development of emotional competence (eg. Wilson & Carryer, 2008). These researchers and scholars tend not to link their work specifically to professional artistry, referring more commonly to expertise or being able to work in holistic and patient-centred ways. Nevertheless, as the concept analysis

shows, these and other such qualities, skills, attributes or capabilities could potentially be relevant to the nurse practising with professional artistry.

To date, those inquiries which have focused on professional artistry within nursing have also studied facets of the concept, but not the concept in its entirety. Research and scholarly work in which insights about professional artistry in nursing have emerged or are presented more holistically have had, in the first instance, another focus of inquiry. Furthermore, although in some of the studies presented the perspective of the nurses themselves is hinted at or explicated, that too is in relation to the development of expertise more generally or the development of an aspect of expertise. A holistic investigation into the nature of professional artistry in nursing, from the dual perspective of both researcher and practitioners themselves, is missing in the literature.

Research goals

The intention of this present study, then, was not to look at the component parts of professional artistry, or the personal qualities or individual techniques of nurses practising with professional artistry, but rather to discover and explicate what professional artistry looked like 'in action', as it came together and was expressed in the embodied praxis of the nurse. The goals of this research were to uncover and explicate the nature of professional artistry in nursing practice and to investigate how, despite its complexity, the development of professional artistry in nursing practice could be facilitated.

Concluding remarks

Some nurses manage to practice very effectively and in ways that seem to shine; they make a real difference for their patients and the families of patients and they inspire their colleagues. They are recognised as the kind of nurses others should strive to emulate. Practice of this kind has been termed 'professional artistry' and the current understandings and usage of this term have been presented in this chapter. While Schön (1983) used the term professional artistry to denote a particular way of viewing or conceptualizing practice and the practice world and a way of doing or practising within the practice world, this concept analysis shows that understandings and usage

of the concept have changed and developed among leading scholars in this field. Professional artistry is now viewed as a way of being and becoming as a person in professional practice, as well as a way of perceiving and acting within the practice world. Insights about professional artistry in nursing have arisen from studies into other phenomena and have tended to illuminate only certain aspects of professional artistry. A holistic inquiry into the nature and facilitation of professional artistry in nursing has not yet been presented in the literature. The philosophical and theoretical basis for framing such an investigation into professional artistry is presented in the following chapter.

Chapter 3 : Philosophical foundations and methodological principles. Finding my place to stand; learning to stand there.

This chapter addresses the foundations and methodological framework which support the research design and process. It begins with an examination of the assumptions which underpinned the study and moves into a justification for positioning the study within the worldview of critical creativity (McCormack & Titchen, 2006, 2007; Titchen & McCormack, 2008, 2010; McCormack & Titchen, 2014; Titchen, 2018). The last section introduces the four methodological principles which shaped the specific research design, explaining their connection to the philosophical assumptions, critical creativity and related methodologies.

'Finding my place to stand and learning to stand there' describes the journey this research has become and sums up my philosophical stance. I believe we are always already in the world and that we are perpetually engaged in finding 'our place to stand': learning where to 'place our feet' and discovering and testing what we stand for (Boomer & Frost, 2011). Knowing *where we wish* to stand is only part of the story; the rest involves learning how to get there and how to keep our balance.

My philosophical foundations are presented here as a beginning: part of one of the starting chapters in this thesis and an account of the underpinnings of my research. They are also the fruits of a journey, because at the beginning I could never have described them like this, and yet this is how I walked within and have come to understand the world of my research and the wider world around. I wrote the poem below to summarize the principles on which this research rests. These principles are elaborated on in the first half of the chapter, with the phrases in the poem used as section titles.

Enmeshed: shaped, shaping,
situated. Embodied
selves. Age-old insights.
Moral intent. Sing
up, question, critique, create.
Becoming transformed.

Enmeshed: shaped, shaping, situated

My point of departure is the ontological notion that we are fundamentally and existentially engaged as human beings in the world. We are always already in the world (Heidegger, 1953/1962) and as such the world and our involvements in it are the context of all our understandings (Moran & Mooney, 2002). That world is not only physical but includes our social and historical worlds (Gadamer, 1975/1989) and our 'embeddedness' means that we are not capable of escaping our subjectivity completely. In fact, it is precisely our prejudices and pre-understandings which enable us to understand ourselves and our world. Furthermore, as human beings in the world we are always and ever in relation with other human beings. As Levinas (1969) emphasizes, unless we acknowledge the individual other, and place our ethical relation with the other at the centre, we are in danger of failing to recognize his or her humanity.

There are subtle yet fundamental differences between the perspectives of these philosophers¹. The point I wish to emphasize is that our ontology is neither a contemplative nor purely theoretical exercise (Heidegger, 1953/1962; Levinas, 1969; Gadamer, 1975/1989); it is both our way of being and our means of understanding our being and our place in and relationship with the world. In the same way, being in relation is not a *contemplation* of the relation with the other, but an act or a practice (Levinas, 1951/1989, 1969): we are agents experiencing and exerting influence within an existential and social world, not just spectators considering it (Critchley & Bernasconi, 2002).

From our active, sensible position of always already in the world we create explanations to explain, grasp and give meaning to our existence and experiences. Our ideas about and ways of understanding and coping in the world are historically situated and socially determined, and both our understanding of and our way of being in the world evolve with time (Gadamer, 1975/1989). Our explanations and understandings shape how we are and what we do, and by extension what we are inclined to expect, notice or perceive. Gadamer (1975/1989) argues that when faced with an alternative perspective we are not, in the first instance, able to understand it.

¹ For example, according to Levinas (1951/1989), before we understand or are conscious of ourselves we are 'in relation', and therefore ethics comes before ontology. Following Heidegger (1953/1962), before consciousness of the other comes understanding of being-in-the-world, giving ontology primacy.

It requires a certain openness to be able to consider or experience the “other’s claim to truth” (p. 299) and to work out what we will accept and how we can incorporate the new understandings into our own way of being. The responses provoked in us, and which we provoke in others, mean that we are continually engaged in shaping and influencing the world even as it shapes and influences us.

Generally this state of affairs occurs outside of our conscious consideration: our relationship with the world is such that we take it completely for granted and fail to really notice it except, perhaps, when part of that world fails to function as expected (Heidegger, 1953/1962). We are generally more involved with getting on with our lives, and in that process every act of recall, representation, judgment, presumption, hope, expectation, and so on, is directed at something.

We navigate this world, then, according to what we understand of it at the time, whether these understandings are conscious or not. It is only under special circumstances that our understandings, or our search for understanding, become a scholarly task (Gadamer, 1975/1989). Our beliefs and understandings – even if unconscious – can however be divined from careful examination of the way in which we interact with the things which they pertain to (Heidegger, 1953/1962) and the viewpoints we encounter (Gadamer, 1975/1989), and in our recognition of and response to the humanity of the ‘other’ (Levinas, 1969). So examining the practical wisdom used in our everyday lives offers a way to uncover our understandings about our situation and the meanings we ascribe to our being-in-the-world.

The role language plays in the creation and revelation of understanding is examined by all three of these philosophers (eg. Heidegger, 1959/1971; Gadamer, 1975/1989, 1976; Levinas, 1978/1991; Heidegger, 2005). Although they differ in focus and sometimes in standpoint, there is a common recognition of the pervading influence of language in the ways in which we come to understand the world, and also in the ability of some kinds of language, expressive language such as poetry, for example, to reveal to us more than the surface meaning of the words (Heidegger, 1959/1971) and to help us become conscious of the less tangible aspects of our being in the world (Levinas, 1935/2003). For Gadamer (1975/1989) the process of developing understanding is always dialogical and all understanding is linguistically mediated. Merleau-Ponty (1958/2006) explicitly rejects this view. He argues that our process of

coming to understand is bodily and experiential and does not require that all meaning be understood linguistically (Wrathall, 2005). This point is returned to in the next section, 'Embodied selves'.

The epistemological consequence of our being enmeshed in the world is that our hermeneutic process, whether linguistic or not, is circular. It involves a recurring movement between the detail and the whole, between particular features which can only be understood with reference to the complete landscape and the landscape which has meaning only by virtue of its particular features. This circularity refers not only to the object of our understanding but also to the processes involved in coming to understanding: "*understanding develops through a circling back and forth between presumption and surprise*" (Moran, 2002, p. 18), between the explicit and implicit. This process is elegantly illustrated by Gadamer (1975/1989) with reference to learning an ancient language:

"The anticipation of meaning in which the whole is envisaged becomes actual understanding when the parts that are determined by the whole themselves also determine this whole. We know this from learning ancient languages. We learn that we must "construe" a sentence before we attempt to understand the linguistic meaning of the individual parts of the sentence. But the process of construal is itself already governed by an expectation of meaning that follows from the context of what has gone before. It is of course necessary for this expectation to be adjusted if the text calls for it. This means, then, that the expectation changes and that the text unifies its meaning around another expectation. Thus the movement of understanding is constantly from the whole to the part and back to the whole. *Our task is to expand the unity of the understood meaning centrifugally.* The harmony of all the details with the whole is the criterion of correct understanding. The failure to achieve this harmony means that understanding has failed." (p. 291, my emphasis)

Gadamer (1975/1989) goes on to say that this process involves a continual testing of our prejudices (p. 305) and is certainly not without tension. Part of the hermeneutic task is remaining open, throughout, to a shifting of meaning, and making explicit the tensions that are part of this process. Coming to know, or developing understanding, is only partly about following a particular method and just as importantly involves 'dialogical, practical and situated activity' (Malpas, 2016, § 2.2, ¶ 3). As Vagle (2014) emphasizes, knowledge is neither complete nor context free, it is always "*partial, situated, endlessly deferred, and circulating through relations*" (p. 111-112).

To understand the worlds of practitioners within this research I needed to enter those worlds and provoke and support experience within them and dialogue about them. I wanted to create circumstances within my research in which practitioners could be involved in researching their practice from the inside out and wherein I could legitimately investigate my own understandings as researcher. In order to use our prejudices and pre-understandings to investigate practice we needed to find ways of uncovering and explicating them, and questioning them in turn. Heidegger (1953/1962, 2002, 2005) and Gadamer's (1975/1989) ideas suggested to me that it was worthwhile, as researcher, to pay attention to ordinary, everyday practices in the world, and particularly to the practical wisdom employed in coping with concrete professional situations. Heidegger, and more specifically Gadamer, also prompted me to pay attention to language, including everyday speech. I was aware that events and speech as they occurred in practical situations would reveal understandings, beliefs and ideas about aspects of our being-in-the-world which we took for granted as we got on with our lives and our work. Merleau-Ponty's (1958/2006) philosophy, on the other hand, reminded me that we experience and respond to more than we can, or perhaps need to, express linguistically, and that meaning making begins in the pre-reflective experience. Levinas (1951/1989, 1969) reminded me that our encounters with each other, even the ordinary every day encounters, transcend our comprehension. There is more happening within the potential of the encounter than that which can easily be grasped or understood: attention must be given then to taking hold of aspects of the ineffable. Furthermore, the encounter with the other demands from me a responsibility to view the other not as object, but, in his or her being, as more than can be comprehended.

Embodied selves

We engage with the world as embodied beings (eg. Merleau-Ponty, 1958/2006; Gadamer, 1975/1989). In other words, our knowledge of the world is created and acquired in and via the experience of our bodies (in the world). This standpoint emphasizes that we do not merely 'have' a body, we are a body, and it is in this incarnation that we are so deeply enmeshed in our worlds and engage in our hermeneutic processes of understanding (Merleau-Ponty, 1958/2006). As Dewing (2011) explains, within Merleau-Ponty's view "human action and behaviour [...] cannot be understood as a simple mechanistic response to defined stimuli but is

instead best understood as *active* embodied perception, *problem-solving* and *meaning making*" (p. 66, my emphasis). This active perception, problem-solving and meaning making is not always an intellectual activity; 'perception' is in the first instance the pre-reflective experience of being-in-the-world. Placing our embodied perception of being-in-the-world at the forefront of our gaining access to that world and coming to know and understand it Merleau-Ponty (1958/2006) describes four fundamental life-world themes, or 'existentials', that make up the lived experience: corporeality (lived body), relationality (lived human relation), spatiality (lived space) and temporality (lived time).

Although we can use these existentials as heuristic devices to explore and reflect on human experience (Dewing, 2011) it should not be forgotten that we each engage with, act within and come to understand the world in the way that suits us, in a way that has meaning for us as an individual. Merleau-Ponty (1958/2006) emphasizes that the world exists and has existence even without us and our experience of it; other people too give the world and their experience of it significance without us. In other words, both our own actions and the actions of others can be individualized and symbolic and not necessarily related to or relevant for "the generalised needs of the species" (Dewing, 2011, p. 66). Thus, to observe the actions of another is alone insufficient to understand the meaning of, or to ascribe meaning to, the actions. To understand the lived experience of the other we must come to understand the intentions, desires, reasons underlying and imbuing the actions, even when these are pre-reflective.

By taking the position that we are fundamentally and existentially embodied beings I view our bodies and bodily sensations as a resource offering information about the world, our way of being and doing in the world, and the world's response. This assumption required that research into the nature and facilitation of professional artistry take account of the body, valuing it as a legitimate source of knowledge (Merleau-Ponty, 1958/2006; Gendlin, 2003; van der Kolk, 2014; Ellingson, 2017). A suitable methodology was one which acknowledged the information present in and coming from our bodies and bodily experiences, and employed ways to render it visible and tangible, bringing it into the foreground. Furthermore, the methodology must make it possible to scrutinise and critique the wisdom of the body, subjecting it

to the same hermeneutic process as cognitive information, and, where needed, support change in our ways of being.

Age-old insights

The idea of considering the nature of our being and the way in which we come to know about the world and about ourselves in that world are questions which have been asked at least since recorded history. Insights, when new for me, are not of course new in the world. Aspects of the thought of Levinas, Gadamer, Heidegger and Merleau-Ponty for example can be traced back to the thought of Aristotle, Plato and Socrates – either in acceptance and development of particular positions or in the rejection of a standpoint in favour of another. More specifically, the connection between mind, body and spirit, as assumed in this work, has been variously recognised, denied or ignored in western thought. The world views prominent among Indigenous peoples in the parts of the world known, in English, as New Zealand (Whaanga, 2012; Watene, 2016), Australia (Sarra, 2005; Yunkaporta & McGinty, 2009), Hawaii (Meyer, 2003), and North and Central America (Arrien, 1993; Lear, 2006; Puebla, 2015), for example, also share ideas of connectedness and community (Archibald, 2008), being-in-the-world and reciprocity or balance (Gobo, 2011). Such world views often pay explicit attention, for example, to a spiritual connection to the land and nature, and the role of the natural world in helping us to change perspective, develop and reveal insights and locate ourselves and our being in the world (Bishop, 1998; Walker, Eketone & Gibbs, 2006; eg. Benterrak, Muecke & Roe, 2014; ten Hoopen, 2015).

Indigenous peoples' communities, experiences, viewpoints and struggles, internal or external, are not, of course, homogenous (Smith, 2005, 2015), and their belief systems and philosophy are not set in stone (Kovach, 2015). Taken collectively, Indigenous philosophy has been described as "*an ancient, but ever evolving, set of beliefs and practices arising from tribal cultures. [...] Such beliefs include the acknowledgement of process, wholeness, and the collective*" (Kovach, 2015, p. 381). My experience with and understandings of philosophical traditions outside my own remains limited. Those ideas that have inspired me, or lead me to new insights with respect to giving form to this research, are discussed here.

My introduction to philosophy outside the western tradition was *Māori*² philosophy, as I am a *Pākehā*³ woman. As a child I was attracted to the creation stories and sense of community, as a teen, to the importance of ritual, the symbolism of art forms and integration of spirituality into daily life. At school, *Māori* literature (Patricia Grace, Witi Ihimaera, Keri Hulme) was included, somewhat subversively, on our reading lists by a forward thinking, person-centred and critically creative teacher. In these stories I discovered a new perspective and was exposed to experience very different from my own: injustice, institutionalised racism, the transformational potential of connectedness to place, history, language, land and community – and the devastating effects of disconnection. I did not yet see myself as having benefitted from the disconnection and misappropriation: I identified myself with the protagonists in the stories, not with the hegemonic context in which they took place.

As a nursing student in the early 1990's in Auckland, New Zealand, I became properly aware for the first time of the marginalization of *kaupapa Māori*⁴ and of *Māori* people generally within New Zealand (cf. Bishop, 1998, 2005; Walker et al., 2006; Bishop, 2015; Smith, 2015). We were asked to discuss the effects of colonization during class and in written work. We saw how *Māori* experience was rendered invisible and witnessed it first-hand. For example, in an examination supposed to be testing our ability to practise cultural safety, all the questions assumed that the student nurse was white. As well, there was great debate within the nursing school as to whether it was appropriate to teach the class of largely *Pākehā* student nurses to speak the *Māori* language. Although the *Māori* Language Act (1987) recognised *te reo Māori*⁵ as an official language of New Zealand, this recognition was the result of a long and often discouraging political battle against a history of decline in public and private use of *te reo* (Smith, 2015), including active suppression of *te reo* in schools (Ministry for Culture and Heritage, 2017). This struggle to legislate for the survival of the *Māori* language, a struggle of central importance to *Māori* identity, sovereignty and potential for human flourishing – for what is connectedness without language? – was one I had been completely unaware of. Realising this felt enormous to me at the time. The

²*Māori* are the indigenous people of *Aotearoa*/New Zealand. (*Aotearoa* is the *Māori* name for New Zealand, generally translated as, 'The land of the long white cloud'.)

³A *Pākehā* is a New Zealander of European descent.

⁴*Kaupapa Māori* means *Māori* ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of *Māori* society. As well: *Māori* approach, *Māori* topic, *Māori* customary practice, *Māori* institution, *Māori* agenda, *Māori* principles.

⁵*Te reo Māori* is the *Māori* language.

language teachers invited by the school of nursing to teach us *te reo* were faced with a moral dilemma. How could it be just to share this treasure with young *Pākehā* when it was spoken by less than 20% of *Māori* people? How, on the other hand, to encourage acceptance of *te reo* and communicate the philosophy and ideology of *kaupapa Māori* without teaching *te reo* to *Pākehā* New Zealanders?

Here I saw first-hand how the personal becomes political, how some moral issues have no straight-forward answer and how our history and our opportunities are connected. The language teachers stood by their principles and we nursing students were not taught *te reo*. We were asked to be supportive without co-opting resources for ourselves. We were asked to listen to the perspective of another and not assume we knew what needed to be done.

It was a lesson that made a great impression upon me. I learnt that we cannot ignore the effects of history and the ways that history, socio-political and cultural context have shaped our experiences and expectations and the way the world reacts to us. In shaping a different future we must take account of how the past has shaped the present if we are to identify and remove barriers to future growth and work towards transformation of both understandings and circumstances. I learnt, furthermore, that although I may experience resonance with a particular standpoint or feel positively about the value of my own contribution, I need to remain aware of the limitations of my own experience and understanding and put effort into coming to know the standpoint of the other. Finally I learnt that some blind spots, particularly intellectual blind spots, are very resistant to illumination when they get too close to home: while the teachers of *te reo* were struggling to have their viewpoint heard and understood by the established order in the school of nursing, we were being taught about critical theory and particularly the liberation politics of Freire (1970, 1970/1993) and Fals-Borda (1981, 1991b, 1991a).

Within this thesis there is explicit recognition of the holistic and situated nature of knowledge and the influence of place, history and the natural world on our ways of knowing, being and coming to understand self and the world. My albeit limited understandings of *Māori* values and philosophy have contributed to my conceptualisation of my journey of becoming as 'finding my place to stand', a concept

known in *kaupapa Māori* as 'tūrangawaewae'⁶ (Gossage, 2015). Further, I have taken to heart the idea that stories can help educate and heal people (Archibald, 2008) if they are told and created with respect, reverence, responsibility and reciprocity. Working with these values meant preparing myself to learn from others within the inquiry, building trusting and mutual relationships with research participants and not only taking from participants but also giving, for example via mutual story-telling and sharing something of my own thoughts, ideas and insights.

Moral intent

Although Gadamer (1975/1989) explicitly states that philosophy should not concern itself with political issues, and perhaps by extension moral issues, *kaupapa Māori* (Bishop, 2005, 2015; Smith, 2015) and other First Nations perspectives (eg. Archibald, 2008; Denzin, Lincoln & Smith, 2008) place axiological positioning and ideas of 'what is good' and 'goodness' at the centre of philosophy. Some western philosophers, such as Levinas (Levinas, 1951/1989, 1978/1991) do the same: for Levinas our ethical stance lies at the centre of our being in the world. He says that the gaze or face of the other (always already) provokes in us an ethical responsibility towards the other. It calls on us to recognise their humanity, their being and becoming, even as we recognize that we do not and cannot know them in their entirety.

Ontologically and epistemologically speaking, multiple perspectives or 'truths' are possible. In reality certain perspectives are privileged over others within our social groups (eg. Freire, 1970/1993; Fals-Borda, 1981; Carr & Kemmis, 1986; Fay, 1987; Fals-Borda & Rahman, 1991), as has also been touched on in the section above, 'Age-old insights'. This means that morally responsible interaction with each other must recognise one another's humanity and potential for becoming and pay attention to inequalities and differences in lived experience (Reason & Rowan, 1981; eg. Heron, 1986; Reason & Bradbury, 2001). Morally equitable research into social phenomena must be explicitly concerned with removing barriers to participation for less powerful groups, and with enabling individuals and groups to take action to transform their contexts, and their ways of being, knowing, doing and becoming in the world. This intent to take or enable transformative action is one of the defining attributes of

⁶ One's traditional place to stand, place where one has the right to stand, connected through kinship, spirit and genealogy, also used to denote a metaphysical place to stand.

research undertaken within a critical worldview (Fay, 1987; Kemmis & McTaggart, 1988; McCormack, 2009; Kemmis, McTaggart & Nixon, 2014; Titchen, Cardiff & Biong, 2017).

The moral intent within this research was rooted in the commitment to recognise the humanity and potential of the people who participated, in whatever capacity, and to put effort into the active creation of spaces in which potential could be realised, in which room was given to the ineffable qualities of each of us, so that we could be seen and recognised as persons, and in which not everything would be reduced to that which can be comprehended (cf. Levinas, 1935/2003). The moral intent was thus also directed at holding a certain openness to potentialities.

Sing up, question, critique, create

Underpinning this research is a belief that we are creative beings, that our creative impulses are essential to our humanity (cf. Dewey, 1910/1991, 1934; Freire, 1970/1993; Bohm, 1996) and that the combination of the creative with other aspects of our being brings the potential for powerful insights, personal and interpersonal communication. Human creativity takes many forms. Coping in the world, for example. Imagining or envisioning other possibilities than those which exist right now and then taking action towards realizing the imagined possibilities. McCormack and Titchen (2006) and Titchen and McCormack (2010) point out that the creative effort involved in achieving transformation of understanding, practices or circumstances is often underestimated, even in research or practice development work within the critical paradigm, where transformation is aimed for. Being aware of the creative effort involved and using strategies to support creative processes helps realize these goals. Specifically incorporating creative expression and artistic methods within research supports, for example, the articulation of embodied knowing, exploration of pre-conscious understandings and placing these in (different) contexts, for example of our own worldview or of the worldview of another (McCormack & Titchen, 2006). It helps with both creating distance from and digging deeper into experiences and imagined possibilities. Within this research room was made for using various forms of creative expression, such as painting, drawing, making collage and the creative use of language, for example using metaphor and poetry.

Our capacity for creativity enables us to imagine things that hold us back just as easily and well as those things that move us forward. We can imagine disaster and failure just as easily as hope, safety and joy. There is powerful potential, however, in 'singing up' the beautiful, the effective and the hope-giving. The 'appreciative inquiry' approach to research (Cooperrider & Srivastva, 1987; Ludema, Cooperrider & Barrett, 2001), for example, emphasizes the generative capacity of people and research processes. This methodology stems from the assumption that studying what goes well in practice will contribute to increasing the generative capacity within practice situations. Within this work I regarded it as valuable and legitimate to specifically seek out and pay attention to those things that are praiseworthy and imitable in nursing practice, with the intention of understanding better how they come into being and how such practice can be supported.

'Sing up, question, create and critique' are grouped together here to emphasise that although a capacity for creativity is an essential part of being human, our hearts and minds still need to take charge and direct that creativity towards things that will help us forward and, as well, create conditions in which we can helpfully ask critical questions, test developing conclusions and critique positions.

Becoming transformed

The idea of transformation and becoming transformed brings all the elements of the poem (p. 1) together. Human flourishing, and the moral intent to create situations in which persons are enabled to move towards human flourishing, are mentioned above. Such creative processes are ongoing and perpetual so that we are always becoming who we are (Foucault, 1984, 1986, 1997; Dohmen, 2011; van Tongeren, 2013). We are a work in progress, as it were. Nietzsche (eg. 1974; 1986) stresses that we have, ideally, an active role in this process. We are both the creator, of ourselves, and the created: that self which we create in interaction with the world. He challenges us to make 'becoming who we are' our life's work. Dohmen (2011) emphasizes that the process of becoming is never complete, we are never 'arrived'. This does not diminish where we are now but does influence what we look for and notice, and what we are capable of 'absorbing' and understanding at this moment in time. As discussed earlier in the chapter, we build the world and the world builds us, and we influence the world as it influences us. One of the goals of this research was to work in ways that would

enable participants to become aware of their creative power within this process, to expand the meanings that were present, available and possible for participants.

In the introductory chapter I posited that professional artistry is present in those moments of practice in which what a nurse knows and does comes together with who he or she is in such a way as to produce exemplary practice. In order to study them one needs to understand the nature of such moments and the ways in which we can come to know more about them. The principles described above tell me that these moments are embedded and embodied and that they are also experienced like this to those involved.

'Embedded' means that the thing in question, the phenomenon, the beautiful practice moment, is an integral part of the surrounding whole: the practice context but also the rest of the practice of the practitioner. The beautiful moment does not occur in isolation but in integrated connection, even if the moment itself is afterwards not recorded and perhaps seldom spoken of (Frost, 2008). 'Embodied' means that the phenomenon is expressed in the bodily action; it is present in the doing and in the being of the practitioner and it is experienced bodily, as well as cognitively and emotionally, by the people involved in the interaction. The knowledge involved is therefore largely tacit: the kind of knowledge that we develop, hidden from cognitive awareness, in our everyday ontological processes of coping, and finding meaning and significance in our worlds.

Because the phenomenon is embedded and embodied, because the knowledge is largely tacit, those involved are likely to need creative help to tell their stories, to recognize the beautiful moments and to articulate, examine and critique them. In doing so, those involved – including myself as researcher – may be brought to the brink of transformation. So although this research was focused on deepening my understanding and the understanding of the participants of the professional artistry in nursing practice, I assumed that I would not be successful without creating the conditions in which such transformations of understandings, and thus practices, could occur. It was further assumed that working towards understanding of self, others, and our systems is worthwhile, even if that understanding remains incomplete, even if this process is never ending and our ideals are unattainable. Finally, it was assumed that, such processes are themselves transformative and intrinsically

worthwhile: consciously creating the conditions within which the assumptions of this research could be given form can itself be regarded as a transformative process (Higgs & Horsfall, 2007; Cherry, 2010; Higgs & Titchen, 2011).

Critical creativity

The philosophical ideas set out above draw on assumptions within both the interpretive, or practical, worldview and the critical. That is, I was interested in 'coming to understand' (phenomenology and hermeneutic tradition), in collaboration with others, and working towards transformation of those understandings (critical social science), again in collaboration. Furthermore, I assumed that these processes would need to draw on both modern philosophical ideas and ancient wisdom, both critical and creative ways of knowing and critiquing, and that working ethically was not so much about *protecting* participants but working in respectful, reciprocal and responsible ways to facilitate those involved in determining the goals, manner and extent of their own involvement. There is a good fit, therefore, between the goals and philosophical foundations of this research and the paradigmatic synthesis known as critical creativity (McCormack & Titchen, 2006, 2014; Titchen & McCormack, 2008, 2010).

Critical creativity is a paradigmatic synthesis in which the assumptions of the critical paradigm are blended and balanced with, and attuned to, creative and ancient traditions, for the purpose of human flourishing. Human flourishing focuses on maximising individuals' achievement of their potential for growth and development as they change the circumstances and relations of their lives. People are helped to flourish (i.e. grow, develop, thrive) during the change experience in addition to an intended outcome of well-being for the beneficiaries of the work. Flourishing is supported through contemporary facilitation strategies, connecting with beauty and nature and blending with ancient, indigenous and spiritual traditions (cf. Senge, Scharmer, Jaworski & Flowers, 2005) and active learning (Dewing, 2008). (Titchen & McCormack, 2010, p. 532, references in original)

Critical creativity pays explicit attention to the creative work that is necessary before transformations of understanding or practices can occur. Its genesis and ongoing development are rooted and nourished within collaborative research and emancipatory practice development work and it foregrounds human flourishing as a goal of research and facilitation activities within the sphere of human interest. Titchen

and McCormack (2010) place human flourishing at the heart of the framework, in fact, and describe three inter-related conditions that need to be met if people are to 'fulfil their own potential for flourishing' (p. 542). The conditions are 'Stillness in a landscape', 'Becoming the landscape' and 'Nurturing, flowing, connecting' (Titchen et al., 2011, p. 9).

Stillness in the landscape refers to preparing, holding and being in the research (or practice development) space, being aware of and moving with the various rhythms within it and enabling others to enter into and be in this space as well. In *becoming the landscape* (in Titchen and McCormack (2010, p. 542) referred to as, 'Becoming the rock') the researcher embodies the 'landscape', or principles, of critical creativity and is able to internalise and enact those and the other theories and principles which guide him or her. *Nurturing, flowing and connecting* refer to the principles, assumptions and understandings of the researcher becoming a way of being and, furthermore, being articulated as such. The researcher sees the connections and exchange of insights between transformations of understanding and meaning, within the hermeneutic tradition, and transformations of practices, behaviour and circumstances, within the critical emancipatory tradition. The researcher is thus engaged in a critical creative praxis and able to make this process accessible to others.

The intent of this research was to investigate professional artistry collaboratively with nurses. Critical creativity opened up possibilities for studying something as hard to grasp as professional artistry and offered principles for action that would guide my ways of working with practitioners who joined the inquiry. For example, it offered room to engage both cognitive and creative realms, to value what is while valuing and working towards what could be. It acknowledges the unique view and contribution of the individual while harnessing the power of the collective. There is attention paid to both cognitive and artistic critique and judgement, giving opportunities for more holistic and robust testing of assumptions and developing conclusions. As well, it emphasizes the creative effort involved in transformation of perspective even, but certainly transformation of practices. In this way it offered a suitable framework in which to position this work. Furthermore, the choice for critical creativity prompted me to pay more attention to human flourishing for those involved in the research.

When I set out on this research journey I was, to a limited extent, able to describe the landscape of critical creativity and I had experienced the stillness, often when the space was held by someone else, for example my supervisors. The challenge I faced was to transform my surface descriptions and beginning understandings into embodied knowing. This meant describing and working from principles and strategies in a period before these insights had become 'part of me'; before I had become part of the landscape and was able to nurture others in flowing and connecting within this paradigm.

Titchen and McCormack (2010) (also McCormack & Titchen, 2006; Titchen & McCormack, 2008; Titchen & Ajjawi, 2010; Titchen et al., 2011; McCormack & Titchen, 2014) provide, beside the three conditions for human flourishing, eight metaphorical principles for *creating* the conditions of human flourishing. These principles, reproduced in Table 3.1, can also be seen as facilitation principles (McCormack & Titchen, 2006; Titchen & McCormack, 2010). They worked as guidelines and gave me 'something to hang on to' when developing both the methodological principles for the research design and the methods which followed.

Table 3.1 Principles for creating the conditions for human flourishing (Titchen & McCormack, 2010, p. 54 - emphasis in the original)

Metaphor	
<i>Spiralling through turbulence</i>	Authentic facilitation that is consistent with the shared values and beliefs of co-participants and that results in human flourishing.
<i>Circles of connection</i>	Co-construction of a shared reality and spiralling awareness and understanding that has no beginning and no end.
<i>Creative effectiveness</i>	Through blending, improvisation, synchronicity, attunement and balance.
<i>Movement in the stillness</i>	The stillness of reflection , contemplation and emptying the mind creates a movement that enables future meaningful, ethical action and understanding to occur.
<i>Embodied knowing</i>	Connection with the development/research environment through an internalisation of its culture(s) or the culture is enacted and seen through a person's body/being in the world.
<i>Energising forces</i>	Transformation occurs through moments of 'crisis' that trigger a need for change. Creative expression at moments of crisis generates energy from a new ability to express feelings, experiences, spirituality, ethical concerns, embodied and tacit ways of knowing.
<i>Openness to all ways of being</i>	Practice developers and leaders need to be open to and appreciative of different world views.
<i>Flowing with turbulence</i>	Working with turbulence requires the use of emotional and spiritual intelligences.

From philosophical assumptions to four methodological principles

In the previous section I argued that the assumptions of critical creativity provided a framework suited to studying professional artistry and offered principles for action for working collaboratively with the practitioners who joined the inquiry. In this section I focus the discussion and give an overview of the four methodological principles which bound and support the design developed for this research. The design itself, critical creative collaborative inquiry (CCCI), is presented in the next chapter, along with the research methods. Here, in the latter section of chapter three, the four methodological principles are introduced and explained one by one. Their theoretical underpinnings, relationships with my philosophical assumptions and the critical creativity investigative

framework are elaborated, and the particular practical challenges they each presented for the study methods are described.

The four methodological principles underlying CCCI are these: collaborative, iterative investigation of a phenomenon; explicit valuing and use of diverse forms of knowledge and ways of knowing; creating conditions for human flourishing both within the inquiry groups and for those on the periphery of the study; valuing and using both critical and creative processes and ways of being.

Collaborative, iterative investigation

The choice for collaborative, iterative investigation matches both the topic of investigation and my values of conducting research which benefits those involved. A methodological setting off point was therefore Heron's (1996; Heron & Reason, 2001) co-operative inquiry: people forming groups with the intent to inquire together into a phenomenon or area of their practice or life which puzzles them and/or about which they would like to know more, to understand more deeply and thoroughly. Within this research the phenomenon was professional artistry and its facilitation as it occurred within professional nursing practice and within my facilitation practice. Within collaborative inquiry generally, and also within this research, there is an emphasis on working cyclically and hermeneutically; alternating periods of critical dialogue and group reflection with periods of individual action and reflection as professional and researcher (Heron, 1996, 1999). It is assumed that the group will generate more knowledge, and knowledge of a different kind, than individuals would on their own (Heron & Reason, 2008; Rumbold, Allen, Alexander & van Laar, 2008) and that this knowledge, although highly contextualized, is useful outside the context of the co-operative inquiry (for example Jenkins, 2007; Yorks et al., 2008; Ness & Strong, 2013; Traeger & Norgate, 2015; Kong, 2016; Napan et al., 2018).

Both the cyclical working and the group processes involved require active, skilled and sensitive facilitation (Heron, 1996; Heron & Reason, 2001; Titchen & Manley, 2007; Mackewn, 2008). Two of the eight facilitation principles described within critical creativity (Titchen & McCormack, 2010) are of particular relevance here: 'spiralling through turbulence' (p. 539) and 'flowing with turbulence' (p. 542). Periods of uncertainty, emotional, spiritual and creative challenges and perhaps even crisis within a group can be expected in the course of working together, particularly when

considering questions of meaning and meaning making, and pushing at the boundaries of what the group and individuals within it know. The rich potential to grow, make progress and generate knowledge during such processes requires authentic facilitation in which attention is paid to the values, beliefs and feelings of group members and to the questions of meaning which arise (Titchen & McCormack, 2010). In an ideal CCCI all inquiry members are able to set the agenda, and nurture and challenge self, each other and the group while inquiring into the study question. In practice this role may rest partly or wholly, particularly in the beginning, with a facilitator, the initiating researcher for example.

Practical considerations arising from the methodological principle of collaborative, iterative investigation, include the challenge of finding other people interested in and in a position to investigate the phenomenon in question, realising investigative collaboration when the motivations of each participant and starting points with respect to research and clinical experience are different, keeping the momentum of the inquiry going over a long period of time alongside busy personal and professional lives and learning to identify and be explicit about the particular knowledge that is generated and the contexts in which it could be useful. Specific challenges for a novice facilitator include gaining experience and confidence in employing the vast array of facilitation strategies described in the literature (for example Heron, 1996, 1999; Titchen & Manley, 2007; Mackewn, 2008; Titchen, 2018) for moving towards mutual, collaborative investigation.

Diverse forms of knowledge and ways of knowing

The philosophical basis for this principle, an inclusive epistemology, was laid earlier in this chapter. As Seeley and Reason (2008) argue, there are ‘many ways of knowing’ (p. 27) about the world and what we do in it, how we are and how we make meaning in it. Within co-operative inquiry this is referred to as an ‘extended epistemology’ (Heron, 1996, 1999; Heron & Reason, 2008) and four specific kinds of knowledge are considered to work both cyclically and in an ‘up-hierarchy’ together:

Experiential knowing – imaging and feeling the presence of some energy, entity, person, place, process or thing – is the ground of presentational knowing. Presentational knowing – an intuitive grasp of the significance of patterns as expressed in graphic, plastic, moving, musical and verbal art-forms – is the ground of propositional knowing. And propositional knowing – expressed in statements that something is the case – is the ground of practical knowing – knowing how to exercise a skill (Heron, 1999, p. 122).

There is, however, by no means agreement in the literature as to the delineation of different types of knowledge or ways of knowing. Neither is their agreement about the ways in which different kinds of knowledge work together to enable us to 'act'. Titchen and Ersser (2001) identify, for example, ten different terms used by healthcare researchers and theorists to describe the nature of knowledge related to professional action, including aesthetic knowing, ethical or moral knowing, embodied knowing and intuitive knowing. They point out that the various terms are neither well differentiated nor mutually exclusive. Some of the concepts, such as Carper's (1978) aesthetic knowing, have been widely yet fairly uncritically accepted in the nursing literature (eg. Fawcett, Watson, Neuman, Walker & Fitzpatrick, 2013) despite a lack of information about the derivation of the concept or the empirical basis on which it rests (Titchen & Ersser, 2001). Other patterns of knowing identified as relevant for nursing are for example 'unknowing' (Munhall, 1993), socio-political knowing (White, 1995) and emancipatory knowing (Chinn & Kramer, 2008). In short, widespread acceptance, within the nursing and healthcare literature, of the existence of and importance for nursing of different types of knowledge and different ways of knowing, has yet to lead to consensus over a taxonomy of knowledge (eg. Chiavaroli, 2017; Ferguson, 2018; Haase, Thomas, Gifford & Holtslander, 2018). Higgs, Jones and Titchen (2008) do recommend, however, that evidence from all three paradigms (empirico-analytical, interpretive and critical) be used when considering evidence, and developing evidence, for practice. Within this research the relevant methodological principle is this: different kinds of knowledge and ways of knowing are valued and seen as legitimate contributors to understanding. Attention is paid to explicating and using those forms of knowledge that help to broaden and deepen understandings, and to exploration of congruence or dissonance among different ways of knowing.

'Embodied knowing' and 'Openness to all ways of being' (Titchen & McCormack, 2010, pp. 540-541) are of particular relevance here. The first of these metaphorical principles for human flourishing has to do with our being aware of our internalisation of principles and culture, learning to listen to and act upon the wisdom of our bodies and to blend this knowing with other types of knowing. The second speaks to the importance of uncovering, experiencing and appreciating the assumptions and tenets of our own worldviews, learning to deconstruct these and understand them and in doing so being and becoming more open to the world views of others. The practice of

nursing is very much an embodied practice (Lawler, 1991; Benner, 2000a; Thomas, 2005). Researching it and ourselves as practitioners required us to work consciously with our bodies, for example, to notice and value our own bodily responses and to pay attention to the more invisible parts of practice. These two metaphorical principles within critical creativity asked us as inquirers to create room to 'notice what we were noticing', to ask questions of our bodies and of each other about what we were sensing, doing and responding to. 'Openness to all ways of being' gave us permission to begin where we were, wherever that was, including being novice facilitators, novice researchers and novice co-inquirers. Further, these metaphorical principles invited us to pay attention to the ways in which our ways of being and doing changed throughout the inquiry.

Practical challenges arising from the methodological principle of an inclusive epistemology include the development, within an inquiry group, of a common epistemological language that is both useful within the group and understandable to those outside the group. Effective methods of surfacing, capturing and using various ways of knowing are needed, remaining open to alternative perspectives and alert to situations in which particular kinds of knowledge or ways of knowing are privileged over others.

Creating conditions for human flourishing

This principle assumes that research activities should be nourishing and affirming for all involved. It is on the one hand a moral priority, as argued earlier in this chapter. At the same time, creating conditions for human flourishing creates, simultaneously, the conditions and space required for effective research practice: reflection and reflexivity, coming to know self, the other, and practice, coming to understand and moving towards transformations of perspective and perhaps practices.

Titchen and McCormack (2010) and Titchen et al. (2011) consider the ways in which such conditions can be created. They emphasize the importance of creating spaces of stillness, for example within busy healthcare settings, as an 'essential starting point for energy flow' (Titchen & McCormack, 2010, p. 543). Stillness is necessary for engagement with self and others, but also for recovering equilibrium and maintaining engagement after working together intensely. Further, human flourishing is enabled by the condition of 'embodying the landscape' of one's guiding theories, in this case

critical creativity, by living its values and assumptions (Titchen et al., 2011, p. 12). This has to do with paying attention, collectively, to the ways in which the values and assumptions are translated into action in 'real life'. The theory becomes internalised as the co-creation of methods, over time, results in shared understandings and an easier and more supple movement between different kinds of physical, metaphorical and metaphysical spaces (Titchen & McCormack, 2010). The facilitator enables these processes by helping others to become aware of the embodiment and by noting the transition from 'doing' research to 'being' researchers (Titchen, 2018).

Enacting this principle entails the facilitator, in the first instance, and later the group collectively, being able to create and hold a safe space during group meetings, facilitating the sharing of values and assumptions, supporting collaborative decision making and research planning, and being aware of and able to articulate these processes to make them visible.

This principle is congruent with the aims and assumptions of co-operative inquiry, where human flourishing is also seen as the ultimate aim (Heron & Reason, 1997, 2001). Strict application of Heron's (1981, 1986, 1996, 2001) democratic principles, however, mean that anyone involved in data generation during research should be involved in interpretation and use of that data (Heron, 1996; Heron & Reason, 2001). In this study, the stories, voices, experiences and meaning making of the people at the 'edge' of the inquiry in terms of research activity, for example students and colleagues of the nurses in the inquiry groups, and patients, residents and their family members, were essential to coming to understand the nature of professional artistry in nursing and the ways in which it could be facilitated. A particular challenge associated with this methodological principle, therefore, was enabling the involvement of such stakeholders in ways that promote flourishing. Within this study, rather than protecting the people at the periphery of the study from involvement and thereby excluding their voices and points of view, attention was paid to creating conditions for mutual learning, growth and human flourishing for all involved in the study (cf. Bishop, 2005; Smith, 2005; Archibald, 2008; Bishop, 2015; Smith, 2015), not just the members of the inquiry groups.

Critical and creative ways of doing and being

Valuing and creating room for critical and creative processes and for critical and creative ways of being match the philosophical assumptions of this study. They are also methodological principles within both co-operative inquiry (Heron, 1996; Heron & Lahood, 2008) and critical creativity as methodology (McCormack & Titchen, 2006; Titchen & McCormack, 2008, 2010). The assumption, and key point, is that understandings are deeper and more complete, and procedures more rigorous, when there is room for both artistic and cognitive processes, understandings and critique within the inquiry process. Cardiff (2014) in his PhD research into person-centred leadership shows how 'the use of creativity can help surface embodied and preconscious forms of knowledge, expanding the scope and depth of critical dialogue with others' (p. 17). Use of creative expression and artistic and cognitive critique enables identification and examination of false consciousness (van Lieshout, 2013), the deconstruction and reconstruction of moments of crisis (Boomer & Frost, 2011; van Lieshout, 2013) and deep exploration of self (Kinsella, 2017), facilitating the emergence of new possibilities for action and overcoming barriers to new ways of being and doing (Mekki, 2015; Kinsella, 2018; Williams, 2019). Of particular interest within CCCI is the potential of creative expression and reflexivity to facilitate collaboration among inquiry members with respect to the co-production and collaborative critique of knowledge and the co-creation of shared understandings (Heron & Reason, 2001; Boomer & McCormack, 2007; van Lieshout & Cardiff, 2011; Mekki, 2015).

These processes are captured by the several of the metaphorical principles for human flourishing described by Titchen and McCormack (2010). The principle of 'Creative effectiveness' (p. 540) represents the explicit blending of the critical with the creative, enabling improvisation, enjoyment of creative expression, sometimes rapid shifts of perspective and opening up of possibilities. Within CCCI this principle primed us to pay attention to moments of flow and effectiveness and to look for such moments in our practice and our inquiry work together. As well, we used artistic approaches to symbolise, re-present and explore our experiences, insights and understandings, combining these with critical questioning to test our assumptions and ideas. The metaphorical principle of 'Movement in the stillness' sounds like a paradox, but it is the essence of creativity (Titchen & McCormack, 2010, pp. 540-541). It is about letting go of the old so that the new can come, creating the stillness of reflection and

contemplation and thereby room for movement. Within CCCI this principle came into play when we created time and space within which we could stop, slow down, focus and be still, pay attention to what was happening and be open to what could happen. Additionally it meant learning to accept and tolerate the unknown and feelings of uncertainty while working through a process, noting and accepting old or ingrained ways of doing and being, paying attention to letting them go and opening ourselves up to new ideas or possibilities and trusting that we would get to an outcome even if the outcome was at that point unknown.

Acknowledging times of crisis or turbulence within the CCCI, learning to channel the energy as facilitator and group members so that it could be transformed into a creative and positive impulse are examples of the metaphorical principle called 'Energising forces' (Titchen & McCormack, 2010, p. 540 & 541). Creative expression was particularly useful in such circumstances, helping us to express, release and make visible the struggles, concerns and crises we faced, whether these were of understanding or within practice. Working creatively helped with acceptance of both the experience and our responses to it, regenerated energy levels and revealed new possibilities for action. Using artistic approaches, natural materials and, for example, metaphorical language, was helpful in explicating supposed, suspected and sensed connections across time and place, across ways of knowing, experiences and fields of practice. Paying attention to such connections and using creativity and the natural world to become aware of, mark and articulate them is the essence of the facilitation principle 'Circles of connection' (p. 539-540). Working together in such ways enabled co-construction of a shared reality.

Practical challenges arising from the methodological principle of engaging critical and creative ways of doing and being include: developing structures to embed creativity and cognitive and artistic critique within the process of the inquiry; overcoming conscious and subconscious barriers to the use of creativity within work settings and as research activities; developing ways to record critical creative activities and explorations systematically; and learning how to notice and articulate ways of *being*, as well as ways of *doing*.

Concluding remarks

This chapter opened with an exploration of the philosophical assumptions which form the foundation of this research, and indeed of my way of seeing and being in the world. Critical creativity as a worldview and methodological framework for research was introduced. Finally, the four methodological principles of this research were described and discussed in relation to methodological theory, the critical creativity investigative framework and specifically its eight metaphorical principles for human flourishing. I have shown how the metaphorical principles, also referred to by Titchen and McCormack (2010) as facilitation principles, were translated into principles for action within the CCCI. The description of each of the four methodological principles closed with an account of the practical challenges which needed addressing via the methods of this research. The next chapter describes the CCCI design in detail, including the methods used to address the methodological and practical challenges.

Chapter 4 : Critical creative collaborative inquiry: design and methods

In the previous chapter I argued that the assumptions of critical creativity provided a framework suited to studying professional artistry and offered principles for action for working collaboratively with the practitioners who joined the inquiry. I introduced the specific methodological principles bounding and shaping this study. In this chapter the focus moves to design and methods. The research design, critical creative collaborative inquiry (CCCI), is introduced and located in relation to the collaborative inquiry literature. After explaining the procedures for identifying potential participants and setting up the inquiry groups, ethical issues are discussed. The specific steps in the CCCI process, presented as a CCCI lemniscate cycle, are explained. Research methods for capturing experience, generating data and co-creation of meaning are described.

In this research nurses and nurse practitioners (NPs) who were interested in developing the particularly effective aspects of their practice worked with me in one of two collaborative inquiry groups. The nurses in each group worked individually and collectively with the other members of their group to generate and interpret data about professional artistry within their nursing practice. I was the initiating researcher and a member of both groups. Data were also generated and interpreted about my practice and my developing professional artistry as a facilitator of the inquiry groups. The processes of meaning making and generating new knowledge were begun collaboratively, in the inquiry groups. Making sense of the data set as a whole across both the inquiries, including the information generated about my practice as a facilitator, was my responsibility and work, during the inquiries and after the collaborative processes had come to a close.

From principles to design and methods: a work in progress

The CCCI design and aspects of the methods were emergent: they came into being during the life time of the research and partly as a result of the collaboration with the nurses and the NPs who participated with me in the inquiry groups. Over time, as we worked together, the term 'Critical Creative Collaborative Inquiry' became an accurate

description of the groups and of our ways of working together. Such a process is congruent with the philosophy and assumptions of critical creativity, and with the four methodological principles introduced and examined in chapter three. The design described here, therefore, was a work in progress throughout much of the study and it did not look exactly the same in both the inquiry groups. In this chapter the CCCI design and methods are presented in their polished and ideal form; the form best suited to inquiring into the nature of professional artistry and its facilitation. This is how we intended and tended to work and investigate together in the latter stages of the inquiry. In the next chapter (Chapter 5) I will describe among other things how the two inquiry groups started out and how they differed from each other, both of which give insight into how aspects of the inquiry process looked while the CCCI methodology was still 'coming into being'. Here I begin by presenting an overview of the CCCI design using both illustrations (Figure 4.1 and Figure 4.2) and textual description. Relevant literature is then presented before the detailed description of the specific elements of the design.

Critical creative collaborative inquiry: overview of the design

A CCCI requires the forming of an inquiry group made up of people interested in working together, over an extended period, to critically, creatively and collaboratively investigate a phenomenon of interest in their professional or personal lives. Figure 4.1 provides a visual metaphor for how the CCCI methodology looked in practice.



Figure 4.1 Critical creative collaborative inquiry

The central orange disk in Figure 4.1 represents the phenomenon of interest, in this case professional artistry. The purple-ish spots represent the participants in the CCCI group, including myself as initiating researcher. The red circle is the boundary of the group, symbolizing the formation of a space, sometimes physical but in any case metaphorical, in which we worked together in agreed ways, in meetings away from our everyday work, to come to deeper understandings of professional artistry and how it was facilitated. Data were generated, collected and interpreted using several methods during the meetings, elaborated later in this chapter.

The space outside the red circle represents our practice worlds. We, the CCCI participants, are there, in the blue swirling, influencing and being influenced. As well, the professional artistry is there, represented by the many smaller orange dots. The questions we asked and the agreements we made within the red circle were directed at helping us recognize, grasp, hold, unravel and re-weave those moments of professional artistry happening in our everyday practice worlds, as well as generating data to bring back to the group meetings.

A second visual metaphor, representing the CCCI as a process, is provided in Figure 4.2. Here, the brown spiral represents the complete inquiry journey made by a CCCI

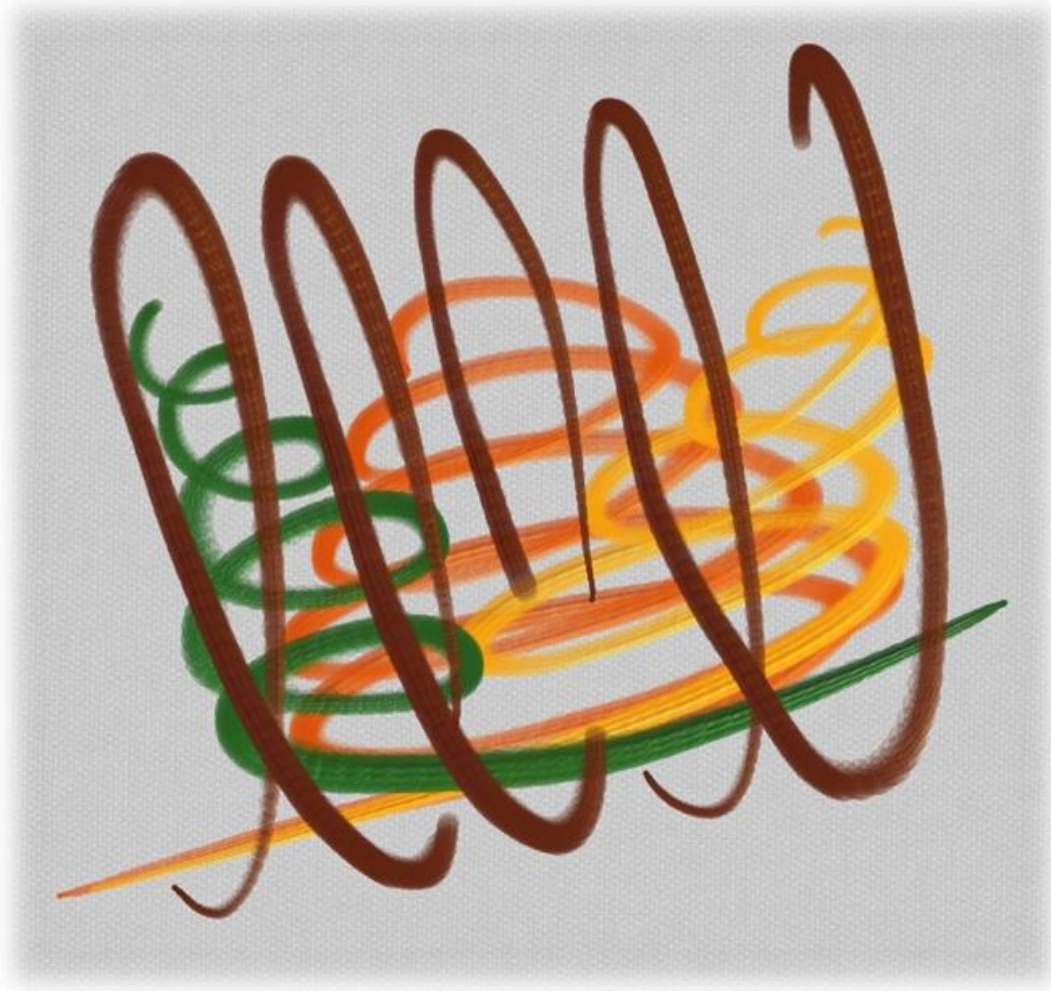


Figure 4.2 Critical creative collaborative inquiry as a process

group in the lifetime of that particular group. The green, orange and yellow spirals show how repeated cycling occurred within the larger inquiry cycle: inquiry questions were generated within the group meetings and then investigated in the individual practice worlds of the individual group members, resulting in data that were then brought back into the group for collective consideration and interpretation. The collaborative process during meetings led to new insights and new questions, incrementally furthering understandings of professional artistry and thereby moving the overall inquiry forward. Although there are three vertical spirals shown in Figure 4.2, in practice the process repeated itself until the CCCI members were satisfied with the degree of insight and answers found to the overall inquiry question (represented

by the brown spiral), in this case: what is the nature of professional artistry in our practice and how can it be facilitated?

Shaping the CCCI design: taking inspiration from the literature

Cycles within cycles and an iterative process of individual and collective reflection on and interpretation of individually and collectively generated data are not unique to this research or the CCCI design. Rather they are the overarching principles of a variety of collaborative forms of inquiry into the human experience (Reason & Rowan, 1981; Guba & Lincoln, 1989; Heron & Reason, 2001; Reason & Bradbury, 2001; eg. Chandler & Torbert, 2003; Titchen & Manley, 2007; Reason & Bradbury, 2008). Underlying these methodologies is a critique and rejection of an attachment to objectivity and distance within social science research (Heron, 1981; Rowan & Reason, 1981; Heron, 1986; Higgs et al., 2007). It is argued that valid knowledge about the human condition can most usefully and responsibly be generated in co-operation with the people it concerns, in ways that fully recognise their self-determination as people (Heron, 1985), the 'interdependence of propositional, practical and experiential knowledge' (Heron, 1996: 5) and our generative, creative human capacity for the sacred, meaning making, engagement and developing wisdom (Reason, 1993; Heron, 2001). Heron (1996, 2001) and Heron and Reason (2001, 2008) bring these assumptions together within the research approach termed 'co-operative inquiry'. They summarise co-operative inquiry as 'research "with" rather than "on" people' (Heron & Reason, 2001: 177) and as involving 'two or more people researching a topic through their own experience of it, using a series of cycles in which they move between their experience and reflecting together on it' (Heron, 1996: 1).

Co-operative inquiry formed the basis of the CCCI design. In the first place because it enabled inquiry into the research questions via an approach congruent with the methodological principles elaborated in chapter three: collaborative, iterative investigation of a phenomenon; explicit valuing and use of diverse forms of knowledge and ways of knowing; creating conditions for human flourishing for all people involved in the study; valuing and using both critical and creative processes and ways of being. As well, the steps involved in and the practise of co-operative inquiry are thoroughly and clearly described, not only by Heron (1996) and Heron and Reason (2001), but by others who have built on or further developed such collaborative inquiry processes

(eg. Barrett, 2001; Jenkins, 2007; Yorks et al., 2008; Tuazon-McCheyne, 2010; Bridges & McGee, 2011; Napan et al., 2018).

When setting up the CCCI groups and determining the outline of the CCCI process I had yet to meet the other members of the inquiry groups and so this part of the chapter is written from my perspective. I found Bridges and McGee (2010) and McArdle (2008) helpful when considering ways of approaching practitioners and inviting them to join the inquiry, ways of setting up and facilitating the first meeting and reminding me to pay attention, even in the early stages, to making agreements about the products of the inquiry, for example this thesis. Higgs's (2001) account of setting up a co-operative inquiry and Titchen and Manley's (2007) guidelines for collaboration were also clarifying. They discuss, for example, finding common ground and achieving a balance between offering a project framework so that there is some structure to begin with and enabling a collaborative process to grow so that collaborative planning takes over, or can take over, from the original structure. Bray, Lee, Smith and Yorks (2000) offer a comprehensive and clear account of working iteratively, negotiating the forms of engagement within the inquiry groups and paying attention to rigorous inquiry. With respect to rigorous inquiry I also drew strongly on Heron's (1996) own recommendations and the descriptions within Simons and McCormack (2007) and Titchen and McCormack (2010) of contestation and cognitive and creative critique.

As illustrated in Figure 4.1, the CCCI methodology emphasizes the collaborative generation of data *in practice situations* based on shared experiences, practice observations and creative responses to and dialogue about those experiences. These aspects of the design took inspiration from descriptions given by Dewing, McCormack and Titchen (2014) and Titchen and McMahon (2013) of drawing on practice situations that are happening anyway, and being alert to the opportunities to investigate (eg. Hardy et al., 2009b) and learn (eg. Snoeren, 2015; Snoeren, Niessen & Abma, 2015) within and from practice.

In terms of working with creative expression and being able to facilitate others to do the same, I was particularly encouraged by Coats' (2001) description of helping a health care practitioner prepare to introduce the use of creative arts within a co-operative inquiry. Accounts of how art and artistic expression could be used within healthcare settings among healthcare practitioners and clients to awaken different

ways of knowing and being, and to create room for transformation (eg. Coats et al., 2004; Coats, Dewing & Titchen, 2006; Titchen & Horsfall, 2007; Boomer & McCormack, 2010) resonated strongly with descriptions of working with an 'extended epistemology' within collaborative inquiry research (eg. Heron & Reason, 2008; Mullett, 2008; Seeley & Reason, 2008; Seeley, 2011). I had already experimented with participative methods and the use of creativity in both my work (Frost & Snoeren, 2010; Snoeren & Frost, 2011; van der Zijpp, van Lieshout & Frost, 2011) and research (Frost, 2008; Titchen & Ajjawi, 2010; Boomer & Frost, 2011) journeys. Becoming comfortable with these ways of working in my own practice laid the groundwork for understanding how to work critically, creatively and hermeneutically to *collaboratively* generate and interpret data within the CCCI. The structure developed within the CCCI for collaborative meaning making and co-generation of knowledge drew specifically and explicitly on the 'critical and creative hermeneutic analysis' approach to the collaborative analysis of data (Boomer & McCormack, 2010; van Lieshout & Cardiff, 2011), and the structure and processes of 'critical and creative reflective inquiry' (Cardiff, 2012).

Finding and engaging potential participants

I searched purposively within a bounded geographical area and among organisations in which I had some form of contact via my professional network for people likely to have some experience with professional artistry in their practice.

The first inquiry group: registered nurses working in care for older people

To find participants for the first inquiry group I approached different health care organisations in the city and surrounding areas near where I lived, and asked if the organisation would be willing to support a number of nurses to participate in the study. My initial inquiries were not fruitful, in part because of the longitudinal nature of the study and the time commitment it asked from participants. Via referrals from those who had declined participation I was brought into contact with a large organisation providing care for older people in the province of Zuid Holland in the Netherlands. The organisation maintained thirteen residential settings and two large community nursing teams. Two, of the fifteen, location managers within the organisation, together responsible for around 200 full-time equivalent nursing and care staff offering both intramural and extramural care, supported involvement in the project. They enabled

me to contact team managers and senior nurses in supervisory roles. These team managers and senior nurses were not structurally involved in day to day hands on care delivery but they agreed to nominate potential participants among the registered nurses (RN's) known to them and working in care delivery within the organisation. I asked them to consider nurses who they would describe as having the 'X-factor' as a nurse; nurses who made a real difference for their clients or whom they would like to have caring for their own parents. Together the five managers and five senior nurses nominated 20 different registered nurses. Of these 20 nurses, eleven had been nominated by at least three of the ten people doing the nominating (see Appendix A for details). These eleven were all willing to be approached by me. Four RNs were interested enough, after explanation of the study and consent procedures, to form an inquiry group. They became the first CCCI group (hereafter the RN inquiry).

The second inquiry group: advanced nurse practitioners working in a variety of settings

For the second group I searched among NPs and focused more on identifying people who wanted to be part of creative collaborative investigation into the aspects of their practice that made them proud, and less on finding nurses considered by others to demonstrate professional artistry. I had learnt from the first inquiry group that professional artistry had at least partly to do with the affinity and worldview of the professional, so I went looking for people who were themselves interested in investigating these aspects of their practice. As well, by searching among NPs I was searching among people with a degree of clinical expertise, and who had chosen to further their career via a clinical masters instead of via management for example. They were likely to demonstrate technical expertise, at least, and perhaps artistry in some areas of practice. Additionally, as masters prepared nurses, NPs have spent many hours being observed in practice and have some knowledge of research methods. These experiences and skills are an advantage when forming a collaborative inquiry group. Although I could not pay participants for their time, participation in aspects of this study attracted continuing education credits, a certain number of which NPs are required to acquire each year.

I approached a group of NPs, found via my professional network on LinkedIn, who met periodically in my province (Zuid Holland). I requested time at their half yearly meeting to present the topic, goals and method of the inquiry and to seek potential participants. I emphasized the collaborative nature of the project, the time

commitment, the need to get permissions at work for different parts of the investigation and also the fact that we would be working creatively to be able to capture and articulate the parts of practice that were otherwise difficult to put into words. My presentation was digitally recorded and a link added to the minutes of the meeting, along with my slides and a written summary. This was standard practice for guest speakers there, as it was never possible to arrange a meeting where everyone could be present. The group numbered 96 practitioners from various organisations within primary, secondary and tertiary care; 41 were at the meeting. Ten of the 96 NPs expressed initial interest and seven of the ten agreed to participate. This became the second CCCI group (hereafter called the NP inquiry).

Other people who contributed to the inquiry

In between the formation of the RN and NP inquiry groups, I had approached NP's and registered nurses with senior clinical roles in a teaching hospital in another region in the Netherlands about forming an inquiry group. That group of two NPs, two specialized RNs and myself did not get off the ground. We had not, after two meetings, reached agreement as to the goals of the group or the central focus of our inquiry together and we felt we were unlikely to do so. For this reason we decided, in mutual agreement, to stop the group. We agreed that the bulk of the data generated together during the meetings, and the small amount of data generated between the first and second meeting, would not be retained or used in the overall inquiry. The exception to this were the reflections I had made as part of my own inquiry into my role as facilitator of the inquiry groups.

Much information about the impact and meaning of particular nursing encounters could only be gained in dialogue with people outside the inquiry groups: students and colleagues, patients, residents and their family members. The methodological principles shaping the CCCI include the idea that everyone who contributes to the inquiry has the potential to benefit from participation: to come to new insights, better understand their situation and to encounter conditions within the inquiry that contribute to their flourishing. This is challenging, as demonstrated by many co-operative or collaborative inquiries reported on in which people outside the inquiry groups contribute data without being further involved in directing the inquiry process, meaning making or contesting the developing conclusions (eg. Ness & Strong, 2013;

Van Lith, 2014; Walsh et al., 2015). The strategies used to meet this challenge within the CCCI are described in the following section.

Working in morally and ethically responsible ways

The research proposal for this inquiry was approved by the ethics committee of the University of Ulster, where I was enrolled at the beginning of the study (see Appendix B). The proposal was also submitted for approval within all four of the organisations in which the inquiry participants worked, according to each organisation's policy and procedures for reviewing and approving research activities not covered by the Dutch Research with Human Subjects legislation (Ministerie van Volksgezondheid Welzijn en Sport [Ministry of Public Health Welfare and Sport], 1998). This research and the associated inquiry activities were classed variously in the four organisations as service evaluation, quality improvement and professional development. In all cases I received permission to proceed. In the case of the RN inquiry group, which took place in a residential care setting, the Residents' Council also gave approval. The RN inquiry was explicitly supported by the unit managers concerned and RN inquiry group members were able to participate in work time. The NP inquiry members had permission from their line and unit managers and participated partly in work time and partly in their own time, dependent on local agreements and to a certain extent their own preferences.

After institutional consent was gained I was introduced and the inquiry described in team meetings on each of the units where inquiry members worked. My intention was to inform people on the periphery of the inquiry about the project and give them the opportunity to ask questions, before practice situations arose in which they might be asked to participate in aspects of the inquiry. The voluntary nature of the project and the ability to withdraw consent at any time were emphasized and the focus of the research and ways of working were explained. Written information about the study was available in printed and electronic form. Each professional who participated in the study in any capacity signed a consent form (see Appendix C). Similarly, patients, clients, residents and their family members who were invited to consider participation received written information and verbal explanations and had the chance to ask questions. Those who agreed to participate signed a consent form.

These formal procedures for documenting consent were regarded as the beginning point of the consent process, not the end. In the first place, the impact of participation on individual participants could not be fully anticipated and willingness to remain involved after initial consent was given could not be assumed. Further, despite the intention within the design to support human flourishing for all those involved, there was a danger that we would involve others to *our* benefit without actively facilitating *their* benefit from the research. The principles of person-centredness (McCormack & McCance, 2010, 2017) were therefore used to guide engagement and decision making with potential participants, as suggested by McCormack (2003), alongside the metaphorical principles for human flourishing within critical creativity, described by Titchen and McCormack (2010) and McCormack et al. (2013). We facilitated a process of coming to understand what was important to the person considering or consenting to participation and exploring to what extent involvement in the research could benefit them. We were open, as well, about our own motivations, as members of the inquiry groups. During data generation we were transparent about the roles of everyone present and prepared to cease inquiry activities if anyone present did not want to continue.

As explained later in the chapter, the use of art and creative expression played a prominent role in this inquiry to help in surfacing and making visible the less tangible aspects of the experience of receiving, delivering or learning nursing care: those things that are felt or sensed yet hard to put into language. Although working in creative ways can be emotionally demanding (Sinding, Gray & Nisker, 2008), both Sinding et al. (2008) and de Freitas (2008) suggest that the use of creativity can contribute to the reciprocity of the research process by opening up a 'space of indeterminacy' (de Freitas, 2008, p. 474) in which participants can engage with their experiences and responses and create new meaning. This aspect of the research, combined with the person-centred approach to process consent, created conditions in which participation in the CCCI could also benefit those at the periphery of the inquiry. This topic is returned to, where relevant, in the description of the research methods.

Establishing and maintaining the inquiry groups

Working together in collaborative inquiry groups requires ongoing attention to the creation of a safe and fruitful space for collaborative investigation (Heron, 1996, 2001; Titchen & McCormack, 2010; Traeger & Norgate, 2015). This meant establishing a cycle of action and reflection (Bray et al., 2000), creating protected time, paying attention to the physical, metaphorical and metaphysical space (McCormack & Titchen, 2014; Titchen, 2018, 2019), transitioning in and out of these spaces, and paying attention to the ways of working together in the group and commitment to the inquiry processes while in clinical practice.

Agreeing ways of working together, initially and throughout the inquiry

Ways of working together in collaborative research need to be explicitly agreed and intentionally articulated (Heron, 1996; Bray et al., 2000; Bridges & McGee, 2010; Titchen et al., 2011). Within the CCCI we discussed why and how we were investigating together, our motivations and concerns, and the ways in which we would support and challenge each other to participate, as recommended by Ahlström, Nilsson and Nils-Göran (2007) and Chiu (2008). I had, initially, a leading role in ensuring we discussed these matters and in facilitating an equitable process. I learnt to articulate my decisions and aspects of our group process to bring them into the collective attention and to make the tacit aspects of our process visible.

Being clear and talking about what we were doing was intended to help us, collectively, to manage the messiness of the inquiry process, to uncover sources of frustration and to move forward when we ran into obstacles or noticed stagnation. Practically, this meant that each of the meetings followed a certain structure, to a greater or lesser extent, and the purpose of each element of the meeting had been previously agreed upon or was familiar to the CCCI group members. Time for key activities was planned as part of the agenda. Similarly, reaching agreement about goals and modes of inquiry was also necessary for the periods between meetings. During these periods the inquiry group members were professionally active in their work as registered nurses or nurse practitioners. As well, they were taking note of particular professional experiences and generating research data about them as agreed upon in the inquiry group.

Creating protected space

The CCCI group meetings were scheduled every six to eight weeks for 2 – 3 hours and took place away from the ward or unit where the group members worked and in some cases off-site completely. Meeting off-site resulted in meeting less frequently but enabled a longer meeting (3 – 4 hours). Bleepers and work telephones were handed over to colleagues if at all possible. As Titchen and McCormack (2010), Titchen et al. (2011) and others (eg. Predeger, 1995, 1996; Heron & Lahood, 2008) suggest, effort was made to make the space in which we met inviting and to indicate in some way that we were entering an ‘othered’ kind of space. For example, attention was paid, initially by me but later by other group members as well, to arranging chairs, tables and creative materials neatly and attractively, with room to move about. Following Titchen and Horsfall (2007) I used flowers, leaves, a beautiful scarf or piece of fabric, a little pile of stones or shells, incense, a candle or a bowl of water as a kind of focus, to alert the senses and to indicate, ‘Here we are, in our space’. Later in the NP inquiry some group members would bring home baking or fruit to share, but there were always in any case drinking water, tea, coffee and biscuits available.

Meetings were opened by paying attention to making a transition from where we were at before we came, to being present, now, in the meeting and preparing ourselves bodily, through our senses, cognitively and emotionally for our inquiry work together. This was done through a simple grounding exercise, for example, breath work, or movement, for example stamping, followed by silence. We also generally paid attention to closing the meetings with care, to help with transitioning out of our space. My efforts to create and protect moments of stillness together were intentional. As the inquiries progressed the moments of transition in and out of the physical and metaphysical space were recognised and valued by the other inquiry members as well. We became increasingly able to enter a contemplative space together even if not in a dedicated meeting environment, for example when visiting each other in practice for practice observations and other forms of data collection. This was the case in both the RN and NP inquiries.

Reflection and reflexivity within the inquiry

Reflection is integral to critical and collaborative inquiry generally (Heron, 1985; Bray et al., 2000; Heron & Reason, 2001) and to CCCI specifically. Reflection on actions, intentions and assumptions and critical appraisal of the intended and unintended

impact of those actions and assumptions give rise to new insights and questions. Reflection is thus integral to learning from experience (Schön, 1987; Mezirow, 1990, 2006; Dewing, 2008) and CCCI is a structured process of learning, as a group and as individuals, from one's own and one another's experiences.

These principles were relevant to both the research design and my own journey as initiating researcher and facilitator of the inquiry groups. As Enosh and Ben-Ari (2016) explain, paying attention to and noting difference, dissonance and incongruence is the first of two key reflexive activities for researchers. The second is treating instances of difference or incongruence as a source of new knowledge enabling reconstruction of what is known. This is in line with Heron's (1985, 1996) approach to achieving rigour in collaborative inquiry and Titchen and McCormack's (2008; 2010, also Titchen et al., 2011) use of cognitive and artistic critique within practice and research inquiry. The translation of these principles into specific strategies was integral to the CCCI design. As detailed in the text accompanying Figure 4.4 and 4.5, space for both individual and group reflection was built into the CCCI process. A variety of prompts to reflection and tools for surfacing assumptions and explicating experiences or feelings were used routinely within the inquiries. Examples are given in the sections describing the CCCI steps 'Experience' (p. 87), 'Creative response', (p. 88) and 'Dialogue', (p. 91). Particular attention was paid to noting incongruence and difference and to articulation of experience, reaction, intentions, actions and responses. The intention was to make both experience and response available for questioning and critique (Darawsheh, 2014).

The development of reflexivity was also integral to my own role as facilitator of the inquiry groups and researcher. Becoming aware of the various ways my actions and ways of being influenced the inquiry processes, and learning to change where needed, were critical to the success of the project and to my ability to act in ways congruent with my stated assumptions and ethical and moral principles (Alvesson & Sköldberg, 2009; Darawsheh, 2014; Berger, 2015). I paid attention to structuring my reflections and being reflexive in my actions and responses in a number of ways. My intentions, actions, struggles and achievements, and the intended and unintended results of my actions, were recorded in a research journal. This supported self-appraisal of my actions as researcher (Berger, 2015) and I discussed these aspects of the research journey and of my journey as a facilitator with my supervisors at

regular intervals. My reflective activities and supervision routinely involved the use of creativity, such as walking and reflecting in nature or using artistic materials, to facilitate the use of artistic critique as well as cognitive critique (Frost & Titchen, 2010). Although at the outset of the research I was only intellectually familiar with the principles underpinning my research practice, and that in a limited way, working reflexively enabled me to develop my facilitation practice to a point where I had 'become the landscape' of CCCI and was engaged with nurturing self, the conditions and other people in the inquiry, flowing and connecting with the co-inquirers and the swirling energies of the project itself. Examples of this progression as a facilitator of the collaborative investigation and as a researcher more generally are given in Chapter 5, on pages 137-140 and 140-146 respectively.

My reflections on my own role, as facilitator of the inquiry groups, as co-facilitator of the development of professional artistry and as researcher, were also sometimes entered into the collective inquiry record as data to be considered by the whole inquiry group, as described in the following sections.

Cycles within cycles: repeating experience and reflection

A collaborative inquiry cycle and its processes are complex. Simplistically the process could be described as looking like Figure 4.3: inquiry group members agreeing together on an inquiry question to be investigated in their individual practice before the next group meeting, each individual taking the agreed upon action or paying attention to the agreed upon aspect of clinical practice in the period between meetings, individuals systematically gathering information about the experience in agreed-upon ways, bringing this information back to the group meetings, collectively reflecting on it, drawing conclusions and determining the experiential focus for the next round of inquiry.

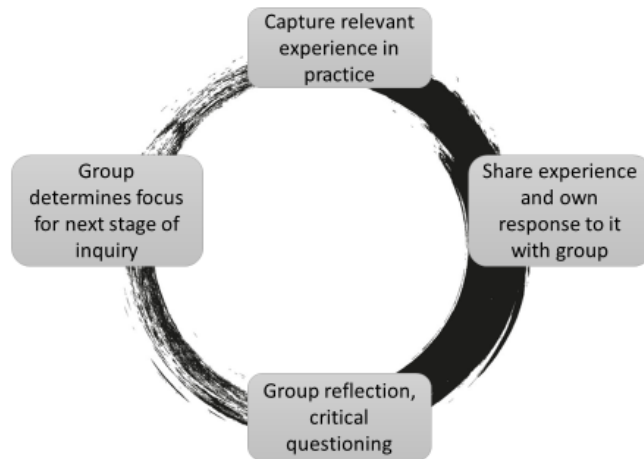


Figure 4.3 Over-simplistic representation of the experience-and-reflection cycle

Such an explanation hides the complexity of the process and in doing so removes its transformative power as well. For example, both experience and reflection can and did happen within both practice situations and inquiry group meetings. New insights were reached both individually and collectively. Burning, transformative questions emerged gradually from within a group process and also presented themselves suddenly and distractingly in the middle of clinical practice. Experiences could be noted, observed and recorded in agreed upon ways between meetings, but the meetings themselves became in their turn experiences full of meaning that provided material for discussion, reflection and critique. The particular action or inquiry focus agreed upon during the group meeting did not always present itself or was perhaps inappropriate within the actual practice situations encountered between meetings, whereas an unexpected occurrence could provide a rich learning experience, relevant to the inquiry. Such an experience was only useful within the inquiry, however, if the inquirer-practitioner was able to notice it in the moment and record enough about the experience and their own response to it for it to become part of the inquiry process.

Experience and reflection were present, then, in both practice situations and during group meetings. It is therefore more accurate to represent the CCCI inquiry cycle as the two halves, or loops, of a lemniscate (see Figure 4.4). The group experience and collaborative reflection are represented by the upper loop of the lemniscate and experience and reflection in practice are represented by the lower loop.

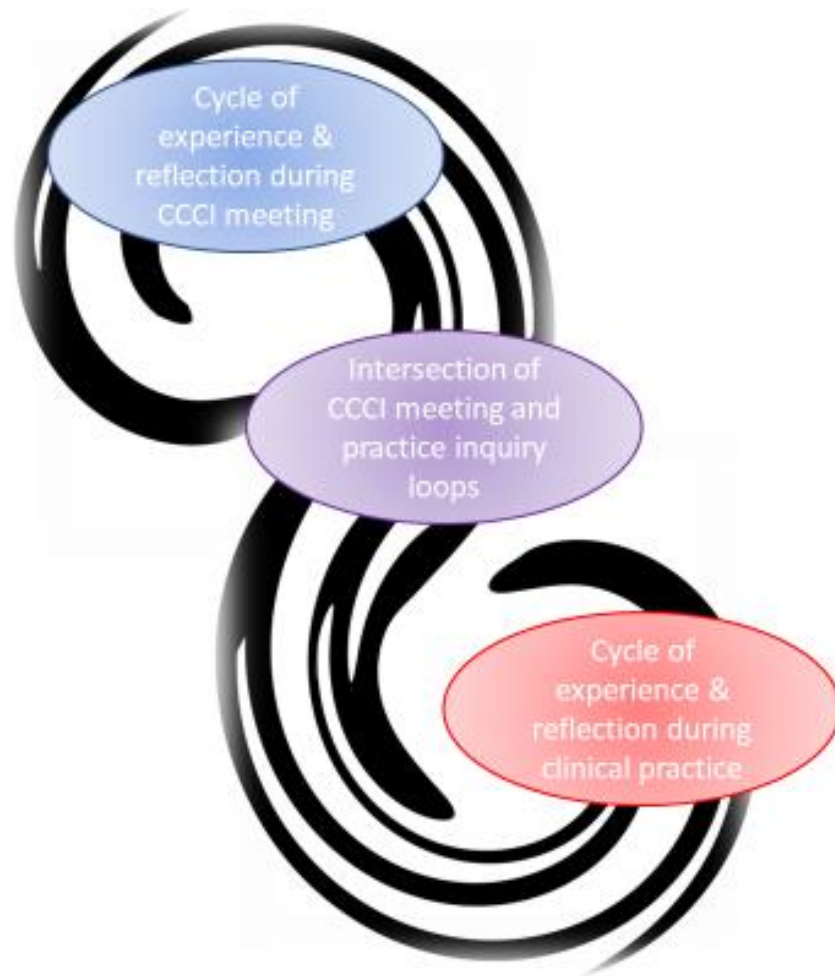


Figure 4.4 CCCI: Repeating cycles of experience and reflection occurred both in practice and during group meetings

The intersection of these two processes in the middle of the lemniscate is both the starting point of one loop and the ending of the other, creating a repeating CCCI cycle. The complete cycle formed an iterative figure-eight structure, both systematic and responsive. It allowed room for the complexity and serendipity of everyday practice and inquiry group activities. As well, it provided a framework within which a diversity of research methods could be used without losing track of the overarching process. Having such a framework was necessary as a wide variety of methods were employed to record, deconstruct and reconstruct relevant experiences and to enable co-construction of knowledge, as summarised in Table 4.1 including, in the legend, the ways the different forms of data were recorded. Methods are grouped in Table 4.1 as

individual reflections, practice observations, creative expressions and various forms of dialogue such as interviews and reflective conversations. Additionally, the table shows which of the methods were employed by CCCI members inquiring alone, inquiring with a co-inquirer in a practice situation or during CCCI meetings. As the methods used differed in some ways between the RN and NP inquiries, and with respect to the data I collected myself about my facilitation, this is also indicated in the table.

As the initiating researcher of both inquiry groups and because the inquiry process was initiated as my doctoral research, I kept a detailed record of research activities. Along with my own reflections I recorded events and decisions, time lines, details of literature searches and results and I kept track of the data being collected and entered into the inquiry by other inquiry members.

Table 4.1 Methods used to capture experience, generate data and co-create meaning during this study

Method		Used by DF ¹	Used within RN inquiry			Used within NP inquiry		
			Ind	Pr	Mtg	Ind	Pr	Mtg
A: Individual reflections wrt PA or the research process								
	Research journal +/- creative expression ^Δ	✓						
	Spoken reflections ^{*∞} +/- creative expression ^Δ		✓			✓		
	Written reflections [∞] +/- creative expression ^Δ		✓			✓		
B: Practice observations ^β								
	Participant observation, nursing care delivery (and wrt DF, CCCI meetings)	✓		✓				
	Non-participant observation, clinical and non-clinical encounters			✓			✓	
C: Creative expression ^Δ								
	In response to an observed practice encounter (experienced as either practitioner or observer)			✓			✓	
	In response to a non-observed practice encounter (experienced as practitioner)		✓			✓		
	In response to presentations given by self and other inquiry members during CCCI meetings				✓			✓
	As part of meaning making, sense making, critical questioning and summing up	✓				✓		✓
	As part of personal reflection (see 'A', above)	✓	✓			✓		
	As part of critical creative dialogue (see 'D', below)	✓		✓	✓	✓	✓	✓
D: Dialogue								
	Critical creative dialogue after practice observation [£]	✓		✓			✓	
	Critical creative dialogue during CCCI meetings [¥]				✓			✓
	Semi-structured interview with person outside the inquiry group [*] +/- creative expression ^Δ		✓	✓		✓		
	Dialogue with person outside the inquiry group [*] +/- creative expression ^Δ					✓	✓	

DF Myself, Donna Frost

1 Method I used to generate data about my facilitation of professional artistry (PA) and my own developing PA as a facilitator.

PA Professional artistry

Ind: Data generated by a CCCI member, individually

Pr: Data generated in (clinical) practice, collaboratively with another CCCI member or members

Mtg: Data generated during CCCI meeting, collaboratively with other CCCI members

Δ Photographed digitally

***** Audio-recorded and transcribed

∞ This method used intermittently, not systematically as with a reflective research journal/log

β Entered into fieldnotes, sometimes detailed descriptions after the fact but in any case key words on post-its or note-pad which were later either transcribed, photographed or both.

£ Recorded in a variety of ways, either as for ***** or **β**

¥ Audio-recorded and selectively transcribed; key-points recorded on whiteboard or flip chart during meeting and later photographed, transcribed or both

The following section describes the structure of and activities within the upper and lower loops of the lemniscate cycle in comprehensive detail. The explanation includes elaboration of research methods used to capture experience and generate data, for example the use of practice observations and creative expression. The process followed for co-creation of meaning is described in the section thereafter.

The CCCI lemniscate: articulation, experience, creative response, dialogue

The lemniscate structure (Figure 4.4) is represented in more detail in Figure 4.5. There it can be seen that each 'loop' of the lemniscate involves the following steps: **i**) articulating insights and/or an inquiry question, **ii**) shared experience, **iii**) creative response to that experience, **iv**) reflective critical dialogue about both the experience and the creative responses, and a return to step **i**): articulation of the knowledge, ideas and questions surfaced or co-created in this process. In describing steps **i** to **iv** of the lemniscate cycle, below, I pay attention to the purpose of each step and how it 'looked' in the various stages of the inquiry process. The description is generally of a collaborative process, reflected in my use of 'we'. Unless otherwise specified, 'we' refers to the members of both inquiry groups. Where individual activities are described, for example those summarised in section A of Table 4.1, that is noted. Also specifically noted are descriptions of data generation involving people outside the inquiry groups.

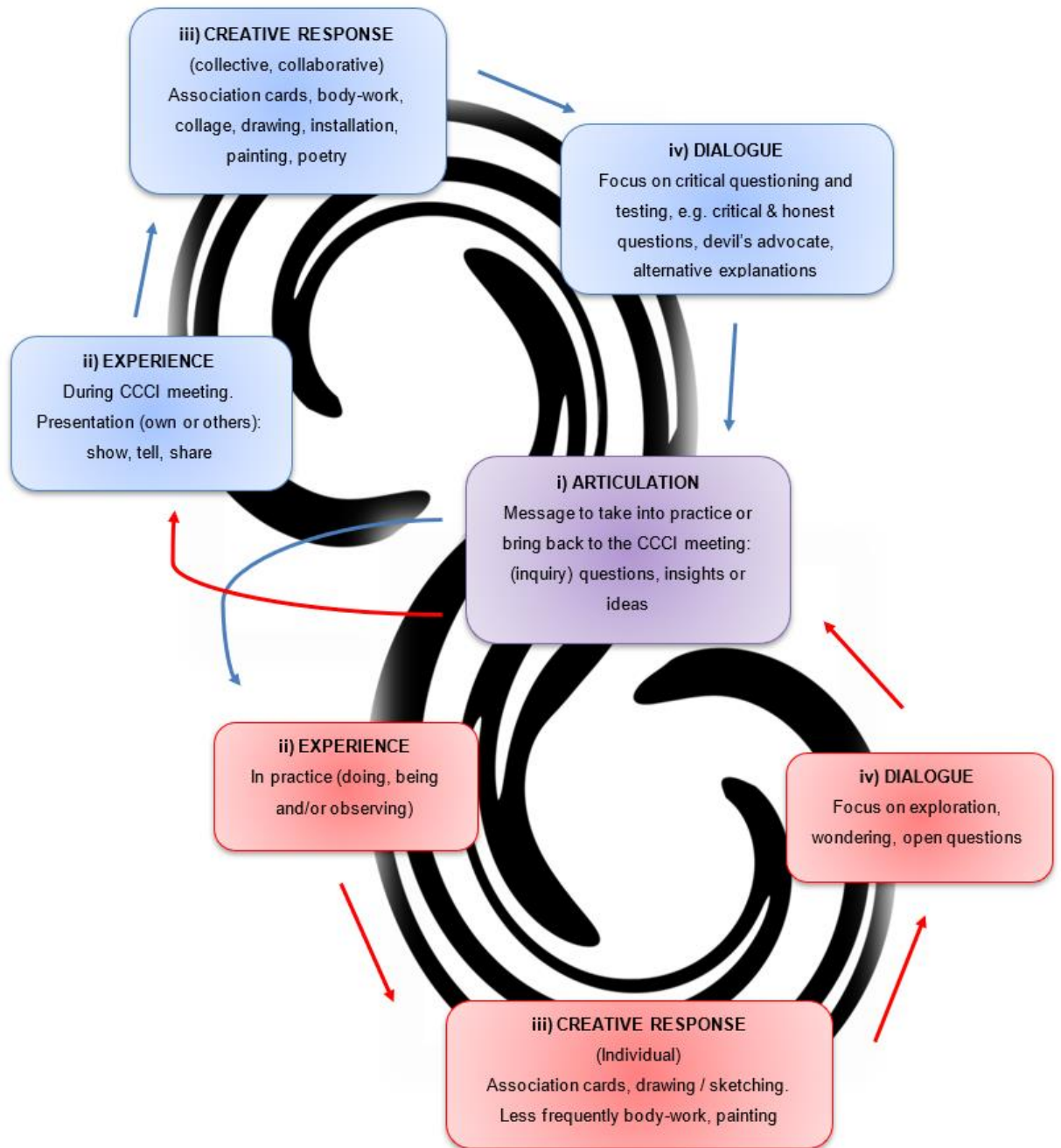


Figure 4.5 Lemniscate cycles of data generation and co-construction of knowledge within the CCCI meetings (blue) and in clinical practice (red). The purple textbox, in the middle links the two halves of the lemniscate cycle.

Methodological principles on which the cycle is based (elaborated in chapter three)

1. Collaborative, iterative investigation of a phenomenon
2. Valuing and using diverse forms of knowledge and ways of knowing
3. Creating conditions for human flourishing for all involved
4. Valuing and using both critical and creative processes and ways of being

i) Articulation

Whether during the CCCI meetings or in clinical practice, an inquiry 'loop' began with the articulation of insights, as they were at the time, and an inquiry question (see Figure 4.6). The overarching inquiry question during this research was 'What is the nature of professional artistry and its facilitation within nursing practice?' This was broken down into sub-questions which were investigated in a series of inquiry cycles. We left each CCCI meeting with an inquiry question to take with us into practice and this enabled a shared inquiry focus during each cycle. As well, we took ideas and inspiration for ways of capturing experience and generating data relevant to the chosen focus. Often those ideas were formalised into concrete agreements such as the kinds of practice encounters we would attempt to observe, or particular stakeholders we would try and interview. This meant that aspects of our collaboration could be carried into practice even though, while in practice, we inquired alone or in duo's, instead of as a group. Working through steps **ii** to **iv** of the lower half of the lemniscate in practice, sometimes more than once between meetings, meant that a start was made with reflecting on and interpreting practice experiences before commencement of the following CCCI meeting.

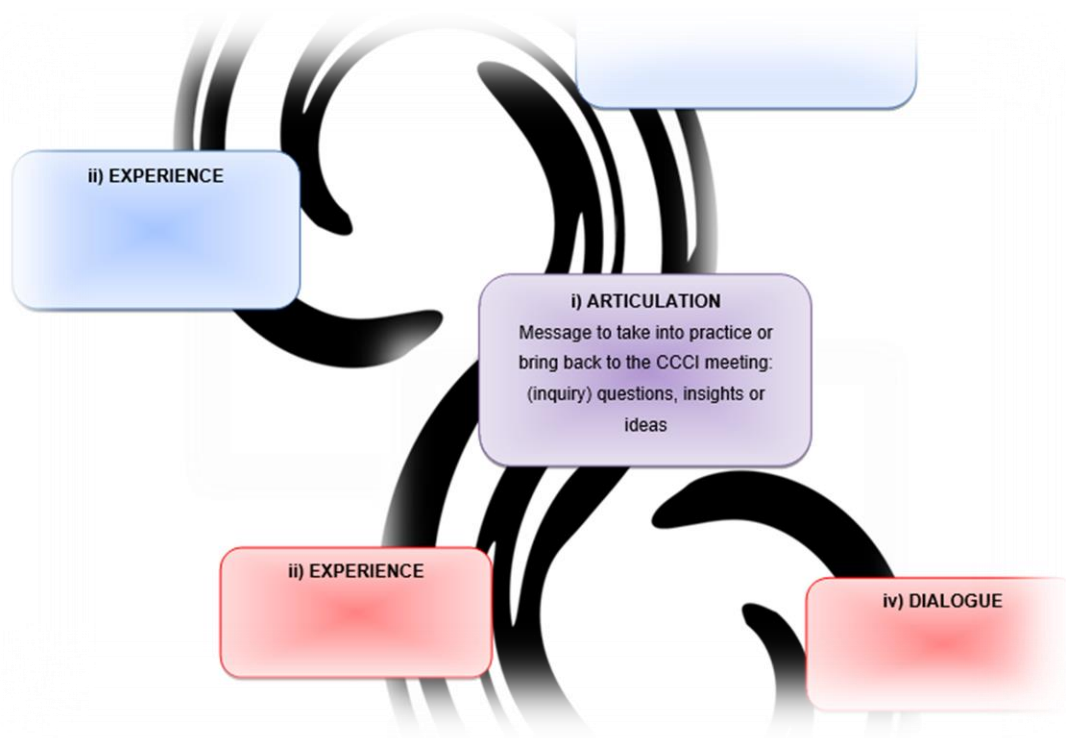


Figure 4.6 Articulation: step i of the CCCI lemniscate

ii) Experience

The second step in both loops of the lemniscate is experiential, as shown in Figure 4.7. Paying attention to a particular experience was the start of a specific episode of data generation.

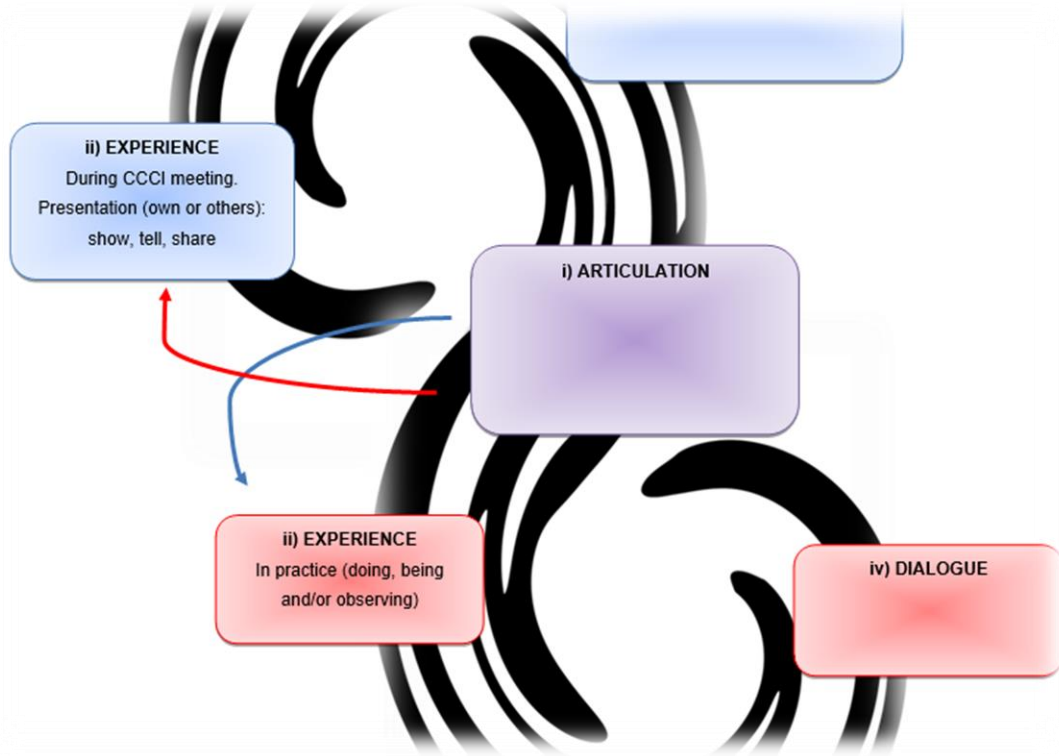


Figure 4.7 Experience: step ii of the CCCI lemniscate

Within practice

The particular episode of professional practice was chosen, beforehand or after the event, in terms of its relevance for giving insight into the inquiry question in general and, specifically, to the current focus of the inquiry. This meant that the kind of practice experience considered relevant depended on the decisions made during the preceding CCCI meeting: it depended in other words on the questions articulated in step i of the lemniscate process.

Shared inquiry experiences

Shared experiences in clinical practice, summarised in section B of Table 4.1, most often consisted of a practice situation in which one member of the inquiry group, in the role of practitioner, was observed by another member of the inquiry group, in the role of observer, during a clinical encounter with a resident, patient, client or family

member. In order for observation of the practice experience to be feasible the episode had to have been identified and set up before time. Periods of observation generally lasted for between 10 and 20 minutes, and permission from the other party, for example the patient, had been asked and given before the encounter began. Other forms of shared experiences in practice were observations made of conversations with colleagues or students. The practitioner-inquirer was 'doing their job' as a registered nurse or nurse practitioner during these encounters and made, therefore, no written or spoken record during the practice encounter. The observer-inquirer often made field-notes, or wrote key words or short remarks and observations on post-it notes. Sometimes the observer-inquirer made no notes and just focused on immersing themselves in the experience as it was happening.

Another form of shared inquiry experiences in practice were several episodes of participant observation engaged in during the RN inquiry. During these episodes I worked with some members of the RN inquiry group in practice, and we recorded our responses to the episode later, using creative expression or in audio-recorded dialogue or both.

Individual inquiry experiences

There were also data generated in practice by individual inquirers alone. Examples of this are conversations with colleagues, students, clients or their family members, or individual reflections made after particular practice moments that seemed, afterwards, significant or relevant for the CCCI in some way. For example, during one of the NP inquiry cycles we were investigating our experience of professional artistry in those practice situations in which the practitioner did not achieve their goals or otherwise felt that the encounter did not go well. These kinds of practice situations were not amenable to planning and so the experiential data within that cycle was largely generated in the form of individual reflections after the fact.

Written reflections were either typed or hand-written, as a way of looking back on or mulling over a practice episode or ideas taking place within the inquiry, examining assumptions or as a way of processing or keeping track of ideas and thoughts about the research. The reflections sometimes followed a particular structure, for example an event description followed by answering questions from Johns' (2010) model of structured reflection to help uncover underlying assumptions. These reflective writings were in any case a record of the event, most commonly they also included the writer's

first or most pressing response to the event: why the writer felt it was important to record it, the impact of the event and the relationship to the inquiry. I was by far the most regular writer of reflections in relation to the research and I entered these in hand-written journals or made separate dated Word documents. Other inquiry members made separate Word documents, except during practice situations when ideas might be jotted down in a note book or on scrap paper until such a time as they could be typed up. Spoken reflections, recorded on a digital recorder and later either typed out completely or selectively, were uncommon but did occur on a few occasions within the RN inquiry. It was up to each inquiry member to decide to enter a reflection, or not, into the collaborative record.

During CCCI meetings

During the inquiry meetings the experience in question was always shared (Figure 4.7, blue textbox 'ii) Experience'). It consisted of witnessing or participating in the creative and spoken presentation of our practice experiences, stories, ideas and insights. This aspect of the CCCI meetings relied on the creation of protected space, as described earlier in this chapter, and drew on all four of the methodological principles elaborated in chapter three (see note under Figure 4.5 for a summary). After opening the meeting, we reviewed the question we had left the last meeting with. We then moved into sharing our relevant practice and inquiry experiences and reflections since the last meeting. These presentations generally included examples of creative expressions, excerpts or summaries of interviews, conversations or observations, and the subsequent individual reflections and interpretations. Working creatively will be explained more thoroughly in the section 'iii Creative response'.

The goal of the presentations was to bring the individual experiences, or the experiences of two members of the inquiry group, into the collective, to make them available to the entire inquiry group. The process was actively facilitated, within the RN inquiry more often by me and within the NP inquiry sometimes by me but generally by the group as a whole. We progressed, in any case, from the presentations into a dialogical process in which co-inquirers were active participants, asking clarifying questions or questions to help elicit more of the presenter's story, as well as questions to help with exploring and reflecting on the experience being presented. As summarised in Table 4.1 (p. 79), the data collected in practice situations were already part of the data set, and the presentations and dialogues experienced during the CCCI

group meetings were audio-recorded and selectively transcribed and/or key-points were recorded on whiteboards or flip charts during the meeting and later photographed, digitally transcribed or both.

Notice what we noticed

Central to step ii (Experience) in both halves of the lemniscate cycle, was recognising and capturing the experiences deemed relevant to the study of professional artistry. The focus of the particular inquiry cycle helped determine the relevance of an encounter to the inquiry. We needed, however, to remain open to and be prepared for unanticipated valuable moments within practice or during our CCCI meetings. We therefore agreed to 'notice what we noticed' (Coats, 2001; Mason, 2002; Leggo, 2008; Titchen & Kinsella, 2019) while practising, presenting or observing. This meant paying particular attention to our bodily reactions such as sensations and physical and emotional reactions to the situations we encountered or observed (Scott-Hoy & Ellis, 2008; Titchen & Kinsella, 2019). We agreed to note these and record them in some way, even if we were not sure what they signified at that time. Once we had noted and captured them, by mentioning them during CCCI meetings for example, or in field notes during practice situations, a research log or even on note paper, we were able to return to them during reflection and explore them further (Darawsheh, 2014). This strategy drew particularly on the methodological principles of an inclusive epistemology, of paying attention to our critical and creative ways of doing and being and accessing our unconscious responses (cf. Kinsella, 2018; Titchen & Kinsella, 2019). It was intended to help us navigate and explicitly use our subjective position, a way of finding a balance between detachment from and engagement within the situation. Noticing what we noticed helped us to be aware, or become aware, of what was significant, or salient (Titchen, 2004; Enosh & Ben-Ari, 2016) in the moment. This information was then available, at that time or later, for reflection.

iii) Creative response

This third step in the CCCI inquiry cycle pays explicit attention to the embodied and embedded nature of our experiences in the world and, specifically, bringing what we know unconsciously, bodily and metaphysically into consciousness (cf. Gendlin, 2003; Rose, 2016; Kinsella, 2018; Williams, 2019). In this part of the process, shown in Figure 4.8, the inquiry participants responded creatively to the event just experienced. This step was undertaken in silence and was aimed in the first instance

at making the implicit and tacit aspects of the professional practice visible, or tangible, via creative expression. It is integral to being able to reflect upon the experience later, either individually or collaboratively. Section C of Table 4.1 (p. 79) gives a summary of the methods used.

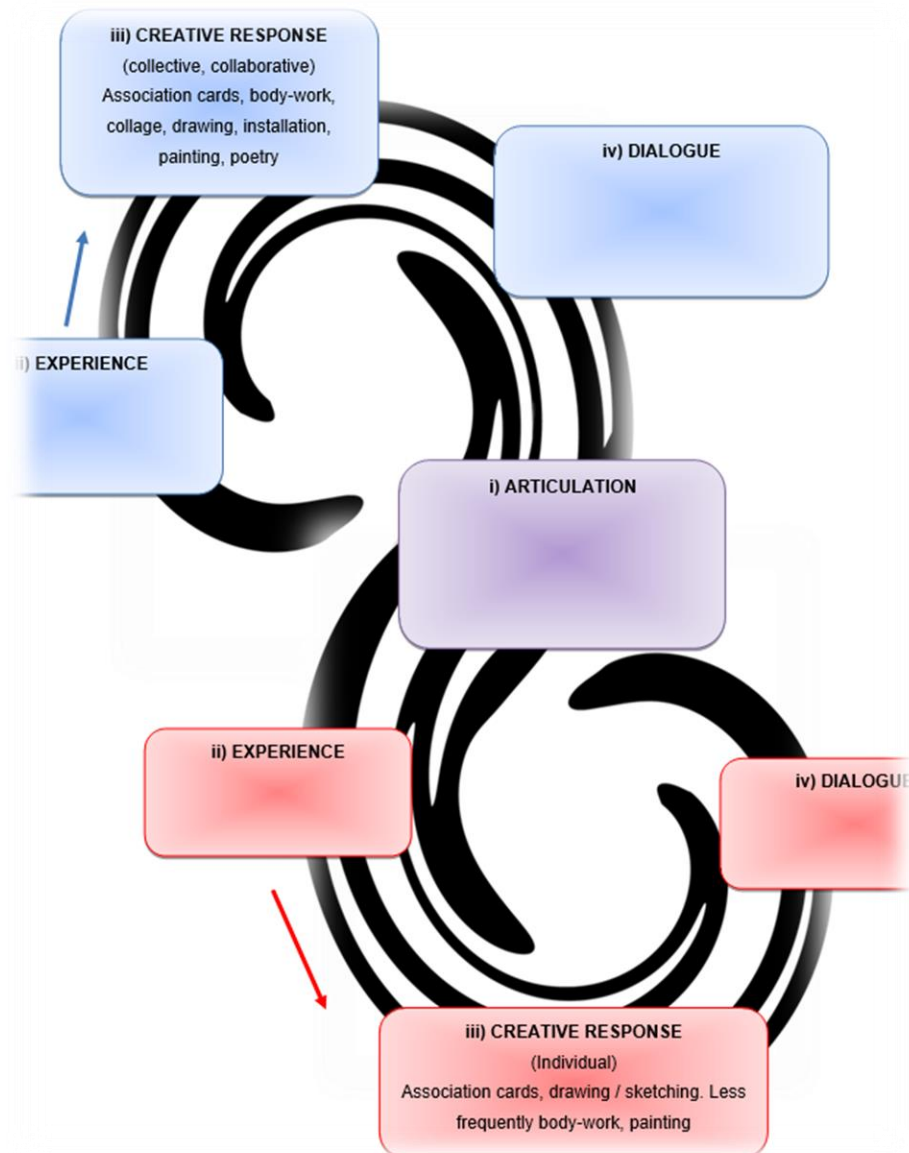


Figure 4.8 Creative response: step iii of the CCCI lemniscate

Within practice

Practically, during the practice, or red, loop of the lemniscate, after witnessing or participating in a particular professional experience, the practitioner-inquirer and co-inquirer used some form of creativity to express their individual response to the

experience. The forms of creative expression varied depending on location, time and materials available and tended to take account of the limited time available and the high chance of interruption. Association cards (eg. Bijkerk & Loonen, 2009; Stokes, 2011), coloured pencil drawings or sketches were often used. These materials are easily portable and colourful and offered low key ways to express ourselves creatively, particularly when inviting other stakeholders to participate in this step of the inquiry. We also made use of symbols, metaphors and objects in the immediate environment (Titchen & Horsfall, 2007; Titchen & Ajjawi, 2010; eg. McCormack & Titchen, 2014). Regardless of the materials used, the creative expression was captured with a digital photo.

During CCCI meetings

Within the group this step in the lemniscate cycle (shown in the blue textbox in Figure 4.8) took place after and in response to our 'reporting back' of our inquiry experiences since the last meeting. As in practice, making the creative expression took place in silence. During the meetings we generally had more time, materials and people available to us than when in practice. It was possible, for example, to work together on a collective creation. This enabled other forms of artistic expression than were possible when working individually. Additionally, during CCCI meetings our creative expressions were in response to a great deal more information than when in practice. There had usually been a lot of information shared, from up to seven individuals, in diverse forms, before we began. This step of creative expression was therefore important for distilling out the essence of what we had seen, experienced, heard or presented ourselves and for bringing into consciousness the confluences and contradictions.

Individual forms of creative expression during the CCCI meetings included painting, association cards, collage, drawing, symbols and metaphors. When working collaboratively on a creative expression we often chose poetry, body-work, and making collages and installations. Everyone was in any case free to choose the material which they wanted at the time, from those available. In the RN inquiry I was always the facilitator of this part of the process. Within the NP inquiry there was active experimentation with different forms of creative expression, and different inquiry members took the lead, in some of the later meetings, with facilitating the creative process.

Goal of the creative response

In both loops of the lemniscate process, working creatively was aimed at explicating the practice episode or presentational experience quickly and laying the groundwork for new insights, as well as giving room to express the more ineffable aspects of our (bodily and emotional) reactions. The expression of felt sensations, emotional impressions, and spiritual connections or disconnections, for example, in a form that made them visible, firstly to the individual and also in a way that could be shared with others. As well, it was in this step that we foregrounded and explicitly engaged our embodied knowledge and creative ways of being, making meaning, understanding and critiquing. There are many examples in the literature of creative methods being used to render the intangible tangible (eg. Patton, Higgs & Smith, 2011; Dewar, 2012) and thereby available for reflective consideration (Alvesson & Sköldberg, 2009; Darawsheh, 2014; Enosh & Ben-Ari, 2016), to learn about and from the metaphysical aspects of our being (eg. McIntosh, 2011; van Meer, 2016; Titchen et al., 2017) and in the creation of potentially transformative spaces (eg. Hardy, Bolster, Kelly & Yalden, 2011; Seeley, 2011). In some circumstances creative expression is regarded as indispensable to rigorous research design. This is the case within co-operative inquiry, for example, where an extended epistemology is recognised (Heron & Reason, 2008; Mullett, 2008; Hopkinson, 2015), and for those working within a critical creativity world view (eg. van Lieshout, 2013; Kinsella, 2017, 2018; Middleton, Mackay, Riley & Stephens, 2018) or acknowledging aspects of critical creativity in their methodology (eg. Cardiff, 2012; Indar, Espin, LeGrow & Janes, 2018; Williams, 2019).

Within the CCCI process the goal of creative expression was likewise multifaceted. This step was helpful when working through a puzzle or conundrum being faced in the course of the inquiry, or as part of reflective interpretation of experience or data. It also helped us to come to the essence of the experience fairly quickly and be able to identify the salient points, particularly important when time was short. Although the creative expressions became part of the data set, they were not created with the intention of display after the fact, neither was it the artistic merit of the creative expression that was the focus. In this step of the CCCI design it was, as described by Weber (2008), the process of creating, and the result being suitable as a visual

metaphor or explanation and as a setting off point for reflection and dialogue, that were important.

iv) Dialogue

The CCCI process now moved from creative expression into critical and reflective dialogue, step **iv** in both loops of the lemniscate (Figure 4.9).

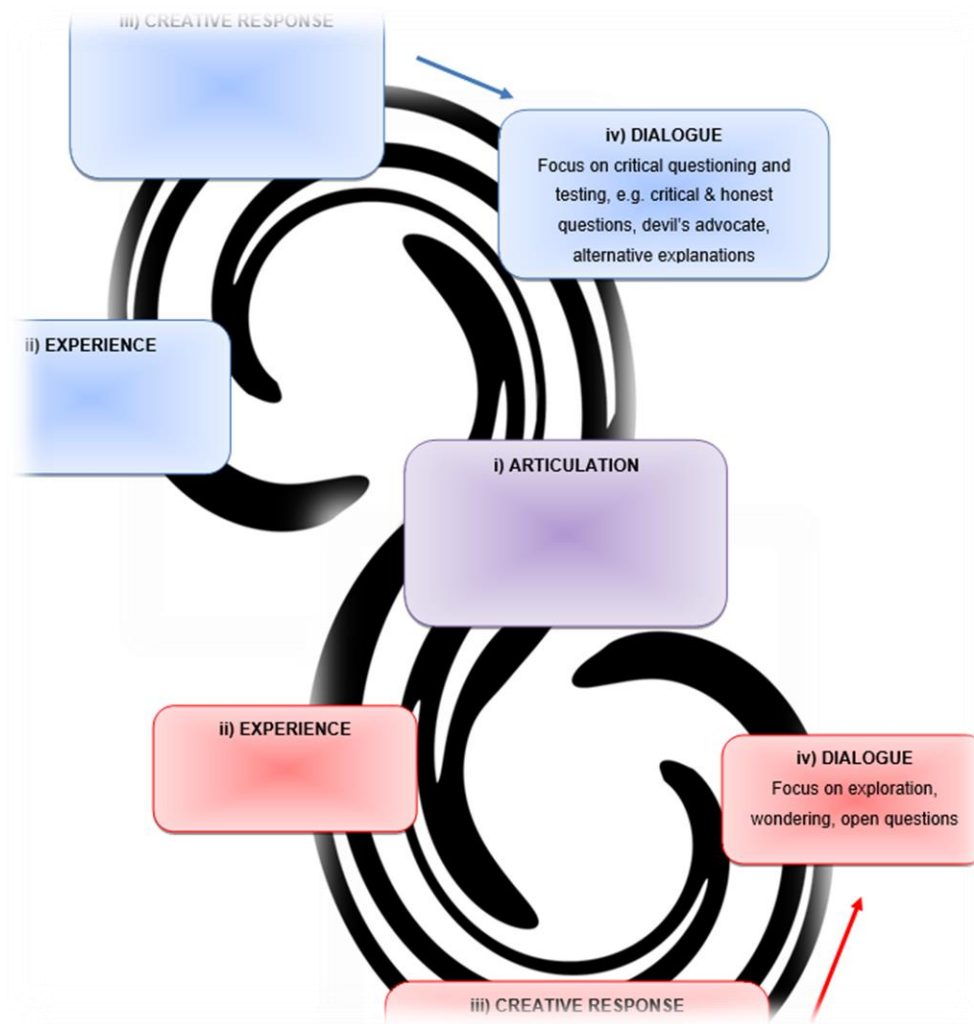


Figure 4.9 Dialogue: step **iv** of the CCCI lemniscate

This step involved giving words to and critically reflecting on that which had been expressed creatively during step **iii**. The goal of this step was to come to deeper or new understandings of the experience in question in relation to the current inquiry

focus and, more broadly, the phenomenon of professional artistry in nursing. The methods used are summarised in section D of Table 4.1.

The process began with describing the qualities and characteristics of the creative expressions and with paying attention to the response they, or the creative process itself, had elicited in the creator and viewer. The dialogue moved hermeneutically between the creative expression, the response of the co-inquirers and the qualities and characteristics of the practice or group experience from which they sprung. Attention was paid to articulating our ideas and emerging understandings, contestation of developing ideas and conclusions, asking critical questions and searching for alternative explanations.

Within practice

Dialogue within practice took varied forms. Sometimes this step was limited to 'dialogue with self' (cf. Dewing, 2008). For example, if the experience responded to in step three was a practice encounter not observed by a co-inquirer. In such cases, capturing the reflection and insights in words remained important.

Conversations with a co-inquirer were recorded digitally or via notes in journals or on notepads, or typed directly into a Word document. After leaving the clinical setting, both participants tended to reflect further on the episode. If notes and reflections were added later this was made clear by post-dating them. During the RN inquiry I was the facilitator of the reflective dialogue in practice situations. Within the NP inquiry more than half the data collection in practice occurred without me present. Although some NP inquiry members skipped the creative expression step when first observing each other in practice and facilitating, independently of me, the post-observation reflective dialogue, they soon reintroduced creativity to the process. Without the creative response the dialogue was less rich, often less focused and it took longer to get to the nub of the encounter. It also took more time when presenting back to the other inquiry members during a CCCI group meeting.

Interviews and conversations with people outside the inquiry groups

Individual inquiry members also undertook interviews and more informal conversations with people outside the CCCI groups. The general goal in these situations was to elicit the experiences and perspectives of people with whom the nurses in the inquiry worked: patients, residents, family members, colleagues and

student nurses. The specific goal depended on the situation being explored at that moment. Within the RN inquiry I conducted nearly all of these interviews myself. They were semi-structured and had a semi-formal nature. That is to say, I used a short topic list: after inviting the person being interviewed to tell their story, for example about the nursing encounter witnessed or their experience of care, I tended to return to the topics on the list and ask questions about them if these subjects hadn't already been covered in the interview.

Later in the RN inquiry and throughout the NP inquiry the interviews became much less formal in nature and could better be described as conversations or dialogue. This approach was developed after reflecting on the mis-match between the third methodological principle of this research (see Figure 4.5) and the reality of conducting more traditional semi-structured interviews. Despite my intention to be person-centred (McCormack and McCance, 2016) in the interview process, basing the interview around my starting question and topic list paid too little attention to the needs of the person being interviewed. Altering my approach to these conversations brought them into line with the assumptions of this research: the beginning point was the shared experience of the care encounter, if there was a shared experience, or the point at which the person being interviewed wished to start the story. I asked, for example, what had moved them to participate in this inquiry and what they wished to share with me and, via me, with the other inquiry members. During each conversation personalised agreements were made as to the information that was able to be shared with the other inquiry members. As well, attention was paid to the purpose of the person being interviewed: how did they view the process of being interviewed? How did they wish to use the conversation, or the record of the conversation, to better understand their experience, for example, to help them process what they had been through or in looking towards the future? It sounds a little long-winded but in practice could be set up quite simply. In many of these conversations I invited the person I was talking with to choose association cards (eg. Bijkerk & Loonen, 2009; Stokes, 2011) as part of the interview or dialogue process.

Within the NP inquiry other members of the inquiry group also conducted interviews or recorded conversations with care recipients or other members of the healthcare team. Those NP inquiry members who had used interview methods during their own masters research conducted these conversations independently. I accompanied the

other NP inquiry members for their first one or two interviews. Debriefing about data generation, including our interviews and dialogues with people outside the inquiry group, was a regular part of our work together as inquiry members. In this way we paid attention to becoming reflexive as co-inquirers, supporting each other to pay attention to the ways in which our activities influenced the inquiry unexpectedly or unintentionally, and to check the alignment with our inquiry principles.

This type of data collection took anywhere from ten to 60 minutes, but generally not longer than 30 minutes. We planned to digitally audio record all the interviews and conversations. On the rare occasions when there were no facilities available for digitally recording, or when it was forgotten by an inquiry member, notes were made of key points during the conversation, checked at the time with the person being interviewed and fleshed out afterwards. Photos were made of any creative expressions or association cards chosen.

During CCCI meetings

During an inquiry meeting, as in practice, we moved from step **iii**, creative expression, into step **iv**, dialogue, as shown in Figure 4.9. There were several points requiring attention at this stage in the process during the group meetings. We needed to pay attention to turn taking and making sure we reserved time for everybody to participate in the dialogue. We put effort into capturing and recording insights and ideas as they were first spoken, as it was often difficult to recreate the first reactions, and to doing this in some form that was visible to all those participating. We used a beamer and laptop for this, or a flip-chart and marker pens. Additionally, it was important to reserve time specifically for asking critical questions and checking for alternative explanations, if this did not happen spontaneously. These conversations in practice or during the CCCI meetings involved more, then, than a sharing of ideas or describing one's standpoint. They were a collective uncovering of meaning, critical and creative deconstruction and reconstruction of understandings and co-construction of new meanings, understandings and knowledge.

Completing the lemniscate cycle: articulation of insights and new inquiry questions

The inquiry process returned, then, to the step represented by the purple element in the middle of the lemniscate, as explained earlier in the section 'i) Articulation'.

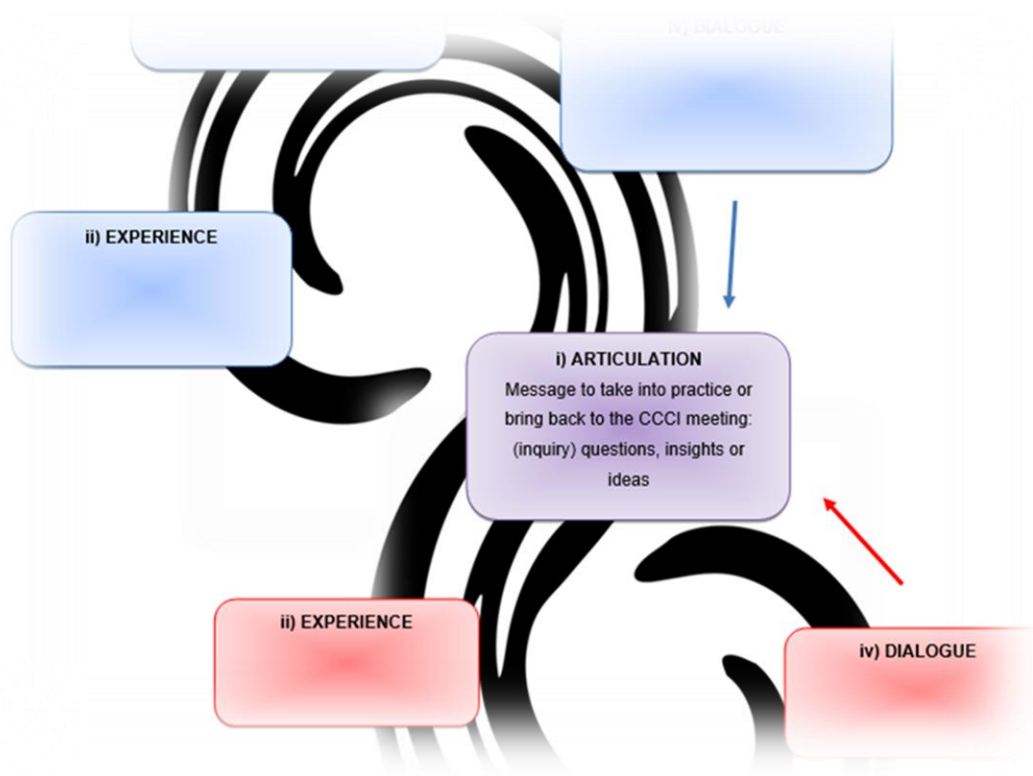


Figure 4.10 Returning to 'articulation', the crossover point between the practice and meeting loops of the CCCI lemniscate

Within the practice loop of the lemniscate the new insights were sometimes articulated at the conclusion of the reflective dialogue (step **iv**). It was, however, common for new insights, questions and ideas to emerge in the time between the practice experience and associated data generation, and coming to the next meeting. The lemniscate cycle was completed, during an inquiry meeting, by the articulation of new insights, areas of concern or a lack of clarity, and by identifying a new inquiry question to be taken back to practice for exploration and investigation. We experienced it as helpful throughout the RN inquiry and during the early stages of the NP inquiry, to also discuss and agree to the kinds of data generation that would be appropriate. During the later stages of the NP inquiry, group members had developed their own repertoire

of methods and discussed their ideas for data generation with me or each other when needed, during a meeting or between meetings.

The CCCI lemniscate cycle has been presented here as a step-by-step process, and although it was indeed systematic, it was not adhered to rigidly. The phases of creative response and dialogue were blended together in some ways, with parts of the dialogue or articulation of a message or question moving into new creative expressions, for example. During the latter phases of the NP inquiry, for instance, it was common for us to articulate both our new insights and the new inquiry question in a collectively generated poem. Furthermore, the *processes* of capturing experience, generating data, making meaning and critiquing the developing conclusions were often entwined together during the inquiry. Identifying those practice situations in which professional artistry may be present, for example, was only possible after uncovering part of our continually evolving understandings of professional artistry and when it was likely to be demonstrated within our practice. The collaborative process of making meaning and coming to new understandings is detailed in the following section.

Data analysis, meaning making and knowledge creation

The lemniscate cycle, presented in its entirety in Figure 4.5 guided and supported our inquiry activities, not only in terms of capturing experience and generating data but also with respect to analysing the data and co-creation of meaning. As noted above, the various processes were often entwined or merged. For the sake of clarity, the two methods used within the data analysis process to make sense of the information generated, to explicate our learning and to generate new knowledge about professional artistry in our practice are described here, separately from the description of the lemniscate cycle.

First, there was a collaborative process used throughout the CCCI within both inquiry groups. This approach drew heavily on work done by Boomer and McCormack (2007, 2010), van Lieshout and Cardiff (2011) and Cardiff (2012) with respect to creative hermeneutic analysis of research data. It incorporated, as well, the principles described by Heron (1996) and Bray et al. (2000) with respect to meaning making and collaborative generation of knowledge. Second, after the CCCI groups had stopped

meeting and I was working alone, I modified the analysis process used during the collaborative phase of the inquiry to undertake, individually, a synthesis of the entire data set. The collaborative and individual methods will be discussed in turn.

Collaborative meaning making: philosophical and theoretical principles

As stated in the methodological principles underpinning this study the procedures for data analysis, making meaning and co-creating knowledge needed to be iterative and collaborative, draw on diverse forms of knowledge and ways of knowing, create conditions in which those participating could benefit from the process and use both critical and creative processes. More specifically, the CCCI process for collaborative meaning making started with experience (cf. Heidegger, 1953/1962; Gadamer, 1975/1989; van Manen, 1990) and with sharing the experience with each other (van Manen, 1990; Heron, 1996; eg. Bray et al., 2000). When this sharing was part of a re-telling, the starting point was often not only the story but also creative expressions, photos or descriptions of these (Bray et al., 2000; Boomer & McCormack, 2007).

Although the experiences occurred within the limitations of our own pre-understandings, presuppositions and frame of reference (cf. Gadamer, 1975/1989; van Lieshout & Cardiff, 2011), we were aiming, within the CCCI process, for some kind of fusion of horizons (Gadamer, 1975/1989), where we each knew more in the end than we did at the start (Boomer & McCormack, 2007; Cardiff, 2012). To come to this point we intentionally moved between artistic and cognitive processes and ways of knowing and being (Heron, 1996; Titchen et al., 2017), used our imaginations and imaginal processes (McCormack & Titchen, 2006; Titchen & McCormack, 2008), artistic critique, cognitive critique and contestation (Simons & McCormack, 2007; Titchen et al., 2007; Cardiff, 2012), and we accepted that we could not understand the whole without understanding the parts, and vice versa, and that the new understandings resulting from our analysis procedures were, in their turn, contextual.

Collaborative meaning making within the CCCI: step by step

The eight steps in this process took place within and alongside the phases of the CCCI lemniscate cycle. Although generally enacted during CCCI meetings, represented by the blue loop in the lemniscate (see Figure 4.11), they were grounded in the practice and inquiry activities which had occurred during the practice cycle, represented by the red loop. In each explanation below the relevant phase of the lemniscate cycle is noted.

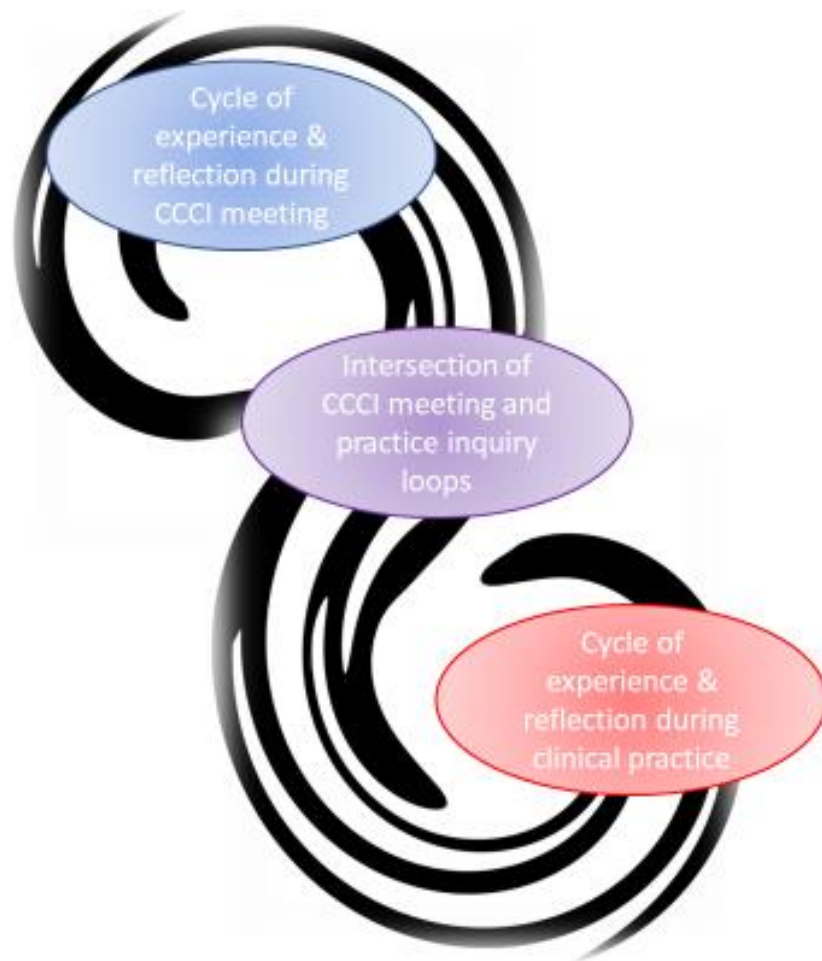


Figure 4.11 Summary of the CCCI meeting and practice loops of the lemniscate

1. Pre-CCCI meeting: complete practice loop of the CCCI lemniscate

This step occurred in practice and involved the completion of the red half, or lower loop, of the CCCI lemniscate. In this way the process of meaning making, laying the groundwork for analysis, began with and was grounded within experiences in

professional practice. As explained previously, moving through the practice loop could take place individually, together with a co-inquirer or, to some extent, with another person outside the inquiry group.

2. Pre-CCCI meeting: prepare presentation (step i of the CCCI lemniscate, ending the practice loop and transitioning into the meeting loop)

Inquiry group members prepared for the CCCI meeting by making a presentation not more than five minutes long based on the data generated during the practice inquiry loop. There were no ‘rules’ as to form or style: the presentation could take the form the presenter felt to be the most useful, evocative or effective. Presentations could include practice stories, narrative (re-)constructions, creative expressions made during practice or afterwards to capture and/or express the essence of the experience or the message, a found poem or object used as a metaphor or symbol, PowerPoint slides or anything else that the presenter deemed helpful. In creating the presentation we were articulating our learning, insights and questions, represented in the lemniscate by step i.(Figure 4.12), at this stage to ourselves in preparation for sharing with the rest of the group.

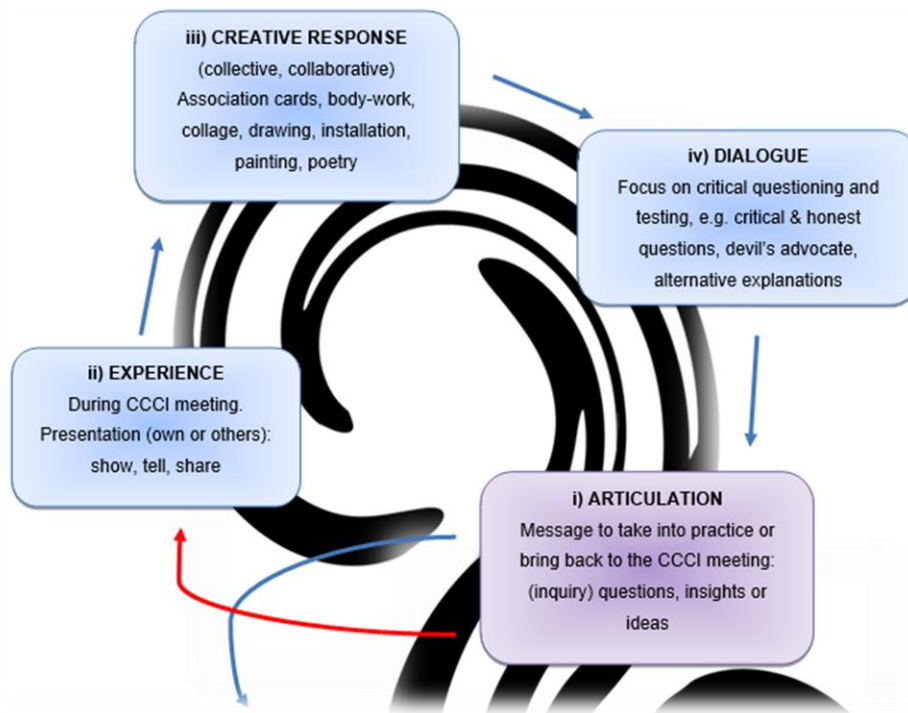


Figure 4.12 The blue loop of the CCCI lemniscate represents our activities during the CCCI meetings, with articulation as the transition point between the practice and meeting loops.

The presentations were prepared individually. Where two people had inquired together in practice it was generally the person in the role of practitioner-inquirer who prepared the presentation. On occasion and when agreed beforehand the observer-inquirer took on the role of preparing the presentation. Importantly, the presenter or duo concerned was 'in charge' in terms of what was shared and what was kept private. There was no requirement to share anything. Each individual could opt out completely, if wished, and not present anything.

I too prepared a presentation for each meeting, drawn from one of my experiences as facilitator. My choice was guided by the inquiry question we had determined for that cycle, in the same way as the inquiry question guided the choices made by the other inquiry members when preparing their presentations.

3. CCCI meeting: presentation round (step ii of the meeting loop)

As explained earlier in this chapter, step ii of the meeting cycle (see Figure 4.12) involves the shared experience of presenting or witnessing the presentations of other inquiry members. During this presentation round there were two roles for every CCCI member (a and b) and one extra role for the facilitator (c).

- a) As presenter the inquiry member shared their own presentation in five minutes or less, thereafter answering any clarifying questions.
- b) As part of the audience the inquiry member witnessed, listened to and observed their colleague who was presenting. Inquiry members in the audience asked clarifying questions, tried to avoid wandering off into discussion or dialogue and took their own notes, in whatever form, to record their own initial responses to the presentations.
- c) The facilitator held the space, guided the process and was alert to time-keeping.

4. CCCI meeting: quiet reflection moving into creative response (transition between step ii and step iii of the meeting loop, culminating in step iii)

At completion of the presentation round the group moved into a period of silent contemplation in preparation for collaborative analysis and meaning making. Following Cardiff (2012), once the stories or other information were shared they became part of the collective experience, no longer only 'belonging' to the inquiry member who had introduced the information as part of their presentation. During the

silence, therefore, each CCCI member considered and reflected on all that they had just witnessed, not only that which they had themselves shared. This period of contemplation marked a transition between step ii (Experience) and step iii (Creative Response) of the CCCI meeting loop (Figure 4.12).

As each inquiry member felt ready they began making a creative expression in response to the presentation round, using the materials available, still in silence. Within the RN inquiry the creative expressions were made individually. In the NP inquiry this part of the process was sometimes a (partially) collaborative collage or 'installation' using objects and materials available in the room. In some cases this collaborative creative expression was discussed and agreed to beforehand, in other cases it came into being as a result of the group process during step iii of the CCCI lemniscate.

5. CCCI meeting: dialogue using the creative expressions as starting point (step iv of the meeting loop)

This step in the process of meaning making, analysis and co-creation of knowledge kept to a fairly regular structure and followed principles common within practice development literature (Manley, Titchen & McCormack, 2013; Dewing et al., 2014; Titchen, 2018). Attention was paid to turn taking; everyone who wanted to was able to both articulate the message of their own creative expression and react to the creative expressions of other inquiry members. In our reactions we used the starting lines, 'I see, I feel, I imagine...'. In some meetings there was time spent reacting to each creative expression individually, sometimes the reactions were made in response to the collective result of the creative phase.

The dialogue then shifted and became focused on answering the questions we had posed or looked at exploring issues that were raised in relation to professional artistry and its facilitation. We paid attention to where we noticed convergence or divergence of views and reactions. We noted and discussed those aspects of the process which had evoked strong feelings, or feelings of incoherence.

Inquiry members could take on one or more roles during the dialogue and these were generally made explicit either before we began this step or as the process unfolded. The facilitator held the space, made sure that everyone who wanted to contribute had the chance to, kept an eye on timekeeping and encouraged the group to follow the

steps in the process. The scribe, or note taker, took down key words, phrases and ideas that arose from the dialogue in a way that was visible to the whole group. Both the facilitator and the scribe also participated in the process and, particularly within the NP inquiry, other inquiry members took over the facilitator or scribe roles as needed.

6. CCCI meeting: *intermezzo* (step iv of the meeting loop)

Generally speaking, before moving into the phase of cognitive and artistic critique, we took a short break in the collaborative process. Here was time for stillness and individual reflection and contemplation, time for each individual to pay attention to their own sensory and emotional reactions and to perhaps re-ground themselves. In both the RN and NP inquiries group members sometimes used this time to select new association cards, to quickly sketch a picture or to choose particular creative materials. Others sat in stillness, eyes closed. The facilitator kept note of the time and announced gently when it was time to move into the next phase of collaborative analysis and meaning making.

7. CCCI meeting: *cognitive and artistic critique* (step iv of the meeting loop)

To the extent that this had not already happened, we used this step to ask ourselves questions. For example, what issues are we skirting around or avoiding? Which assumptions are we making and can they be supported using our data? When looking for alternative explanations to the conclusions we were developing we considered how we would defend our developing conclusions to a sceptic or a colleague at work. What evidence did we have to back up our ideas and what information were we missing? Alongside these strategies for cognitive critique we also used more artistic approaches, drawing particularly on Bray et al. (2000) and Simons and McCormack (2007). For example, which feelings and emotions were evoked in us by the creative expressions, the dialogue and the different phases of the process? Were they congruent and aligned? Which differences were present and how did we account for them? We used images, metaphors or poetry to capture the essence of the meeting or our response to it and considered the ways in which the creative expressions had changed or expanded our understandings. Care was taken, in any case, to include both artistic and cognitive approaches to questioning the developing conclusions.

8. CCCI meeting: articulating insights and new questions (step i of the CCCI lemniscate, ending the meeting loop and transitioning into the practice loop)

This last step in the collaborative process of analysis and meaning making within the CCCI meeting was also the first step of the practice inquiry loop. We summarised what we had learned about professional artistry within the present meeting and considered how these new insights built on or changed what we had learnt last time. We articulated the questions we now had, as a result of the new insights or as a result of the discussion and we determined which of these had priority for the next investigative cycle. In some cases, if the question warranted and time allowed, we agreed how we might generate data in practice about the inquiry question.

Non-collaborative meaning making: analysis and synthesis across both inquiries

After cessation of the NP inquiry the collective processes of capturing experience, data generation, data analysis and collaborative meaning making came to an end. I then conducted an analysis and synthesis of the data across the entire CCCI study, working largely alone. The method used was based in part on the process described in the eight steps above, altered to accommodate working individually, because the same principles grounded and guided this phase as in the collaborative process of meaning making. Additionally, this phase of the analysis involved distilling out the essence of the inquiries into publishable form, stepping outside and away from the continual process of refinement and meaning making and, instead, taking a stand: preparing the knowledge generated within the inquiries for presentation to a wider audience.

First, the data were organised around the particular inquiry questions posed at the beginning of each new practice inquiry loop. That meant that a 'section' of data contained the inquiry question, all the practice inquiry cycle data relevant to that question, and the CCCI meeting data that followed the practice inquiry cycle. I immersed myself 'physically' in the data by arranging all the creative expressions, transcripts of interviews, conversations or journal entries and/or photos of notes taken on one side of me, and the meeting data on the other, generally physically printed, not just electronically. I often worked with the data laid out on a number of tables, on the floor or affixed to the walls so that I could move among it. I listened to the audio recordings made in practice, if they were present, and to the recording of the meeting.

I stopped the recording whenever necessary to examine the relevant materials produced either in practice or during the CCCI meeting, sometimes to note down specific remarks if they hadn't already been transcribed. These activities corresponded for me to steps i and ii of the CCCI lemniscate, and to steps one, two and three of the collaborative meaning making process described above. I was re-visiting both the practice and meeting experiences.

I synthesized my reaction to re-visiting a particular inquiry cycle in the form of a creative expression such as painting a picture, using association cards in combination with key words and metaphors, creating a collage or using collected objects to make an installation. This phase of the analysis corresponds with step iii in the CCCI lemniscate and with step four of the collaborative meaning making process.

In the next phase of the analysis process the messages, feelings, associations and other sensory perceptions associated with the creative expression were articulated or 'put into words'. I identified patterns in this particular section of the data: convergences, incongruences and divergences. Noting similarities, differences, unresolved questions and patterns across different sections of the data and recording these, writing as I went, I resolved issues by recourse to the data. The data sources and my creative expressions were often in hard copy, spread out around me, and my responses were generally written directly into Word files. I also created large word pictures, visualizing the synthesis and grouping of key ideas, metaphors, words and data fragments around particular themes: see Figure 4.13 for an example. This phase of analysis can be characterized as dialogue with self and with the data, and corresponds to step iv of the CCCI lemniscate and steps five through seven of the collaborative meaning making process.



Figure 4.13 Word picture bringing together data of different types and from different inquiry cycles in support of a central theme around the nature of professional artistry

The last phase of the individual analysis process was the distillation of the products of the analysis and synthesis into the key insights which answered the research questions. These insights were named, defined and supported with examples taken from data generated within both the inquiry groups. The products of this phase enabled presentation to and dialogue with other people about the findings of the research. This phase corresponds to step I of the CCCI lemniscate and step eight of the collaborative meaning making process.

Although described here in a linear fashion, the process of data analysis and synthesis over the two inquiries, including this last phase, was iterative. Refining the specifics of the overall story told by the analysis and determining the most effective and accurate mode of presenting those specifics took time and review by people both internal and external to the inquiry. Throughout this process I remained in contact with members of both inquiry groups and they participated in a number of member-checking procedures. I asked them questions about particular episodes, when the data felt incomplete, sending photos to jog their memory for example. I also invited past inquiry members to read and review my developing conclusions via email. Three extra meetings took place, in 2015, 2017 and 2018, with a number of RN and NP inquirers present, for the purpose of contestation and critique of the synthesis. As

well, one RN and two NP inquirers participated in selection of examples from the data with which to illustrate and support the findings. Decisions points and questions were recorded in my research journal and discussed with peers and supervisors. Provisional findings were discussed with supervisors and presented at conferences (Frost, 2016, 2018) and doctoral student meetings for the purposes of peer review. The final product of the entire data analysis and synthesis process is presented in chapters five, six and seven of this thesis.

Concluding remarks

In this chapter the CCCI design, including the CCCI lemniscate inquiry cycle, have been explained, illustrated and justified with reference to the literature. The research methods are summarised in Table 4.1. Those methods aimed at capturing experience and generating data were described in conjunction with the lemniscate cycle. Attention was given separately to the collaborative and individual procedures for meaning making, knowledge creation and data analysis. In the following chapter the inquiry participants are introduced and the various cycles of inquiry as they occurred within the two CCCI groups are described. Specific examples of the CCCI process 'in action' will be given to illustrate the CCCI methodology, the procedures for maintaining rigor in the research process and the way in which our understanding of professional artistry developed during the life of the inquiry.

Chapter 5 : The critical creative collaborative inquiries in action: developing our research praxis

This chapter introduces the people who participated in the critical creative collaborative inquiries and shows the CCCI process in action. The two inquiry groups and the individuals comprising them are introduced in the first and second sections of this chapter, followed in each case by an overview of the activities of each inquiry group and the focus of data collection in the various cycles of inquiry. In the third section of the chapter the focus shifts to my role and journey as facilitator of the CCCI. Throughout the chapter vignettes and short accounts of our activities are used to illustrate the inquiry processes. Particular attention is paid to the strategies aimed at maintaining rigour during the CCCI, such as dealing with the challenge of inquiring together in Dutch and reporting on the study in English, and coming to understand how to work in critical and creative ways.

This chapter serves two functions. Firstly, it is the first of three chapters concerned with the outcomes of the study. The outcome presented here is the CCCI process in action. Although traditionally the 'doing' of research is reported on separately from the research outcomes, this inquiry concerned among other things the development of a research praxis whereby the 'doing', or 'means' of the research was interwoven with the 'outcome' or 'ends' of the research. In that respect this chapter presents outcomes. Similarly, 'who' we are as inquirers was interwoven with the 'how' of the inquiry process and the 'what' of the results. The second function of this chapter, therefore, is to show how different ways of knowing and being, and different sources of knowledge, were actively merged and melded together to create a rigorous research process. In that respect the chapter diverges from a traditional presentation of findings, because part of the justification of decisions involves reference to literature, as one of the sources of knowledge.

The CCCI process commenced in July 2011 and ceased in December 2014. In this time there were two different CCCI groups formed, the first working together for 17 months and the second for 26 months. Data generation and co-creation of meaning were aimed chiefly at capturing and coming to understand the professional artistry within the nursing practice of the inquiry group members. As initiating researcher I was a member of both groups. Data were generated and interpreted about my nursing

practice, in the first inquiry group, and about my practice and developing professional artistry as a facilitator of both inquiry groups. In the second inquiry, the nurse practitioners (NPs) also became facilitators of their own and each other's inquiry, and our data generation and interpretation was about that as well. My nursing practice was therefore part of the data in the registered nurse inquiry (RNI), and NP facilitation practice was part of the data in the NP inquiry (NPI). These periods of collaborative inquiry were followed by a period of synthesis in which I worked, largely alone, to make sense of the data set as a whole. During this period I kept in email and occasionally telephone contact with individual inquiry members. There were also three extra meetings, one in each of 2015, 2017 and 2018, held for the purpose of sharing elements of the meaning-making process once again, particularly critical and creative critique of my developing conclusions. All members of both the RNI and NPI were invited and those who were willing and able attended in heterogeneous groups.

Throughout the chapter abbreviations are used when referencing the origin of an illustration or quotation from the data. These are explained in Table 5.1. Not all audio-recordings of interviews, conversations or meetings were fully transcribed. The analysis process, including the use of non-transcribed recordings, was described in the final section of Chapter 4. Here, in Chapter 5, when a quote is taken from a fully transcribed recording a page number is included in the location identifier of the quote. Otherwise the specific audio recording containing the quote given here is identified and it can be assumed that only parts of that recording were transcribed. Decisions concerning translation from Dutch to English will be addressed later in this chapter.

Table 5.1 Abbreviations used in the text when referring to quotes or creative expressions generated within the CCCI

Abbreviations used in the text to identify source of quotes and creative expressions			
The source of the data when the person was a member of a CCCI group		The source of the data if the person was <i>not</i> a member of the CCCI	
Donna, Anna etc	Name of individual inquiry member	Col	Colleague (identified by a number unique within that year and inquiry group)
RNI	Registered Nurse Inquiry group (also used when a statement is attributed to the whole group)	Fam	Family member (identified by a number unique within that year and inquiry group)
NPI	Nurse Practitioner Inquiry group (also used when a statement is attributed to the whole group)	Pat	Patient (identified by a number unique within that year and inquiry group)
Post	Data generated after the inquiry groups had ceased to meet, during the synthesis phase	Res	Resident (identified by a number unique within that year and inquiry group)
The type of data generation activity and other identifying information			
CRC	Critical reflective conversation between two (or more) members of a CCCI group, in response to practice observation		
Con	Conversation or interview (where either Donna or another CCCI member is the interviewer)		
Mtg	Data generated during a CCCI meeting. Each meeting has a unique number. For example, NPI-Mtg1 indicates the first CCCI meeting of the NP inquiry group.		
Rec	Recording made during CCCI meeting. Sometimes '1 of 4' or similar is noted: this means there were 4 audio files saved about this meeting, and in this example the quote is taken from the first of the four.		
Obs	Observations made, for example in practice, recorded in stand-alone document		
Photo	Photo made in the context and year indicated, each with unique number for that context / year.		
RJ	Research journal, followed by volume number or photo number		
p / pp	Page number/s within the transcript or research journal concerned		

Registered nurse inquiry group

Four registered nurses (RNs) formed the first inquiry group. They worked in an organisation providing residential care for older people in a large city in the province of Zuid Holland and joined the inquiry following the process previously described. Although working in a context in which efficiency and technical skill were more highly valued than professional artistry the registered nurse inquiry (RNI) members had each been nominated by their managers and colleagues as being nurses with 'the x-factor':

nurses who made a difference for their patients. Participation in this study was actively facilitated by their employer. Nevertheless, the RNI members had little control over their workday planning and participation in inquiry activities was often interrupted by unplanned activities at work, or unexpected roster changes, for example.

Although happy to use their own names, pseudonyms are used here to protect the anonymity of the organisation, where two of the group members still work, and the other people within the organisation who contributed to the inquiry. The RNI members chose Jane, Rosemarie, Mara and Floortje as their pseudonyms. The organisation in which the nurses worked is referred to here as Greenwoods Care. As mentioned in Chapter 4 the organisation ran thirteen locations, each offering residential care to between 100 and 200 residents, as well as two large community nursing teams. The nurses who took part in the study worked in either Elm Tree House, one of the residential locations, or South Side, one of the community nursing teams.

This section begins by introducing each member of the RNI with a short description of their situation at the start of the inquiry. The quotes are taken from the first meeting at which all four women were present, where they shared some of their thoughts about joining the inquiry group. The complete RNI inquiry journey is then summarised. Two particular aspects of the RNI are elaborated: the use of metaphors to explore understandings of professional artistry and the impact that the inquiry activities had on the way we viewed our practice.

Jane

Jane qualified as a nurse eight years before the start of the inquiry. She'd completed her bachelor level nursing education at a university of applied sciences and worked for some years thereafter as a staff nurse in a large teaching hospital in the region, first on a general surgical ward and then an orthopaedic ward. She'd made the shift to care for older people three years prior to the inquiry beginning and had worked since that time as one of the care-coordinators⁷ within Elm Tree House, providing nursing care to older people living with chronic or progressive physical illness such as stroke, Parkinson's disease, multiple sclerosis or chronic obstructive pulmonary

⁷ Care-coordinator positions are only available to bachelor qualified nurses, not diploma level nurses, and all the bachelor educated nurses on this unit, and also within the community nursing team South Side, worked as care-coordinators.

disease. Jane's daily work included providing nursing care, together with three or four colleagues, for the 26 residents on the unit, and care-coordination activities for seven of the residents. Jane was also on the 'senior duty nurse' roster and worked several shifts a month in which she carried the duty telephone and could be called from her own unit to deal with incidents across all ten units within Elm Tree House, including those offering nursing care to people with dementia.

I am very curious about this project, I see it as a chance to take a step back every now and again and reflect on our work. Many days I feel like I haven't stopped to think about anything, I have just been 'on' the whole day. [...] Also, when I was a nursing student we learnt about research. It was interesting but this is the first chance I have had to be involved in a research project. [...] About being nominated by several people, well, I don't really know what to say about that! It is a compliment, of course, but a great surprise. I am on and off all the units in Elm Tree House when I have the senior's phone, so maybe that's why a lot of people know who I am.

(Jane-RNI-Mtg2⁸-Rec1of5)

Mara

Mara had also qualified as a nurse eight years prior to the start of the inquiry. She had followed an in-service programme to become a diploma level registered nurse and had worked in aged care since beginning her training. She joined Greenwoods Care three years previously and worked, at the start of the inquiry, on a closed unit providing residential and nursing care to twelve people living with dementia⁹. During the CCCI Mara changed workplace: she went to work primarily on the 'short stay unit', where clients resided for several weeks or a couple of months, as part of a rehabilitation or assessment process. Nurses assigned to the short stay unit were also often asked to help out elsewhere in the residential home so that Mara not infrequently filled shifts back on the closed unit.

Well, I am a quiet person, so participating in a group like this is not something I would usually do. But the idea of looking at 'the x-factor', I think it is very good. I think it is a great idea. People have such negative ideas about working in elderly care. And no one wants to come and live here either! But once people are here they sometimes really cheer up. Life doesn't have to be a struggle, or not such a struggle. There is still

⁸ See Table 5.3 for meeting dates.

⁹ On a closed unit the unit's outer doors can only be opened with keypad or code access so that residents cannot leave and reach the stairs or lift. The rest of the unit, including staff areas, the unit kitchen and an outside terrace, are open and accessible for all residents. This creates a reasonably large 'walking route' with various spaces to sit in, either fairly secluded and quiet or in one of two larger sitting rooms which are busier and adjoin the dining rooms. The decision to place a resident in such a unit is subject to legal and medical regulations and takes place only after thorough assessment.

room to enjoy some things in life. But beforehand, before people experience it, no one really believes you, it sounds like the end of the road. [...] Also, our work is sometimes more difficult than people think, it can be very challenging. I get a lot out of this work and it is good that this project is focused on what we do. We do important work.

(Mara-RNI-Mtg2-Rec1of5)

Rosemarie

Rosemarie worked in the South Side community nursing team during this inquiry. She was 25 years old at the time the CCCI began and had been qualified as a bachelor level registered nurse for two years. Having worked in South Side team as a health care assistant during her nurse training and making a good impression, she was asked to apply for a position as care-coordinator on qualifying. As care-coordinator Rosemarie was responsible for the coordination of nursing care for about 25 clients at any one time as well as providing nursing care for between six and ten clients, in their own homes, each shift.

I am very proud of being a nurse and proud of my work. Also, I am very careful and like to do things the right way. I suppose that might be a reason I was nominated? [...] I would like to join [the CCCI] for myself, not just because I was nominated. It is easy to forget the impact we have on clients, in the lives of the clients. A lot of my work is paperwork and has to do with rules and regulations and making sure everybody knows what has been agreed to etc. It is necessary of course but that is not really the part of my job I enjoy. I enjoy working with the people, the clients, also their family. I would like to keep improving at that part of my job.

(Rosemarie-RNI-Mtg2-Rec1of5)

Floortje

Floortje was 49 years old when joining the RNI and had completed her in-service training as a diploma level registered nurse more than 25 years ago. She was respected and admired within Greenwoods Care as a nurse and as a person. People turned to her not only for information but also for support and advice when dealing with difficult or stressful situations. She had worked in the organisation for eleven years but had only relatively recently made the shift to the community nursing team.

I was very flattered to be nominated for this project but not too surprised really. People know me here [in Greenwoods], I am like a piece of the furniture. I like to help, to be of help to my colleagues. The new ones but also the others! People often 'yank on my jacket' to ask questions etc. [...] Still, I must say, it has not been easy for me, making a new start in South Side. It's a whole other kettle of fish! [...] I think the biggest change is working to a plan that someone else makes. I can't decide how and when I will organise my work, the appointments are already made and given to me in the morning and I have to follow that. And then

of course, the people are all in their own homes and I am underway alone for most of the day. So those things are different too. [...] And I was curious, about this project, about the x-factor. Do I have the x-factor? I don't know. Maybe in my old job? Everything is different in the community. I suppose we will see!

(Floortje-RNI-Mtg2-Rec1of5)

As we began the CCCI together, I too was curious about how the project would work out and at the same time very excited to have got started. I wrote the following in my research journal after the very first meeting, at which, besides myself, only Rosemarie and Mara were present:

My feelings right now: surprise (that it went so well), relief (finally done it AND I could do it [facilitate the meeting], excitement and enthusiasm for the next stages. [...] I agree with the participants that it *is* nice to be able to focus on the positive things in our practice. So maybe my feelings have something to do with the content of the meeting. But mostly, I think, to do with the process and the fact that the research itself is actually going to get somewhere and that I'm going to be able to facilitate it / manage it.

(Donna-RJ20110725-Vol3p6)

We went on to work for 17 months together as an active CCCI group, from 25 July 2011 until 15 December 2012. Our inquiry activities generated a data set that included 52 episodes of participant and non-participant observations of nursing practice, 63 taped conversations with individuals and 13 inquiry group meetings (see Table 5.2), as well as photos, creative expressions made individually and jointly by the RNI participants and myself and diverse journal entries, chiefly made by me but sometimes written by other RNI members and entered into the shared record.

Table 5.2 Data generated via observation or in dialogue during the RNI

Activity	Number of episodes	Hours
Practice observations , largely non-participant, Donna as observer	42	28
Practice observation , largely non-participant, other RNI member as observer)	3	2
Working together , Donna working with another RNI member providing nursing care	7	12.5
Total participant/non-participant observation	52	42.5
Taped interviews / critical reflective conversations , with each other or with people outside the RNI, after practice observation. Sometimes fully transcribed, sometimes partly.	63	42
CCCI group meetings . A number of audio recordings made during each meeting but complete meetings not usually taped. Partially transcribed.	13	38
Total (critical creative) dialogue	78	80

Attention was given, from the very beginning of the RNI, to creating cycles of experience and reflection both within practice and during the meetings as explained in the previous chapter (corresponding to the lower and upper loops of Figure 5.1, respectively). Co-creation of meaning, explicating new understandings and forming new inquiry questions to shape the next phase of inquiry are also integral to the CCCI process. These aspects of the CCCI process were more sporadic and less systematic during the RNI than described in Chapter 4. This meant that the crossover point, shown in Figure 5.1 as the 'intersection of CCCI meeting and practice loops' was not always articulated or as intentional as the CCCI design intends.

We covered some ground or illuminated particular aspects of our practice many times, for example, and didn't always make progress in intentionally going a little further or taking a different angle in the next round of practice inquiry. This was partly due to the emergent nature of the CCCI design and also related to my learning curve as a facilitator of the inquiry. My journey as facilitator is returned to later in the chapter. Here, the inquiry activities within the RNI are summarised in six periods, presented in Table 5.3, each with a particular focus.



Figure 5.1 The CCCI lemniscate, reproduced from Chapter 4

Table 5.3 The focus of capturing experience and data generation within the RNI, divided into six periods, RNI-1 through RNI-6

Period	Focus	Data generation activities
RNI-1: July – Sep 2011 Mtg1: Jul 25 2011 Mtg2: Sep 10 2011	<ul style="list-style-type: none"> Clarifying our present understandings of what it means to have ‘the x-factor’ (professional artistry (PA)) in our work as nurses Identifying aspects of our work in which we felt it was possible that PA might be demonstrated 	Kick-off meetings x 2 Individual practice observations (Donna as observer) followed by critical reflective conversations (CRC) in which use generally made of some kind of creative expressions
RNI-2: Oct – Dec 2011 Mtg3: Oct 12 2011 Mtg4: Nov 14 2011	<ul style="list-style-type: none"> Pooling data, sharing insights gained in past three months. What are ‘dreams’ for own practice / developing practice, relationship of these dreams to PA. Continuing with identifying moments of PA in own practice, or aspects in which it could be developed. Trying out ways of recording / documenting those moments, reflecting on them, getting feedback from others 	CCCI meetings x 2 Practice observations and CRC Interviews with others (eg. line manager, students, colleagues, residents).
RNI-3: Jan – Mar 2012 Mtg5: Feb 1 2012 Mtg6: Mar 20 2012	<ul style="list-style-type: none"> Similar to above. Otherwise coping with crisis of two managers being fired over the Dec / Jan period and participants having to unexpectedly take on new roles / responsibilities. 	CCCI meeting x2 Practice observations and CRC Interviews with others (student, family of client)
RNI-4: April – Jun 2012 Mtg7: May 7 2012 Mtg8: Jun 15 2012	<ul style="list-style-type: none"> Refocus on aspects of (developing) PA in own work, and identifying those areas in which we would like to develop aspects of own PA. How? What would help? How can we help each other? 	CCCI meeting x 2 Practice observations and CRC Individual creative expression, or journal entry after practice experience, sharing and discussing this episode with Donna in CRC RNI members (not Donna) conducting CRC with each other or with a student.
RNI-5: July – Sep 2012 Mtg9: Aug 4 2012 Mtg10: Sep 20 2012	<ul style="list-style-type: none"> What are we proud of, what aspects of our work would we like others to emulate? Trying out role modelling, active learning, feedback on the job as ways to develop PA. Sharing insights about PA, what has changed 	CCCI meeting x 2 Working together (Donna with other participant) followed by CRC RNI members (not Donna) working together & giving feedback followed by CRC
RNI-6: Oct – Dec 2012 Mtg11: Oct 19 2012 Mtg12: Nov 20 2012 Mtg13: Dec 20 2012	<ul style="list-style-type: none"> Capturing examples of PA in our practice, ‘unpicking’ these. Evaluation of last year, insights gained, group conclusions about PA in general and own PA 	CCCI meeting x 3 Practice observation followed by CRC

As Table 5.3 shows, within the RNI professional artistry was principally investigated by identifying those aspects of our practice where we thought professional artistry might be present and looking more closely at those (RNI period 1 (RNI-1), RNI-2 and RNI-6, in rows 2, 3 and 7 respectively). A variation on this approach was to consider those aspects of our practice that we wouldn't mind someone else emulating (RNI-5, sixth row). The fourth inquiry period (row 5) was slightly different in that we considered in what ways we could develop this kind of practice further.

As can be seen from RNI-1 (July – September, 2011, second row in Table 5.3), the use of similes and metaphors, for example, the 'x-factor', played a role in the inquiry into professional artistry from the beginning of this study. This facet of the inquiry is looked at more closely below.

Using symbolic language

The literature around professional artistry is full of creative language including descriptive adjectives, simile, metaphor and analogy. Donald Schön (1987, p. 3), for example, referred to the high, hard ground of professional practice, where technical and theoretical solutions are easy to apply, and the swampy lowlands of professional practice where problems are messy and require more creative solutions. Andresen and Fredericks (2001), trying to communicate something of the mystery of professional artistry, described the artistry in professional practice as being like the fifth player in a jazz quartet. Titchen's (2009, 2019) work, too, employs rich descriptions of practice as well as metaphorical language; she describes multiple intelligences, for example, 'work[ing] closely together in a beautiful ecosystem [...] of professional artistry processes' (Titchen, 2019, p. 51). Symbolic language, such as the metaphorical principles within critical creativity for creating the conditions for human flourishing (McCormack & Titchen, 2006; Titchen & McCormack, 2010), helps communicate the essence of complicated ideas in ways that enable the listener, or reader, to connect the ideas to knowledge or experiences they already hold. It helps to close distances and release the imagination.

At the beginning of this study, when seeking people interested in inquiring collaboratively into the professional artistry of their own practice, I wanted to communicate something of the feel of professional artistry while avoiding theoretical explanations which only made it sound more complicated. 'The X-Factor' talent shows

were playing on Dutch television at the time and one of my colleagues (Marja Legius) who I spoke to about the topic of the study said to me, 'Oh, you mean you are looking for people with the x-factor? Nurses with the x-factor? I bet every nurse knows someone who fits the bill!' (Donna-RJ20110501-Vol2p85). This idea proved very helpful. When told I was investigating the professional artistry of nursing practice people tended to ask *me* what that was and wait for an explanation. When I said I was looking for nurses with the x-factor and that I wanted to learn more about the x-factor in nursing by studying their practice, people began instead to tell me *their* ideas about what the x-factor looked like, how such a nurse might nurse and why he or she made a difference. Language, and not being afraid to use creative language, made a big difference to the kinds of responses invited from people. Creative language kindled the imagination and invited in turn more open and creative reactions. There was less anxiety, for example, about giving a wrong answer.

In this way symbolic language was part of the inquiry from the very first. Symbolic language and symbolic thinking were also integrated into the CCCI lemniscate and the steps of collaborative meaning making, as explained in Chapter 4. This was evident, for example, when using objects to hand or those brought specially for the purpose to symbolise an idea, particular association cards to tell the story of a practice experience or poem to capture the essence of our new insights. The first introduction to this way of working, for the nurses in the RNI, was during the kick-off meeting. I invited those present to choose an object in the room, either something they had brought themselves or one of the objects I had brought along, and use it to represent or illustrate their ideas about professional artistry at that moment. Here is part of this conversation.

Mara: I've chosen this little bag, it is my work bag, I carry it everywhere and always have it with me at work. It has everything I need in it. Fits a lot in, see, more than you would expect. It has everything I need and so I am always prepared. With it I am always prepared. So in that way it is kind of a special bag.

Rosemarie (smiling): And it looks so ordinary!

Mara: Yes! (Laughs a little). It is and it isn't. People are often surprised indeed when they see what's in it. It really does have everything I need [to do my job].

Donna: Can you tell us more about the relationship between this bag and the x-factor?

Mara: It is like I carry everything I need with me. Practically I have everything in my bag, but with respect to the x-factor, I also have a 'tool-kit' in me, that I carry with me. I can do the right thing, I

am always prepared, for every eventuality. And then I 'pull out' what I need. So I am well prepared, ready for anything I suppose.

Donna: And you mentioned people being surprised at all the things you carried, in the bag (gesturing at the carry bag)?

Mara: Yes, people are sometimes surprised at what I come out with, what I have in me. Maybe the answers, maybe what I do. Because I am well prepared I often know what to do when others don't and so they are surprised.

(RNI-Mtg1-Rec1of5pp7-8)

This excerpt illustrates how the use of symbolic language was often a setting off point rather than the culmination of a conversation. It was a way to enter into aspects of practice that were perhaps otherwise difficult to put into words. The role of the facilitator or others in the conversation was important: asking questions, listening with curiosity and without judgement, helping the person talking to share what it is that they meant, what the metaphor, simile or analogy *meant or represented* to them.

The above excerpt, fairly straightforward as it is, illustrates that the use of symbolic language in the co-creation of meaning is *not* straightforward. A metaphor, simile or other symbol sometimes evoked a very different response in the listener than the teller intended, each person attaching different meanings to the metaphor used. Curious, careful questioning of each other created room to come to mutual understanding about both the intended and unanticipated meanings, and the new meanings which evolved as part of the dialogue.

Using both creative and cognitive ways of knowing

It was necessary to explore the limits of a metaphor and to determine when they were no longer useful. When was an analogy like the x-factor, for example, no longer applicable to our ideas of professional artistry? What were the limits of a particular symbol? The abridged example below took place in August 2012, during the ninth RN inquiry CCCI meeting, when we had been working together for just over a year. In it, Floortje responds creatively and cognitively to my use of a spiral to represent professional artistry (see also Figure 5.2).



Figure 5.2 Jointly created 'installation', consisting of paintings, creative materials and association cards, to express our current understandings of professional artistry (RNI-Mtg9-Photo017)

Floortje: I've put a star there, the painted star, overlapping your part a little, Donna. Did you mind? You saw me ask? I thought you nodded?

Donna: I did, I nodded. It's fine – interesting in fact. What can you tell us about it?

Floortje: Well, your picture there is a spirally figure. And we talked last time about a spirally idea. Professional artistry has to do with zooming in and zooming out. And the spiral can go both ways, and it is never ending. [...] And then I see that again today, and that is okay. But today, well, I wanted to add another perspective. Because as we were listening just then, I listened to the presentations and I got a different idea. Sometimes it [professional artistry] might go backwards and forwards, but in reality, in practice, it is ending. It does stop, it has a focus. It happens in that particular time with the patient or the client. So it seems to me as if it is more like a star, or a light. There are different points that need to be seen and identified and as a nurse you have to act on them. The star brings light, I show that there [pointing to bright centre of the star] and also the different things that need to have attention [the points of the star]. Maybe next time it is all different things [that the nurse focuses on]. But now, or then, at that time in any case, it is these things.

Jane: And do you mean that the nurse is the star? The nurse brings the light in with her?

Floortje: Kind of. Yes. No, not really. Because the star could be different each time. The professional artistry [of the nurse] means the star can happen. Perhaps if the nurse didn't have professional artistry there would be no light, just the points. Like a focus, but on the wrong things. Or there WOULD be light, but not enough focus. Do you see what I mean? So there is focus, and light, and it can change.

Donna: And it [the star] 'comes into being' within the encounter, the particular encounter?

Floortje: Yes. The possibility is there, that 'comes in' with the nurse. But it all comes together there, in the time with the patient. With the resident. So it becomes sharp, focused, useful. [...]

Donna: And the contrast with the spiral?

Floortje: Yes, now, that's not focused is it? It [the spiral] is kind of never ending. It goes on and on, is open ended. And in my idea of professional artistry, part of it is open, but part of it is also having focus, being able to focus and identify the things that need focusing on. Knowing when to stop – and get pointy as it were!

(RNI-Mtg9-Rec3of6)

This excerpt illustrates a number of things. Firstly, how the image of the spiral and the image of the star were used, by setting them off against each other, to help clarify certain aspects of our understandings of professional artistry. It is possible that both messages could be found in both images, but the point of the dialogue and working with the metaphors was to bring the nuances of the different interpretations out into the open and to help us explain to each other what we meant, what our understandings were. Further, this excerpt shows that we had become more skilled, as a group, in moving backwards and forwards between the creative and cognitive aspects of our understandings and that our understandings of professional artistry had deepened. Floortje points out specifically what different parts of her painting represent; Jane asks questions about how the star should be seen in relation to the nursing encounter; I ask a question about the relationship between the two images. Floortje responds in each case with an answer in which she moves easily between the symbol and her understandings of professional artistry. Thirdly, this example shows our agreed ways of working in action: we had agreed that when working on creative expressions collaboratively, and in silence, we would get non-verbal consent from each other to add to something that someone else had done, for example via a look and a nod. Floortje checks that she had understood this correctly before explaining her addition of the star to my painting of the spiral. Finally, this exchange illustrates that we were, at this stage in the RNI, co-inquirers, with room to question or add to all contributions, no matter who had introduced them.

Nurse practitioner inquiry group

The nurse practitioner inquiry (NPI) was formed after the process described in Chapter 4 and consisted of seven NPs working in diverse clinical settings in the province of Zuid Holland in The Netherlands, and myself. The NPs were each valued in their context for their clinical expertise and all self-selected to participate in the inquiry group because they were interested in developing the less tangible aspects of their nursing practice. Although their participation in the NPI was not actively facilitated by their employers, they did have a high degree of control over their own work diaries and could in most instances plan time to engage in inquiry activities. Some of the meetings and practice observations attracted continuing education credits needed for re-registration as nurse practitioners. As for the nurses in the RNI, the NPI members are happy for their full names to be used in this thesis. However, to protect the identities of organisations and individuals not in the inquiry group, pseudonyms chosen by the NPs themselves are used and the information about individual work settings is brief.

Two of the NPs in the NPI were men and the rest women. The age of group members ranged from 31 to 52 years at the beginning of the NPI and experience as a NP ranged from two to eight years. Based in various inpatient and outpatient specialties, and in one case general practice, all the NPs worked in contexts where they were responsible for delivering integrated medical and nursing care to a well delineated group of patients. This meant that within their specific scope of practice each NP was responsible for performing a general and focused medical and nursing assessment including physical examination, ordering diagnostic tests where indicated, interpreting the results, coming to differential and working diagnoses, prescribing a treatment and nursing care plan and following this up. Each NP was part of a multidisciplinary team and worked closely with at least one general practitioner, medical specialist (consultant) or surgeon. They rarely delivered hands-on nursing care in the normal course of their work unless they were involved in teaching or an emergency situation. Contact with patients generally occurred during consultations within general practice and outpatient settings, or during admission procedures, on ward rounds, following up ward rounds or when called to the ward in inpatient settings. Further information is given about each of the NP participants in Table 5.4.

Table 5.4 Members of the NPI: age at commencement of the inquiry, years qualified as an NP, years of experience as RN (before or during training to be NP), work setting during NPI and usual form of patient contact.

NPI member	Age in years at beginning of NPI	Years qualified as NP at beginning of NPI	Years worked as RN or NP in training before qualifying as NP	Work setting	Usual form of patient contact
Margaret (female)	35	3	10	Primary care, in a general practice clinic	Consultations by appointment; 10-20 min. Home visits
Dylan (male)	40	3	7	Cardio thoracic surgery, inpatient ward	Admissions, ward rounds, follow-up visit, when paged
Pieter (male)	52	8	22	Gastro-enterology, inpatient ward	Admissions, ward rounds, follow-up visit, when paged
Anna (female)	31	2	8	Breast cancer centre, outpatient clinic	Outpatients appointment; 15-30 min. Group meetings
Aafje (female)	36	5	6	Neurology, specifically stroke outpatient clinic	Outpatients appointment; 20-30 min.
Lilian (female)	40	4	6	Gerontology, specifically memory clinic, outpatients	Outpatients appointment; 30 min. Group meetings
Wendy (female)	41	4	12	Urology, specifically male outpatients	Outpatients appointment; 20-30 min.
Range	31 - 52	2 - 8	6 - 22		
Mean	39	4	10		
Median	40	4	8		

After a period of recruitment and meeting each other in an informal setting, the NPI was formed in October 2012. Initial ideas of professional artistry were shared with each other during the first meeting and these are presented in the next section. I took a leave of absence from my PhD studies not long after the group was formed due to personal circumstances. During this time the group functioned as an action learning set (McGill & Beaty, 2001) in which I participated as facilitator. Our collaborative inquiry into professional artistry began properly in June 2013 and the NPI group worked together until 15 December 2014. The data set is summarised in Table 5.5 and includes 73 episodes (30.5 hours) of non-participant practice observation, 95 (40 hours) of taped conversations or interviews with individuals, both members of the inquiry group and people outside the NPI, and 16 group meetings (50 hours). As well, there were many photos, poems and visual creative expressions made individually and jointly by NPI members, and sometimes people outside the inquiry, and reflective writing from both NPs and myself.

Table 5.5 Data generated via observation or in dialogue during the NPI

Activity	Number of episodes	Hours
Practice observations , non-participant, Donna as observer	31	13,5
Practice observations , non-participant, co-inquirer as observer	42	17
Total practice observation	73	30.5
Action Learning Sets . None of this time was taped	4	8
CCCI group meetings . A number of audio recordings made during each meeting but complete meetings not usually taped. Partially transcribed	12	42
Total group meetings	16	50
Taped critical reflective conversations / interview (Donna present) , with each other or with people outside the NPI, after practice observation. Sometimes fully transcribed, sometimes partly.	45	19
Taped critical reflective conversations / interview (Donna not present) , with each other or with people outside the NPI, after practice observation. Sometimes fully transcribed, sometimes partly.	50	21
Total interview / critical conversation	95	40

Creativity within inquiry meetings

The setting off point, in the first NPI CCCI meeting, was to share with each other our initial understandings of the concept of professional artistry and to explore when professional artistry might be present in our nursing or facilitation practice. Prior to this meeting the NPI members had been reflecting on their expertise as practitioners and had been collecting feedback from patients, colleagues or both, as summarised in the first row of Table 5.6. As well, the topic of the inquiry was known to everyone. Cognitively, therefore, each person had been thinking about the idea of professional artistry for some time. This meeting was the first occasion that the NPs had used creative methods to surface other ways of knowing. The sphere was positive and the group was curious as to what the experience would bring; no one expressed any reservations about working in this way (Donna-RJ20121008-Vol5p41).

I had set out a selection of objects and creative materials in the room, and each person took time, in silence, to choose or create something to represent his or her understandings of professional artistry at that time. After time for reflection, each person shared their image or chosen object and put into words what the creative expression represented. The two figures on the following page form a compilation of these initial understandings of professional artistry. The first, Figure 5.3, shows parts of photos of the creative expressions shared during the meeting. The second, Figure 5.4, gives an impression of the words and phrases each person used when talking about the creative expression. The position of each circle in the second image corresponds with the first, so that Margaret's painting of the flower in the left upper circle in Figure 5.3 is associated with Margaret's words, in the left upper circle of Figure 5.4, and so on.



Figure 5.3 Initial understandings of professional artistry, NPI-Mtg1-Multiple photos, edited here to form one image



Figure 5.4 Examples of the words and phrases used by each NPI member when speaking about their creative expression in relation to professional artistry (NPI-Mtg1-Rec2of4).

The richness and variety of the understandings expressed, as well as the areas of congruence which seemed to spring out at us, seem unexceptional to me now. I

expect working with creativity to stimulate imaginative language, uncover different aspects of an idea or experience while at the same time revealing common ground, and facilitate getting to the essence relatively quickly. The meeting evaluation however reveals how surprised most of the group members were to experience the usefulness of this way of working.

We have used words such as magic, flame, incense, swirling. And you can see them there, many more besides. I did not expect, when I came to this meeting today, to be using this kind of language. [...] It already feels different, to be talking about our work in this way.

(Pieter-NPI-Mtg1-Rec4of4)

Yes, I agree with that. It makes me feel different about my work already. And I did not expect that either. [...] The feedback from my patients was very nice, of course. And we discussed it here and I agree, this is different. In the feedback patients say, she knows what she is doing, I can approach her with anything, she is good at her job, friendly, kind. And so on. That is nice but more or less predictable. But now I am surprised.

(Margaret-NPI-Mtg1-Rec4of4)

I didn't know what to expect actually. It has been a nice surprise. If I tell my family I have been doing this kind of thing they will laugh – cutting and pasting – it is for children. And here it was serious, in the end.

Lilian-NPI-Mtg1-Rec4of4)

This was the beginning made together in the NPI group. The use of creativity within a facilitated and supportive environment was well received and experienced as useful for not only explicating understandings, in this case about professional artistry, but stimulating new ways of looking at professional practice in general. The NPI inquiry continued until December 2014.

Table 5.6 summarises the seven periods of inquiry, or inquiry cycles, that took place within the NPI. As the table shows, the CCCI lemniscate process of capturing experience, reflection and co-creation of new meaning worked effectively within the NPI, with the inquiry periods NPI-3 through NPI-7 each having a different inquiry focus. Collaborative decision making about the focus of the next cycle, suitable data collection methods and ways of working together built upon the collective meaning making and new insights generated in each meeting.

Table 5.6 Seven periods of inquiry within the NPI, each with a different focus

Period	Focus	Data generation activities
<p>Setting up the inquiry</p> <p>Jul – Sep 2012</p> <p>‘Getting to know each other’ meeting: Aug 30 2012</p>	<ul style="list-style-type: none"> Skype & telephone contact with potential participants after initial recruitment speech at regional meeting of NPs. Those interested agreed to collecting some kind of data from patients or colleagues demonstrating current level of expertise. 	<p>Self-evaluation and/or feedback from colleagues using</p> <ul style="list-style-type: none"> Canmeds roles (Dylan & Wendy) Ugflow instrument (Lilian) <p>Written references or feedback from colleagues & patients, without use of framework (Pieter & Aafje)</p> <p>Patient evaluation using 4 questions (Margaret)</p> <p>Tips & tops from colleagues (Anna)</p>
<p>NPI-1: Oct – Dec 2012</p> <p>Mtg1: Oct 8 2012</p>	<ul style="list-style-type: none"> Group forming Ways of working Getting to know each other First ideas around professional artistry (PA), use of own data to back this up / question it Inquiry focus for NPI-1: ‘standing by (the other) / being there’ 	<p>CCCI x 1 meeting</p> <p>Reflective journal / reflection-on-practice and (past) practice episodes</p>
<p>NPI-2: Jan – May 2013</p> <p>Group functioning as Action Learning Set (ALS)</p>	<p>“Marking time”, functioning as ALS group, while Donna on leave of absence from the university.</p> <p>Focus of ALS</p> <ul style="list-style-type: none"> situations drawn from own practice or reflections on practice aimed at identification/recognition and development of own expertise as evidence based and/or person centred practitioners 	<p>ALS process recordings (4 in total)</p> <p>Record of learning / evaluation of 4 ALS meetings</p> <p>Reflective journal (RJ) (Donna)</p> <p>NB: After discussion with NPI members, only Donna’s RJ was entered into the collective record.</p>
<p>NPI-3: June – Oct 2013</p> <p>Begin of co-operative inquiry proper</p> <p>Mtg2: Jul 26 2013</p> <p>Mtg3: Aug 29 2013</p> <p>Mtg4: Oct 7 2013</p>	<ul style="list-style-type: none"> Revisited idea of PA, expertise in practice, explored ways of helping each other to develop this. Inquiry focus during NPI-3: ‘being alongside’ and also ‘helping to move forward’ During second CCCI meeting discussed / critiqued data collection methods 	<p>CCCI x 3 including collective analysis and critique</p> <p>Practice observations, Donna as observer, followed by CRC</p> <p>First try NPI members observing each other</p> <p>Interviews / conversations with people outside the inquiry group (Donna)</p>

Period	Focus	Data generation activities
<p>NPI-4: Nov 2013 – Feb 2014.</p> <p>Mtg5: Nov 19 2013 Mtg6: Jan 28 2014</p>	<ul style="list-style-type: none"> Inquiry focus during NPI-4: 'movement in stillness' / 'processes of testing & trying out' Experimenting with both observed practice episodes and recording significant moments in practice when nobody was there to observe. 	<p>CCCI x 2 including collective analysis and critique</p> <p>Practice observations, either Donna or NP co-inquirer as observer, and Donna or NP co-inquirer as facilitator of CRC.</p> <p>Conversations with people outside the inquiry group (Donna and NP co-inquirers)</p>
<p>NPI-5: Mar – May 2014</p> <p>Mtg7: Mar 5 2014 Mtg8: May 16 2014</p>	<ul style="list-style-type: none"> Inquiry focus during NPI-5: 'when things go wrong' / 'that could have gone either way' Data collection relied heavily on the NP noticing, in the moment, that the moment or episode was relevant, and generating data about it after the fact. 	<p>CCCI x 2 including collective analysis and critique</p> <p>Individual reflections and conversations with people outside the inquiry group</p> <p>Practice observations, either Donna or NP co-inquirer as observer, and Donna or NP co-inquirer as facilitator of CRC.</p>
<p>NPI-6: May – Aug 2014</p> <p>Mtg9: Jul 2 2014 Mtg10: Aug 15 2014</p>	<ul style="list-style-type: none"> Inquiry focus during NPI-6: 'it's not (just) what we do, it is who/how we are' Data collection of new data as above Revisiting already collected data 	<p>CCCI x 2</p> <p>As above</p>
<p>NPI-7: Sep – Dec 2014</p> <p>Mtg11: Oct 27 2014 Mtg12: Dec 14 2015</p>	<ul style="list-style-type: none"> Inquiry focus during NPI-7 Professional artistry powers our practice Deciding on new images / creative representations of current understandings Collectively: revisiting earlier images and understandings and comparing them with current understandings, conclusion was 'transformation' 	<p>Own creative expressions and journal entries (each individually)</p> <p>Diverse written recorded items of feedback, some unsolicited</p> <p>CCCI x 1 including collective analysis and critique</p> <p>Final CCCI meeting – review and looking to the future</p>

Creative collaborative inquiry in practice settings

In the NPI in particular there was a crossover evident between the ways of working and inquiring during the group meetings and the ways of researching together in clinical practice situations. I was not the only member of the NPI group to take on the researcher role in practice situations. All NPI members observed episodes of each other's practice followed by critical creative conversations. These observations and conversations became part of the data pool and were a rich learning experience for all of us.

Meeting together in each other's work spaces to investigate and capture experience and generate data was initially very challenging, however, certainly in terms of finding a way to incorporate creative methods. In fact, although the creative methods were well received and valued during the CCCI meetings, NP inquirers were at first reluctant to use them during practice inquiry, particularly if I was not there to facilitate. I recognised the hesitance from my own experience as learner (Boomer & Frost, 2011) and as teacher (van der Zijpp et al., 2011). Cognitive ways of knowing and doing are so highly valued in our society as to be taken for granted. Apart from not wanting to be thought ridiculous by colleagues, it seemed to NPI members that it would be both awkward and time consuming to organise using creative methods in practice settings after having observed nursing encounters. It appeared logical that if the step of 'creative response' was left out of the practice inquiry cycle, that the cycle would take less time.

Several practice inquiry episodes were undertaken, therefore, without engaging in the creative response. In hindsight, both the practitioner-inquirer and the observer-inquirer ran into difficulties when doing this, and noted problems when in dialogue with each other. Missing out the creativity made it difficult to get quickly to the essence of the encounter. As well, it was much more challenging to articulate the more nebulous aspects of the encounter, as Anna explains.

Although it seemed like a good idea to skip the cards and the painting etc, I really missed it in the end. I couldn't seem to get away from describing what I had seen, what I had done, what I was thinking. [...] And your [Pieter's] feedback for me was also about that kind of thing. 'I heard you say...' 'And then you did ...'. When we work creatively we end up talking about what we feel and sense, what the unspoken things are. I was disappointed in the end. [...] It is a challenge. I wonder what my boss will think if he walks past and sees me with crayons!

How to overcome this challenge was thoroughly discussed in the third CCCI meeting. We paid attention to the underlying principles of working both creatively and cognitively and practised being able to articulate our reasons in a couple of sentences so that we would be able to explain to colleagues what our reasons were. We tackled the practical aspects as well, agreeing that working with association cards and coloured pencils would generally be easy to arrange in the middle of work, and would give us enough freedom to engage our creativity. It became a shared goal, to help each other incorporate this step when observing each other in practice, and it laid the groundwork for learning to facilitate each other in working consciously with the body.

Overcoming this obstacle as a group was an example of reflexive research practice and coping with aspects of the research that did not go as planned. It illustrated for us the link between our principles and ways of working, and made obvious, at the same time, that knowing something works is not necessarily sufficient to be able to put it into practice. Both insight and useful practical tools, such as determining a strategy beforehand, were needed when trying to enact our principles in practice situations.

My journey as researcher: facilitating the investigation and developing professional artistry

My own journey within this research was to a great extent concerned with learning to embody the principles of critical creativity. By this I mean, not just applying them cognitively and when I had had the chance to think about it beforehand, but becoming able to work in these ways more often and more naturally, so that such ways of being and doing became an integral part of my research practice and, in the end, my research praxis. Before examining that part of my journey in more depth I will address a challenge that was, at least in the beginning stages of the research, more immediate, and also with the potential to impact on the rigour of the research: working in two languages.

Working in two languages

English is my first language. I have lived in the Netherlands since 2004 and have been fluent in both written and spoken Dutch since at least 2007, perhaps earlier than that.

Generating data and facilitating and participating in collaborative processes of meaning making in Dutch posed, therefore, no problem. Furthermore, my having English as a first language was seen by inquiry participants as an advantage when we were discussing ideas from the literature. The challenges I experienced lay in two other areas. Firstly, my field notes and reflections were often written in a mix of Dutch, English and elements of shorthand. Writing quickly in this blended fashion was not something I could 'turn off' when immersed in practice observations or taking notes during meetings. I ended up adding extra notes or translations where necessary after the fact. The example in Figure 5.5 shows the mixing of Dutch, English and shorthand together on the first page (3b), and on the second page (4b) the translation from Dutch to English of the remarks made during the meeting evaluation. In this case I wanted to share the evaluation data with English speakers. Sometimes parts of these kind of notes had to be added to or translated into Dutch, so that the notes could be entered into the collaborative record within the RNI or NPI.

Evaluation

① [redacted] Really good
 Anders dan verwacht Different than expected
 Dit, ook om het andere aspect van te zijn
 met te hebben. about things that go well
 It holds it in. No feeling been.
 Geen zorgen. Behave journal dat!
 No worries, except journaling
 - ook leuk gevonden. Also enjoyed it
 Ben wel bang dat het niet lukt.
 - koster.
 never thought that would take
 about these days the wit
 words of things - wanted about
 before - want that cost
 - Verhaal, I think
 Overall positive. - Overall, positive
 Het is een voorwaarde
 Really great - Enthusiasm
 - Zeer waarderen
 - Warm welkom
 - Open hanting
 - Engageable
 - Engageable
 210 stel toe in. Looking forward to it

me.
 25.01.2011 4b

② koesteren (KC cards) ↪
 "Flames in a fireplace"
 "Heart" (actually's status of 2 some "angels"
 middle with "moeder-ambas")
 X-factor =
 Je laat je hart i warme zijn.
 Emotie. Open - durven maken met
 bewaars.
 Listening
 doen normale voor bew } I make the clients
 feel special.
 Not so much. a → v I think it's too much.
 & - anything else to add?
AFSPRAKEN
 ② [redacted]
 - I d. in own practice 4% clients respond positively
 til "warme hart"
 - openen (openen)
 - magen belien om een afspraak te maken
 voor Part. Obs.
 ① - waarde toevoegen 3/5/2
 - mogelijk 17 angulus - meet, dat?
 25.01.2011 8h

Figure 5.5 Reproduction of pages 3b & 4b from research journal, Donna-RJVol3-20110725, after RNI-Mtg

A second challenging aspect of working in two languages was rendering the research data transparent for my supervision team and ensuring that my translations from Dutch to English were correct both with respect to literal meaning, where appropriate, and symbolic language, where appropriate. Much of the data generation and meaning making were shared in spoken exchanges with my supervisors, meaning that I could discuss the content and process without having to provide a written translation. Periodically I produced detailed English language accounts, of a meeting for example, in which I collated and translated information from all the relevant source material. An example of the first page of one of these summaries is given in Figure 5.6. My goal was to be transparent about how the text had been created and who was responsible for deciding what was written down. Where I wasn't entirely sure of how I had translated something, I noted the original Dutch phrase within the English text so that I could check it later if required. See the last three lines of Figure 5.6 for an example of this.

Second meeting with nurse practitioners in , [REDACTED]

08 Oct 2012, 14:00 – 18:00 hrs

Present: [REDACTED]

Parts of the meeting were recorded, parts were only written down, sometimes on post-it notes, sometimes by me (Donna) on computer. All creative expressions were photographed, post-it notes and whiteboard content as well when required.

Raw data sources used to create this summary:

- Recordings
 - DH_NP 20121008 CIG mtg 1 of 3 thru 3 of 3
 - DH_NP 20121008 CIG mtg 1 of 2 and 2 of 2
- Photos in folder DH_NP 20121008 CIG mtg
- Handwritten notes Research Journal DF vol 3 pp. 21 – 38.

Agenda:

1. 13:30 – 13:50 Reconnecting
2. 13:50 – 14:00 Agreeing agenda
3. 14:00 – 14:35 Sharing data collection activities up until now
 - a. activities
 - b. CCI
4. 14:35 – 15:20 Individual and collaborative exploration (critical creative) of PA in own practice at this moment
5. 15:20 – 15:40 Sharing ideas and agreeing focus for data collection in coming period
 - a. focus
 - b. agreed actions
 - c. support needed (and agreements made)
6. 15:40 – 15:45 Planning next meeting
7. 15:45 – 16:00 Evaluation

1. Used J. Stokes Evoke cards to reconnect This part of the meeting was recorded digitally. I also typed at the same time (in Dutch and English mixed together). These notes now have all been written over in English, referring back to the recording if unclear. It is written as I would have written it if I was taking minutes during the meeting, literal quotes are in quotation marks.

[REDACTED] *red postbox in field of waving grass*. Feels good to be back here together. The red letterbox caught my attention, it stands out. This project caught my attention when you first came to talk about it. The box is also closed off, contained. We have now closed off protected time together. It also looks a bit strange with the grass all around. Perhaps we are a bit strange (laughing).

[REDACTED] *red&orange traffic light; green traffic light, steep gradient sign 'keep in low gear'*. Couldn't come last time (red light), didn't even know if I wanted to (orange light). Have been talking to others about participation, seems like good idea. Also, have received feedback from boss need to learn to keep more focused, centered, 'low gear' ("een lagere versnelling, zeg maar"). Make time for reflection and focusing on developing myself and not just getting things done ("altijd bezig met de inhoud"). So now I have the green light, from myself.

Figure 5.6 First page of an English language summary of a CCCI meeting, created by collating information from a variety of Dutch language source material

Excerpts of data and quotations that were used in conference presentations, during the inquiry period, and within this thesis after the inquiry, were sometimes only translated at the time of inclusion in the written work. I discussed any translations I was not sure of, and in any case material which included creative or symbolic speech, with one or other of the inquiry participants or with one or other of my Dutch colleagues in the School of Nursing at my place of work in the Netherlands. In doing so I specifically discussed reaching a balance between literal translation of language and accurate representation of meaning. Many such decisions had to be made in the translation of even quite short passages as illustrated in the two examples below.

In the quotation given earlier in this chapter, Floortje talks about her new job within the community nursing team as being a 'whole different kettle of fish'. That is not a phrase that is used in Dutch. Her actual words were: '*Dat is heel andere koek*'. Translated literally Floortje had said, 'That is a whole different cake'; a phrase which has no particular meaning in English. In this case, literal translation would not have been helpful. My own knowledge of English and Dutch idiom is sufficient for me to know that the phrase 'a different kettle of fish' is a close fit for Floortje's meaning. This was confirmed by a colleague and, in this case, by internet sources which give examples of how other people have translated the same or similar phrases¹⁰. Other options would have been, for example, 'that's a whole different ball game', 'that's something else entirely', or 'that's a different story'. My choice for 'different kettle of fish' is both correct in terms of idiom and remains a choice which reflects my interpretation of the 'feel' of Floortje's expression and meaning at the time. In another example, taken from the same quotation, Floortje talks about people 'yanking on her jacket' when they want to have a word with her. The original phrase, '*aan mijn jasje trekken*', is often used in Dutch to indicate someone requesting your attention or help with answering a question, for example. Although that particular expression is not used in English, a direct translation of the Dutch into English conveys the same meaning, and by placing it between quotation marks I could emphasize that it was a figure of speech. So in this example I kept to Floortje's original words. These kinds of decisions were made in each case of translation.

¹⁰ For this example see <https://context.reverso.net/vertaling/nederlands-engels/andere+koek>.

Working reflexively

As outlined in Chapter 4, working reflexively was integral to achieving a rigorous research process throughout the inquiries. As initiating researcher and facilitator of both the inquiry process and of the development of professional artistry I was explicitly engaged in reflecting on my role within the research: what had been the effect, intended or unintended, of my actions and what was the extent of the alignment with my stated principles?

The following sections illustrate how the principles of creativity, working with nature and metaphor, and being rigorous in the research process, came together in this inquiry generally and, more specifically, in my own journey as researcher and facilitator. Three short accounts of experience, my reflective response to the experience at the time and afterwards, and the resulting shift in behaviour or practice are presented. These are followed by a longer reflective narrative bringing together some of the ways I was engaged in coming to embody the landscape of this research and its methodological principles. These illustrations demonstrate working intentionally within nature and with metaphors, emotions, bodily senses and 'othered' ways of knowing. They demonstrate, as well, the principles of artistic and cognitive critique and reflexivity contributing to the rigour of the inquiry process.

Walking in nature as part of academic supervision, and particularly in the woods, is a practice I learnt from my earliest work with one of my supervisors, Angie. The woods is where I often prepared for and reflected upon my writing, research or facilitation work. In the examples shared here I was away from home for a week on a work related trip. The work days were full and my morning walks in the woods were my opportunity to be alone. I had had some particularly energetic meetings with both the inquiry groups in the period before taking the trip and, as shown in the accounts below, I took my role as facilitator of the inquiry groups with me into the woods.

I walked alone at these times, letting my feet take me where they took me and silently noticing what I noticed, sometimes stopping to look at something closely or to take a photo. When the time was right I would record my experiences on paper or in a notebook taken with me for this purpose and then reflect upon them. The common theme in these three stories is the direction my reflections took me after the experience and the puzzling out I tried to do, with respect to the role of my senses,

body, emotions and cognition, regarding both the experience and, thereafter, the inquiry into professional artistry. Each story is reconstructed from my journal notes and followed by a short reflection.

Old patterns

I am startled by a long-necked, small-headed animal crouching on a fallen log. My heart rate increases, I feel alert and a little uneasy. I give it a wide berth and keep an eye on it out of the corner of my eye. The animal remains perfectly still yet focused on my movements. I realize, all at once, that it is not an animal at all. It is just the roots of a fallen tree. I laugh at myself. What would a beady-eyed emu or territorial swan be doing in the woods in Holland anyway?! Yet even as I laugh I notice that I still feel nervous, not yet completely at ease. My body continues to feel the effects of the adrenaline even though my mind has established that there is no risk at all. I don't feel quite as safe as previously. This is a bodily reaction that can't be taken at face value. It needs to be questioned, as does the evidence of my eyes: after realizing that I am looking at tree roots and having turned away focusing again on the path, I look back once more at the fallen log. Even now I have trouble convincing my 'eyes' that there is no long-necked creature to be seen. So convincing is the illusion that I am surprised and even disappointed to find, when taking a photo of the weird root formation, that through the camera lens the roots look just like what they are – the roots of a fallen tree. The lights and shadows that had combined to form the illusion could not be reproduced with my smartphone camera. Yet my body tricked me. And it managed to do so a second time, even when I knew the truth.

This experience highlights the importance of having to verify our observations and inner sensations. My initial reaction to the strange root formation was perhaps an example of an old pattern that 'took over' my system and set my body on high alert. Even after figuring out what was really going on the emotional response was still strong enough to make me look twice. The mis-match between my cognitive and bodily knowing was not easily dispelled but it was a good indication that I needed to take a good look at what was happening. Looking through a different lens, literally in this example, was helpful. The pattern of light and shadow was changed and so was my perspective.

Becoming sensitized

I was in the woods early today; the mist was yet to dissipate. After 10 minutes or so I noticed a fine cobweb, faintly covered with dew. Its delicate beauty could not be captured with my camera. In fact, the cobweb could hardly be seen at all on the photo. Its lines were too fine and the light too diffuse. It hardly mattered; all at once the woods seemed full of cobwebs. They bridged gaps and spanned spaces

between branches, logs and leaves. They enclosed the tips of sapling trees, encased twigs and captured dying flying things. My eyes had been opened and now I could not 'not' see them. On the return trip I noticed all the webs I'd missed when setting out.

This is an example of what it is like to work with our senses and to rely on them for important information within research. Sometimes we don't see, smell, hear, feel or otherwise sense what is right in front of us. Once the 'something' has been perceived, it becomes easier to notice. All at once we notice similar 'things' or phenomenon everywhere. We have become sensitized. In this case the phenomenon was too delicate for a tool such as a mobile phone camera. If I had relied on the evidence of the camera alone I may have missed the cobwebs all together. I *needed* my own, bodily, senses and I needed to create the opportunity for them to become sensitized. As is sometimes the case in research situations as well, serendipity played a role here: I could just as easily *not* have noticed the cobweb the first time, or noticed it much later.

Alternative explanations

The fields were wet this morning. Looked like it might have rained earlier. Walking under the trees I heard an uneven pattering, as if here and there drops of water were falling, perhaps having collected on the leaves above and now dripping down. The patter continued as I walked among the trees and although the noise faded in my awareness to become part of the background I expected at any moment to feel the water droplets dropping on me. Despite hearing particularly heavy plunks every now and again, I left the woods as dry as I had entered them. When writing of my walk, a short time later, I wrote among other things of all the acorns I had seen, strewn on the forest floor and squishing into the earth as I walked over them. Aha, I thought. Not water, but acorns, that's what I had heard falling from the trees, pattering and plunking as they fell.

In this example my senses had been true, and even pure in their 'mental description' of the sounds I had heard in the woods. What wasn't accurate was my interpretation of the meaning of the sound. My own interpretation must have been pretty convincing though, because even in the absence of water on my head, face or shoulders, I held to my theory of water droplets falling. At the same time I was noticing how many acorns lay upon the ground. I didn't link the two observations though, the information from my ears and information from my eyes. Why should I? Didn't I already know what I was hearing? The act of writing, however, brought the two separate sensory experiences together so that I could link the sound of falling objects with the possibility

of acorns falling. Although I now consider the second scenario, acorns falling, to be the more likely explanation for what I heard, I still have no hard evidence – I did not return to the woods to spot an acorn just as it fell. I have heard acorns falling before though so I can link the sounds from that experience with sounds from previously.

These three experiences and subsequent reflections illustrate several points. Firstly, when working with our bodily impressions and opening our senses, those observations and bodily impressions need to be examined in the same way that other sources of evidence should be examined. Bodily sensations and impressions can be compared and contrasted with each other, for example. Explanations and interpretations can be checked or even tested to see if they fit at all, and if they do, are they the only explanations that fit? Alternative tools or lenses can be used to see if things look or feel different when seen from a different angle or looked at through another lens. All of these strategies are important when trying to create a full picture, one from which we feel fairly confident drawing conclusions. Working with the senses in this way adds a different dimension to the more traditional forms of triangulation used within qualitative research.

Secondly, it is important to be aware of residual effects in our body, perhaps learned responses, from reactions we have had to particular experiences in the past. We need to check out to what extent past reactions are influencing our current perceptions, experiences and interpretations. Thirdly, dialogue with others or with self, for example through writing, is an important tool in the process of interpretation and meaning making. It helps to focus what we have noticed and to put our sensations into words. In this way opportunities are created to move between the parts and the whole and to recognise, or perhaps make, connections that were not initially noticed. Lastly, if we create stillness and time to just 'be' with ourselves, the salient points of our experience and the issues that need dealing with, that we are mulling over, will show themselves. I was intentionally engaging in reflective walks, alone and early in the day, but I had no preconceived ideas about what I wanted to reflect on. If anything, I expected that I would be occupied by the content of my work days while away from home. Following the steps of my reflective process created the conditions for my unconscious or pre-conscious self to introduce the nagging feeling of worry I had about how I was or was not facilitating rigorous inquiry procedures within the research.

These experiences, when taken together, gave me several insights into my role as facilitator within the inquiries. At the time, group members had embraced the idea of working creatively. There was enthusiastic experimentation and fairly uncritical acceptance of the access creativity gave to otherwise hard to capture aspects of our practices and understandings. These particular cognitive and artistic reflections on my embodied experiences prompted me to pay more explicit attention to strategies for increasing rigour. As explained in Chapter 4, it was helpful to build such strategies into the 'standard' inquiry process, so that they become a regular item on our meeting agenda. Strategies we adopted regularly included asking naïve or critical questions, by imagining, for example, that we were a sceptical colleague. In much the same way, we looked for alternative explanations to the conclusions we were developing and paid particular attention to situations in which experiences or bodily impressions contradicted each other. For example, when the observer-inquirer and the practitioner-inquirer experienced the 'essence' or the 'sense' of a practice episode differently, or when one or both of them experienced a strong emotional reaction. We also became alert to situations in which agreement was high. Were we missing something or taking something for granted? For example, we learnt to pay attention to sentences beginning with 'of course', 'naturally', or 'obviously' and put effort into delving deeper into the underlying assumptions. The intentional reflections on my mindful walks in the woods were the starting point which lead to initiation of these strategies.

“Becoming the landscape”

While the illustrations above focus on a specific moment in my facilitation journey, the following account spans the narrative as a whole. When beginning this research I was full of curiosity, energy, eagerness to learn and questions about where to begin. My knowledge of participative methods was partly experiential but much of my preparation for this research was done intellectually. Figure 5.7 is a digital drawing representing me as I set out and in the first year or so of the CCCI, working within the RNI.



Figure 5.7 Energy potential, bounded, perhaps overwhelming

Looking at this picture I see swirling and spiralling energy and energy potential, but much of it bound and bounding, spiralling inward. The figure appears to be hugging itself. The head of the figure is the source of much of the energy, the purple and yellow for example. The figure stands, reasonably steady, yet the rich blue base of the picture is both wavy and 'grabby' and the legs of the figure look almost wrapped in blue. Although the picture is colourful it does not represent the whole spectrum.

When I look at this picture I have the idea that much of the energy is directed inward and expended in maintaining balance, keeping steady, holding the figure in place. In the early phases of the study I did indeed experience the philosophical and methodological base of my research as rich but potentially overwhelming. I brought colour and energy into the collaborative process, yet much of it was focused on staying on my feet, keeping my balance, and 'trying to understand', intellectually, so that I would be able to 'explain what we were doing' to both inquiry members and others. My principles and intent held me steady, my curiosity and eagerness lent me strength and perseverance. And there, at my core, a deep green, almost black

embodied experience of working in critical and creative ways, consistently facilitated in my case by Angie, one of my supervisors. A green swirl and a very pale green off-shoot spring from this core, not yet fully integrated in the figure but present in the picture, or, in other words, not yet integrated in my being but part of my research process.

By the time the NPI came to a close my experience of facilitating CCCI groups had been transformed, as shown in Figure 5.8. Although sharing some characteristics with Figure 5.7, the two illustrations *feel* completely different to me.

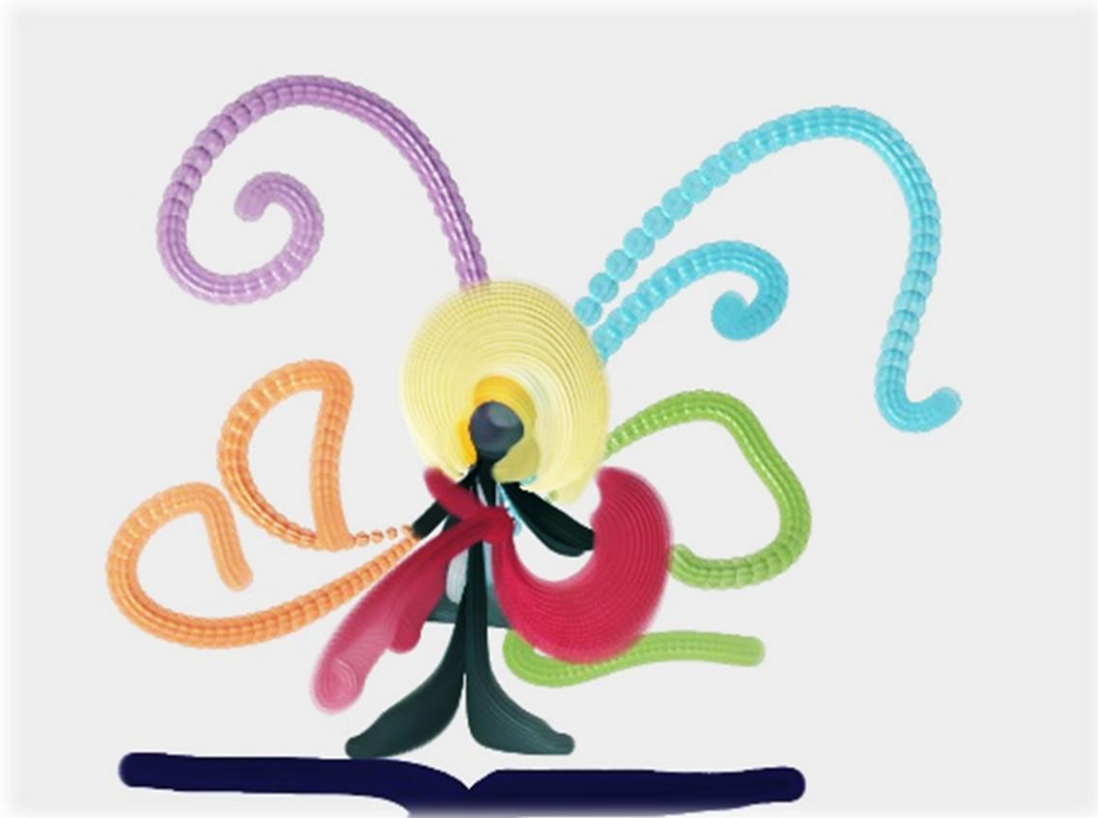


Figure 5.8 Integrated energy, open, grounded, flowing

In Figure 5.8 the figure stands with broad, steady feet on a solid base, stable but no longer caught up, in connection yet free to move. The energy in the picture represents all the colours of the spectrum, it builds up in the centre, in the body of the figure and also the head, flows and extends outwards and also back inwards. It feels generative to me instead of binding.

This drawing represents integration, freedom and openness; energy which can flow and is flowing. In these ways it is representative of the transformation I experienced

during the course of this research and how it felt to experience human flourishing. At some stages during the inquiries and in any case at the end of the NPI I was no longer trying to stand, I was standing; I was no longer trying to facilitate with artistry, I was facilitating with professional artistry; I was no longer struggling with reconciling different ways of knowing and being within my research praxis, I was embodying and thus enacting the methodological principles of the research.

Reaching this place of integrated, flowing energy and feeling grounded was not a singular, one-off 'I have arrived' experience. Rather it is a place or state of being I have moved into and out of depending on the circumstances. In my case, the particular obstacles I have repeatedly needed to overcome have been more internal than external: my own mental models (Senge, 1990; Schön & Rein, 1994) or deeply ingrained beliefs, for example, about my professional artistry, where it resides and how it manifests itself; my understandings of my own expertise and the meaning I attached to that; or the strategies I repeatedly returned to when attempting to understand my experiences and develop my own professional artistry.

During the inquiry process I came to understand that despite my espoused theory (Argyris & Schön, 1974; Argyris, 2010) of valuing different ways of knowing, and despite my countless embodied and creatively articulated experiences of reaching profound insights via embodied learning, there was an alternative, powerful, almost pre-conscious theory-in-use (Argyris & Schön, 1974; Argyris, 2010) operating in my being. This theory-in-use privileged intellectual knowledge and ways of knowing over other forms of knowledge, as Munten (2012) describes when reflecting on his 'rational' approach to dealing with challenges within his doctoral research. For much of this research journey my default position was one of trusting my intellectual reasoning and rational conclusions above my bodily, spiritual and emotional insights and ways of knowing. As Senge (1990) and others (eg. Senge et al., 1999; Senge et al., 2005; van der Kolk, 2014) point out, deeply entrenched mental models, or theories-in-use, are very powerful. They can produce inertia even once we are aware of them and in the face of compelling experiential or systemic insights to the contrary. In my case this recurring mis-match lead to various periods of struggle, often crises of confidence and indeed inertia, represented in Figure 5.9.

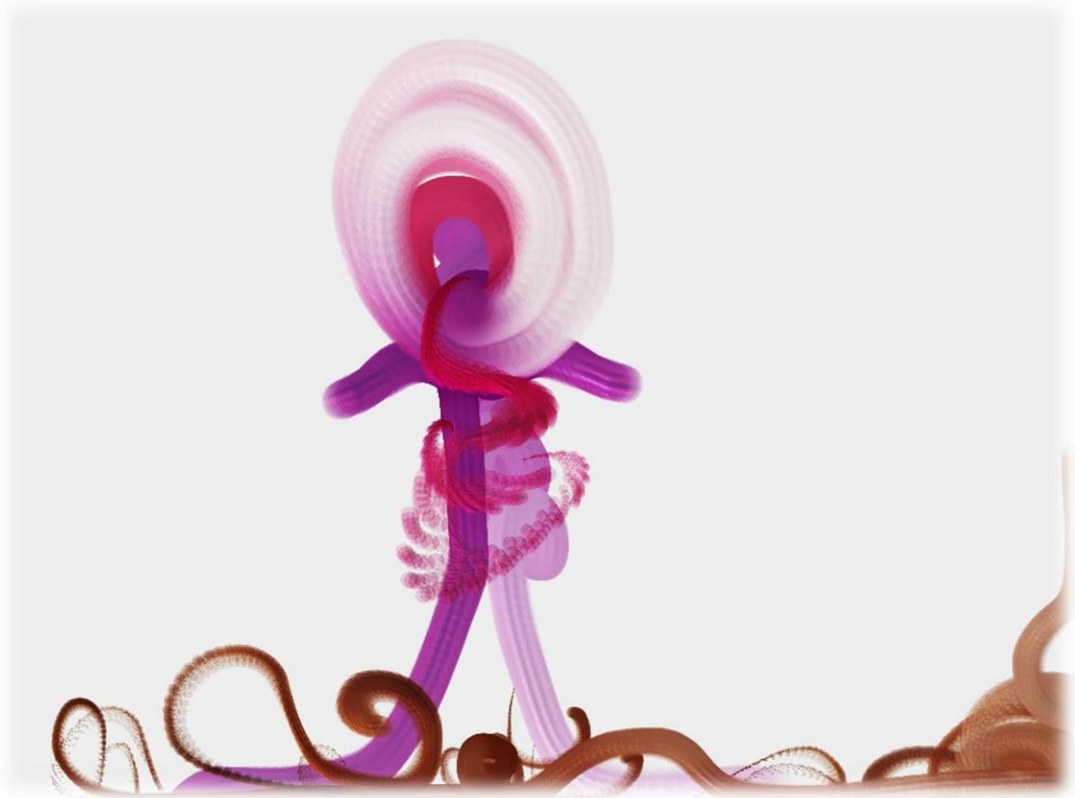


Figure 5.9 Overthinking, flow interrupted, getting tripped up

Figure 5.9 shows me feeling caught up, tangled and stymied in circumstances, my energy flow limited and dissipating instead of regenerative. The head of the figure is oversized and when I look at this drawing I see the reddish intellectual or cognitive ways of knowing pushing out or suppressing other ways of knowing. The 'arms' of the figure are short and stunted, unable to exert influence or make connections in the environment, the colour palette limited. When struggling like this during the research or writing process I would tend to exacerbate the problem by turning to intellectual or cognitive strategies such as endlessly editing work I had already written or searching for and reading more literature, trying to comprehend the ideas of other people and bring them into relationship with my own work and with the particular struggle I was facing.

Although turning to the literature is sometimes helpful, in the times of turbulence referred to here my struggle was usually concerned with being able to take action in a particular area, being able to write or to experience authentic engagement with self. It was therefore more helpful to engage my artistic, bodily and spiritual ways of knowing alongside the cognitive. Although I had embodied such strategies during the

inquiry process in my role as facilitator, and learnt, after tripping and getting tangled again during synthesis of the data to do the same with respect to critical and creative analysis of a large body of data, it is a struggle I faced anew when focusing on writing the thesis. Being able to follow a principled and well grounded process and being guided by experienced facilitators, my supervisors, were key aspects of holistic re-engagement with self and being able to resolve these crises.

Movement then, from the bound up and bounded potential energy of Figure 5.7 to the more holistic open energy flow of human flourishing in Figure 5.8, has not been linear in my experience. I have come to understand, in fact, that 'becoming stuck' as illustrated in Figure 5.9 is an important signal of work that needs doing, a sign that I am dealing with a boundary of my own creation and am faced with a chance to expand my repertoire and bend, shift or break through the boundary.



Fig. 5.7



Fig. 5.8



Fig. 5.9

Being able to recognise these moments of inertia or turbulence as opportunities is a perspective transformation in itself, one spoken of variously as reframing (eg. Schön & Rein, 1994), harnessing the potential energy of the difference between the current mental model and the espoused theory (eg. Senge, 1990; Senge, Kleiner, Roberts, Ross & Smith, 1994) and, within critical creativity, as working with energising forces and spiralling through turbulence (Titchen & McCormack, 2010; McCormack et al., 2013). Enosh and Ben-Ari (2016) emphasize that being able to recognise moments of incongruence when they occur and, furthermore, to view them as opportunities for growth and as a source of new knowledge, lie at the heart of reflexivity.

Coming to this place in my journey as facilitator was also indicative of a perspective transformation with respect to those aspects of the research that did not go as planned. Instead of being stymied or becoming paralysed by such occasions, I learnt

to witness the situation, to observe it and to accept it for what it was. Whereas I initially paid attention to 'trouble shooting' and trying to stick to my plan, and subsequently experiencing stress when the plan inevitably changed, I became able to accept the circumstances for what they were. Accept, for example, that 'this' was the place we were starting from, to look for the opportunities to engage with people, circumstances and processes in the place we were at, and not in the place where I had thought we might be. My perspective changed, over time, to one of paying attention and noting responses, coming to understand what was actually happening in the circumstances, and valuing the situation for what I, and we, could learn from it. I learnt to accept and tolerate the unknown and feelings of uncertainty, and to work responsively with, rather than reacting to, times of crisis.

Becoming critical creative collaborative inquirers

As the above examples show, although the steps of the CCCI lemniscate and consistently working rigorously were not embodied at the beginning of the inquiry, they became increasingly evident over time and, when I or we did not work in these ways, we began to notice. This in itself was a sign that aspects of our research praxis were becoming embodied. The principles for creating the conditions for human flourishing, explicated within critical creativity, offered guidance when examining my and our experiences, reflecting on the ways we worked together and searching for more effective strategies. As I developed as a facilitator and as we built up experience researching practice together, we were increasingly able to work in ways consistent with these principles in both the RNI and NPI. This chapter concludes by showing how those principles 'looked' in the research practice of the inquiry groups. Table 5.7 sets out the eight metaphorical principles for creating the conditions for human flourishing, reproduces the definitions given by Titchen and McCormack (2010) for each one and, in the third column, gives examples of how the principles were enacted during this research. (Please note, Table 5.7 extends over 5 pages, after which the chapter is closed with concluding remarks.)

Table 5.7 Titchen and McCormack's (2010, pp 539-542) eight metaphorical principles for creating the conditions for human flourishing and their translation as principles for action within the CCCI

Metaphorical principles	Summary of Titchen & McCormack's (2010, pp 539-542) explanation (emphasis in original in table on p. 540)	Examples of how each principle was enacted within the CCCI
<p>Spiralling through turbulence</p>	<p>Growing and making progress through turbulence or crisis, rather than being buffeted and blocked. Spiralling through turbulence is enabled by 'authentic facilitation that is consistent with shared values and beliefs of participants'</p>	<ul style="list-style-type: none"> • Exploring, developing shared values & beliefs about the value of & how we would like to respond to challenges. • Learning to support & facilitate each other, e.g. through the discomfort of learning • Agreeing on a specific inquiry question at the end of each CCCI meeting to focus our inquiry in the time between meetings & make the process manageable
<p>Circles of connection</p>	<p>Being aware of and working with connections between the ecological, symbolic and physical – metaphysical. For example, working within the natural landscape and explicating connections between the natural environment (weather, seasons) and one's work. Explicating this for others. Co-construction of a shared reality</p>	<ul style="list-style-type: none"> • Paying attention to connections across time & space, across ways of knowing, across experiences, across fields of practice (e.g. different clinical specialties but also between clinical & facilitation practice). • Making (supposed, suspected, sensed) connections explicit & sharing them with / making them visible to each other via artistic approaches &, for e.g. metaphorical language • Using natural materials (or environments) to help create

Metaphorical principles	Summary of Titchen & McCormack's (2010, pp 539-542) explanation (emphasis in original in table on p. 540)	Examples of how each principle was enacted within the CCCI
		<p>'Stillness in the landscape' & being able to mentally refer back to such symbols when they were not physically available</p> <ul style="list-style-type: none"> • Creating poetry together to capture the layers of meaning, the literal & the liminal
Creative effectiveness	<p>Blending being critical and creative enabling improvisation in deep, rapid, seemingly effortless ways. Creative expression is fun, energising, leads to rapid shifts of perspective and opening up of possibilities. Achieved through blending, improvisation, synchronicity, attunement and balance.</p>	<ul style="list-style-type: none"> • Primed us to pay attention to moments of flow & effectiveness; to look for such moments. • Using artistic approaches to symbolise, re-present & explore our experiences, insights & understandings. Combining this with critical questioning, testing of assumptions & ideas. • Leaving the CCCI meeting with specific plans for how we would (creatively) generate data / inquire into our practice in the time between meetings
Movement in the stillness	<p>This sounds like a paradox, but it is the essence of creativity. It is about letting go the old so that the new can come. Creating the stillness of reflection through, for example, contemplative or meditative practices, creates a shift, or room for movement.</p>	<ul style="list-style-type: none"> • Creating time & space within which we could stop, slow down, focus & be still, pay attention to what was happening & be open to what could happen. • Valuing & trusting the process of 'letting go, staying with, letting come'. E.g. learning to accept & tolerate the unknown

Metaphorical principles	Summary of Titchen & McCormack's (2010, pp 539-542) explanation (emphasis in original in table on p. 540)	Examples of how each principle was enacted within the CCCI
		<p>& feelings of uncertainty while working through a process, trusting that we would get to an outcome, even if the outcome was at that point unknown.</p> <ul style="list-style-type: none"> • Noting & accepting old or ingrained ways of doing & being while at the same time paying attention to letting them go & opening ourselves up to new ideas or possibilities. • Paying attention to looking for (evidence of) new ways of seeing, being, doing & becoming. Learning to become aware of & articulating these.
<p>Embodied knowing</p>	<p>Working consciously with the body, uncovering pre-reflective, embodied or intuitive knowing.</p> <p>Being aware of our internalisation of principles and culture, learning to listen to and act upon the wisdom of our bodies and to blend this knowing with other types of knowing.</p>	<ul style="list-style-type: none"> • Learning to work consciously with our bodies to help us to research the practice of nursing: notice & value our own bodily responses & to pay attention to the more invisible parts of practice. • Creating room to notice. Asking questions of our bodies & of each other about what our body was sensing, doing, responding to & how. • Paying attention to the ways in which our ways of being &

Metaphorical principles	Summary of Titchen & McCormack's (2010, pp 539-542) explanation (emphasis in original in table on p. 540)	Examples of how each principle was enacted within the CCCI
		doing were changing throughout the investigation
Energising forces	Moments of crisis trigger a need for change, and within critical creativity the facilitator works with and helps channel energy to enable the emergence of positive energy: releasing, drawing out, re-directing, creating or transforming energy flows. Particularly relevant in times of crisis and turbulence.	<ul style="list-style-type: none"> • Acknowledging times of crisis / turbulence, not ignoring them or pushing them aside • Using creative expression to release, express & make visible the struggles, concerns & crises we faced, whether these were of understanding or within practice. • Working creatively & with acceptance of the experience & our response to it r(e)generated energy levels & revealed new possibilities for action
Openness to all ways of being	Openness to and appreciative of different world views , revealing and experiencing the tenets and assumptions of our worldviews, first in bodies and practices, then via cognitive, meta-cognitive and reflexive critique.	<ul style="list-style-type: none"> • 'Starting where we are', where ever that may be. • Learning & helping each other to articulate what each finds important, valuing what our different perspectives offer even if we have to work at it. • Learning to engage & then move together. • Remaining open to one's own various ways of being, including being a novice researcher, facilitator or writer.
Flowing with turbulence	Using emotional and spiritual intelligences to cope with and work with turbulence as it	<ul style="list-style-type: none"> • Participation highlighted & intensified the already present challenges in our work.

Metaphorical principles	Summary of Titchen & McCormack's (2010, pp 539-542) explanation (emphasis in original in table on p. 540)	Examples of how each principle was enacted within the CCCI
	<p>challenges us emotionally, creatively and spiritually. Paying attention to own and others' feelings and to questions of meaning and value as the edges of what is known are pushed at and stretched.</p>	<ul style="list-style-type: none"> • Paying attention to our own needs for emotional safety & being able to leave a meeting, for e.g. with a sense of meaning & substance, even when we were pushing at the edges of our understanding. • Supporting each other in questioning what we thought we knew & in dealing with a loss of certainty. • Supporting each other to deal with the daily reality of practice & practice contexts

Concluding remarks

In this chapter the members of both inquiry groups have been introduced and examples of the ways in which each group inquired together, to better understand professional artistry, have been given. Particular attention has been paid to the use of metaphor and other symbolic language, co-inquiring together in practice situations, transparency when working in two languages, working reflexively and coming to embody the principles of critical creative inquiry. The role of embodied experience coupled with cognitive and artistic critique and reflection, enabling reflexivity, has been explicated. In the next two chapters the focus turns to the findings of the CCCI with respect to the nature of professional artistry in nursing practice (Chapter 6) and the ways in which we facilitated its development (Chapter 7).

Chapter 6 : Our way of seeing, being, doing and becoming: the nature of professional artistry within nursing practice

The critical, creative and collaborative inquiry processes described in the previous two chapters enabled, over time, a transformation of our understandings of our nursing practice and the professional artistry within it, and of our facilitation of professional artistry in our own and others' practice. This chapter presents the findings related to the *nature of professional artistry within nursing practice*. First presented are the findings concerning the essential nature of professional artistry within nursing. Secondly, professional artistry is described in terms of the five patterns of engagement that are evident when a nurse is practicing with professional artistry, followed by the outcomes of this kind of practice. The chapter closes with presentation and explanation of Figure 6.13 in which all the results as to the nature of professional artistry within nursing come together. Attention turns, in Chapter 7, to the facilitation of professional artistry.

The findings presented here are supported with a diversity of data: quotes taken from interviews, field notes and practice observations, examples of phrases, insights and metaphors generated during collaborative data interpretation during CCCI meetings, and examples of creative expressions made for example in practice or during the meetings. See Table 6.1 for a list of the abbreviations used when identifying the source of the data fragment¹¹. Not all audio-recordings of interviews, conversations or meetings were fully transcribed. The analysis process, including the use of non-transcribed recordings, was described in the final section of Chapter 4 while decisions concerning translation from Dutch to English were illustrated in Chapter 5. Here, in Chapter 6, when a quote is taken from a fully transcribed recording a page number is included in the location identifier of the quote. Otherwise the particular audio recording containing the quote is identified and it can be assumed that only parts of the recording were transcribed.

¹¹ For readability the construction 'he/she/they' is avoided when a third person pronoun is required. Within each practice example only one personal pronoun is used to refer to the nurse, and another to the other person or people in the example. This means that in some of the examples the nurse is female, in others male or gender neutral. Usage is consistent within each example.

Table 6.1 Abbreviations used in the text when referring to quotes or creative expressions generated within the CCCI

Abbreviations used in the text to identify source of quotes and creative expressions			
The source of the data when the person was a member of a CCCI group		The source of the data if the person was <i>not</i> a member of the CCCI	
Donna, Anna etc	Name of individual inquiry member	Col	Colleague (identified by a number unique within that year and inquiry group)
RNI	Registered Nurse Inquiry group (also used when a statement is attributed to the whole group)	Fam	Family member (identified by a number unique within that year and inquiry group)
NPI	Nurse Practitioner Inquiry group (also used when a statement is attributed to the whole group)	Pat	Patient (identified by a number unique within that year and inquiry group)
		Res	Resident (identified by a number unique within that year and inquiry group)
The type of data generation activity and other identifying information			
CRC	Critical reflective conversation between two (or more) members of a CCCI group, in response to practice observation		
Con	Conversation or interview (where either Donna or another CCCI member is the interviewer)		
Mtg	Data generated during a CCCI meeting. Each meeting has a unique number. For example, NPI-Mtg1 indicates the first CCCI meeting of the NP inquiry group.		
Rec	Recording made during CCCI meeting. Sometimes '1 of 4' or similar is noted: this means there were 4 audio files saved about this meeting, and in this example the quote is taken from the first of the four.		
Obs	Observations made, for example in practice, recorded in stand-alone document		
Photo	Photo made in the context and year indicated, each with unique number for that context / year.		
RJ	Research journal, followed by volume number or photo number		
p / pp	Page number/s within the transcript or research journal concerned		

Professional artistry is ontological and praxiological

Professional artistry, as it came to be understood within the CCCI, has to do with a particular way of seeing and understanding the world and one's activity as a professional in the world. It is therefore both ontological and praxiological in nature and nurses practicing with professional artistry are concerned with enlarging the space for becoming. As such, professional artistry is more than a characteristic, or

what one knows and applies; it is also more than a process or a skilled (clinical) performance. Professional artistry has to do with how the practitioner views the world, how she 'is' and becomes, and how she helps others to be and become. As the patterns of engagement will show, professional artistry is manifested in the existential and bodily way of being and in the many small actions of the practitioner: in her openness and willingness to be there, in the encounter, to see and meet the other as a person, to envisage and aim for the ideal and to create the conditions in which transformation becomes possible. Professional artistry is embodied by the nurse and embedded in her being and practices, and those practices are mindful and imbued with a moral intent.

The ontological and praxiological nature of professional artistry was put into words quite late in the inquiry process. During the second to last inquiry cycle of the NP inquiry group the focus for investigation became the idea that '*professional artistry is not just what we do it is who/how we are*' (NPI-Mtg8-Rec5of5). Later, in the last inquiry cycle, this insight was articulated more strongly: '*Professional artistry powers our practice*' (WendyNPI-Mtg10-Rec1of7) and '*I carry this potential with me, I bring who I am and this is who I am*' (AafjeNPI-CRC-20141022-p10). We had come to see, when revisiting our previously told stories, metaphors and observations in the light of our new understandings, that it was this particular world view, our tendency to see the world as having the capacity for and benefiting from artistry, and being willing to approach practice in this way, that powered our practice as nurses or facilitators. We saw how its very embeddedness in our way of being and in our selves had made it difficult for us to 'see' or articulate earlier.

"While walking in the bluebell woods with Angie I noticed a particularly pretty snail shell on the trunk of a tree. Brightly coloured like a jewel, the spiral form emphasized by the patterning. I'd never seen a snail shell like it. I felt a small thrill and took a photo to record it. As our walk continued I began to smile. These beautiful jewel like snail shells were everywhere, on many trees, in many different colours. True, I'd never noticed them before. But now that I was sensitized to them, able to recognise them, I started seeing them everywhere and I realized they had been there all along. I thought back to our last cycle of inquiry in The Hague, to the inquiry into the idea of PA having to do with our view, our world view of practice. Once we had had this insight, collectively as an inquiry group, we recognised it in almost every practice story we had previously told, in many of the metaphors used to elucidate our experiences and in the observations we had made of each other in practice."

(Donna-RJ-20150505-vol13p41)

Responses from patients who had worked with the nurses in this inquiry reflected the idea that the nurses who practised with professional artistry brought something special to the encounter, something which was indeed difficult to put into words.

“Oh yes, she was the ‘real deal’. Really knew what she was doing. Nothing seemed to phase her. I felt I could relax when I knew she was around. [...] It wasn’t really any particular thing she did. More like a feeling of, I don’t know, I felt safe. More than that though. Now, well, I can’t really put it into words.”

(RNI-2011Res03Con-p7)

Aspects of the way the professional was as a person, and how they made the patient, or the patient’s family or carer, feel, were important.

“He took his work and his profession very seriously, and my husband’s situation, he took that seriously too. But it didn’t feel like that. It wasn’t heavy, anything like that. His interest, his engagement, his expertise – it made it all easier to bear.”

(NPI-2013Fam05Con-p3)

“You are nimble like a butterfly, here and there. You see and hear everything, you notice everything. Once you have landed it doesn’t take long for people to realise, Oh, with you here, we’ll be alright”

(NPI-2014Pat17Con-p4)

Members of the NP inquiry spoke early on in the inquiry of working intentionally and using their whole self, without initially referring to this kind of practice as having to do with a way of seeing or being.

“I guess one could fall into routine and get stale. You could do some of this job like that, but not the important parts! I try and use my ‘whole self’. I certainly bring ‘myself’ to work.”

(AnnaNPI-Mtg2-Rec2of3-p8)

Later in the inquiry the APNs were more explicit about their worldview.

“I assume I can make a difference. I assume the people I work with can be connected with, the connection is what makes, what helps make the difference. I bring this idea, this thing I am convinced of, with me, I carry it into the consultation. [...] In fact I am curious: ‘how will it be this time?’”

(MargaretNPI-Mtg9-Rec2of5-p12)

Although the ontology of professional artistry was not explicitly discussed within the RN inquiry, the members of this first CCCI group used similar phrasing.

“It happens inside me; I don’t think an observer would see it. It’s the way I am.”

(MaraRNI-Mtg6-Rec3of3-p2)

Actually, you can’t really be anything other than who you are. You can attempt to be a certain kind of professional, keeping a distance, not getting involved, like when there was talk here of ‘remaining professional’. I can see the point. But at a certain moment you can only be yourself. I don’t mean taking gifts or sitting to have coffee and a smoke by all the residents. I mean that you find yourself laughing, sharing a smile, you let it touch you, the people and their situations touch you and it makes you better at your job. If you can do this job and it never touches you and reaches you in the heart then I don’t understand it really. How can you? Maybe that’s who you are then? It’s not who I am.

(JaneRNI-Mtg10-Rec3of3-p12)

The ontological and praxiological nature of professional artistry was expressed in various metaphors throughout the life of the inquiry, as summarised in Figure 6.1.

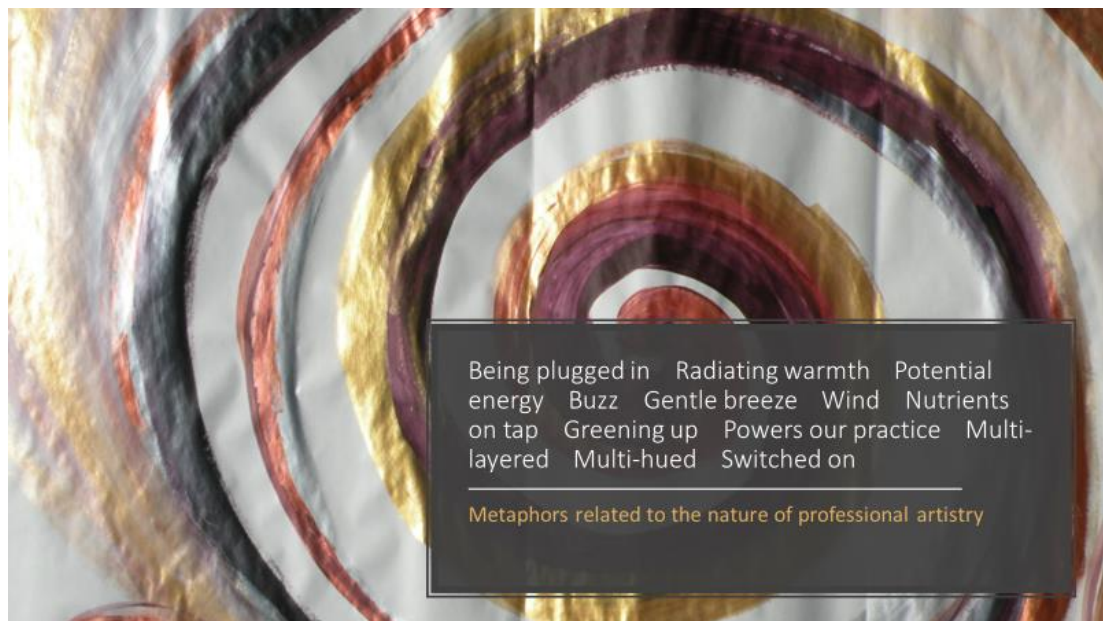


Figure 6.1 Painting (NPI-2015-photo023) and metaphors generated within both inquiries with respect to the ontological and praxiological nature of professional artistry

When taken together these metaphors and the painting give an impression of the colour, potential and energy with which professional artistry imbues the practice of the professional. This impression, however, leaves such questions as what professional

artistry 'looks like' and how it is manifested in our practice, unanswered. In the following section the patterns of engagement evident in the practice of nurses in the study are presented. They paint a more tangible picture of what can be seen in the practice of a nurse practising with professional artistry.

Patterns of engagement

Five patterns of engagement were found to be indicative of professional artistry in our practice. Together they are what professional artistry in nursing looks like. They are distinct from each other only to a certain extent; their boundaries are entwined, they work together and flow in and out of each other, as shown in the photograph below (Figure 6.2) where the different cards form part of the same spiral and illustrate different aspects of the practice of a nurse practising with professional artistry. The ontological and praxiological nature of professional artistry is present in each of the patterns.

The five patterns of engagement are:

1. Creating and working within a sheltered, shared space
2. Working simultaneously with both the parts and the whole
3. Working with both the now and the not yet
4. Committed to and working towards the ideal
5. Taking and/or enabling transformative action.



1. Creation of a sheltered, shared space

Practising with professional artistry means creating a place of shelter, a safe space in which to come along side and enter the patient's world, or bring them into yours. The space is multifaceted and dependent on the context. The essence of the space is that it is sheltered, safe and shared. The nurse and the patient, or family member, are there together. The many examples witnessed during the inquiry process of the creation of this space showed us that it generally occurs early in the encounter and often seems to happen 'automatically' and smoothly. Sometimes, and these were the times that threw it into relief and made it easier to study, it was challenging for the nurse to create this sheltered space.

The nurse's way of being and doing make the creation of a sheltered, shared space possible. Although some nurses have a knack for this, it is none the less a skilled process requiring attention and responsiveness to the emotions, concerns and way of being of the patient. Paradoxically, it requires 'seeing the other' and even 'knowing the other' in that period before the other is known. The space cannot be created or entered into without the co-operation or perhaps permission of the patient. So in the beginning the nurse has to let something of himself be known to the patient. For example, the nurse shows himself willing and available, shows that this is the place he wants to be at this moment. He is fully present. He shows himself interested, attentive, focused.

"I want to get to know them [the patient], understand their situation, what is important for them right now. I want them to feel safe, to know that I understand. Let them know I care."

(FloortjeRNI-CRC-20121212-p4)

When the patient speaks or in another way communicates their experiences or feelings or questions these are valued and accepted by the nurse: he listens and responds so that the patient is both 'seen' and 'heard'. The nurse is in the driving seat in that he is facilitating the creation of a sheltered space, yet he moves with the patient, with their story, questions, experiences and emotions.

"It's all about creating connections: humour, touch, eye contact, waiting, listening, noticing emotions and reactions. I follow their lead if at all possible. I don't just listen to what the patient says, but look behind their words."

When observing each other in practice situations we saw, heard and experienced particular ways of doing that are indicative of this pattern of engagement. We saw, for example, a physical orientation toward the patient; sometimes a removal of or bridging over of physical barriers (for example a desk) between the nurse and patient; taking a chair or stool and sitting next to the bed; eye contact; generally stillness except for nodding or moving the body forward in rhythm with the conversation; open posture; a tendency towards gentleness of reactions and expressions including smiles; smiles that reach the eyes; waiting – not jumping in; noticing the patient or resident even when walking past in the corridor and acknowledging them with a nod, a smile or a gesture such as a 'thumbs up'. We heard 'hmm mmm' and other encouraging sounds; silences in which the contact was not broken; open questions; acknowledgement of emotions and content. We felt and experienced, as both observers of and participants in these nursing encounters, warmth, gentleness, openness, acceptance, connectedness, patience, valuing and often humour. There was also in many cases an ebbing away of tension. Sometimes this was palpable in the moment, at other times it was afterwards that it became obvious that the tension was gone.

Patients or family members felt this release of tension too, and expressed it in a number of different ways. A man with metastatic prostate cancer was seen, for example, by Wendy, the APN who would be his first contact at the outpatient clinic. During the appointment the focus lay on setting up the relationship and making plans for both scheduled and patient-request check-ups, and answering any questions the patient had at this stage. There were no changes made to the hormone therapy regime that he would be starting on. He chose the association card shown in Figure 6.3 when describing how he felt at the close of this first appointment with Wendy.

“It’s not easy being here, in this place, I don’t feel myself really and I am on my guard, but now it feels okay. For that reason the red and orange [pointing to the card] – good, warm colours. But the main reason is the four-leaf clover, here. Well, my luck’s changed hasn’t it?! Yes, really. That’s why I picked this card. I am going home with a different feeling now and I am happy about it. [...] Sometimes you know that you are in good hands and it makes a difference to be taken seriously.”

(NPI-2013Pat11Con-pp2-3)

Further examples of patient responses illustrating this pattern of engagement are given in Figure 6.3.

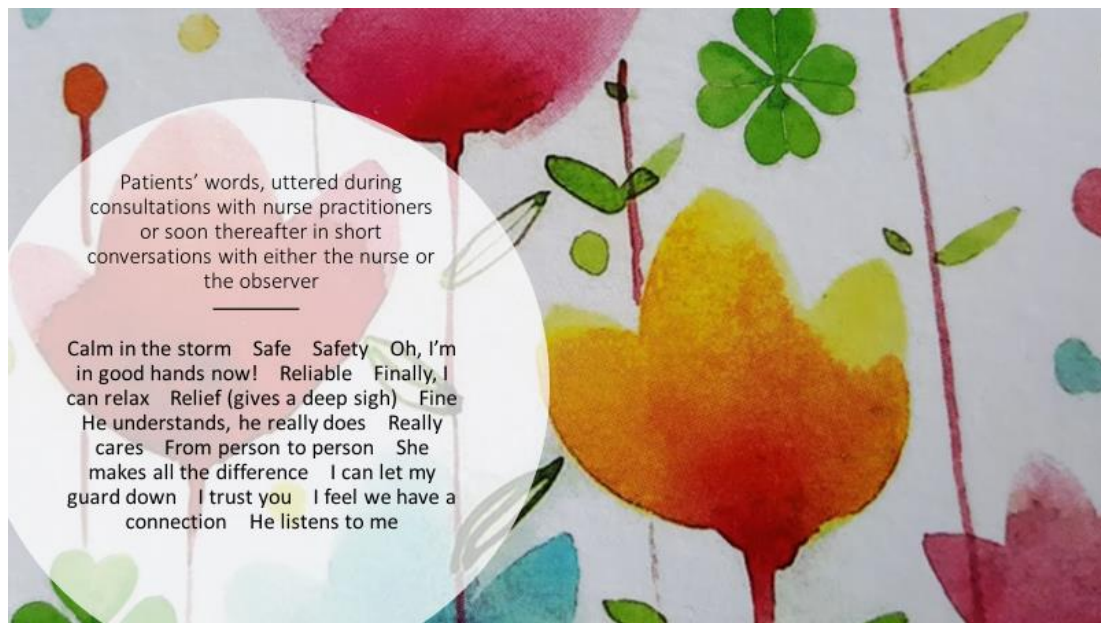


Figure 6.3 Examples of the words of patients captured in fieldnotes during or just after practice observations in the NP inquiry. The background picture (NPI-2013Pat11-Photo001) was chosen by a particular patient to represent his response to his first meeting with the NP.

As these examples indicate, engaging in this way results in the creation of a sheltered and shared space, a space in which there is room for the rest of the encounter. The possibility is created for increased understanding on the part of both parties. The nurse comes to understand the world of the patient and enters into that world, comes alongside and ‘travels’ for a time, with the patient. In the same way, the nurse helps the patient to be within the ‘healthcare system’ space, to enter that world and be present there. Once the connection has been made the nurse is able to ‘re-connect’ or re-create the qualities of the sheltered, shared space in new care episodes or even fleeting moments of contact in the corridor or waiting room for example.

Within the inquiry groups we used a range of images and metaphors to capture this aspect of our practice. Images on association cards or in our creative expressions, for example, of circles surrounding, partly open circles enclosing, arms around, tepees and tenting, a sky with stars, light in the darkness, a soft glow, eyes, a focal point, a stop sign. The metaphors we used included ‘eye of the storm’, ‘port in the storm’, ‘lee of the tree’, ‘light in the dark’, ‘moment of calm’, ‘a soft breathing out’, ‘place to rest’, ‘a bubble’, ‘an anchor point’, ‘lifting the weight’, ‘holding off the darkness’ and ‘keeping the darkness at bay’. These images and metaphors contain elements of the creation of a safe space bounded in some way, steady enough to create shelter, yet open enough to allow movement and connection.

2. Actively working with the parts and the whole

When practising with professional artistry the nurses in this study demonstrated a comprehensive grasp of both the big picture, 'holding' this throughout the practice encounter, and the salient details of the particular practice situation. They were alert and attuned to the whole even while focused on the parts, and vice versa, and able to maintain a balance in this. This meant, for example, that they could see the importance of the details, or changes in these, for the whole as well as acknowledging the influence of the whole on the details. Actively working with the parts and the whole included being able to help others, particularly patients, residents and their family members, to orient themselves within 'the whole' and to see how their particular experience fits into the larger picture.

An everyday example dealt with almost continuously by the inquiry participants is the issue of being person centred in the immediate consultation while being aware of all the other patients that still need to be seen; keeping within the schedule so that other patients do not have to wait unduly. This time pressure is part of the bigger picture and when practising with artistry the nurse uses it to frame the practice situation instead of seeing it as a burden imposed by the organisation or the insurance company or 'the system'. The nurse recognises such constraints on the present encounter are necessary if other patients are also to be seen and the timing becomes a part of the nurse's rhythm. When professional artistry was not present the nurse's own reaction to the pressure became a focus, for example, describing oneself as a victim of these circumstances, '*It feels terrible, but it's not my fault, we don't have enough time*' (RosemarieRNI-CRC-20111030-p1). In such situations the patient would also be bothered by the circumstances and express feelings such as, 'I'm not getting adequate care', 'I'm being rushed along', 'poor nurses they are so overworked'.

Another aspect to working with the parts and the whole was using the relationship between the two to experiment, as part of an active investigation of the practice situation: what is going on here, what needs my attention, which intervention is necessary and where should it aim? The following example is reconstructed from fieldnotes (NPI-20130815Obs) and the recordings (MargaretNPI-CRC-20130815-Rec1&2) made from the critical reflective conversation which took place after the

practice encounter. It illustrates how Margaret, an NP working in the GP clinic, was dealing with 'parts' while remaining open to the larger picture, alert to how the details in both her own and the patient's story were contributing to the meaning of the whole encounter.

A patient, Ms. C, not acutely unwell but with abdominal pain is seen by Margaret. Ms. C is very anxious, her blood sugars are unstable, she has had pain for some days and is worried that she has something serious. Margaret does not generally see patients with the primary presenting complaint of abdominal pain, but the practice is having a very busy day and she has agreed with the GP to see Ms. C, conduct her assessment and to return to discuss differential diagnoses and the next steps with him. While asking Ms. C questions about the location and nature of her pain, and whether she has had any difficulty with or pain by passing urine, Ms. C becomes irritated and says, frustrated, 'Don't you think I haven't thought of that? Of course it's not that.' Margaret listens, nods and says, 'I'm covering a lot of ground you've already been over yourself.' She waits for the patient to respond ('Yes, that's right') and then Margaret clarifies, briefly, the process of ruling things out in order to refine the clinical picture. She does not use the clinical standard to hide behind as she could have ("Sorry about these questions but I have to follow procedure"). Instead she uses the process to help Ms. C see that the problem is being taken seriously and that Margaret is being thorough and systematic. She asks Ms. C more explicitly what she has ruled out herself, how and why etc. She also changes tack a little with respect to her own focus, exploring now the reason for Ms. C's anxiety and sense of urgency. Ms. C is taken seriously and becomes an active partner in the investigation; she speaks more freely, including about her own concerns. In turn Margaret has more relevant information available and, as well as building up a thorough clinical picture, invests in the relationship with Ms. C, particularly important in primary care.

Dialoguing with parts and whole leads to a deeper understanding of both. Both background and foreground have meaning to the nurse practising with artistry and this is expressed in action when the nurse acts pertinently and particularly with understanding and attention for both parts and whole.

I do have a lot of knowledge – clinical knowledge, theoretical knowledge. But I don't "tell it", usually. I use it, you know, I use it to puzzle things out. To place the particular details, to give me options. [...] And I distil it for my patients. [...] I follow their lead if at all possible.
(LilianNPI-CRC-20131104-pp.11-12)

The nurses emphasized that their attention and action must necessarily be focused and that it is not possible to deal with 'it all' at the same time. Finding the right focus was a variable process:

Sometimes a particular problem is right in your face, it has your attention.

(JanNPI-Mtg6-Rec2of3)

Focus sometimes presents itself, sometimes it has to be found, uncovered – gently or pointedly.

(AnnaNPI-CRC-20140405-Rec1of1)

Like a kaleidoscope – parts and whole. You can see both at once but you can't focus on both at once. Nevertheless, you can't let your knowledge of one or the other go. [...] It's all there but some things are background for the moment.

(AafjeNPI-Mtg5-Rec2of4)

Priorities can shift within a practice encounter, and sometimes fairly quickly. The nurse practising with professional artistry is generally not fazed by this. He or she is able to change gears quickly and change focus as well, partly because of the awareness of the whole picture:

Yes, but to be able to do that [shift focus quickly] you are already aware of the other parts. You don't have to 'discover' them at that moment. They are already known to you, although perhaps not in all their detail.

(LilianNPI-Mtg7-Rec2of4)

A particular expression of this pattern of engagement is when the nurse practising with artistry helps the other to see how their experience fits into the larger picture. This may involve helping the other, first of all, to see the bigger picture, and then to discover, uncover or see how their question, experience or struggle fits into that. Sometimes the nurses were clear and somewhat directive about where the current focus lay, for example: *"Yes, there are a lot of 'what-if's?', as you say. First, right now, we will work out how you can get to the clinic tomorrow. Then we'll take the next step"* (LilianNPI-Obs-20140227-p11). This could also be done using metaphorical language, for example, *"This is not so much about the details, about a particular path, but about the landscape in general"* (RosemarieRNI-Obs-20121014-p9). The nurses

were in any case clear about what was happening in the moment, put effort into finding out how the patient or family member understood the current moment, and helped bring the perspectives together. Helping the patient to articulate his own understandings, for example, made it possible for the nurse to use aspects of the patient's language when placing the immediate experiences in the larger picture.

The images and phrases used to describe this pattern throughout the study included having a bird's eye view, helicopter-ing, magnifying glass, binoculars, humming bird, sailing in and out, 'short-stay, long-stay' association card, a hawk gliding and diving, a focus point of vivid colour with the same, less bright colour fanning out around, a network or web with bright spots of focus, and a spotlight. For example:

This helicopter here shows the impression I got of you [Lilian] hovering over the situation. You had a spotlight which you shone on particular issues.

(DylanNPI-Mtg7-Rec1of4)

Figure 6.4 shows examples of phrases noted in field notes while NP inquiry members were observing each other in a variety of practice situations, as well as parts of a creative expression made, by the observer, in response to a particular practice episode. The association card (Stokes, 2011) shown on the right of the figure was chosen by Aafje, the observer-inquirer, and shows a field of flowers forming the background or the 'whole'. There are craft objects placed in the foreground symbolizing the aspects of the encounter that Wendy, the practitioner-inquirer, seemed to be focussing on at that moment. During the critical reflective conversation Wendy took up some of the craft material originally placed by Aafje and made the flower in the smaller picture at the left of the figure. She said: '*...and the more I focused in on one thing, the more I was able to see the different layers within that aspect*' (WendyNPI-CRC-20140624-Rec2of3-p3).

Remains focused, doesn't lose sight of the whole Sees the whole, remains aware of what is pertinent Zooms in, zooms out Makes choices Decides on a focus There! She picks that



Fieldnotes & creative expressions made in practice



Figure 6.4 Working with parts and wholes: phrases noted by NP inquiry members when observing each other in practice together with creative expressions (Ria-Aafje-20140624-Photo004&Photo003) made in response to a practice observation and CRC.

3. Working with both the now and the not yet

The third pattern of engagement has to do with the nurse being concerned not only with the situation in which he is immersed, but also with what could be. He is present and acting in the now and the now has his attention and his focus. Yet, paradoxically, so does the not yet. He sees, senses or imagines the not yet, the possibilities and potential of future situations. He is furthermore actively working to help them into being, or creating the space in which they can become. When practising with professional artistry, therefore, the nurse is simultaneously present in the situation and also actively working with possible future scenarios. This pattern of engagement is necessarily braided with other aspects of professional artistry: working in the 'now' involves being actively engaged with the parts and the whole, for example, and the not yet is an aspect of becoming.

Whether working primarily technically in the midst of mad busy-ness, or working in relative calm, in dialogue with a patient, the nurse practising with artistry sees the potential for becoming in the midst of his activity. The potential for becoming may also be in the stillness, in being prepared to wait, to give it a little time, knowing that the stillness of the encounter or even a series of encounters creates room for existential

movement or a shift of energy. Practising and being in this way links the many previous practice situations together in the person of the nurse. They are carried with her and embodied by her. The possibilities can be imagined because she has seen them elsewhere and noted them, saved them and made them 'part of the map'. She embodies these possibilities and infuses situations with them. So the practice situations, the 'nows', are in fact perceived differently by a nurse with professional artistry than by a nurse without. She can see them as part of a larger process that is leading somewhere even if the destination is not apparent. She can place them in a context that continues to increase in complexity or one in which the possibilities have become richer. The potential for becoming becomes thus more holistic and richer as well.

Although similar to seeing the parts and the wholes, in this case the 'whole' is not yet complete; it has yet to become. The active experimentation within this pattern of engagement has then more to do with energy and possibilities than with tangible aspects of care. To the nurse practising with professional artistry, an awareness of the energy and potential energy within the encounter enables testing out and sensing which of the patterns or interventions lead to movement or a change in direction. Within the RN inquiry phrases were used such as '*being alert for clues*' and '*seeing where it takes us*' (RNI-Mtg12-Rec3of4). See Figure 6.5 for examples of the phrases used during the NP inquiry CCCI meetings when unpicking these aspects of our practice.

Working with both the now and the
not yet – it's energy work

- Changes in energy and emotions; these are important signals.
- I really work with the emotions; it is emotion work.
- I feel my way; you get a feel for it.
- You must pay attention. It is important to listen and observe.
- Sometimes I feel sure, sometimes I don't. Mostly I have some idea!
- Well, I know the general things to expect. But there are usually unexpected details, individual perspectives.
- I get it wrong sometimes, try something that doesn't work, then I try something else. It is part of getting to know the person, the situation and the possibilities.
- It is easy to assume. Much better to ask, check, listen, watch. See where it all takes us.
- Be alert to clues and cues – but don't jump to conclusions!

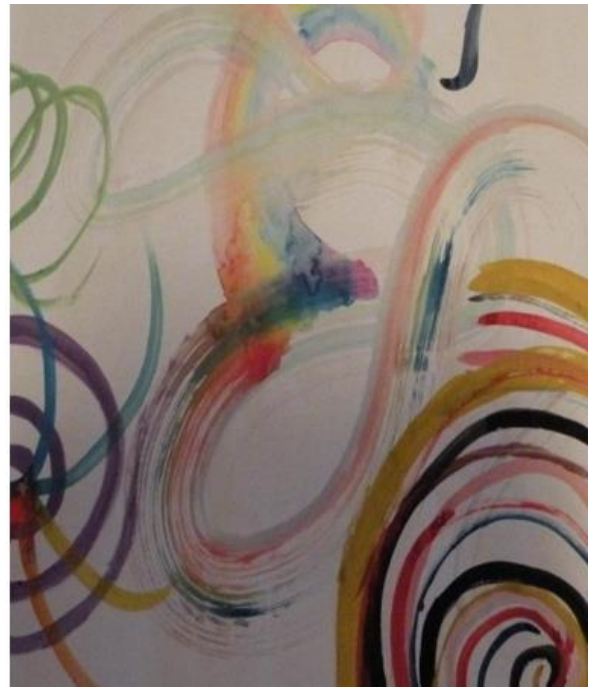


Figure 6.5 Investigating the idea of working with the now and the not yet during NP CCCI meetings: in words (NPI-Mtg10-Rec3,4,5of7 and NPI-Mtg11-Rec2of8) and picture (DonnaNPI-Mtg10-Photo012)

The degree of movement or the direction to be taken are not known in advance. Dylan explained working in this way as follows:

It is like sailing, and having to make constant adjustments, reacting to the wind you have and anticipating the wind to come. You know the wind will be there, what its character might be, but it is never entirely known until it is there.

(DylanNPI-Mtg11-Rec6of8, see also Figure 6.6)

The creative expression drawn by Dylan and other metaphors used within the CCCI indicative of aspects of this pattern of engagement are presented in Figure 6.6.

'I knew it was there, all that mess and stress, the pain and worry. It is eating away at her. But it kept getting made light of, or being glossed over. So I asked about it, and when Mrs M. didn't really answer me, she said something about everything being for a season, I said, I pointed out that she had not actually answered the question and I asked it again [...] and then I just let the question do its work. I think she had not really even heard the question properly before that time. But now she heard it. And I saw that it was working and that I should remain quiet. I could see – you could too I think [but Pieter hadn't seen it] that I needed to let her digest it, mull it over. The tears showed me that she had let it in. Acknowledged the pain and worry you know. Acknowledged what all this is doing with her. From there it all went as if of its own accord really. The conversation became really real. Yes.

(AnnaNPI-CRC-20130823-p2-3)

Anna did not know the answer to the problem the patient was facing but had faith in the capacity of the patient to come to new insights. She started where the patient was and did not push her into another space. She facilitated and supported the patient to experience the 'now' fully and that experience opened up possibilities for the not yet.

Within the NP inquiry we came to regard two qualities within the nursing encounter as possible signs of this pattern of engagement. The first was a feeling of uncomfortableness or slight edginess by the observer, as in the example given above, of wondering where the nurse being observed was going with the conversation, for example. This could be followed by the second quality, a sensation of relief when 'it all became clear'. The second quality could also be present as a kind of 'a-ha' moment, or, 'Yes! That's it', or a quiet feeling or realisation that 'something' had been resolved. The kinds of remarks noted, for example on or in relation to the creative expressions, during the critical reflective conversations held after a practice episode reflect these two qualities. For example, 'Acts tentatively', 'Where's it going?', 'hm, loong silence?!', and 'I couldn't follow you here' illustrate the observer feeling uncomfortable. The second aspect is revealed by remarks such as, 'Hits the nail on the head', 'Aha!', 'Gets to the point', 'Acknowledges', 'Accepts'.

While *engaged* in practice, the period in which the observer felt a little uncomfortable was often the moment when the practising nurse 'pricked her ears up' or felt like she couldn't or shouldn't be doing anything else than what she was doing. Sometimes the nurse being observed noted afterwards that 'it seemed so obvious', or, 'as you would have noticed' even when the direction or essence of the situation had been something of a mystery for the observer. This was followed for the nurse in practice, by a feeling

of 'a-ha', or 'there you go'. The feeling of resolution was thus similar for both the observer and the observed. When the observer also knew the patient well, or was very familiar with the area of practice, they sometimes had their ears pricked up at exactly the same moment as the nurse being observed, but often, as shown in the example with Anna, Pieter and Mrs M, the connection and potential energy between the nurse and the patient did not include the observer.

Residents and patients often described the nurse or NP as being like a guide or forest ranger; someone who knows the way (see Figure 6.7).

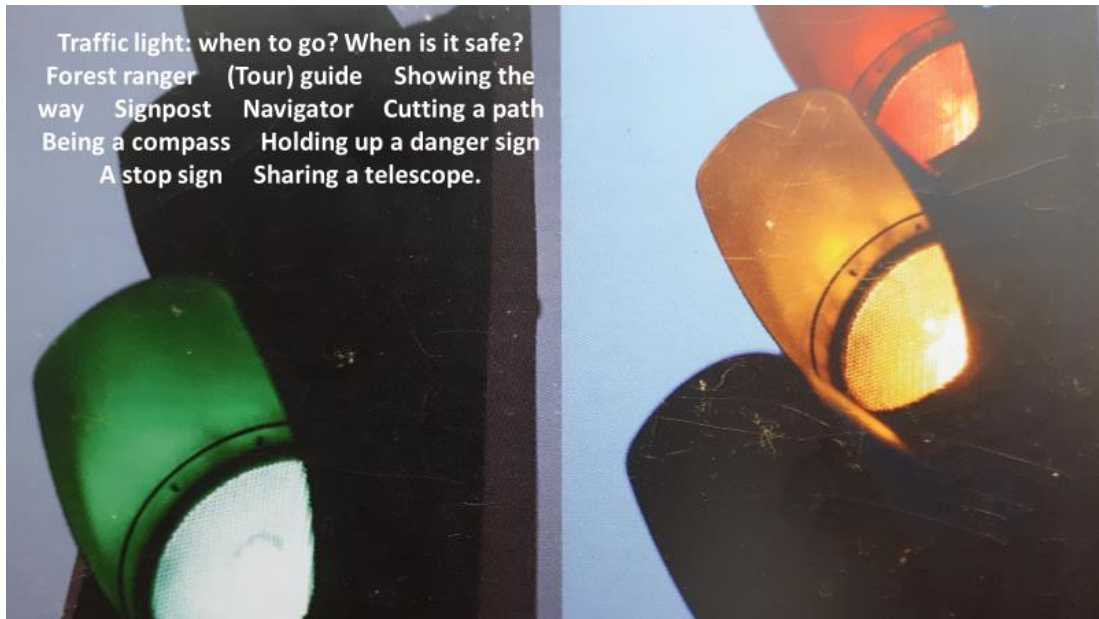


Figure 6.7 Metaphors and similes used by patients, residents and their family members to describe working with the nurse or NP.

The background picture in Figure 6.7 is a photo of two Evoke (Stokes, 2011) association cards. These cards were chosen by the husband of a woman recently admitted to a long term care home for people living with dementia. This man had been struggling to care for his wife at home for a long time and he was experiencing a complex and confusing range of emotions now that she was living in the residential home. He described Mara's (RN within the RN inquiry) support to be enlightening and chose a traffic light to represent her helping him work out his own signals about safety, being worried about his wife's safety and learning to live with the idea that it was now a shared responsibility. He explained that Mara had helped him understand his wife's and his own signals of feeling safe or unsafe and had helped him articulate them.

“She helped me see what I needed to do to feel good about this situation. [...] But then, that is not surprising, she has seen this all before.” (RNI-2012Fam05-Con-p8).

When discussing this feedback with Mara she explained that it felt different for her. She did not have the idea that she had had to explain things to this man. Although she recognised that he was struggling and felt it to be important to talk to him, she did not recall offering any tips or insights drawn from her experiences with other residents and family members. Rather she remembers being curious as to what would emerge as the crux of the struggle for this particular man, and she didn't know in advance what the particular issues were that would come to the foreground in his response to either the situation or his conversations with her. The issues and potential useful strategies became clear, and came into being, during her work with him. For this person it felt like Mara 'already knew' what the answer would be, and so he talked of her as an expert guide.

When working with the now and the not yet it is therefore not always apparent to the other that the 'not yet' is not familiar or known to the nurse. This pattern of engagement may feel, to the patient, resident or family member, like the second pattern of engagement, working with the parts and the whole. But to the nurse practising with professional artistry it does feel different, giving this third pattern of engagement a distinct quality. This quality was captured particularly well in a creative expression made by Margaret during an NP inquiry meeting in response to the accounts of practice and practice observations being presented (see Figure 6.8). In this painting the bright yellow in the centre represents the present focus of the practitioner and the orange represents the background. The darker green parts are potential new foci, coalescing out of the unfolding situation (the more diluted yellow-green). These green and yellow-green elements illustrate the movement within and emergent nature of practice episodes in general and in particular those under consideration during this NP inquiry meeting.

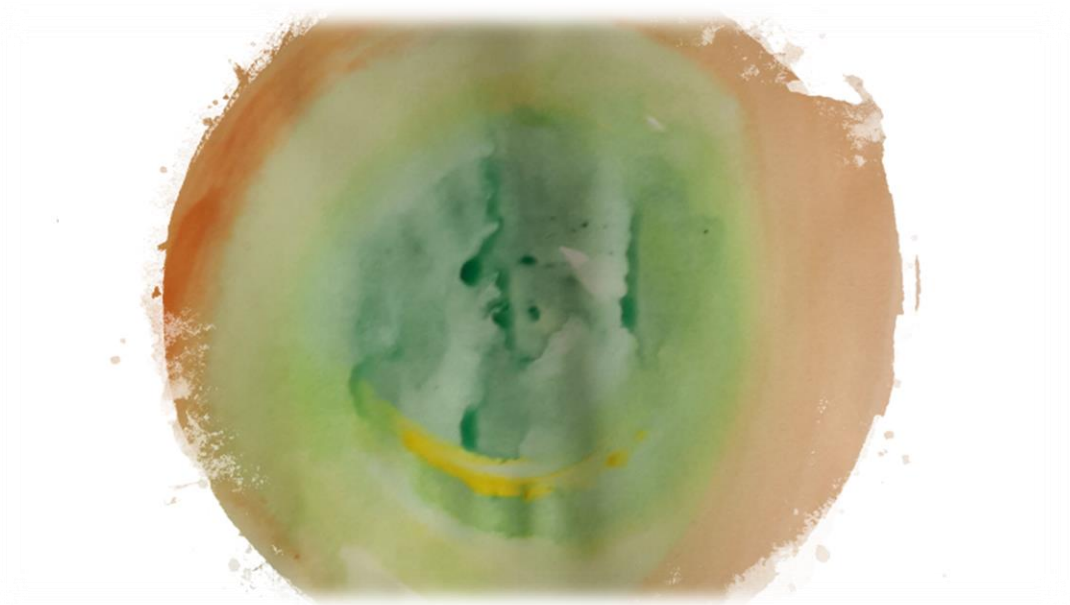


Figure 6.8 'Working with the now and the not yet': creative expression made during NP inquiry meeting (MargaretNPI-Mtg11-Photo028)

The overarching message is that each nursing encounter contains diverse possibilities or potentialities not all of which are immediately evident to the nurse at the beginning of the encounter, at least not the specifics. At times the 'not yet' is a possible clinical outcome or physical response to a clinical intervention. At others the nurse brings part of the becoming with her into the space; she brings for example options, guidance, encouragement or hope. Sometimes she creates room for being (of the patient) in the here and now, which opens up room for becoming: acceptance, drawing out, exploration. The nurse's active engagement in the now, via testing out, for example, and including 'waiting' as one of the forms the active engagement may take, enables the possibilities, or the 'not yet', to emerge or come into being.

4. Committed to the ideal

It emerged early in the inquiry that working towards the ideal, the best that could be achieved within the circumstances, was indicative of professional artistry. What 'the best' is or could be is different in every practice situation. Nevertheless, the practitioner practising with artistry is committed to discovering what the ideal is, given the situation, and working towards it: '*aiming high and not giving up*' (JaneRNI-Mtg3-Rec2of4). This is often more than the protocol demands, or more than is required to be regarded as acceptable by standardised indicators. The practitioner is guided by best practices and published evidence, but also by his own moral compass and

professional standards, what he knows he is capable of achieving and that which the patient wishes to achieve.

The nurse practising with professional artistry does not shy away from the complexity of a practice problem or challenge. The challenge is not, and does not have to be, over simplified so that the nurse can deal with it. Instead of simplifying the problem down so that it fits the routine or his own expectations, the nurse is alert to the 'problem behind the problem', seeing the patient as a person with human interests. Practice goals are necessarily therefore more complex than when practice is viewed in a more instrumental or task focused way. The nurse works towards the ideal instead of merely the acceptable. For example, when Floortje (RNI-Mtg4-Rec1of5) was working with a person considered a 'demanding' client by the South Side community nursing team and allied health professionals she was less focused on working out 'how to keep him happy' and more concerned with understanding his perspective and what he specifically wanted help with. She was then able to focus her attention there where it was helpful for the client, and ultimately the community care team and associated allied health professionals, by working out what was necessary to help this client achieve his goals. She took the client and his plans seriously and focused her energy there, rather than 'trouble shooting' to avoid a complaint.

Integral to this pattern of engagement is the holistic view the nurse has of the immediate practice situation and wider process, and of the challenges they may contain. Framing the present situation, practice goals and potential future scenarios holistically means that the goal of the immediate practice situation has less to do with getting a particular task finished and more to do with meeting the broader goals of contributing, for example, to wellness and flourishing. When seeing a patient with chronic back pain, for example, Margaret, a NP working in a general practice, could have talked to the patient about causes of back pain and potential ways to cope with it, directed the patient to the relevant patient information websites and pamphlets and let him know which symptoms should prompt him to come back. This would have 'ticked all the boxes'. Instead, she used the appointment time to explore the meaning, impact and triggers of the back pain with the patient, coming to understand something about his world and the meaning the back pain had within it, helping the patient, over a number of visits, to understand this himself, to take control over how he managed his back pain and work towards improved wellbeing (MargaretNPI-Mtg4-Rec1of5).

The difference is perhaps a subtle one. Directing the patient to the resources he needs to work out how to cope with his chronic back pain is not unsatisfactory. Yet practising in this more instrumental way would have felt unsatisfactory to Margaret. Although an outsider may have described her approach as 'going the extra mile', for Margaret it is just the way she approaches her professional work.

When discussing this aspect of professional artistry we often referred to the difference between giving adequate care and giving care that met our own standards.

The guideline forms an important framework, but it is not the 'whole' truth. It is not all there is. Fulfilling the demands of the guideline is not the same as achieving fulfilling practice.

(AafjeNPI-Mtg4-Rec3of5)

'First do no harm' is very limited – good beginning but too limited for me – I want to do GOOD.

(JanNPI-Mtg12-Rec4of8)

Patients, family members and residents made remarks in similar vein.

They have their lists of course. Everyone has those lists. She [Jane] didn't have a list but she got to the nub.

(RNI-2012Fam04Con-p6)

It's not that the hospital gives bad care you know, it is all very good. Everyone does their best. Some achieve more than others you know? She [Anna] is one of those.

(NPI-2014Fam03Con-p13)

Working in this way required a commitment to one's ideals, and the ideals of one's profession, often in the face of contexts in which such ideals are espoused but not really promoted. The commitment holds true for the relationship with the patient as well. During the NP inquiry there was a lot of data generated and discussion held about those situations in which things do not go easily, or do not go well. We concluded that professional artistry resided in the not giving up, in the "*hanging in there*" (NPI-Mtg8-Rec5of5), in finding ways to maintain or rebuild the relationship, for example, or in ensuring the patient was appropriately supported and helped, even if by somebody else. A nurse demonstrating artistry does not abandon the patient to their despair or hopelessness, and does not leave problems unaddressed, once identified.

Let people cry, or be angry. Don't 'shush' them. Stay with them while they work it through.

(DylanNPI-Mtg7-Rec3of4)

It is important to be honest, to not be afraid of telling patients the truth. And if you do 'A' then you have to do 'B'. [That is,] you can't do this without supporting them to deal with the message.

(AnnaNPI-Mtg7-Rec3of4)

This is not to say that the nurse practising with artistry is all things to all patients, but that he makes sure the appropriate referrals are made or that the attention is given to issues that arise. Patients describe nurses working in this way as 'going above and beyond' the call of duty. The nurses felt, as the professionals, that they couldn't have done less.

She's really a person to count on. [...] I'd go into battle with her [Lilian].
Ha ha. She sure went into battle for me!

(NPI-2014Pat14Con-p5)

It's amazing really! She [Wendy] is amazing. She did everything she should have and more. Oh I really made her work hard for it, looking back, it was not easy for me, I was short tempered and I had no patience with anyone. It didn't stop her though. She took it all on board.

(NPI-2014Pat15Con-p9)

Being committed to the encounter, to the relationship or to the process, does not mean then that all the interventions of the nurse are on target the first time or that every path goes where expected. Working in this way is full of trying out and having another go. When we were practising with artistry we regarded the situations that were challenging or less than successful as part of the process of refinement, part of getting to know the situation, working out what could really be a good solution, what might work for this patient at this moment. See Figure 6.9 for examples of how we described this.



Figure 6.9 RN & NP descriptions of being committed to the ideal and a painting of 'not giving up' (NPI-Mtg8-Photo014).

As the remarks in Figure 6.9 indicate, practising with professional artistry means not becoming discouraged by paths that turn out differently than expected. Practice problems are often complex and inquiry members discussed how the development of professional artistry helped us to 'cope' with 'seeing' more of the complexity. Integral to this pattern of engagement, irrespective of the level of complexity, is maintaining the commitment to the other, to maintaining the safe sheltered space, to working together so that the patient, resident or family member is better able to cope or to take action or to be or become. As described previously, working with where the other was at while not losing sight of where they were trying to get to.

When a child is learning to walk, or someone is learning to ride a bike, falling down is part of the process, so you can't be scared of that, it gives us information, helps us refine what we are doing. And if you look at it like that further, learning to stand, or to use the gears, is not for its own sake, it is a step on the way to walking, or something you need to do to be able to ride the bike. So we have to help patients to walk, run, or ride the bike, so that they can figure out what they are doing, what needs to be done.

(AafjeNPI-CRC-20140830-pp11-12)

5. Taking or enabling transformative action

The previous patterns of engagement create the conditions for this final pattern: taking and / or enabling transformative action. This is not to say that the various patterns

build in a consecutive fashion on each other. Rather than they work together, each reinforcing and creating room for the other. Within this fifth pattern of engagement the nurse effects change or transformation within the clinical situation, or within the dialogue or relationship, or both. Poor clinical outcomes may be averted or prevented, for example. New understandings, new insights or new ways of facing a difficult situation may be coached or nurtured into being. New strategies, behaviours and actions may be enabled and supported.

The goal of the nurses' actions within this inquiry, when related to this pattern of engagement, were dependent on the context and goal of the encounter or series of encounters. At times it was important to change the course of events so that a particular scenario would be prevented by being well prepared for eventualities or acting decisively for example. Nurses within this study acted wisely and decisively to influence clinical outcomes for individual patients in many different ways in the course of their everyday work. They were also alert to lacunas in the quality of care and took action to tackle these when they fell within their sphere of influence. Sometimes 'taking transformative action' involved raising and discussing issues with colleagues or other members of the multidisciplinary team, or supporting colleagues to talk things over with each other so that issues of care quality for particular patients or residents could be resolved. Members of the NP inquiry in particular observed each other, and narrated experiences of, using their clinical expertise and knowledge of the patient and their wishes to influence decision making within the multi-disciplinary team.

On other occasions it was necessary to create the conditions in which a potential for transformation, a possibility, could become reality. In describing the third pattern of engagement, attention was paid to the way in which the nurses in this study worked with 'the now and the not yet' and how this way of working was experienced by colleague observers and patients themselves. Here the attention turns to the actions necessary to enable the 'other', the patient, resident, family member, student or colleague to themselves take transformative action or experience a change in perspective. Commonly, the patient or other person in the encounter was supported by the nurse practising with professional artistry to take the next step and exercise their own potential to exert influence on the outcome.

Such support could be given in the sense of being alongside, for example, offering comfort or companionship, coaching or bearing witness in times of grief or suffering, as in the following example.

Mrs. D lost her 43 year old son to a haemorrhage from oesophageal varices. It is a messy and frightening way to die. She was not in the room at the time of death, although she had been there when her son had started to vomit up blood. Pieter (member of the NP inquiry) had been nursing this patient, working frantically with other members of the team to try and save his life. When interventions were unsuccessful Pieter had hurriedly cleaned himself up, removing his gloves and apron, wiping the blood from his shoes and calmed himself enough to bring the news to Mrs D. He said, when looking back on that moment:

The adrenaline was still coursing through my body, the fierce energy and disappointment mixing together. It is, I think, a particularly awful way to die. An awful thing to have to imagine your son going through. I remember hoping his mother had not really seen enough to form an image of the bleeding or of his panic.

(JanNPI-Mtg9-Rec1of5-p6)

Pieter did not approach Mrs D to ask if she would participate in the inquiry. She, however, had seen the information on the ward and had spoken to someone else who had shared their story with Pieter and another NP inquirer. She asked if she could talk with one of us to let us know what an impression Pieter and his way of supporting her during this crisis had made on her. This is part of her account:

He [Pieter] didn't turn away, he looked me in the eye and shook his head. Then he told me and stayed with me. Helped me sit down I think. I don't really know. I was sitting, all at once, and he was there. There were no words and he didn't ask me anything or expect me to speak. He stayed with me and I don't know for how long but he stayed with me until I could stand and face going into the room.

(NPI-2014Fam10Con-pp.2-3)

It was just as bad as I had expected, and yet, less awful than I perhaps had imagined. I could see that he had bled but he was pretty well cleaned up. Pieter answered my questions, you know. About how these things go. Not that day immediately I don't think, but when I asked, and he was very kind and honest. I was pleased he was there with my boy at the end. I imagine he [her son] was frightened, very frightened. And that having such a strong capable person there would have helped him know he would get through it, well, you know, not through it. But to cope

with it happening how it did. I had imagined the most terrible things. There had been blood on my clothes and on the floor when I left the room, you see, and [shakes head]. Pieter asked me to tell him and I told him what I thought had happened, what it must have been like. [...] And he said yes there was a lot of blood, and yes [my son] was frightened. But we were with him and we supported him, we talked with and someone held his hand. And that [my son] had worked with them and shown courage. [Short silence.] The real story was not as bad as I had imagined. Bad enough. Bad enough. But not as bad as how I thought.
(NPI-2014Fam10Con-pp.4-5)

In the first part of Mrs D's story she shares the impact of Pieter being alongside, accompanying her and bearing witness to her shock and grief. Pieter's supportive presence contributed to Mrs D finding the strength within herself to go into the room to see her son. In the second part of the story it becomes more complicated. Pieter had hoped to protect Mrs D from the details of her son's death. In conversation with Mrs D, and by asking her to share her thoughts about what had happened, it became clear to Pieter that Mrs D wanted to face her son's suffering and to honour his courage. He realised, as well, that she was imagining a death more cruel than the reality had been. Pieter's decision to answer Mrs D's questions honestly took courage on his part and enabled a transformation of her narrative of the event.

Honesty and authenticity, when combined with caring, are aspects of this pattern of engagement that enable nurses practicing with artistry to offer challenge supportively: challenging a particular belief or standpoint, helping to explore alternatives, encouraging a patient to try again or to look squarely at the consequences, or possible consequences, of his actions.

Wow. Yes. That was something. I had said to her [Margaret], kind of laughing, 'So, there we have it, I have told you. And what does it mean? Am I an alcoholic?' And she said, straight at me, 'Yes.' That's something that is. To have that said, just like that, no looking away. Because you know that it's maybe not good, but you hope that it's not really that bad either. But now I know. [Breathes in deeply and gets tears in his eyes.] It's time to make a change. [...] I have told plenty of people [health professionals] about this you know, about a drink every day, a few drinks every day. It just gets noted down. But she wanted to know more and she told me straight [nodding].

(NPI-2014Pat21Con-pp2-3)

I was exhausted. I couldn't take another step. I sat down on that bench there to rest and I thought Mara [RN] would get my wheelchair, wheel

me back. But she came and sat next to me! Sat and just waited. Then we talked. I was disappointed, you know, I have been wanting to walk further, but I never get further than that bench. [...] But Mara asked me to try. To catch my breath and try again. She said if you don't go further than this bench you will never get further than this bench. Ha! She walked beside me with the wheelchair. [...] I didn't make it all the way but I made it past the bench.

(RNI-2012Res14Con-p5)

The two examples above are neither complex nor out of the ordinary. Yet they demonstrate connectedness, straightforwardness and a respect for the ability of the patient to be able to respond to a challenge. The interventions of both Margaret and Mara were transformative, in their own way, for these two men. These examples are typical of much of the nursing care observed and experienced in the course of this inquiry and typical of this pattern of engagement. Ordinary, everyday events. Not highly technical, no life or death decisions required, no moral dilemmas to struggle with. Yet, at the same time, situations in which the nurse does not choose the easy route. It requires professional artistry to tell someone that you consider him an alcoholic in a way that helps him further and does not alienate him. It requires professional artistry to pay attention to where a person is at, listen to where he wishes to be, and to nudge him onwards when he's already started to give up.

Although some aspects of professional artistry were difficult for people within this inquiry to articulate, this particular pattern of engagement was often clearly recognised as having to do with the nurse in question and his or her ability to bring about changes in perspectives or situations.

You [Floortje] are able to bring out the best in people. We have all learnt a great deal from you.

(RNI-2011Col02Con-p2)

The situation was very upsetting but it was extremely helpful that she [Anna] supported me and continued to believe in me. But also that she helped me to keep believing in myself. Because I do now. I believe in myself again.

(NPI-2013PatCon-p11)

I want to thank you [Dylan] for the guidance during my husband's admission. You are a super nurse who pays attention to the welfare of

the patient. I always had the feeling I could share my story with you. Thanks to you I have managed to bring this terrible time to a positive close.

(NPI-2013Fam07ThankYouLetter-p3)

Nurses practicing with artistry can also act as facilitators of professional development for their colleagues and future colleagues, as the first of these three quotes indicates. In some cases this had to do with providing an example of someone aiming high, in other cases being able to imagine future possibilities, for example, or having faith in the colleague's potential before the colleague in question was able to imagine themselves developing in this way.

Thanks for insisting that I could do it, encouraging and nudging towards the enrolled nurse training. In the end I am very happy about it!

(RNI-2012Col05Con-p4)

Members of both inquiry groups used metaphors, during practice observations and CCCI meetings, in describing the moment of transformation; the moment when the potential energy present in the situation turned into movement, action, insight or change of some sort. See, for examples of these metaphors, Figure 6.10.



Figure 6.10 Taking or enabling transformative action: creative expression (Donna-RJ2014-Photo102) and metaphors used by inquiry members (NPI-Mtg11-Rec3,4of8)

In Figure 6.10 the spiral form represents movement and a change in energy from the more expectant, waiting, potential energy in the centre, to the coloured, dynamic spiral moving outwards: transformative action . During the NP inquiry meeting in which this creative expression was discussed, Dylan pointed out that he had viewed it differently. He saw the coloured part of the spiral as the testing out phase, the building up of potential and creation of supportive space, and the dark centre part of the spiral as the moment of transformation: here is the moment where the potential of the nursing encounter is transformed into focused action. In either view, the inquiry members were agreed that this pattern of engagement has to do with movement and a change, for example in focus, perspective, understanding or behaviour.

The nurse may experience such transformations herself when practising with professional artistry, yet the essence of this pattern of engagement is enabling the other – the patient, resident, family member or colleague – to experience or take transformative action.

Consequences of professional artistry in nursing: enlarging the space for becoming

When the five patterns of engagement meld together in the person and practice of the nurse she is practising with professional artistry and is perpetually engaged in enlarging the space for becoming – her own becoming and that of the patient, resident, family member or colleague. The consequences, then, of professional artistry are for both the professional and the client. The particular consequences can differ depending on the nature of the encounter, see, for example, Figure 6.11.

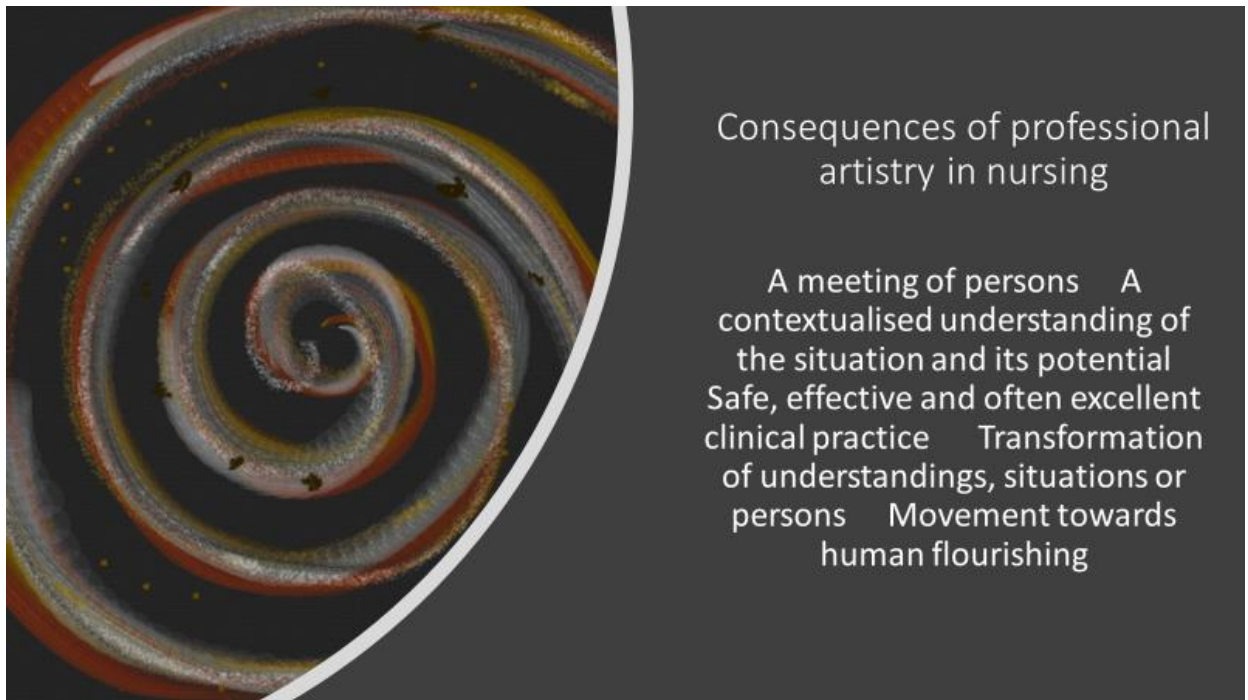


Figure 6.11 Enlarging the space for becoming: particular consequences of professional artistry as identified by NP inquiry members. Illustration Donna-2015RJ-Photo044

The more fundamental consequences of professional artistry, of the five patterns of engagement working together in the nurse's way of seeing, being and doing, are an enlarged space for becoming. The patient's or nurse's sphere of influence is enlarged, for example, or there is a movement towards human flourishing which is no longer dependent on the interventions of the nurse. The various particular consequences have spun together, the movement, growth or transformation has acquired its own momentum, or become the new 'norm' for the nurse, patient, resident, family member, colleague or student.

To be clear, the changes referred to here, the movement, growth or transformation, cannot be described as sweeping or extensive. The changes in the space for becoming are generally incremental, a furthering of a process. The process itself may not feel remarkable at the time, but when looking back those involved are able to recognise and describe the change that has taken place. See Figure 6.12 for some examples. The first three statements in this figure are explanations given by particular residents or patients, having chosen association cards (Fontys Knowledge Centre, 2008) to help in giving words to their ideas about how their viewpoint or feeling about their situation had changed. The text box at the bottom contains examples of

statements made by residents (x 2), patients (x 2) and a family member, and entered by RN and NP inquiry members into field notes.

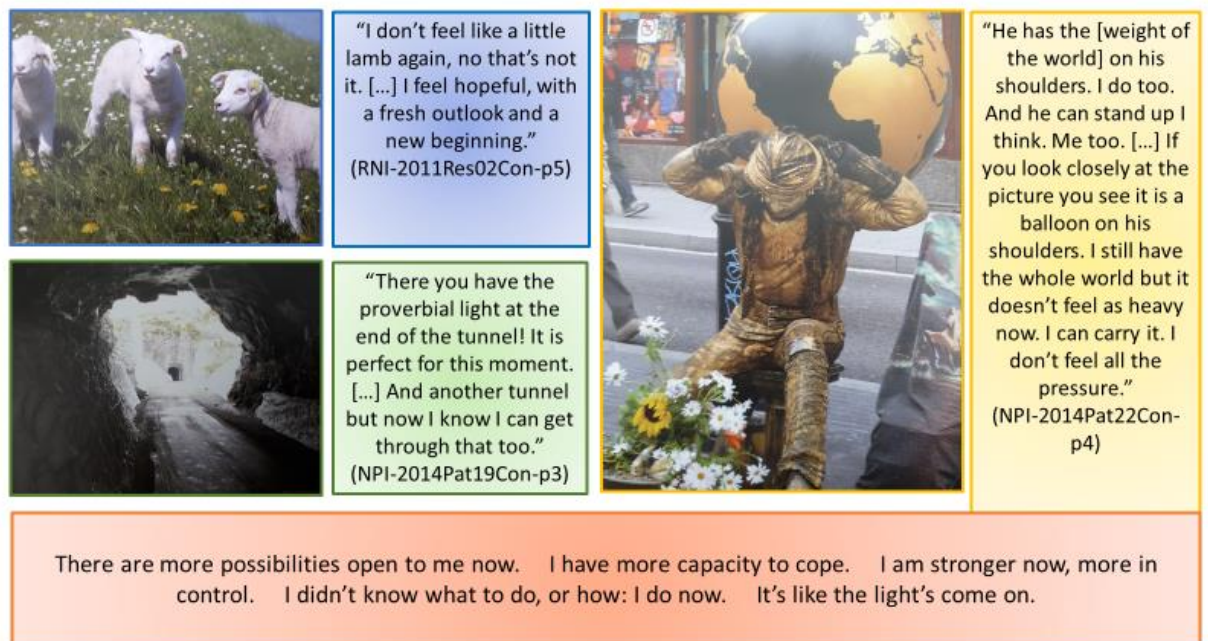


Figure 6.12 *Enlarging the space for becoming: patients and residents expressing a changed perspective*

These residents and patients are not only describing how they would now react to a similar situation should it present itself again. They describe how their outlook has changed in general. The space within which they experience themselves as having influence and being able to act has been enlarged.

That is the case for all the examples shared in this chapter: Wendy's patient starting hormone therapy for metastasized prostate cancer; Ms C being taken seriously as a partner in the diagnostic process by Margaret; Anna helping her patient to experience being 'in the now'; Mara helping a new resident's spouse to work through his feelings about shared responsibility for his wife's safety; Floortje choosing to focus on listening to a client's plans instead of trying to avoid him making a complaint; Pieter supporting Mrs D in the aftermath of her son's death; Mara encouraging her patient to catch his breath and try again. Each of these people left the encounter with an expanded range of possibilities and they credited the nurse involved for helping them get there.

To be able to work with you [Jane] has been a completely positive experience for me. With you I have learnt to care instead of to work. Now I wonder how I ever saw it differently.
(RNI-2012StudentNurse04Letter-p4)

Taken together the different elements of the nature of professional artistry are presented in Figure 6.13.

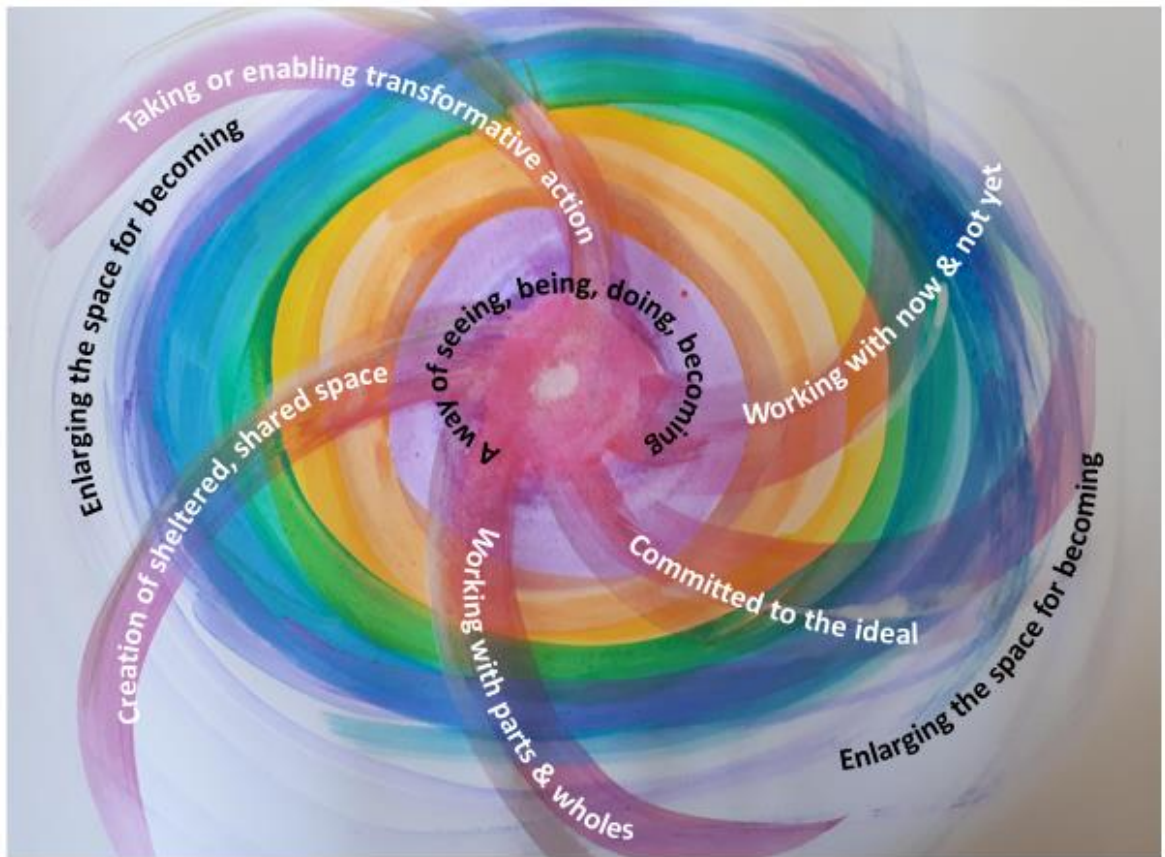


Figure 6.13 The nature of professional artistry in nursing (Donna-RJ2019-photo046)

At the centre are the ontological and praxiological assumptions the nurse brings to the encounter, embodied and embedded in his, her or their practices. The patterns of engagement grow from and are made possible by this particular way of seeing, being doing and becoming. The swirling colours represent movement and energy and as the patterns of engagement work together the underlying and surrounding situation is changed. The spinning patterns of engagement push centrifugally at the boundaries of becoming and start to change them. The extent and dimension of these changes are indeterminate and remain so, as is shown by the lack of hard boundary to the edge of the spiralling patterns. Nevertheless, the space for becoming, for incremental changes to the patient's and the nurse's ontology and way of being and doing in the world, is enlarged.

Concluding remarks

In this chapter the findings concerning the nature of professional artistry in nursing have been presented. A wide variety of textual data and creative expressions, generated within practice situations and within inquiry meetings during the course of both the RN and NP inquiries, has been presented to support the findings. The findings are these. Professional artistry in nursing practice is evident within the practice of nurses whose world view accepts and values this way of being and becoming. Although involved in a large variety of clinical and interpersonal activities relevant to their clinical specialty, the professional artistry of the nurse in question is characterized by five patterns of engagement recognizable in their practice: a nurse practising with professional artistry creates a safe, sheltered space within which the nursing encounter or encounters can occur; they work with the salient parts of the situation while keeping hold of and taking account of the whole; they are present in the now while working as well with that which is yet to be; they are committed to the ideal and they take, or enable others to take, transformative action. The consequence of working in this way is an expansion of the space for becoming: the nurse with professional artistry is recognized by the other as playing an active role in this process yet the changed perspective and new possibilities for action are now part of the patient, resident, family member, colleague or student's way of seeing, being and becoming. In the following chapter the findings concerning the facilitation of professional artistry in nursing will be described.

Chapter 7 : Facilitation of the development of professional artistry within nursing practice

The purpose of this chapter is to present the findings of this collaborative inquiry concerning the facilitation of the development of professional artistry in nursing practice. These results form the other half of the story that was begun in chapter six with presentation of the findings concerning the *nature* of professional artistry. Understanding the nature of professional artistry is necessary to being able to facilitate its development yet, within the CCCI, becoming able to explicate professional artistry was very much tied up with learning to nurture it in our own and each other's practice. Within the CCCI we came to conceptualise the process of developing professional artistry as being like a journey. We each moved from one 'place' to 'another', metaphorically speaking, in terms of how we looked at and understood our professional practice and, indeed, how we practised as professionals.

Setting out, we were unused and generally speaking unable to recognise and articulate the professional artistry in our practice. By closure of the CCCI we were able to talk about and describe our professional artistry, we had developed strategies which we recognised as helpful in facilitating its development, and had built up evidence to support our assertion that 'professional artistry powers our practice' (WendyNPI-Mtg10-Rec1of7). Furthermore, we had been changed as people. Our experiences of the journey were individual yet there were particular significant moments or milestones common to all our journeys. This chapter presents those milestones, the kinds of journeys we made as 'travellers' and the strategies that we found helpful in enabling each other to make the journey.

As in the previous chapter, the findings presented here arise from a multifaceted set of data generated within the RN and NP inquiry groups, working in the ways described in chapters four and five of this thesis. See Table 7.1 for a list of abbreviations used when referencing a data fragment¹³. Two new abbreviations are used in this chapter as compared to Chapter 6: 'Post' and 'FP'. The same considerations with respect to transcription apply here as in previous chapters. Not all interviews, conversations or

¹³ For readability the construction 'he/she/they' is avoided when a third person pronoun is required. Within each practice example only one personal pronoun is used to refer to the nurse, and another to the other person or people in the example. This means that in some of the examples the nurse is female, in others male or gender neutral. Usage is consistent within each example.

meetings were fully transcribed. Where a page number is given that indicates a full transcription of the interview, conversation or meeting concerned. Otherwise the audio recording in which the statement occurs is given.

Table 7.1 Abbreviations used in the text when referring to quotes or creative expressions generated within the CCCI.

Abbreviations used in the text to identify source of quotes and creative expressions			
The source of the data when the person was a member of a CCCI group		The source of the data if the person was <i>not</i> a member of the CCCI	
Donna, Anna etc	Name of individual inquiry member	Col	Colleague (identified by a number unique within that year and inquiry group)
RNI	Registered Nurse Inquiry group (also used when a statement is attributed to the whole group)	Fam	Family member (identified by a number unique within that year and inquiry group)
NPI	Nurse Practitioner Inquiry group (also used when a statement is attributed to the whole group)	Pat	Patient (identified by a number unique within that year and inquiry group)
Post	Data generated after the inquiry groups had ceased to meet, during the synthesis phase	Res	Resident (identified by a number unique within that year and inquiry group)
FP	Found poem', created by me as described by Janesick (2016), using words and phrases spoken by inquiry participants, recorded during the meeting(s) indicated		
The type of data generation activity and other identifying information			
CRC	Critical reflective conversation between two (or more) members of a CCCI group, in response to practice observation		
Con	Conversation or interview (where either Donna or another CCCI member is the interviewer)		
Mtg	Data generated during a CCCI meeting. Each meeting has a unique number. For example, NPI-Mtg1 indicates the first CCCI meeting of the NP inquiry group.		
Rec	Recording made during CCCI meeting. Sometimes '1 of 4' or similar is noted: this means there were 4 audio files saved about this meeting, and in this example the quote is taken from the first of the four.		
Obs	Observations made, for example in practice, recorded in stand-alone document		
Photo	Photo made in the context and year indicated, each with unique number for that context / year.		
RJ	Research journal, followed by volume number or photo number		
p / pp	Page number/s within the transcript or research journal concerned		

Data were generated and analysed with respect to my facilitation, as initiating researcher, of the investigation of professional artistry within both the RN and NP

inquiry groups. Collaborative data generation and meaning making occurred in both groups not only with respect to the nature of professional artistry but also with respect to its development. Within the RN group this was generally retrospective; reflecting on experiences in which data collection was initially focused on uncovering the nature of professional artistry and considering the data in the light of questions directed at the facilitation of professional artistry. The inquiry process itself, including my facilitation of the process, was regularly evaluated and examined in relation to the facilitation of the development of professional artistry.

Within the NP inquiry we actively investigated the ways in which our professional artistry was developing, how we helped each other to develop it, the strategies that we individually and collaboratively valued in nurturing professional artistry in our practice, and how the context of the CCCI inquiry supported us in this activity. We generated data about opportunities, both missed and taken, for helping practitioners outside our inquiry to develop their professional artistry. At the conclusion of the NP inquiry we were all co-inquirers into the nature of professional artistry and co-inquirers into and co-facilitators of the development of professional artistry in our own and each other's nursing and facilitation practice.

In the following sections, 'we' refers to the members of both inquiry groups unless otherwise noted. Although most of the intentionally generated data concerning the facilitation of professional artistry were collected within the NP inquiry, synthesis after the inquiry groups had ceased to meet made clear that the findings were present and applicable within both inquiry groups: in the RN inquiry much of the information about facilitation of the development of professional artistry was implicit until reconsidered in the light of the collaboratively generated insights within the NP inquiry. Some of the data is presented as poems. Unless otherwise stated, these poems have been constructed by me using the words of participants and to convey the essence of the meaning of much longer conversations and dialogue (cf. Janesick, 2016).

Journey as metaphor: milestones and challenges

The essence of facilitating the development of professional artistry is helping professionals to identify and capture the professional artistry within their practice, come to understand it in a holistic way and become more intentional about working in

this way, increasingly able to positively influence their own and other's practice. One of the purposes of the CCCI lemniscate was to guide those of us within the inquiry through this very process, explicitly and step by step. Over time, as illustrated in Chapter 5, this process became embodied and we became able to articulate the nature of the journey.

The journey metaphor is useful because it can capture and communicate a degree of the 'means and ends' nature of developing professional artistry. In making a long or complex journey a traveller is changed; he cannot make the journey without becoming changed and yet cannot be changed without making the journey. When setting out, of course, the traveller is not yet transformed and has perhaps little idea of the impact the journey will have on him. This reflects our experiences of developing our professional artistry 'from the inside out'. We came to recognise certain perspective transformations (Mezirow, 1978, 2003) as milestones along the way towards developing professional artistry and to regard them as 'points of no return', similar to the 'safe spot' in a computer game: once we reached that level we could not fall back further than that.



Figure 7.1 We recognised milestones along the way

A milestone represented to us a place where it became evident, or where we noted, that understanding was expanded in a holistic sense. Such a perspective transformation is both cognitive and bodily and involves the senses and the spirit. Looking back we could see that our view of the world, of self and of self in the world

and in relation had changed a little, when reaching such a milestone. Three milestones or moments of perspective transformation that were important in all our journeys are these:

1. Recognising the professional artistry and the potential for professional artistry in our own practice
2. Embodying critical and creative critique
3. Being intentional about exercising our professional artistry 'muscles'

These milestones are presented here and described below in a steps-wise fashion, indicating that 1 is necessary for 2 and 2 is necessary for 3. This is in some ways a simplification of reality. For example, learning how to make the invisible visible was a strategy which helped with identifying the potential for professional artistry in our practice, suggesting perhaps that '2' comes before '1'. Using a particular work form or strategy in this way, however, was different from the perspective transformation that happened when the light went on and the 'unseen' world burst into colour that could never again be 'unseen'. In that respect these milestones do build on each other in a step by step fashion.

The journey metaphor is also helpful in understanding the nature of the obstacles or hurdles we faced along the way. The particular challenges we faced as individuals tended to recur, either for the same individual or for someone else in the inquiry. We became experienced in helping each other around, over or through the challenges of the journey and became better able to identify what it was that we found helpful and the kinds of circumstances in which such a hurdle or challenge was likely to occur. Such challenges did shape our journey, to a certain extent, influencing the path we eventually took, the kinds of facilitation strategies we developed together, and the more supportive circumstances we worked to create. The aspects of professional practice which we experienced as either challenging or supportive are these: the culture within which the professional works, the professional's own understanding of her own expertise particularly when in transition, the availability of professional support, the focus of professional development activities and the assumptions and convictions of the professional herself. The specific challenges and the more supportive alternatives we worked towards are presented later in the chapter. Attention turns now to explicating the milestones along the way.

Perspective transformations on the road to developing professional artistry: three milestones

Recognising the professional artistry and the potential for it in our own practice

The first milestone on the journey towards developing professional artistry was being able to look at, understand and value our practice in a particular way. Whether the focus of our work was facilitation of others' learning, staff nursing or working as a nurse practitioner, there came a moment when we connected our ability to make a difference in our work to the idea of professional artistry. Coming to see, accept and take responsibility for our own practice as somewhere where magic sometimes happens, or could happen was a transformation in perspective and it laid the groundwork for recognizing, capturing, unpicking and developing this kind of practice further.

To reach this milestone, and the ones thereafter, meant learning to look at practice honestly, to take our blinkers off about what we 'should' be doing as professionals and to dare to perceive, describe and experience what we were actually doing as professionals. As well, to honestly perceive and experience, where possible, what our practice set in motion: to look at the impact of our practice on self and others. Developing the capacity to consider practice in this way and to help each other do so was an ongoing process which took and takes time. At the same time, engaging in the process was almost immediately enlightening, confronting, thrilling and useful. This is illustrated in the poem below, constructed from words and phrases used in the evaluations of the first two RNI CCCI meetings, and Figure 7.2, showing two of the pictures used as part of the evaluations and the words uttered thereby.

Woosh! What a surprise.
And a kick.
There is more to my work than meets the eye.
More to our work – perhaps more than we know!
Cutting and pasting, ha,
we see what lies beneath.
Scary, but good. Scary? Yes, you're right.
Who knows what we'll find?
Beauty
Patience
Skill
Meeting between people.
A good place to start.

(FP-RNI-Mtg1-Rec5of5 & RNI-Mtg2-Rec5of5)



Figure 7.2 'Sunshine and possibilities' (RNI-Mtg1-Photo024, RNI-Mtg2p-Photo030)

Although it took time and effort for this way of considering and experiencing our practice to become second nature, the lemniscate inquiry process supported us in undertaking the kind of activities that would eventually 'reveal' our practice to us. We were able to come to new insights about our practice and become aware of enriching our own understandings, even when we still felt clumsy or unsure within the inquiry process.

"Looking back I felt very nervous asking patients about how they had experienced my care. And at the same time I thought, 'what are they going to say?' I mean, they are unlikely to give bad feedback to me or

my colleague. So is it even useful? And then when patients said that they liked that I listened to them, and paid attention, I thought, of course, obviously that is fine. Everybody likes to be heard and to have attention paid. What is even useful about this kind of feedback? But then I had a kind of lightbulb moment. I took it for granted because that is how I see my work, but the patient didn't take it for granted because he saw a lot of health care professionals and didn't always feel seen and heard by them. Or, in any case, he did feel seen and heard by me and even though that sounds very basic it was also very powerful.”

(Rosemarie-Post-Mtg20151028-p21)]

Examining and exploring our practice honestly and listening to the feedback of others helped us identify moments of professional artistry, or the potential for professional artistry, in both ordinary everyday practice and also within extraordinary practice moments.

Considering and coming to understand our practice in this way was quite confronting, even though we were often focused on aspects of practice that were going well. Firstly, examining the beautiful moments of our practice also made the less successful moments and the chances we had missed more obvious. And secondly, as we became more aware of the ways in which we actively contributed to the creation of and demonstration of professional artistry within our practice, our sense of responsibility to be consistently practising in these ways increased (see for example Figure 7.3).



Figure 7.3 'There is a lot of potential, but a lot can go wrong' (Lilian-NPI-Mtg7-Rec3of4 & photo016)

Realizing that developing this kind of practice was within our sphere of influence put pressure on us, in some ways, to 'not drop the ball'. A big part of the learning curve around this milestone was thus learning to be honest and critical about our own practice, and what we 'uncovered' or 'discovered' there, without being damaging to ourselves or becoming paralyzed by the fear of not achieving our own standards. Recognising the professional artistry and potential for professional artistry in our practice meant learning to value both what was already present and what could yet 'become'. As well, it meant accepting our own capacity and responsibility to develop and influence this kind of practice further.

Strategies that were helpful in coming to recognise the professional artistry and potential for it in our own practice

There were a number of strategies that we found helpful in the process of coming to value our own practice as demonstrating professional artistry. They are described here in three clusters. Firstly, creating conditions and offering a structure for looking at, describing and experiencing practice situations honestly. Secondly, paying attention to the experience of coming to understand practice in this way. Lastly, working with a facilitator who is able to provide both challenge and support.

The CCCI framework, and in particular the lemniscate investigative cycle, provided the general structure and helped with creating the conditions. The particular features that were helpful in this stage included the attention paid to different kinds of knowledge and ways of knowing and the protected moments of individual and collective dialogue and reflection. Practically, we began by clarifying our present understandings of professional artistry and where we expected or hoped to demonstrate it in our practice. We shared with each other our own visions for 'good' and 'excellent' care and explored to what extent our ideas about good or excellent care included aspects of professional artistry, for as far as our understandings reached at that time. We also explored how it felt to us as practitioners to meet our goals in this: what did this kind of practice look and feel like to us? How could we identify such moments? For example, we shared with each other those aspects of our practice that we would like, or wouldn't mind, others emulating. This was new for everyone and turned out to be a particularly useful question.

No-one has ever asked me that before. The aspects of my work that I think are an example for someone else. It really makes you think. [...] And now the pressure is on because you are here watching me. Ha. I

guess I watched you too! [...] It has really made me think, that question. And it is a good question. I am going to ask the students next time I think. [...] Working today together with you, we have a lot to be proud of, a lot that other people could emulate. It made me proud.
(Jane-CRC-20120819-pp1,3,9-10).

These activities helped prepare and prime us to recognise those kinds of moments within our practice from our perspective. Further, we considered how we could know how others' experienced our professional practice and in what ways they weighed and judged our practice. We discussed and agreed on ways of gaining insight into the perspectives of others about our practice, for example patients, their family members, our colleagues and students. We then supported each other in collecting this data.

When presenting and collaboratively reflecting on the data we had collected in practice we paid attention to how it felt to engage with our practice in this way and to ask others to give us this kind of feedback, as well as how it felt, of course, to engage with the feedback. We paid attention to the positive aspects of the experience but also to the uncertainty and other unexpected feelings that occurred. A number of us were surprised at the level of uncertainty that the beginning stages of the inquiry seemed to create. Being explicit about this helped us work through it, understand it and place it in a wider context. As well, we came to recognise the uncertainty and feeling like we wanted to perhaps not dig any deeper as a possible sign that 'something interesting' was happening (see Figure 7.4).

I have chosen this picture because it is 'boarded up', something closed and boarded up. That is how I felt today, coming here. But of course, there is a reason. And this should not be a sign to others to go away, but a sign, and for me, that something needs to be looked at.

(Marieke-NPI-Mtg3-Rec6of6 & photo030)



Figure 7.4 Coming to see our emotions as sources of information, and not just something to be 'managed'

There was a shift, here, in the way we viewed our emotions. We began to see our emotions and bodily sensations as signals and signs, carriers of information, instead of being something we had to 'manage'. Working with the CCCI lemniscate contributed to creating the conditions for this insight: built into the steps of the lemniscate is the assumption that that emotions and the senses are sources of knowledge. Particularly helpful, as well, was working in a group where we experienced support, and within which we could note shared patterns and experiences. During the NP inquiry we extrapolated this insight to help us better anticipate and be aware of potential uncertainty felt by people outside the CCCI groups who were participating in data generation and interpretation. For example, exploring moments of particularly effective or beautiful practice with a patient can throw episodes of less than skilful or effective practice into sharp relief.

We agreed that within the context of this CCCI the role of facilitator was crucial at the beginning stages of the journey. As the initiating researcher and facilitator my role was instrumental, for example, in creating a safe space and offering a structured way of exploring the subject of professional artistry. As well, I had knowledge of and experience with ways of working with different kinds of knowledge and ways of knowing and of capturing experiences. I did as facilitator, in effect, for the person trying to develop their artistry what the nurse with PA does for the patient. I valued what was happening in the present while holding the possibility for transformation and brought encouragement to carry on even when there were unexpected dips or barriers along the way.

While working towards this first milestone we started, in some ways, where we were, in terms of exploring our current understandings and ideals, and in identifying moments in our practice that were congruent with these ideals. At the same time, we paid attention to where we wanted to be and how we could help each other to get there. Once we had each come to name particular aspects of our practice as professional artistry and to understand, in a holistic sense, some of what that meant, we could no longer 'not understand it'. We had reached the first milestone.

Embodying critical and creative critique

Facilitating the development of professional artistry involves recognising the more ephemeral aspects of practice, being able to give language to those things that are 'hard to describe', and helping practitioners and each other to learn to do the same. The term 'understanding' is used here, as elsewhere in this chapter, to mean a deep seated and holistic understanding, not merely cognitive knowing or being willing to participate in a creative way of working. It is coming to a particular insight in a way which means it does not then slip away again, and embodying a particular way of doing, being and becoming. For example, although all of the CCCI members made use of creative expression, from the very beginning of the study, to help with the expression of ineffable ideas and to make the more invisible aspects of practice visible, there came a moment for each of us when we realised that this way of approaching and understanding our work and indeed our world had become part of our way of being, doing and becoming. We had come to view, or understand, our work and lives as creative processes, the 'ineffable' as a fundamental quality of these processes, and being able to express aspects of the ineffable as fundamental to coming to understand our practice and indeed our worlds.

One of the most significant changes in my professional life, since being part of this project, is the idea of my work being creative. Not only my work is creative. I am creative. I didn't previously describe myself like that, not at home and I never really thought about it at work. But I see it every where now. I am *able to do my job* [taps table with finger to emphasize each word] because of my creativity. People can't describe it so they don't think about it or they think it isn't there. [...] I notice the 'special somethings' now and am alert to what they might be.

(Margaret-NPI-20130817Con-pp3-4).

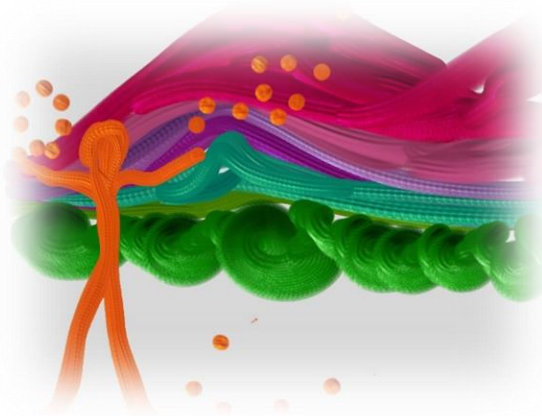


Figure 7.5 Digital drawing to illustrate seeing herself as a creative person (Margaret-NPI-2013081Con 7-Photo001)

This perspective transformation, or milestone, built on the one which came before it. After internalising the professional artistry or potential for it in our own practice, we also became more aware of the creativity and intangible aspects inherent in our professional practice and in our lives. We each came to a point at which it seemed second nature to look for the underlying, less tangible aspects of a practice scenario, using creative methods physically or even, in some cases, in our imagination, to enable us to grasp and articulate the implicit aspects of the situation.

Well I didn't have the cards with me and nothing to draw on. No matter! I thought how similar the situation was to that card where the woman is knitting her socks while wearing them at the same time. You know? You know the one? And I thought about it. Can you sharpen an axe while you chop wood? No, you can't. But perhaps it is possible to design or make and use something, put it to use immediately. Anyway, funny thing. Looking at a case like that. My mind makes connections now, I try to explain things to myself in pictures.

Pieter-NPI-20120724Con -p4.

In other words, we had gained insight into the ways in which cognitive and creative understanding work together to enable holistic understanding and testing out of ideas. We came to value, as individuals and as a group, the importance of working through the whole process: for example, expressing in words what has just been expressed visually or otherwise, engaging in cognitive and creative critique and creating room for contestation. Within the NP group in particular we learnt to recognise how both congruency and dissonance 'felt' in our bodies and spirits, so that we could come to a well-supported position, paying attention to how the explicit and (previously) implicit come together to form a complete picture.

This milestone, combined with the first, made previous experiences more readily 'available' or useful for learning. Being alert to a 'feeling of good fit', or paying attention to something 'feeling not quite right' began to come more naturally. Using creative methods to reflect on past experiences helped bring the less tangible aspects of past practice scenarios into our consciousness and into visibility. We were able to consider these experiences with different understandings: an acceptance of the potential for artistry in our practice coupled with the knowledge and experience of how to uncover it.

Reflection with a difference,
Now I look with different eyes.
Is there more to see? I feel like a different me.
I was still learning then.
I am still learning now.
Yes. Learning.
Feeling.
Learning what I felt and what it meant.
'Competence development' – that's not what I mean
Spirit, heart, unseen things.
Learning to perceive

(FP-NPI-Mtg7-Rec3,4of4)

Strategies that were helpful in embodying critical and creative critique

Coming to value and understand our practice in a holistic sense and becoming aware of the ways the visible and invisible work together and can be used to unpick and reconstruct meaning, were supported by a number of facilitative strategies. These are grouped here in three clusters. Providing a supportive structure and safe space in which people can experiment with new ways of being and understanding, experiencing and articulating different ways of knowing, being and understanding, and facilitating active use of holistic understanding to gain new insights into self and practice.

An important insight reached within the NP inquiry was the limitation of 'explaining' about different ways of knowing, about invisible aspects of practice being made visible and the use of creativity in this process. My attempts, both in the RN and NP inquiry, to explain the usefulness of such approaches, had limited impact, certainly in the first instance. A much more helpful strategy, and one built into the lemniscate process, was supporting CCCI members to *experience* practice, or a reflection on practice, or even on being, in a way which engaged all their senses, and then to facilitate examination and articulation of the experience. The articulated experience enabled a shift, however small, in understanding, which meant a later explanation had something to 'connect' to in the mind and body of the inquirer. So although the facilitation strategies which enabled movement towards the second milestone are discussed in a particular order here, and pulled apart from each other, in our experience they were bound together and formed a dynamic whole.

The essence of the strategies for reaching this second milestone are the creation of a safe, supportive and sufficiently structure space within which the 'experience' could

be had, deconstructed and reconstructed, and a trusting relationship with a facilitator who was able to guide these processes. As a novice inquirer into professional artistry it was necessary to be able to try things out, experience creative approaches, engage one's senses and learn how to trust one's body. Trust between the person or people involved and in the intentions of the facilitator was essential. Further, as facilitator I had to be aware of the conscious or unconscious barriers people had to working in creative ways. Drawing or painting, for example, often made people feel very vulnerable in the beginning. It could be helpful to be matter of fact about the experience and what people could expect and to mention that experiencing a degree of anxiety was not out of the ordinary. Other helpful approaches included working gently together, explicitly asking people to try something new and to open themselves to the experience, explaining the importance of any key parts of the activity, such as silence in certain stages, role modelling during the activity, reflecting on it afterwards and paying attention to the yield and new insights that had arisen. As well, it was helpful to ask people to identify what the creativity had added, however unexpectedly, to the exercise.

Oh, I would never have tried that [painting a picture] if I hadn't trusted you! I didn't know what to expect to start with but your instructions were clear, that helped. And besides, I trust you not to ask me to do something that doesn't have some kind of purpose. I know I can stop when I want if I want. But no, I didn't consider stopping.

(Mara-RNI-Mtg6-Rec3of4-p10)

I'm stunned. This [using association cards to reflect on practice episode] has given me such a different way of looking at that consultation. [...] We went straight to the feelings, to the emotions, for example. Could we do this with patients, do you think!?

(Dylan-NPI-20130730CRC-p8)

Despite the identification of specific strategies in the above description, it is important to note that not every strategy was needed or effective in every situation. When considering my own experiences as facilitator and analysing the reflections I had made, I saw that what was important in my facilitation was discovering and following the needs of the people I was facilitating. The patterns of engagement described in Chapter six were, perhaps unsurprisingly, also evident in my reflections. Creating a safe and sheltered space, for example, in which trust could grow and develop. Working with the parts and the wholes, in the now and the not yet and aiming for the best I could achieve. As well, I needed to be alert to and trust in my ability to take

transformative action, when the situation arose. Strategies like letting participants know what they could expect and being transparent about the purpose of different parts of the process were sometimes transformative, for example, and sometimes better described as a way to contribute to a safe space and pay attention to the parts so that the process, as a whole, could proceed. In moving towards the second milestone, then, a trusting relationship with the facilitator was necessary and a safe space in which the inquiry member could experiment and learn. This was also true of the safe space I experienced when working with my own supervisors and, for example, when facilitating workshops with other PhD students.



Association cards ready for use in a workshop with other PhD students



Working in nature: supervision with Angie in the bluebell woods

Figure 7.6 As I was supported to become a facilitator, so I could support others

A broad range of activities were experienced within the CCCI as supportive of the process of engaging our senses and bringing the invisible into the picture. Some of them were easier and more 'approachable' than others. For example, using association cards was found to be a low key first activity as was walking together in nature and using the natural environment to frame the reflection, for example. Creating some kind of creative expression was a little more challenging but it often opened a flood gate of possibilities and a wish to experiment with painting for example or drawing. Using our own body or bodies to create for example tableau vivant or to engage in collaborative mime was experienced as quite challenging, and creative authentic movement needed a very degree of trust.

Whatever the approach chosen, facilitation was once again important, this time in helping the person concerned to unravel or unpick and understand the experience. 'Telling the story' of the experience via the creative expression was generally experienced as helpful, as was the juxtaposition of hearing a response from an observer: what was for example seen, felt and imagined? We learnt to capture the salient points as they arose and tried also to pay attention to what we were not saying, to explicitly ask the meaning of things we could now see but which had not yet been mentioned; colours, for example, or the relationship of objects to each other.

During both the process of creative expression and the process of discussing it afterwards, there were chances to remind ourselves to pay attention to our bodily sensations. How did we notice ourselves standing or moving? What did our gut 'tell us'? At which points did we notice disengagement with either the work, the creative expression or the discussion? What did or could the disengagement tell us, what needed our attention? Sometimes it was nothing more than that we were tired or needed a break, but paying attention to these kinds of processes or questions created room for the unexpected. It was very much my work as facilitator in the beginning: I had learnt to ask such questions by working with my supervisors and other experienced practice developers and researchers: I too, therefore, had learnt by doing and experiencing, enabling me to work with CCCI members to create similar conditions.

These strategies, brought together, meant that the CCCI participants were supported by me and in the NP group by each other, and that I was supported by my supervisors, to engage with practice and with our being in a way that opened up and engaged our senses. We were supported in a process of making the intangible tangible, and the invisible visible, so that these aspects of our being and doing were brought out into the open. This enabled us to become aware of this other layer, always there, and to feel, in the end, that an examination of practice, or reflection on experience, was incomplete without paying attention to these aspects. There had been a shift in perspective so that we could not go back to experiencing the world as if only the 'cognitive' and the visible 'practical' aspects were of importance.

Understanding how to be intentional and exercise our professional artistry 'muscles'

The third milestone was the moment, or period of time, for each of us in which we came to an understanding of our own capacity to influence the development of professional artistry in our own practice. Ultimately this involved understanding how we could also help others to make a similar journey. Having reached this milestone we felt capable of being able to grow and nurture our own practice, but also to exercise influence within our own contexts to help others grow and nurture their practice.

As with the first two milestones, this milestone was very much a perspective transformation. Much of the data within both the inquiry groups, but particularly the RN inquiry and early on in the NP inquiry, refers to contextual factors which present challenges to the professional striving for professional artistry in their practice. We often felt, or expressed feeling, buffeted by circumstances, pushed and pressed on by circumstances outside our control. Many of these external circumstances did not change during the life of the inquiry and sometimes, particularly within the RN inquiry, they became more pressing or challenging during the inquiry itself. Working together in the ways described above, and reaching those milestones, created a greater awareness of our own power. We became more aware of the impact we had in the lives of our clients and patients, and as well in the experiences of students and new professionals, sometimes even with older and more experienced colleagues, who worked with us. We became aware of the fact that we exerted influence, and that we carried the means within us to work in ways which affirmed and helped others on their own journeys. Furthermore, we had tools and strategies at our disposal for making the contribution of practising with professional artistry visible for others.

We have to stand proud
No one can stand there for us.
Busy, everybody, everywhere, pressure
It is perception. It is how we choose to look at it.
Yes I'm busy,
busy doing what I want.
Decide: you decide, I decide, we decide:
What is worth doing?
Do that.

(FP-NPI-Mtg10-Rec2,3of7)

Two practice examples are presented to illustrate reaching this milestone. In the first the nurse passes up the chance, in fact does not recognise the chance, to articulate her holistic and person-centred approach. Although there were elements of professional artistry evident in her practice with the patient, her adoption of a technical approach to the handover rendered her earlier contribution to patient care not only invisible but left both her and the patient with an uncomfortable feeling that something had gone wrong. The second example illustrates how the same nurse, at a later stage in her career and within the CCCI, was able to concisely articulate the goals and value of the more intangible aspects of practice.

The first example concerns Jane, a registered nurse within the RNI, looking back on an experience she had had when she worked as a staff nurse on an orthopaedic ward, in a previous workplace.

“I was nursing a woman, in her late 60’s. She had a broken ankle after a fall. During the operation to repair it her blood pressure had dropped badly and it had been difficult to stabilize her again. She had been frightened by hearing of this during the handover from the recovery room to the ward. So during my whole shift I kept a reasonably close eye on her blood pressure. Explained this to her etc. And she was fine. There was nothing wrong now with her blood pressure – or anything else really. She was progressing well. While handing over to my colleague in the afternoon, at the bedside, he turned to the woman and said: ‘You needn’t expect me to be checking your blood pressure like this. That’s not what you’re in for.’ I was appalled. The whole situation appalled me. Him saying that to a patient. The look on the woman’s face, as if she had somehow manipulated me into taking her blood pressure more often. I felt ridiculous. It put a dark cloud over the whole relationship with this patient, as if I hadn’t been acting properly. And I would have stopped checking it now anyway, that was exactly what I had been saying to my colleague, that it all looked good now. And instead of taking charge and pulling the conversation back, focusing on the patient and her safety, her well-being, I let this dark cloud happen. The focus was now the care pathway, the protocol, the ankle. Not the woman. Before handover I had been pleased and satisfied, pleased that I had continued to check her BP, even though it hadn’t been ordered and wasn’t in the post-op pathway for this point in her care, pleased that I had evidence to reassure me – and her – that she was stable and doing well. We [the patient and I] had worked together to help her feel safe. But there beside the bed I felt small and foolish. I let my colleague diminish himself, the patient, and me – and let’s be honest the whole nursing profession – and I felt small.”

(Jane-RNI-20120715Con -pp2-3)

Jane felt that she had failed to demonstrate professional artistry in the interaction with her colleague. When we worked together to imagine what professional artistry may have looked like in that encounter we ended up going further back, to the way the handover was begun in the first place. Jane had not actually spoken about her underlying concerns (taking her patient seriously, helping her feel safe, being alert to changes) when handing over to her colleague. She had presented the information as: “BP [blood pressure] dropped during OR [theatre] so I checked it more often than called for in the protocol during this shift. Is stable now.” (Jane-RNI-Con20120715-p5). So she had only presented the technical information and had not created conditions in which her colleague was invited to consider other aspects of care. An alternative approach to the handover could have been something like: The BP being so difficult to maintain during theatre has given Ms M quite a shock. I suggested we keep a closer eye on it for the first while. Her BP has remained stable and Ms M is feeling safe and becoming more confident in her body’s ability to recover. Looking back on the encounter Jane felt that had she drawn attention to the holistic aspects of care and included them in the handover, then she would have demonstrated that she, at least, took them seriously. Moreover, she would have given her colleague a chance to do so as well.

In the second situation, Jane shared during a CCCI meeting her preparations to speak at a management team meeting to ask them to consider the introduction of a proposed policy change from another angle. The topic was the time allocated to initial admission appointments with new residents. A lot of the admission information was pre-collected by administrative personal and available to the nurse in the electronic system and on paper before the admission appointment began. One of the goals of the pre-admission procedure was to save time for nurses so that they could complete the admission conversation more quickly. It had become apparent that this time saving was often not realized in practice and the management team had chosen this issue to focus on in the coming weeks, hoping that they could encourage the nurses to make efficiency gains. During the RNI CCCI meeting Jane was able to state very clearly her intentions during such an admission interview. She made clear that for her the conversation really had very little to do with checking medical history collecting technical information and running through the previously collected information to check for errors. Her intention during the first conversation with a new resident was to lay the groundwork for a supportive relationship, to enter his world a little, to find out what was important

to him, what his concerns were at that time, to help him begin to find his feet and to experience a feeling of safety and that he was being taken seriously. She said:

Running through a checklist is the last thing on my mind at that moment!
It was a wake-up call to me when I realized that our management team
had such a different vision about the purpose and meaning of the first
real contact moment between a new resident and the nurse on the unit.
(Jane-RNI-Mtg8-Rec1of4-p13)

When reflecting on this case Jane mentioned that before participation in the CCCI she was not even aware of what her own purpose was within the admission interview. She would have previously emphasized the more technical aspects such as taking base line measurements and checking medications. She laughed to notice how she now used terms like 'vision', 'purpose' and 'meaning', instead of noting her tasks and the 'things' that needed 'doing'. Jane had gained insight into what was really important in her work generally and, in this example, the admission conversation specifically. Furthermore, by making this explicit she provided colleagues and managers within the organisation with a chance to understand what a difference a nurse could make to a new resident and, as well, give them a glimpse of the magnitude of the transition that the new resident was making.

Flexing our professional artistry muscles, then, was not only about learning to expand the scope and kind of situations in which we were able to practise with artistry, but also to be able to articulate these aspects of practice so that they become visible for self and for others. We came to recognise this as an important step in inviting others to consider their own practice with new eyes and in creating the conditions for others to perhaps take steps towards becoming aware of their own professional artistry or the potential for it in their practice (the first milestone). This aspect ties in with another aspect of flexing professional artistry muscles: helping other people, particularly those outside the inquiry, to perceive or understand their practice in different ways. This happened in diverse ways during the inquiry. For example by giving compliments that pointed out those aspects of practice congruent with professional artistry or asking questions about them.

In what way did you help the patient to feel safe and settled at the
beginning of the conversation?
(Anna-NPI-20140519Obs-CoachingStudent-p2)

I thought you did really well: you didn't lose sight of the important details but you kept the big picture in mind while helping Mr. X prepare for discharge. What were you wanting to achieve, looking back?

(Pieter-NPI-20140706Obs-CoachingStudent-p3)

Now! What a difference this conversation has made to that patient. [...] What was, do you think, the moment when you felt the mood or the feeling shift?

(Wendy-NPI-20141030Obs-NewGraduate-p1)

As the above examples show, the feedback and questions helped create the conditions in which students or new nurses could become aware of aspects of professional artistry. This was possible for the NP inquiry members because we had become used to asking these kinds of questions of each other during the inquiry practice observations and CCCI meetings. Other opportunities to flex our professional artistry muscles were noted when role modelling nursing care. Inquiry members discovered the impact of articulating their strategies and intentions shortly afterward or by beginning the conversation by asking the student to describe what he or she had witnessed. They experimented with inviting students to consider what they had noticed with their senses during the witnessed encounter, or what they had felt, perhaps what had made them uncomfortable for example. In this way the inquiry members created space for students to pay attention to bodily messages and showed as well that they considered such ways of knowing to be legitimate. As Lilian explained in her journal entry, she 'does things differently now', paying attention to a much broader spectrum than 'communication skills' or clinical knowledge when coaching students. She represented this with a photo of bright flowers.



Figure 7.7 'I do things differently now' (Lilian-RJ20140915-Photo001)

Further, the inquiry members began inviting people who came to them for advice to consider their practice in terms of emotions, feelings or the impact on self and others; inviting colleagues to share moments they were proud of with each other and to then explore why, and introducing creative ways of looking at practice or performance evaluation in team meetings or performance appraisals. In preparation for the yearly performance appraisal, for example, nurses were expected to collect feedback from a number of colleagues. During the RNI the inquiry members experimented with giving and receiving feedback with people outside the inquiry via the use of association cards. The kind of feedback given was more personal and insightful than when they had previously emailed each other to ask for 'tips and tops', and the process was enjoyable. In this way they turned a compulsory administrative procedure into a chance for mutual learning.

These examples illustrate that the learning and transformation that had taken place with respect to facilitating professional artistry began to have an effect on the nurses' ways of being and were thus visible in many areas of their professional life.

Strategies that were helpful in learning to flex our professional artistry muscles

Reaching this milestone and being able to begin exercising influence in our contexts, had to do with developing a measure of self-awareness and inner conviction with respect to both professional artistry as an idea and in our own practice. It helped us immeasurably to work in a group and to go on this journey together. Not only because we shared similar values with respect to the purpose and value of nursing practice, but because we made various transitions and struggled to reach understanding together. The collaborative unpicking of situations in which we had missed chances and afterwards considering together how we would do it differently another time, sometimes actively trying out alternatives together, was experienced as very helpful. In short, the CCCI groups provided a safe place to learn, to fall down, stand up and try again, and the CCCI lemniscate provided a structure to help us 'walk the walk' before we could 'talk the talk'.

The particular strategies that were useful here were: creating community with each other; being accepting of and gentle with self and each other (as people) while having high standards in terms of practice goals / quality of care goals; engaging in critical and creative critique of our own practice and learning to articulate our own

professional artistry. The last two strategies, then, dovetail almost seamlessly with the first two milestones and illustrate the means and ends nature of the facilitation of the development of professional artistry. Reaching these milestones was indeed necessary before we could move into developing and flexing our professional artistry muscles. The last two aspects have therefore been explained and illustrated in the sections above. An impression is given below as to how the other two strategies for reaching this third milestone were experienced. The first is a found poem constructed from words spoken during the last meeting of the RNI group.

Working together
This has been a great place
We have been a great group
Trust, laughter, difficult questions
It made all the difference
We all want the best
We can make a difference

(FP-RNI-Mtg13)

The second example is also a poem, this time collaboratively written during the last NPI meeting. Here too we were looking back over the entire NPI and this is one of several poems collaboratively generated during the meeting. The goal of this poem was to capture the way we had worked together as an inquiry group and what we had valued about it.

Beautiful moments
Unfurling flower
We are the moments, we are the rose
We stood here with souls bare
But never alone
We wanted to know to see and to tell
We learnt to listen to hold and be held
We go from here happy
With hope in our hearts
We are changed yet the same and we know where to start

(NPI-Mtg12-Photo16)

Identifying and overcoming challenges on the way

Learning to understand our professional artistry and the facilitation of its development is a journey we made together, as emphasized above. There were particular features of our individual journeys, however, that threw up particular kinds of challenges. The similarities and differences between our contexts and experiences helped highlight the challenges, making them more visible. As well, the variation in experience helped us, particularly within the NP inquiry, to consider the ways in which a similar situation could be rendered more supportive and how a particular challenge could be successfully tackled.

Clustering the features and challenges of our journeys together shows four particular situations that were present within the CCCI when taken as a whole. Firstly, the RN members of the RNI were working to understand and develop their professional artistry in an environment in which this way of understanding practice was not generally valued. The NP members of the NPI, on the other hand, worked in environments in which their expertise was valued, in any case, and in which they experienced at least some space and appreciation of their efforts to develop professional artistry. Thirdly, my journey, and that of some members of the NPI, involved a transition: having developed a degree of professional artistry in one aspect of professional life we were now engaged in developing professional artistry in another sphere. I had developed, for example, professional artistry as a nurse; during the study I worked on developing professional artistry as a facilitator and later as a writer of this thesis. A number of NP inquirers described a similar transition: developing professional artistry as an NP after having developed a degree of artistry as an RN. As well, the members of the NPI began developing professional artistry as facilitators of their own and each others' professional artistry. Finally, the fourth kind of journey we made as inquiry members was in learning to create the conditions for the facilitation of professional artistry outside the context of the CCCI, for example for other colleagues.

Examination of the characteristics and challenges of these different circumstances highlighted particular features which were helpful, or not, when facilitating the development of professional artistry. The features which needed dealing or coping with, however they presented themselves, were these: the culture within which the professional works, the professional's own understanding of her own expertise

particularly when in transition, the availability of professional support, the particular focus of professional development activities and the assumptions and convictions of the professional herself. These features are set out in Table 7.2, alongside a brief description of the particular challenge associated with each feature and the more supportive alternatives.

Table 7.2 Challenges faced on the journey towards professional artistry

	Potential hurdle or source of support	Challenge	More supportive alternative
1	Work culture	Working in a context where professional artistry is not valued	Working in and working to create and nurture a context where professional artistry is valued
2	The understanding of / experience of one's own expertise	Making the transition from expert to novice, building up expertise again in a different (clinical) area	Understanding the characteristics of one's own expertise and professional artistry and learning to transfer these understandings to new settings.
3	Professional support	Having no community of like-minded individuals around you / feeling alone	Finding and/or working to create and nurture a (small) community of like-minded people to be part of
4	Developmental focus (where we place the focus, so, where the focus of development lies.	Paying only sporadic attention to the development of professional artistry in one's practice	Paying sustained attention to understanding and developing professional artistry in one's practice
5	Mental model / assumptions / convictions	Viewing professional artistry as something we 'do'	Viewing professional artistry as a way of being which imbues our doing, knowing and becoming.

Neither the challenges nor the supportive alternatives felt 'new' to us. Neither were we surprised that they had an influence on our ability to practise with and develop our professional artistry. As with the nature of professional artistry (Chapter 6) and the milestones on the way to developing professional artistry (earlier in Chapter 7), these challenges cannot be considered to be independent of each other. There follow two examples of situations all inquiry members faced during the life of the inquiry in which

the various features are evident and either present as a challenge or as a more conducive alternative. The relevant row number in Table 7.2 is referred to throughout.

“There’s never enough time”

A feature common to every practice context was the experience of time pressure. We, and our colleagues outside the inquiry, often experienced not having enough time for patient contact, for documentation, for mentoring and teaching, for meetings and inquiry activities. When time was short, viewing professional artistry as a way of being (row 5) relieves some of the pressure of having to ‘do’ certain things. Instead, the professional brings the professional artistry into the encounter with them, in their person and their way of being. When the culture in which the professional is working values professional artistry (row 1) then other colleagues, within the same service, are also likely to be bringing professional artistry or aspects of it with them so it doesn’t all come down to the one practitioner. As well, there will be attention paid, structurally, to coming up with (creative) solutions for being able to work in ways that demonstrate artistry despite the constraints (row 4). Understanding one’s artistry (row 3) and understanding what it is that enables you to make a difference generally and particularly, for this specific patient in these specific circumstances, helps the professional to prioritise, to know where it is important to invest their energy. Having support from like-minded colleagues (row 2) helps keep the professional sharp and critical (in a good way) of their own work, seeing where they can exercise influence, including at a higher organisational level if appropriate.

Dealing with mistakes

Another potentially difficult situation common to all work settings is dealing with the consequences of a mistake or facing complaints. When a professional views professional artistry as part of who they are, instead of something they do (row 5), then a mistake is an important signal without being a devastating blow. In a culture (row 1) in which professional artistry is valued, the professional is supported and valued to frame this as a chance (row 1 and 4) to re-establish connection, to keep seeing the person in the patient, family member or colleague concerned, and to take the time and make the effort to take the complaint or mistake seriously instead of focussing on ‘damage control’. The professional is supported, by their group of like-minded colleagues (row 2), to reflect and learn, to look honestly at their own actions and the consequences of their actions, to grieve if necessary and to consider

alternative strategies for the next time. The professional who has a good grasp of their own expertise and professional artistry (row 3) is able to view and examine this particular instance of a mistake or complaint as part of the larger scheme of things; they can identify possible patterns and chances to challenge their own assumptions and to work differently the next time. Taking a professional artistry view of mistakes and complaints creates conditions for everyone involved to be seen as persons, taken seriously and have the chance to grow.

Strategies that were helpful in creating the more supportive alternatives

Within the CCCI we were focused on understanding the professional artistry within our own practice situations and the ways we could facilitate its development. We were not studying how to change our contexts or influence policy, for example. We did become more aware, however, of the influence we had in both smaller and larger ways. The strategies that we found helpful in creating more supportive alternatives in our contexts were things that we could do either for ourselves or for others, as individuals and, in the end, collectively.

Firstly, in both the RNI and NPI we were engaged in creating communities of like-minded individuals. Being a member of an inquiry group was supportive in and of itself. However, we did not see each other particularly often. Helpful for experiencing support on a daily basis was finding like-minded people within our work contexts, even if it was only one other person. This was pertinent particularly for the elements of work culture (row 1) and professional support (row 3) in Table 7.2.

Secondly, being a role model in practice and making aspects of our own artistry explicit were helpful in a number of ways. It helped us gain insight into our own expertise, provided professional support for others, meant that we were paying regular attention to aspects of professional artistry in practice and began seeing professional artistry as permeating our being instead of residing only in our actions (rows 2, 3, 4 and 5 in Table 7.2). In a similar way, helping others, where possible, to understand and articulate their own professional artistry played a role in creating conducive conditions for others to experience professional support (row 3), come to understand their own expertise (row 2) and perhaps to be part of a workplace culture in which professional artistry was valued (row 1).

Finally, we experienced embedding critical and creative exploration and critique as transformative in every phase of the inquiry. Even if beginning in low key ways, such as discussed in the previous sections, engaging non-cognitive ways of knowing lead to new insights and contributed to removing hurdles and tackling challenges in all five of the areas listed in Table 7.2.

Concluding remarks

The facilitation of the development of professional artistry involves supporting, guiding and being with the other on the journey towards its development. Furthermore, it involves creating and holding the spaces in which the journey can occur and helping the other, or each other, to overcome challenges and reach the necessary milestones. In this chapter the milestones, or perspective transformations, have been identified as coming to understand professional artistry and the potential for professional artistry in our own practice, embodying critical and creative critique, and learning to intentionally flex our professional artistry muscles. The circumstances which were experienced as either hurdles or supportive alternatives had to do with the value the work culture placed on professional artistry, the way in which we understood our own professional artistry and were able to transfer those understandings to new situations, the degree to which we could establish supportive, like-minded communities around us, the degree to which we paid sustained attention to developing our professional artistry and our own values and beliefs about the way in which professional artistry manifested itself in our practice. These processes are embedded in the CCCI design and the lemniscate inquiry process. Becoming able to facilitate the development of professional artistry, therefore, was coming to embody these principles.

The strategies we developed and found useful in helping each other to develop our professional artistry have also been presented. The approaches we experienced as useful were also 'built into' the research design and included the establishment of a safe community, supportive structures and safe space within practice in which we could learn to experience practice honestly and holistically before learning to deconstruct and reconstruct these experiences, and the presence of a trusting relationship with a facilitator. Various aspects of each of these approaches have been elaborated on in this chapter. The process of coming to understand and develop professional artistry was a process of developing our self-awareness and inner

convictions. We needed a safe community in which to do this: a group in which we experienced trust and safety, within which we could honestly examine, deconstruct and reconstruct our practice and, as a result of this collaborative meaning making, feel safe to try out new ways of working and perhaps fall down in the trying. It was helpful when we worked gently with each other and at the same time maintained high standards. Our needs in practice situations were similar. We needed sufficient space and structure in practice situations to learn to experience our practice honestly, not shying away from the aspects we didn't like or understand, and holistically: with our bodies, perceptions, emotions and spirits, as well as intellectually. After learning to experience our practice in these new ways we valued having the space and a structure to support us in articulating our practice experiences holistically and honestly, and similarly, to be able to try out new ways of being and practising. Finally, these processes and experiences, new learning and co-creation of meaning, had, in this study, the active guidance and support of a facilitator. The importance of trust in the facilitator cannot be overstated. As well, the facilitator needed to be able to hold the space, be familiar with the necessary structures and processes, role model the use of them and be able to offer challenge, support and new insights.

Chapter 8 : Professional artistry in nursing practice: enlarging the space for becoming

This inquiry began with the intent of uncovering the beautiful moments of nursing practice, beautiful moments of human connection, care, succour and growth, and to discover in what ways those moments could be illuminated, nurtured and facilitated to happen more often. This concluding chapter considers how this study has met those aims and in doing so contributed to enlarging the knowledge base around professional artistry in nursing practice. The findings of this investigation are discussed in relation to the literature as are the methodological contributions of the study. The methodological strengths and weaknesses of the investigation are also discussed before recommendations are made for both practice and further research.

Two research questions were asked and investigated within this inquiry. What is the nature of professional artistry in nursing, and, how can the development of professional artistry in nursing be facilitated? The findings presented in Chapter 6 demonstrate that professional artistry can be understood as a set of ontological and praxiological assumptions: it is a way of perceiving, doing, being and becoming in the nursing encounter. Professional artistry in nursing is furthermore characterized by five patterns of engagement: the creation of a shared, sheltered space; a demonstrated commitment to the ideal; working with the parts and the whole; working with the now and the not yet; and enabling, or taking, transformative action. When moving together these patterns of engagement expand the space for becoming in the nursing encounter. The findings concerning the development of professional artistry in nursing were presented in Chapter 7 and involve three particular transformations of perspective. In summary, the development of professional artistry can be facilitated by enabling nurses to recognise the sources and moments of artistry in their own practice and to identify their own capacity for artistry; further, by learning to articulate these aspects of their embodied praxis and to examine them cognitively and creatively. The development of professional artistry is in addition facilitated when practitioners themselves are enabled or become able to create the conditions in which professional artistry can be recognised, articulated and examined. This process involves practitioners learning to incorporate bodily wisdom into the body of knowledge that they articulate and critique as part of their reflexive activity. So in fact they are learning to become aware of and to recognise their practice as an embodied

praxis and learn to investigate it in an embodied way. The critical, creative and collaborative inquiry process presented in this thesis operationalises the critical creativity methodology and is an effective method for supporting such investigation and facilitation.

The theoretical contributions to understanding the nature of professional artistry in nursing, followed by those made to understanding the facilitation of the development of professional artistry, are considered below in relation to the existing literature. The methodological contribution of CCCI to the investigation of embodied praxis is then discussed as is the potential of the CCCI methodology to enable inclusive and particularised collaborative inquiry in the midst of busy practice situations.

Understanding professional artistry in nursing

The findings concerning the nature of professional artistry (Figure 8.1) provide empirical evidence to support theoretical positions already found in the literature (eg. Fish, 1998; Grainger, 2003; Tarnow and Butcher, 2005; Paterson, Wilcox and Higgs, 2006; Austen, 2010). They also provide a contrasting view, for example with respect to professional artistry being the province of experts (eg. Beeston and Higgs, 2001; Manley et al., 2005; Hardy et al., 2009). The present findings also lend support to Titchen's (2000, 2009, 2019) conceptualisation of professional artistry, including aspects of the processes and dimensions.

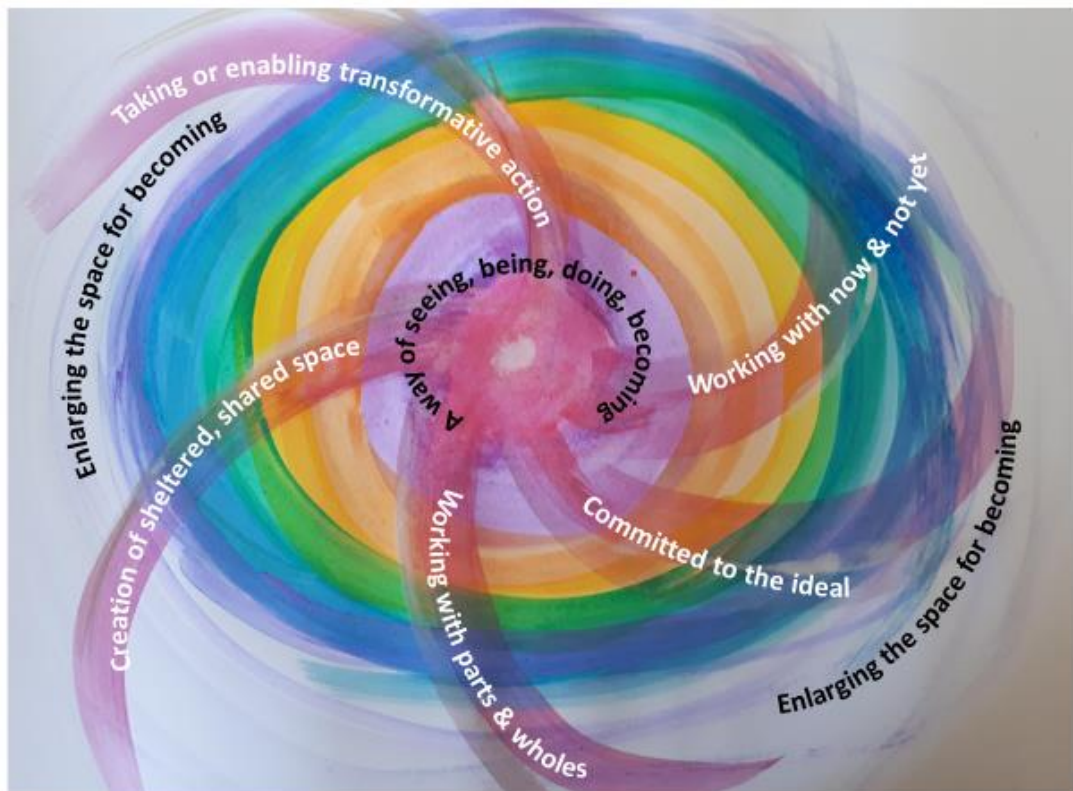


Figure 8.1 The nature of professional artistry in nursing: ontological and praxiological assumptions, patterns of engagement, enlarging the space for becoming

The ontological nature of professional artistry

The central finding that professional artistry involves a particular way of viewing and engaging with practice and the practice world, supports and explains aspects of the fourth and fifth finding of the concept analysis presented in Chapter 2. That is, that professional artistry is embedded and embodied in professional practices and has to do with the way the professional perceives and responds to the professional encounter. Schön (1983) and Schön and Rein (1994), although seeing professional artistry as largely an epistemological notion, do underline the importance of framing, taking a particular stance in relation to practice and practice problems or situations. Andresen and Fredericks (2001), McGinley (2009), Titchen (2009, 2019) and Mulcahy (2013) all emphasize that professional artistry is expressed in the moment, in the embodied action of the professional. Where some of the literature focusses on the doing, or acting, of the professional demonstrating professional artistry, taking wise action for example when faced with less than complete information (eg. McIntosh, 1996; Gore et al., 2000; de Cossart and Fish, 2004; Kennedy, 2004; Ajeneye, 2005; Paterson, Higgs and Wilcox, 2005), diverse sources also emphasize the ability of the

professional with professional artistry to dialogue with the situation using their whole selves, their cognition and their embodied responses (eg. Andresen and Fredericks, 2001; Beeston and Higgs, 2001; Klemola and Norris, 2001; Grainger, 2003). Professional artistry is not a kind of knowledge that is applied, in other words, but a practice stance which enables an openness to diversity of signals and cues present in the encounter (eg. Conway, 1996; Cowan, 2007; Henderson, 2009; Cherry and Higgs, 2011; Daoud, 2011). As well, it results in a holistic response involving the whole person of the nurse, not just their technical action (eg. Tarnow & Butcher, 2005; Gramling, 2004b; Titchen, 2009; 2019; McGinley, 2009). This perspective is supported by the findings of the present study, where the ontological orientation of the nurse and their view of practice and their ways of being, doing and becoming were a central feature in the nature of professional artistry. These findings fit too with Titchen's (2009, 2019) explicitly holistic understanding of professional artistry which emphasizes the role professional artistry plays for example in professionals being able to embody practice wisdom.

The particular preparation of nurses demonstrating artistry, their capacities and capabilities were not the focus of study within this research. Nevertheless, the central finding that professional artistry has to do with a nurse's way of being, seeing, doing and becoming are congruent with sources which argue that practitioners demonstrating professional artistry are not merely engaged in doing certain things but in being and becoming a certain kind of person (eg. Fish, 1998; Grainger, 2003; Gramling, 2004b; 2006; Stockhausen, 2006; Manley, 2008; Greggans and Conlon, 2009), and that they bring this capacity, or this way of viewing and engaging with practice, to the encounter (eg. Conway, 1996; Klemola and Norris, 2001; Austen, 2010).

The second overarching finding concerning the nature of professional artistry is that nurses who are practising in this way are engaged in expanding the space for becoming. This too is an expression of the ontological nature of professional artistry. It is furthermore a finding which fits closely with the sixth key aspect presented in the concept analysis (Chapter 2): professional artistry contributes to human flourishing. Titchen (2009, 2019), McCormack (2009), McCormack and Titchen (2007) and a large number of colleagues (eg. Titchen & Higgs, 2001b; Titchen & McGinley, 2003; Horsfall & Higgs, 2007; Titchen et al., 2007; Hardy et al., 2009a; Henderson, 2009;

Titchen & Hardy, 2009; Horsfall & Higgs, 2011) argue that it is the professional artistry of healthcare, research and practice development practitioners that enables them to practise in ways that can result in human flourishing for all those involved. When practising with professional artistry, nurses (eg. Appleton, 1991; 1993; Conway, 1996; Cronan, 2006; Finfgeld-Connett, 2008a; Gramling 2004b, 2006), medical (Fish and de Cossart, 2007) and other professionals (eg. Bickford and Van Vleck, 1997; Gore et al., 2000; Henderson, 2001; Grainger, 2003; Cowan, 2007; Austen, 2010) contribute to the ongoing growth, wellbeing and learning of the other person. Moreover, in practising in this way professionals care for themselves as well (Hall, 2005; McGinley, 2009; Tasker and Titchen, 2016; Kinsella, 2017; 2018): the expanded potential for human connection and growth is mutual.

The present research makes explicit, in the words of patients, colleagues and nurses, how the outlook of the person concerned has been changed, how the space within which they experience themselves as having influence and being able to act has been enlarged. Often incremental in nature, such changes were not always particularly noticeable at the time. They were nevertheless remarkable when the person concerned looked back and reflected on where they had been and where they were now. The encounter with the nurse practising with professional artistry, or series of encounters, left the patient or colleague of the nurse with an expanded range of possibilities. Furthermore, this movement towards human flourishing was no longer dependant on the nurse and his or her interventions. The changed situation had become the new 'norm' for the person concerned. These findings lend further empirical support to extant theoretical frameworks in which professional artistry is seen as central to transformative practice and enabling human flourishing, such as skilled companionship (Titchen, 2001b), critical companionship (Titchen, 2001a; Titchen & Hammond, 2017), practice development (Manley et al., 2008; McCormack et al., 2013) and critical creativity (McCormack & Titchen, 2006; Titchen & McCormack, 2008, 2010).

Praxiological findings: the patterns of engagement

The five patterns of engagement revealed in this study are congruent with the attributes of professional artistry described in Chapter 2 (see column 4 in Table 2.3). They explain in detail the ways in which the professional uses self and their personal and professional qualities to come to understand both the person concerned, for

example the patient or family member, and the situation, and to take appropriate action. The patterns of engagement have not been described and grouped together in this way elsewhere in the literature, either within or outside nursing, and are therefore a unique contribution of this study.

This investigation demonstrates how nurses practising with professional artistry are able to create, nurture and work within a sheltered and shared space with the patient or other person. The literature around professional artistry does not tend to emphasize this aspect of engagement when discussing professional artistry in clinical practice, although Finfgeld-Connett (2006, 2008b) explores specifically the relationship between nursing presence, the art of nursing and caring. Other sources do link the idea of 'presence' with the art of nursing (Bournes & Naef, 2006; Iseminger, Levitt & Kirk, 2009; Robinson, 2014), although without examining the concept in relation to professional artistry specifically. Descriptions of presence and being present (Easter, 2000; Öhman & Söderberg, 2004; de Freitas, 2008; Newman, 2008; Turpin, 2014), are congruent with this aspect of the CCCI findings concerning the nature of professional artistry. Zyblock (2010) notes, for example, that connecting with people in this way pays attention to their lived experience and Easter (2000) describes presence as the "gift of one's self in human interactions" (p.362). Godkin (2001) also describes a connection with the patient's experience as an important aspect of nursing presence. In the present research, being 'seen' and taken seriously by the nurse are central to patient descriptions within this pattern of engagement (creation of a sheltered, shared space) as is the notion of the nurse sharing something of themselves in the encounter as well.

Paying attention to the creation and holding of safe spaces and establishing trust is discussed explicitly with respect to facilitating group activities (eg. Predeger, 1995, 1996; Heron and Lahood, 2008; Dewing et al., 2014), and within leadership (eg. Senge et al., 2005; Sell, 2017) or coaching relationships (eg. Titchen, 2001a; 2001b; Titchen and Hammond, 2017; Titchen and Kinsella, 2019). Certainly the literature around establishing and maintaining therapeutic relationships in healthcare (eg. Ersser, 1997; Williams & Irurita, 2004; Freshwater, Esterhuizen & Horton-Deutsch, 2008; Stirling, 2015) pays attention to this as well. A common emphasis in the literature and in the present findings is the importance of the professional, the nurse in this case, paying genuine attention to the other and to their experience, and creating

the conditions in which the other feels safe to show themselves, to share their story, and to allow themselves to be accompanied on the next steps of the journey. This pattern of engagement enabled furthermore the creation of shared understandings between the patient, or family member, and the nurse.

In the pattern of engagement described in Chapter 6 as 'Committed to the ideal', the nurse practising with professional artistry is less concerned with meeting the immediate, instrumental goals, or completing particular activities, although these things are attended to, and more concerned with meeting broader goals, such as contributing to wellbeing and creating the conditions for human flourishing. Aiming for the ideal, going the extra mile, not being satisfied with meeting the immediate, simpler goals of the interaction, are aspects of professional practice that are discussed in some of the literature around professional expertise (Charness & Tuffiash, 2008; Alderson, 2010; Ackerman, 2014) and mastery (Bennink, 2008; Ladkin, 2008; Donders & Sommer, 2012). Bereiter and Scardamalia (1993), for example, argue the idea that instead of reducing complex practice problems to their most simple and easily dealt with form, particular kinds of experts are able to perceive and deal with the more overarching goals, those concerning human interests. Such experts are concerned not with practising satisfactorily, but in practising with excellence. Gastmans and Dierckx de Casterlé (2000) too highlight the moral and ethical imperative of excellent nursing practice and discuss paying attention to ascertaining the patient's goals as a person and not as a patient. This is furthermore in line with aspects of nursing expertise as presented, for example, by Hardy et al. (2009b) and Phelan and McCormack (2016) and with the outcomes aspired to within person-centred practice (McCormack and McCance, 2016). Being committed to the ideal, then, involves commitment to one's ideals as a nurse, to the ideals of the profession, and to the human interest goals of the patient.

Several key aspects of professional artistry as presented in Chapter 2 are therefore recognisable in this pattern of engagement. The complex and challenging practice situations in which professional artistry often occurs mean that the practitioner is faced with a plurality of reasonable responses (eg. Beeston and Higgs, 2001; Cowan, 2007), so that a decision requires discretion and professional judgement (eg. Wright, 2004; Lehmann, 2008; Smith et al., 2011; Williams and Paterson, 2009; Titchen, 2019). Active experimentation or dialogue with the social and clinical situation, using one's

whole self, helps in making that judgement (cf. Klemola & Norros, 2001; Grainger, 2003; Stockhausen, 2006; Titchen et al., 2007). The theory and ethical principles of nursing helped define what was appropriate and meaningful in the nursing encounters observed and investigated within the CCCI (cf. Andresen and Fredericks, 2001; Beeston and Higgs, 2001), supplying a set of principles and professional goals (cf. Conway, 1996; Cherry and Higgs, 2011; McCormack and Titchen, 2014). Such frameworks did not act as a blueprint or restraint however. When demonstrating professional artistry the nurses balanced competing interests and came to the most appropriate and particularized course of action, as is also described by Titchen (2009; 2019).

Nurses with expertise and who strive for excellence and meeting the ideals of nursing practice, are sometimes considered risk-takers (Hardy, Titchen, Manley & McCormack, 2006; Hardy et al., 2009b) and described, among other things, as creative problem solvers (Benner, 1984; Austgard, 2006; Dickson, McVittie & Kapilashrami, 2018). Such characteristics were also evident within this study, where an active, ongoing inquiry on the part of the nurse practising with professional artistry was necessary. The most effective course of action or the most appropriate response was not always immediately apparent to the nurses within the CCCI: when practising with professional artistry they were able to stay in connection, able to maintain the sheltered and shared space, while working through the process of refinement and coming to the most appropriate action. They were at times engaged in pushing the boundaries of what was known to them. Similar processes are spoken of by Henderson and Keeson (2009), Austen (2010) and Titchen (2018), when describing how working with professional artistry enables the creation of new knowledge and new ways of looking at or understanding the practice world.

The patterns of engagement described as 'Actively working with the parts and the whole', 'Working with both the now and the not yet' and 'Taking or enabling transformative action' are particular ways of perceiving and responding holistically to the practice situation. These patterns are congruent with the fifth element described within the concept analysis of professional artistry (Chapter 2). In the concept analysis, however, it was not clear exactly how this holistic response 'looked' in practice. Neither was it clear in what way the nurse 'held' the situation while coming to understand it. Within the CCCI an attention for both the finer details and the larger

brush strokes of the clinical encounter were evident, along with an ability to deal with the 'parts' while remaining open to the changing meaning of the whole encounter. As well, it became clear that the nurses, when practising with professional artistry, were present, focused and intentional in the present, while simultaneously taking account of future scenarios, preparing the patient for them, working to prevent them in some cases and in others to help them into being or creating the space in which they can become. The active experimentation described above was also present in this pattern of engagement, but in this case it had more to do with energy and possibilities than with physical, perceptible aspects of the care encounter.

The seemingly paradoxical nature of these aspects of professional artistry are congruent with Parse's (1998, 2002) theory of human becoming. Paradox is a central concept within this theory: processes of being and becoming co-exist, for example, such as acceptance for what is while bringing that which could be – and thus might not be – into being. Parse regards human existence, with its ambiguity and complexity, as inherently paradoxical, and describes several paradoxical patterns of human becoming, 'joy-sorrow' (Parse, 1997; Bunkers, 2006; Pilkington, 2006) for example. Parse's theory of human becoming is a good fit with the paradoxical nature of professional artistry, particularly with the idea of people being capable of reaching out to and beyond the boundaries they have created, being at once constrained and inspired by what is possible, being at once immersed in human experience while at the same time transcending it. Similar ideas are discussed by (Scharmer, 2009) in his Theory U and the notion of learning from the future as it emerges.

Relationship with Titchen's conceptualisation of professional artistry

The CCCI findings concerning the nature of professional artistry extend Titchen's work on professional artistry (eg. Titchen & Higgs, 2001b; Titchen et al., 2007; Titchen, 2009; Frost & Titchen, 2010; Titchen & McMahon, 2013; Titchen, 2019; Titchen & Kinsella, 2019). Professional artistry, according to Titchen (personal communication) *'is a conceptualisation of how a professional person melds, blends and harmonises the dimensions and processes of professional artistry in their everyday practice, thus ultimately, creating the conditions for human flourishing.'* Her nine professional artistry dimensions of self and the eight – often hidden – professional artistry processes are reproduced in Figure 8.2 and Figure 8.3

respectively. These dimensions and processes are identifiable in the practice examples shared in Chapter 6.



Figure 8.2 Titchen's (2009) professional artistry dimensions of self

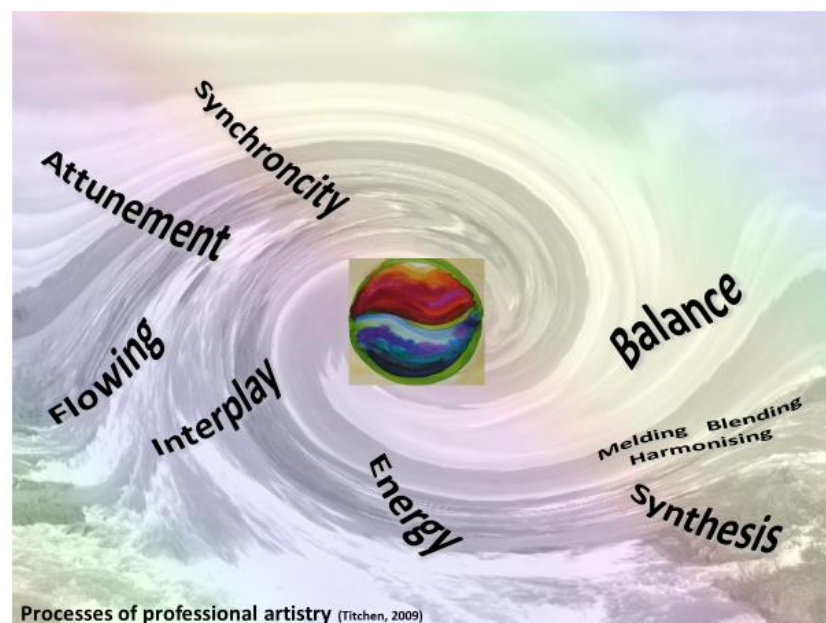


Figure 8.3 Titchen's (2009) professional artistry processes

Both attunement and balance were evident, for example, when Margaret, a member of the NPI, spoke honestly to her patient about alcoholism. She used her different knowledges and ways of knowing, combined with effective use of self, to not only

speak honestly but to create the conditions in which her patient could accept the message. Working with parts and wholes, with the now and the not yet, Margaret was able to take transformative action while maintaining the shared space. Her commitment to the ideal was also evident, instead of taking the easy, less confronting path.

Flowing, balance, synchronicity, synthesis, attunement and use of energy (Figure 8.3) were present as Pieter supported Mrs D after the death of her son. His praxis skills and multiple intelligences (Figure 8.2) enabled him to shift gears and work with Mrs D in the moment, while maintaining a sheltered space and enabling transformation of her experience of the encounter. Moreover, in Figure 6.5, when members of the NPI were investigating the idea of working with both the now and the not yet, there are examples of energy work, attunement, interplay, flowing, synthesis and melding-blending-harmonising in the statements made to describe this pattern of engagement. It seems plausible that all of Titchen's (2019) professional artistry processes, and a changing number of professional artistry dimensions, are present in all the patterns of engagement (see Figure 8.1) described in this thesis. Further research is needed to determine in what ways the professional artistry processes and dimensions are associated with the particular patterns of engagement.

Understanding facilitation of the development of professional artistry in nursing practice

The findings of this research reveal the facilitation of the development of professional artistry to be achievable in the midst of busy practice settings. Following the iterative process of the CCCI lemniscate helped create the conditions for the development of professional artistry, even before we were ourselves able to articulate its nature. Using the CCCI process to investigate professional artistry shone a light on it, watered and nourished it.

Rodgers' (2000) emphasis on the interconnectedness of concepts and the non-linear nature of their development (Rodgers, Jacelon & Knafel, 2018) were found to apply within this inquiry. In learning to understand our practice and ourselves in the world we also came to understand the professional artistry or the potential for professional artistry in our practices and ways of being. This meant, for example, that we could to some extent let go of the need to 'try' and practice with professional artistry. Our

process focused instead on uncovering and coming to understand what was *actually* happening in our work and creating the conditions in which something more *could* happen (cf. Rowan & Reason, 1981; Parse, 1998; Senge et al., 2005; McCormack & Titchen, 2014). The CCCI process itself helped us to redirect our energy and create room for other ways of being.

While professional artistry was certainly present in the practice of expert nurses within situations in which they felt very competent and confident, it was also evident in the practice of less expert nurses and during situations in which the nurse, expert or otherwise, was struggling to know what to do or facing a particular practice challenge. The inquiry showed the development of professional artistry to be, then, both incremental and sudden. A sudden insight could feel overpowering and stop us in our tracks. Yet before the new insight was embodied and had become part of the practitioner's new way of being, there needed to be chances created and taken, conditions created and help or support from self or others to push at boundaries and create a new habit of action.

Learning to intentionally develop professional artistry required a commitment therefore, before we began seeing results, to embracing different ways of being and viewing the world, and being willing to work consciously with the body. Openness to and engaging in these kind of processes meant taking risks and running up against boundaries, often boundaries we had unknowingly created and maintained ourselves, as illustrated in the account in Chapter 5 of not wanting to look foolish in front of our colleagues. This process often felt like a struggle, for example with respect to recognising the professional artistry in our own practice and feeling confident enough to claim it – the first milestone described in Chapter 7.

In this and other respects we experienced the changes in our embodied experience of practice and of our professional artistry as incremental. Being incremental in nature suggested to us at the time that the alterations were not really that profound. Yet when we re-visited the data from early in the inquiry it became evident to us just how far we had come and that we had become transformed. The changes were evident in our practices and ways of being and doing, as demonstrated in Chapters 5, 6 and 7. At the same time we came to recognise that the potential for these ways of working,

doing and being was carried within us from the first moment. We were therefore both the same and changed. This was a paradox.



Figure 8.4 Energy states (Figure 5.7 and 5.8) compared

In the two illustrations in Figure 8.4, both presented earlier in this thesis, there has been a movement of energy so that the second figure represents a figure who has found her place to stand. Balanced, rather than trying to balance. Using critical and creative critique, and therefore demonstrating what it looks like, instead of trying to understand what they might look like. The difference between 'standing' and 'trying to stand' is a subtle one and it illustrates the mystery of practising with professional artistry: one cannot 'try' to practise with artistry, one either practises with artistry or one does not. It seemed, within this inquiry, as if professionals who demonstrated professional artistry, or who had the potential to demonstrate professional artistry in their practice, carried much of the required energy already within them. Developing their artistry further was about learning to recognise and channel the energy differently, unbinding it and being balanced instead of trying to achieve balance.

The paradoxical nature of human experience, human development and transformation is handled to a certain extent in the nursing and healthcare literature (eg. Parse, 1998; Bunkers, 2002; Parse, 2002; Graham, Andrews & Clark, 2005; Ramey & Bunkers, 2006; Parse, 2008) and in more philosophical works about transformation and becoming. Higgs, Maxwell, Fredericks and Spencer (2001) discuss the development of creative expertise, for example, and note that even as a novice painter Rembrandt van Rijn's use of light distinguished him from his peers. This is in some ways helpful in understanding our being changed, as inquiry

participants, and yet having carried within us the potential to become changed. It also suggests, however, that some novice nurses 'have it in them' to develop professional artistry and some don't. Such a conclusion cannot be drawn on the basis of the findings of the present research. It is possible to conclude, however, that it was not until individuals within the inquiry came to the realisation that their own practice contained the potential for professional artistry – the first milestone described in Chapter 7 – that they were able to move forward with developing that artistry.

Senge et al. (2005) and Scharmer (2009) describe a transformational process in Theory U, arguing that learning is most effective when we learn from the past and, paradoxically, the future which is yet to be. Having seen, sensed and understood our past, for example the potential for professional artistry which we have until this moment not consciously developed, we let it – the past – go and, waiting at the bottom of the U, we imagine and begin to sense future possibilities, without fear, remaining open to the solutions these imagined futures present to us. As we rise up the other side of the U the new possibilities, such as the possibility for demonstrating professional artistry in our practice, become integrated into our conceptions of self.

Rowan and Reason (1981), too, argue for the interconnected nature of human experience and contend that opposite states are interdependent, tied up together and in fact found within each other. This way of thinking places emphasis on change, process and movement: 'A' is always in a process of becoming 'not-A' and is thus intimately linked with it. This means that movement through different states and ways of being is inevitable and that contradictions cannot be resolved, only allowed to emerge. Paradox, in this view, is a key feature of a stable system. These conceptions of paradox and becoming can also be recognised in the metaphorical principles for creating the conditions for human flourishing (Titchen & McCormack, 2010; McCormack et al., 2013), four in particular: movement in the stillness, openness to all ways of being, circles of connection and working with energising forces (see Table 5.6 for explication of these principles and examples of how they were enacted within the CCCI).

Within the CCCI this intentional shift in both focus and energy, and learning to perceive and pay attention to a new set of information, did not happen spontaneously. It required intentional, critical and creative effort, as others have also argued (Senge

et al., 2005; Titchen & McCormack, 2010; Titchen & Horsfall, 2011). There is often little room for such an endeavour in the normal course of nursing work (eg. de Veer, Francke, de Kruif & Bolle, 2005; Blackman et al., 2015; Hunt, 2016; McInerney, 2018). The workload and pressures of daily routine in an environment where short staffing and cost reduction are the norm can overwhelm inspiration and curiosity (Fagerström, 2006; Maben, Latter & Macleod Clark, 2006, 2007; McCrory, 2019). Furthermore, cognitive ways of knowing and rational means of problem solving are more highly valued in our contexts than other ways of knowing. Consider, for example, that admission to a masters programme in nursing science or health science at a Dutch university does not require a nursing or allied health professional qualification (aan de Stegge & Wiegman, 2015). This suggests that the experiential knowledge of working in healthcare is seen as irrelevant to being able to understand, critique and generate propositional knowledge about nursing and the work of health professionals. Under these circumstances the illumination of professional artistry and attention for its development is not likely to occur spontaneously. Space must be created. The present research demonstrates that it is certainly possible to create reflective spaces for stillness, contemplation, dialogue and engagement both away from the workforce and in the midst of practice.

Titchen's (2019) dimensions and processes of professional artistry are also evident in both the findings of the inquiry, as explained earlier in this chapter, and the ways in which we came to understand its facilitation. The dimensions of self (see Figure 8.2) were visible and necessary in the inquiry processes described in Chapter 5 and identifiable in the facilitation activities presented in Chapter 7. Both inquiry groups drew on different ways of knowing, artistic qualities, different knowledges and multiple intelligences to uncover and explicate instances of professional artistry in nursing practice. My use of self and my developing praxis skills were evident in the creation of a safe and sheltered space at the beginning of each CCCI meeting, for example, and during practice observations. Collaborative meaning making and contestation of our developing understandings was enabled, furthermore, by drawing on multiple intelligences, creative imagination, artistic and cognitive critique and multiple discourses.

Titchen's (2009, 2019) professional artistry processes (see Figure 8.3) were also evident with respect to the facilitation of the development of professional artistry. At

times our use of the CCCI lemniscate was hesitant and at these times the professional artistry processes as described by Titchen were less evident in the inquiry work. Early in the inquiry, for example, I was yet to develop professional artistry as a facilitator: although I drew on some or all of the dimensions I did not do so in fluid, balanced and synchronous ways. As my professional artistry as a facilitator developed the professional artistry processes, as well as the different dimensions of self, became evident in my facilitation practice. I became able, in other words, to embody the processes of critical and artistic critique, the second milestone described in Chapter 7.

As discussed in Chapter 7, a workplace culture in which professional artistry is valued and an approach to professional development which pays attention to more than mere technical skill were supportive contextual factors within this research (cf. Boomer & McCormack, 2007; Boomer & McCormack, 2010; Manley, Sanders, Cardiff & Webster, 2011; Verleysen, Lambrechts & Van Acker, 2015; Geue, 2018), helping create the conditions in which the CCCI could be initiated and sustained. Nevertheless, our experiences during the inquiries also emphasized the vulnerability of this kind of work (cf. McCormack, 2008; van Lieshout et al., 2015). A long term project with successes and failures, nurturing professional artistry within the CCCI was vulnerable to being snowed under, even when the benefits had been personally experienced. Ongoing critical and creative effort was required to sustain the CCCI processes within the reality of daily practice (cf. Senge et al., 1999; Bushe & Kassam, 2005; Snoeren, Janssen, Niessen & Abma, 2014). A similar phenomenon has been reported, for example, by Jacobs (2010), Van Lieshout (2013) and Snoeren, Niessen and Abma (2012). Even when values and intentions are clearly articulated and agreed to at the start of collaborative research endeavours, the pressures of deadlines, competing work commitments and the complexity of dealing with the subjective position of the researcher can lead to differences in priorities and obstacles to enacting the underlying values. It remained important, therefore, even within a supportive context, to ‘exercise our professional artistry muscles’ and draw the attention of other professionals towards the less easily grasped dimensions of our – and their – professional practice.

Equally important was our capacity for compassion for self and others within the inquiry. As Van Lieshout et al. (2015) discuss, where mutual engagement is a key

part of the process facilitation requires a continual movement between balance and imbalance. The facilitator responds to her context and works with, while simultaneously developing, her own characteristics as facilitator (van Lieshout, 2013; van Lieshout & Cardiff, 2015). Compassion for self, and a compassionate system of support for the facilitator, ensure that the movement between balance, imbalance and regaining balance is seen as part of the process and not a break in the system (see also: Titchen & McGinley, 2003; Titchen & McMahon, 2013; van Lieshout et al., 2015; Titchen & Hammond, 2017; Titchen & Kinsella, 2019). The CCCI process was at its most effective when we accepted with grace, compassion and interest where each of us 'was' at that point in time, supporting and challenging each other to gain a sense of both that place and the opportunities that arose, could arise, or could be created, for expanding our understandings and repertoire for action.

A parallel process was happening throughout the inquiry and later, during preparation of the thesis, in my supervision relationship with Angie and Brendan. As I struggled with the paradoxical nature of both professional artistry and my own journey as a facilitator and writer, Angie and Brendan enacted the principles of critical creativity, enabling me to look honestly at where I was, learn to embrace the turbulence as a source of energy and unfold the strength and courage to create and move into new ways of doing and becoming.

The CCCI process: an operationalisation of critical creativity

This investigation generally and the CCCI lemniscate specifically have proven an effective operationalisation of critical creativity. Following the CCCI process helped ensure that the principles of critical creativity were enacted and built into the investigation so that our understanding of them developed through our experience of enacting them. It wasn't necessary to understand the principles thoroughly cognitively before we began or that we all would be individually able to articulate the theoretical underpinnings. The CCCI process enabled us to begin where we were, to 'walk' and enact the principles so that they could 'do their work' in helping us come to understand our professional artistry, as explained in the previous section. The process was, as well, sufficiently open and flexible to accommodate and utilize unexpected situations. There was room to experience both congruence and dissonance, dissonance being particularly necessary if a collaborative inquiry process is to be rigorous (Heron, 1985).

This inquiry work asked from us as inquirers a willingness to embrace the turbulence, discover circles of connection and work with a variety of energising forces that none of us had habitually paid attention to before the inquiry. This work 'asked' from the design that the principles for coping with turbulence and perhaps even crises be incorporated into the methodology and methods and that by following the phases of the lemniscate we would automatically, for example, be creating circles of connection. The CCCI design met these demands. Two aspects will be explored here: the potential of the CCCI design for enabling embodied investigation of embodied praxis, and the potential of the CCCI design for enabling ethical, inclusive and particularised collaborative inquiry in the midst of practice.

Embodied investigation of embodied praxis

The reality of this research was different from my original plans for the inquiry. I had intended to first uncover and explicate the nature of professional artistry and then to investigate how it could be facilitated. In reality, the two processes went hand in hand, supported by a rigorous investigative process that was both principle based and practical. Heron (1985, 1996) describes being systematic in the testing of developing conclusions as one of the most challenging aspects of collaborative inquiry. He explains how groups have a tendency to feel, intuitively, what the inquiry is teaching them and where it is going, but be less able to grasp it intellectually. That was certainly the case during particular stages of both the RNI and the NPI. Working through the phases of articulation, lived experience, creative response and critical and creative dialogue, however, in both practice contexts and during CCCI meetings, enabled embodied learning, as and when it happened, as well as capturing diverse aspects of that learning. I came to understand, as initiating researcher, that being able to give succinct and accurate language to our process and the insights we had gained was much more often an outcome of than a prerequisite for an effective inquiry process.

Similar processes and conditions are described by others engaged in developing, or helping others to develop, the less tangible aspects of nursing or research practice (eg. van Roekel-Kolkhuis Tanke, 2009; van Lieshout et al., 2015; Snoeren, Raaijmakers, Niessen & Abma, 2016). Snoeren's (2015) doctoral research emphasizes that workplace learning happens in any case: it is human nature to make sense of experience and draw conclusions and these processes are complex,

relational and responsive. She argues that if we create the conditions in which embodied and embedded learning can be supported, and are able to recognise and engage with opportunities when they arise, we will foster learning that has meaning for those concerned. Bierema and Eraut (2004) and van Roekel-Kolkhuis Tanke (2009) would agree that the workplace is rich with serendipitous opportunities for learning to which facilitators of learning should become attuned (cf. Titchen, 2019). Noticing what we noticed (cf. Titchen, 2004; Watson & Rebar, 2014; Siles-González & Solano-Ruiz, 2016) and being alert to practice situations that were relevant to our inquiry into professional artistry were indeed important aspects of the CCCI process.

The incremental and often paradoxical nature of the development of professional artistry meant that we experienced periods in which what we 'knew', or thought we knew in our heads, did not match with what we 'did' or were able to do in our nursing or facilitation practice, or did not match with our feelings or emotions. As discussed previously, demanding and busy roles left little time outside the context of a research project for introspection and standing still, or for taking time to consider, collaboratively and in a systematic way, the impact of practice. This could and did create situations in which we were bothered by the mismatch, or tried to ignore it to be free from the uncomfortable feeling (cf. Jacobs, 2008, 2010; Munten, 2012). In retrospect, the inquiry design, particularly the CCCI lemniscate, helped enable embodied learning precisely at these moments of incongruence and dissonance. These moments were rich in learning potential, for example with respect to working with multiple intelligences and ways of knowing (Titchen, 2009, 2019).

This research, particularly the NPI, demonstrates that critical and creative reflective dialogue can happen in a period of ten to fifteen minutes on the workfloor. Such 'intermezzos' provide both inspiration and an energy boost, nurturing embodied learning in 'real life' nursing contexts. Furthermore, they anchor and 'hold' the embodied experience and initial explication of it, making it possible to return to that moment later for further exploration and meaning making.

Inclusive and particularised collaborative inquiry in the midst of practice

The challenge of how to involve people at the periphery of the inquiry in ethical ways is one that took up a lot of my energy in the early phases of the project. During the writing of the proposal and in the early stages of the RNI, when I was inviting people

to be interviewed, I experienced this as an ethical dilemma. Looking back it is evident that this feeling had to do with a mis-match between what I knew to be possible, bodily and spiritually, and what I 'understood' intellectually to be the rules and principles of co-operative inquiry (Heron, 1996; Bray et al., 2000). As well, it had to do with my framing of the situation: I viewed the participation of people outside the inquiry groups as a thorny issue, a problem that needed to be solved in a way that protected the interests of the potential participants, via structured and official informed consent procedures, and of myself as researcher, via signed informed consent forms.

What I came to understand, through authentic engagement with the people at the periphery of the inquiry, was that via this very engagement I naturally became interested in their perspective, not only about professional artistry, but concerning their decision to participate in the research. What meaning and importance did participation in this inquiry have for them? What did they want to share? What interests of theirs were met by participating? My starting point was to consider each person to be a self determining individual capable of deciding for themselves what they wanted to share and how. These were principles I had *written about* in my proposal. But I didn't come to feel them or properly understand them until I found myself in the middle of enacting them.

The issues of power and the potential for manipulation did not, of course, disappear. It was certainly up to me and other inquiry group members to be open and ethically responsible in our communication with people at the edges of the inquiry. We spoke honestly, for example, about the possibility that people may say more in conversation with us than originally intended and the various ways that such information could be retracted or removed from the research record. We took care to remind people that we were engaged in research activities and not just a casual conversation and to create situations in which it was easier for potential participants to say 'no' rather than 'yes' to participation. Importantly, during conversations with participants, if they asked for our response to the nursing encounter we had witnessed, we didn't divert or dissemble. If we felt able we too used association cards, for example, to represent our reaction and as a setting off point for our contribution to the dialogue which followed. If it didn't feel appropriate, for example because the other person had not yet shared their views, we were open about our intentions and the process, and came to a mutually agreed plan for the direction of the conversation.

Working like this opened my eyes to what recognizing participants as people with self determination looks like in action. When my intentions and ways of doing were transparent, authentic and person-centred (McCormack & McCance, 2010, 2017) I created the space to notice and heed the boundaries of the other person. I became aware of the ways in which participation could help them tell their stories; not just to us, but to themselves as well (cf. Horsfall & Titchen, 2007; 2011). In this way I came to experience, and later to understand, how merging of horizons could happen with people in any part of the inquiry and how, when the right conditions were created, participation could support the co-creation of meaning about the nursing encounter for both the participant and the researcher. My understandings and conceptualisations of what participation in research could look like and the limits, or rather potential, of reciprocity and mutuality were expanded.

Kidd, Kenny and McKinstry (2014) describe how a successful relational participatory process challenges the researcher's assumptions about their own *clinical* practice. Within the CCCI my assumptions about my *research* practice were challenged. Stuhlfauth, Knutsen and Foss (2019) examined the roles and positioning of researchers and patient representatives as they participated together as members of focus groups looking at both parties' experiences with user involvement in research. Their findings suggest that although roles and positions were constantly changing throughout the research, the researchers remained in positions of power. Nierse's (2019) doctoral research into user involvement in health research agenda setting, however, demonstrates that mutually satisfying and effective collaboration is possible when the curiosity of willing and able participants is honored. She concludes that mutual empowerment, or merging of horizons, is possible, instead of a 'transfer of power'. As the CCCI process evolved it moved away from problematizing the power differential between myself, the other inquiry group members and the participants at the edges of the inquiry. Instead, communicating openly about the beginning situation and our own intentions as researchers, and exploring the intentions and wishes of the other as potential participant, helped establish a responsive, relational process and room for reciprocity and the co-creation of meaning. The CCCI process, then, not only enables embodied investigation of embodied praxis, it also supports the ethical and inclusive involvement, in that investigation, of people with different roles within the inquiry.

Rigour of the inquiry

In discussing the worthiness of this study the extent to which the methodological principles on which it was based have been realized in the 'doing' of the research will be considered. As well, the ways in which the practical challenges of enacting the methodological principles, as set out in Chapter 3, have been resolved, will be discussed. The discussion incorporates a reflective account of my own role in and influence on the research.

Enacting the methodological principles and overcoming the associated practical challenges

The four principles underpinning the inquiry were these: collaborative, iterative investigation of a phenomenon; explicit valuing and use of diverse forms of knowledge and ways of knowing; creating conditions for human flourishing both within the inquiry groups and for those on the periphery of the study; valuing and using both critical and creative processes and ways of being. These principles meant that much of what was already known about facilitating professional artistry (Titchen, 2009, 2019) was built into the process, for example the steps of both the lemniscate and the meaning making process. As Chapters 4 and 5 explicate and demonstrate, the methodological principles of an inclusive epistemology, working in critical and creative ways, and creating space for collaborative investigation were explicitly attended to within the CCCI lemniscate. As discussed above, and to some extent in Chapter 5, the research design enabled enactment of the principles before they were embodied. Over time, the iterative nature of the research and the critical and creative processes of coming to understanding facilitated my embodiment of the principles. This is demonstrated, for example, by the three 'walking in the woods' reflections at the end of Chapter 5. Valuing of both critical and creative ways of knowing and an inclusive epistemology are also demonstrated, throughout this thesis, by incorporation of creative expressions and creative writing within the presentation of the results and reflection on the findings. The ways we communicated and worked with our questions, insights and understandings within the CCCI groups have become, in this respect, transferable to audiences outside the inquiry.

My experience of the inquiry process as iterative and collaborative was, initially, not so strongly shared by the members of the RNI. I was 'carrying' the intended process, for example the CCCI lemniscate, in my head, and was not well able to articulate it at the start of the inquiry. That needn't have been an obstacle: as I have argued earlier in this chapter, it can be more helpful, in fact, to experience the inquiry process and then explore and elucidate the experience together, rather than first having everything 'explained'. My ability to support others in exploring the experience and explicating the process collaboratively was, however, limited, at the beginning of the inquiry. My periodic retreat to a rational explanation did not surprise the inquiry members: it fitted well with their perception of an 'external' expert who came to tell them how they should do things. Initially, too, I shared my learning as a facilitator only with my supervisors and with other doctoral students also engaged in critical and creative methodologies. I hid it from the RNI members. Unconsciously I was indeed presenting myself within the RNI as an expert: certainly an expert nurse and to some extent an experienced facilitator.

During the course of the RNI my approach shifted. This shift was enabled and even engendered by the steps of the CCCI process. Participating in the presentations of reflection and learning at the beginning of each meeting, and participating in the creative response and critical dialogue after practice observations, for example, meant that my 'othered' role could not be maintained. My own learning and my inquiry into my own professional artistry were shared with fellow inquiry members so that I was no longer merely talking about authentic engagement, I was engaging authentically. I was no longer talking about learning from experience, I was learning from experience. Collaborative exploration of my facilitation practice, in the same way as we explored the inquiry members' nursing practice, opened my eyes to my way of being as a facilitator at the beginning of the RNI and how my facilitation practice was becoming changed as an outcome of the inquiry process. This is a particular strength of the CCCI design and the lemniscate investigative cycle. It enabled meeting many of the challenges presented by the methodological principles: realising investigative collaboration, for example, with our unique motivations and starting points; learning to identify and be explicit about the particular knowledge that was generated and the contexts in which it could be useful; gaining experience and confidence as a facilitator and becoming effective at moving towards mutual, collaborative investigation.

Another indicator of the integration of the methodological principles in the doing of the research was the involvement of the NPI members in observing each other in practice and completing the practice loop of the inquiry cycle, independently of me. At the end of the NPI inquiry more than half of the practice observation episodes had been instigated and carried out by the nurse practitioner members of the inquiry group. As well, independently of me they had experimented with changing the lemniscate process; omitting the creative response, for example. Noting that their reflective and inquiry processes were much less effective without this step, they reintroduced it, thereby coming to value critical and creative ways of knowing and being through their own experience of them. In this way the development of structures to embed creativity and cognitive and artistic critique within the process of the inquiry is demonstrated, as is the overcoming of conscious and subconscious barriers to the use of creativity within work settings and as part of research activities.

Various forms of triangulation lent particular strength to this inquiry: triangulation of research methods, ways of knowing, sources of data and of researchers themselves. Each of the patterns of engagement within professional artistry was illuminated, for example, from various perspectives and was evident in the nursing work of each participant. The insights pertaining to the facilitation of professional artistry, originally explicated within the NPI, were also recognisable within the RNI and resonated with the embodied experiences of the RNI members. Furthermore, my prolonged engagement with both the RNI and the NPI, combined with the CCCI design, enabled thorough and iterative research procedures, testing out of developing ideas and contestation of conclusions. The challenge of keeping the momentum of the inquiry going over a long period of time, alongside busy personal and professional lives, was resolved.

Creating the conditions for human flourishing for those participating in the inquiry has been demonstrated by the findings from both the RNI and NPI, particularly those relating to the facilitation of the development of professional artistry in Chapter 7, and by the examples given of coming to individualized consent with participants at the periphery of the inquiry. Contributing to this aspect of the study was the congruence evident between the ways in which my supervisors worked with me and the ways in which I worked with inquiry participants, and in turn, with people at the edges of the inquiry.

Limitations of the inquiry

A weakness of this study is the prolonged period of data analysis in which I worked largely alone. The strengths and advantages of the collaborative process of co-creation of meaning and contestation of understandings were not systematically present during this period. Although I shared my developing understandings with past inquiry members via email and some members of both inquiry groups participated in extra meetings, this was more akin to traditional member-checking than co-creation of new knowledge. I have provided a detailed description of the process followed during synthesis of the entire data set, in Chapter 4, and made clear throughout the thesis when I am sharing insights generated collaboratively and insights that are mine alone. This aspect of the inquiry would have been strengthened by determining together with inquiry group participants how our collaboration could have been systematically continued once the inquiry activities in practice situations had ceased. I could also have made more use of online and digital 'spaces' to facilitate collaboration. This would have enabled continued participation in critical and creative synthesis of the data, for example, for inquiry members who had moved away or who could not for other reasons participate in the post-inquiry meetings.

A potential weakness of the inquiry is the degree to which we introduced and considered alternative explanations and the way in which we tested our developing conclusions during the course of the inquiries. Strategies to increase rigor, such as asking critical questions, seeking alternative explanations, playing devil's advocate and imagining how we would defend our developing conclusions to colleagues or a sceptic were built into the CCCI process. This part of the process was particularly vulnerable to 'being skipped', however, due to time constraints or because we considered that we had engaged in contestation as part of the meaning making process. Despite the prolonged engagement in an iterative process, the many episodes of data collection and multiple forms of triangulation, a degree of 'group think' cannot be completely discounted.

Finally, although the patterns of engagement and the facilitative practices presented in this thesis are useful and meaningful to us, the two inquiry groups, in that they represent accurately our understandings of our own professional artistry, it is possible that another inquiry group would come to different understandings. This is a

characteristic of this type of research. To enable readers to determine the transferability of these results to their own settings, detailed information has been given in Chapter 5 about the context of the inquiry groups and the people who participated.

Contribution to the body of knowledge and implications for nursing

To my knowledge this is the first sustained collaborative investigation of professional artistry in nursing reported in the literature. It is also the first to develop and test a critical, creative, collaborative process to enable groups of nurses to inquire together into their artistry. This research demonstrates that despite the paradoxical nature of both professional artistry and the facilitation of its development, it is possible within busy, real life nursing environments for nurses to engage in an iterative and systematic process of embodied learning through which they can develop shared understandings of their professional artistry and to experience both perspective transformations and further development of their professional artistry. It is furthermore possible for inquiring practitioners to enable ethical involvement of their colleagues, patients and other stakeholders in co-creation of these understandings. This study demonstrates that with the right support and facilitation 'in the background' a facilitator fairly new to the principles of critical creativity can effectively support and guide groups of nurses to work within a critical, creative collaborative framework as they engage in embodied learning.

The implication of these conclusions, for nursing educators, practice developers, nurses and other health professionals, is that it is beneficial to embark on and invest in this transformational process. It implies moreover that nurturing professional artistry in nursing and investigating it via systematic inquiry are worthwhile endeavours which should be undertaken if we are to realize the espoused values of the nursing profession. Further, the CCCI design can support professionals to inquire together into understanding and further development of their embodied practices.

The patterns of engagement described in Chapter 6 and discussed earlier in the present chapter expand the body of knowledge around professional artistry. These patterns illuminate five concrete and observable ways of being and doing that, taken together, contribute to human flourishing and expanding the space for becoming. The

patterns of engagement can be used to both recognise and support development or further development of professional artistry in nursing practice.

The findings of this investigation reveal the ways in which the development of professional artistry in nursing can be facilitated. The paradoxical and interconnected nature of this embodied praxis have been emphasized. As well, several strategies for enabling the necessary commitment, supporting risk taking and recognising growth and progress have been discussed. A unique contribution of this research is the insight that professional artistry or the potential for professional artistry can be developed in practice situations in which the nurse does not feel like an expert or feels like they are struggling, as well as being evident and celebrated in the practice of expert nurses and in the beautiful moments of practice. Use of the CCCI process enabled members of this inquiry to focus on understanding what was happening in the present and on creating conditions to support what could be, without having to struggle to develop a praxis we did not yet fully comprehend. The methodological contribution of this research will be further explored below.

Implications within nursing and healthcare practice

The insights from this research can be used to alter or augment existing practice development or continuing education activities. Group reflection meetings, feedback on performance activities, moral case deliberations, individual journaling, reflection activities and critical companionship or other forms of helping relationships all offer space and opportunities to incorporate either the principles, methods or findings from this research in ways that could support the development of professional artistry. Similar opportunities are present within undergraduate and postgraduate nursing education.

The findings concerning the nature of professional artistry and the five patterns of engagement are suitable for use as a reflective and/or evaluative framework when considering nursing or other professional practice. In what ways, for example, does the nurse or student nurse create a sheltered shared space when entering a professional encounter? Which aspects of the encounter suggest that he is working with both the now and the not yet? What evidence is there to show that he is committed to the ideal – and what is that ideal in the context of his practice? Another starting point is offered by the table of challenges and enabling factors presented in

Chapter 7 and reproduced here (see Table 8.1). Taking action to tackle a potential or experienced challenge will help lay the groundwork and create the conditions for a professional and developmental context in which investigating or developing professional artistry is more achievable.

Table 8.1 Potential starting points when beginning a journey to develop professional artistry

	Potential hurdle or source of support	Challenge	More supportive alternative
1	Work culture	Working in a context where professional artistry is not valued	Working in and working to create and nurture a context where professional artistry is valued
2	The understanding of / experience of one's own expertise	Making the transition from expert to novice, building up expertise again in a different (clinical) area	Understanding the characteristics of one's own expertise and professional artistry and learning to transfer these understandings to new settings.
3	Professional support	Having no community of like-minded individuals around you / feeling alone	Finding and/or working to create and nurture a (small) community of like-minded people to be part of
4	Developmental focus (where we place the focus, so, where the focus of development lies.	Paying only sporadic attention to the development of professional artistry in one's practice	Paying sustained attention to understanding and developing professional artistry in one's practice
5	Mental model / assumptions / convictions	Viewing professional artistry as something we 'do'	Viewing professional artistry as a way of being which imbues our doing, knowing and becoming.

The use of the CCCI design, both the lemniscate and the procedures for co-creation of meaning and knowledge, is recommended as an effective and tested framework for collaborative inquiry into phenomena of interest within nursing, particularly when those phenomena are embodied. The CCCI lemniscate (reproduced in Figure 8.5), or parts thereof, can also be used in local practice situations. If setting up a complete inquiry group is unrealistic, using the steps of the lemniscate to guide practice observations followed by creative response and dialogue is an alternative starting point.

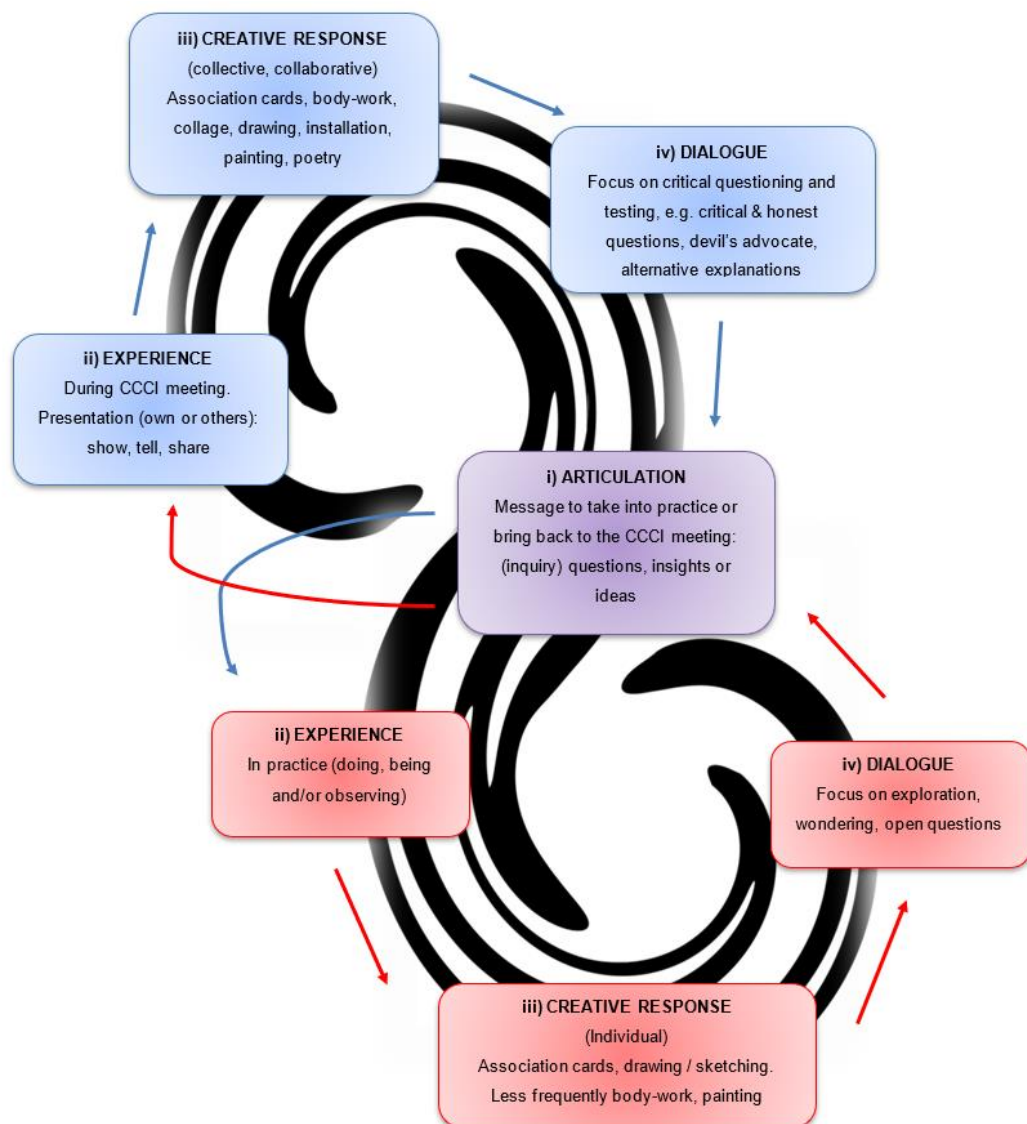


Figure 8.5 Lemniscate inquiry process within the CCCI meetings (blue) and in clinical practice (red).

This is particularly suitable for investigating those situations in which nurses, other health professionals or students would like to gain insight into the aspects of their practice that are going well, or in situations that are puzzling or in which they are struggling. Following the steps in the CCCI lemniscate is a low key introduction to the use of creativity in surfacing, explicating and coming to understand the invisible and less tangible aspects of practice and professional artistry and it supports the experience of embodied learning. As emphasized throughout this thesis, such ways of working are only responsible when principles for engagement have been agreed and effort is made to create and maintain safe and sheltered spaces within which such activities can occur.

Finally, the methodological principles for creating the conditions for human flourishing, such as circles of connection, spiralling through turbulence, energizing forces and openness to all ways of being, provide inspiration and guidance for working in ways that support transformative work generally and inquiry into professional artistry specifically. These principles were introduced in Chapter 3 of this thesis, and several examples of how each of these principles 'looked' when enacted in this inquiry are given in Table 5.6. That table provides concrete examples of integrating central principles of critical creativity into practice development, collaborative or individual inquiry work.

Implications for further research

Alongside implications for nursing and healthcare settings, the findings of this study have implications for ongoing research. This inquiry shows that it is both possible and worthwhile to facilitate groups of practitioners in embodied inquiry processes with the intent of facilitating the development of their professional artistry. The CCCI methodology is also suitable for inquiring collaboratively into other embodied aspects of nursing practice, such as person-centredness, developing clinical leadership or promoting human flourishing.

Additional research into the phenomenon of professional artistry is needed to further develop and contest the findings presented in this thesis. I have suggested in this concluding chapter that the findings can be extrapolated to other health care professions: this is an area worthy of investigation. Is the focus on enabling transformative action and enlarging the space for becoming a universal attribute of

professional artistry, for example, or only of professional artistry within nursing or other helping professions? Similarly, investigation of the ways these findings complement or can be integrated with Titchen's professional artistry frameworks would improve conceptual clarity of the concept of professional artistry.

The experiences within this study of creating person-centred and individualised informed consent agreements have implications for future collaborative inquiries in which contributions of those outside the inquiry groups are sought. Collaborative inquiry proposals and reports should explicitly address the ways in which attention will or has been paid to reciprocity and inclusivity. This research demonstrates that it is possible and can be actively beneficial for those involved.

Lastly, the critical creativity methodological and philosophical framework has been both suitable and helpful in guiding and coming to understand the research processes at work within this inquiry. Although the critical creativity worldview can be daunting to a novice researcher, with appropriate support it is possible to experience the methodology in action and in this way come to embody the landscape of the design in question.

Concluding remarks

In summary, the nature of professional artistry in nursing can be understood as a set of ontological and praxiological assumptions embodied by the nurse and embedded in the nurse's practices. These ways of seeing, doing and being are expressed in five patterns of engagement and result in an enlargement of the space for becoming. The patterns of engagement are described as the creation of a sheltered, shared space; being committed to the ideal; working with the parts and the whole; working with the now and the not yet, and, taking or enabling transformative action. This research furthermore demonstrates that iterative inquiry into professional artistry via a critical, creative and collaborative process not only supports the embodied understanding of professional artistry in one's own practice, but creates the conditions in which it can be further developed.

Coming to understand how to facilitate the development of one's professional artistry is like embarking on a journey and necessitates passing certain milestones. The

milestones or perspective transformations are described as recognising and accepting the professional artistry and the potential for it present in one's practice; coming to embody critical and creative critique; and becoming intentional about exercising one's professional artistry 'muscles'. Enabling factors when facilitating the development of professional artistry can be found in oneself and also in one's environment. It is helpful to come to understand the nature and characteristics of one's own expertise, for example, and to view professional artistry as a way of being, rather than being something one 'does'. Paying sustained attention, rather than sporadic, to understanding and developing professional artistry is helpful, as is finding or creating a community of like-minded people to offer professional support during the journey. Finally, it is helpful to work in, or work towards creating and nurturing, a context in which professional artistry is valued.

Suggestions have been made for the ways in which the insights, methods and principles of this research can be integrated into professional practice in health care or the education of health professionals, so that the development of professional artistry receives explicit attention in health care settings and in education for health care as well. The implications of these findings for future research into professional artistry or when using a collaborative or critical creativity approach have been identified.

It has been argued here that inquiring collaboratively, creatively and critically into professional artistry in the way described in this thesis leads indeed to transformation of understandings and creates room to transform both practices and ways of being in the direction of professional artistry. Transformation, however, be it of perspective, understanding, doing or being, is complex, paradoxical and sometimes painful. It engenders internal struggle and brings us into contact with the hidden landscapes of our being and of our ideas about ourselves. It requires, therefore, compassion for self, perseverance, creativity and embodied learning. The CCCI methodology, in particular the CCCI lemniscate, enabled the creation of conditions in which we could safely embark on this journey and learn to support ourselves, each other and in some cases other people to expand the potential for becoming. The CCCI inquiry process, in other words, enabled the creation of a safe and sheltered space, supported working with the now and the not yet and with parts and wholes, supported commitment to the ideal and enabled transformative action to be taken. This meant that even before we were

able to articulate these processes, before we were aware that these patterns of engagement described the nature of professional artistry, the CCCI methodology supported embodied experience of these ways of doing and being and, in time, the development of both a research praxis and the articulation of professional artistry in nursing practice. It supported us therefore in expanding our ways of becoming.

I began this thesis by wondering which of the stories told about nursing are heard, which of the stories have influence. The stories of the nurses, nurse practitioners, patients, residents, colleagues, students and family members who have contributed to this research have affected me profoundly. I have been moved and inspired. I have experienced first-hand that it is certainly possible to nurture those moments of practice which make us most proud. It is certainly possible to come to understand our professional artistry and develop it further. I would encourage you then to start where you are. Investigate the things that make your professional practice worthwhile, inquire into those aspects of your practice which make you proud to do what you do. If you look at those practices honestly and come to understand them, via critical and creative means, in embodied ways, new possibilities and spaces for transformation will emerge.

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Appendix A: Recruiting first group of participants

Five teams in the organization each headed by a manager and senior nurse duo.

Senior nurses (n=5) and managers (n=5) asked to nominate up to five potential participants. There were 20 different nurses nominated. Those with 3 or more nominations (n=11) were asked, by their manager, if I could approach them to explain about the study and to request participation. Four of these RN's agreed to participate.

Table A1: Frequency table of nominations, participation and reasons given for not participating.

Nominated nurse (RN)	Number of nominations	Invited to partic Yes (Y) / No (N)	Participated	Reason for not partic ¹
A	3	Y	Yes	
B	3	Y		Time
C	3	Y		Time
D	2	N		
E	4	Y		Topic
F	3	Y		Time
G	1	N		
H	5	Y	Yes	
I	3	Y		Topic
J	1	N		
K	3	Y		Sick
L	3	Y	Yes	
M	2	N		
N	4	Y	Yes	
O	2	N		
P	3	Y		Time
Q	2	N		
R	2	N		
S	1	N		
T	1	N		
Total	51²	Y = 11, N = 9	4	

Notes

1: Reasons given for not participating: Time (time commitment too great); Topic (not sufficiently interested in the topic to want to participate); Sick (on sick leave at the time of recruitment).

2: Some nominators made more or less than 5 nominations, so the total was not precisely 50 (see Table A2).

Table A2: Nominators and nominations

Nominator (1-10)	Nominations (Nurse A, B, C ...T)	Number of nominations
1	A B C D E	5
2	B F G H I	5
3	A J K I L M	6
4	E H N O	4
5	B M H K P Q	6
6	F R S H N	5
7	C F Q E L	5
8	N P L R	4
9	A T H I P D	6
10	C O E K N	5
Total	20 different RN's	51

Appendix B: Ethics approval from University of Ulster

Ethics Filter Committee Report Form University of Ulster, Jordanstown.

UNIVERSITY OF ULSTER RESEARCH GOVERNANCE RG3 Filter Committee Report Form

Project Title The professional artistry of person-centred, evidence-informed practice within nursing

Chief Investigator Brendan McCormack (Student: Donna Frost)

Filter Committee Nursing

This form should be completed by Filter Committees for all research project applications in categories A to D (*for categories A, B, and D the University's own application form – RG1a and RG1b – will have been submitted; for category C, the national, or ORECNI, application form will have been submitted).

Where substantial changes are required the Filter Committee should return an application to the Chief Investigator for clarification/amendment; the Filter Committee can reject an application if it is thought to be unethical, inappropriate, incomplete or not valid/viable.

Only when satisfied that its requirements have been met in full and any amendments are complete, the Filter Committee should make one of the following recommendations:

The research proposal is complete, of an appropriate standard and is in

- category A and the study may proceed
- category B and the study must be submitted to the University's Research Ethics Committee** Please indicate briefly the reason(s) for this categorisation
- category C and the study must be submitted to ORECNI along with the necessary supporting materials from the Research Governance Section***
- category D and the study must be submitted to the University's Research Ethics Committee**

<p>Signed: <i>George Kernohan</i> <i>Chairperson of Filter Committee</i></p>	<p>Date: 27 Jan 2011</p>
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**** The application form and this assessment should now be returned to the Chief Investigator so that he/she can submit the application to the UUREC via the Research Governance section. The Filter Committee should retain a copy of the complete set of forms for their own records.**

***** The application form and this assessment should now be returned to the Chief Investigator so that he/she can prepare for application to a NRES/ORECNI committee. The Filter Committee should retain a copy of the complete set of forms for their own records.**

For all categories, details of the application and review outcome should be minuted using the agreed format and forwarded to the Research Governance section

Please complete the following

The application should be accompanied by an appropriate and favourable Peer Review Report Form (if not, the Filter Committee should be prepared to address this as part of its review). Please comment on the peer review (include whether or not there is evidence that the comments of the peer reviewers have been addressed).

There is a favourable peer review and there are no major issues

Please provide an assessment of all component parts of the application, including questionnaires, interview schedules or outline areas for group discussion/unstructured interviews.

The proposal is satisfactory.

Please comment on the consent form and information sheet, in particular the level of language and accessibility.

The English translation of the information sheet and consent form are satisfactory, it is recommended to ask a native Dutch speaker to check the Dutch versions for clarity and accessibility.

Please comment on the qualifications of the Chief and other Investigators.

Well qualified investigators

Please comment on the risks present in conducting the study and whether or not they have been addressed.

This is a low risk study. No harms have been identified in the review.

Please indicate whether or not the ethical issues have been identified and addressed.

Yes, ethical aspects are dealt with.

Please comment on whether or not the subjects are appropriate to the study and the inclusion/exclusion criteria have been identified and listed

The subjects are appropriate.

Appendix C: Information for potential participants and consent forms

English translation of the information sheet for service users asked to contribute evaluation data:

Invitation to participate in a project about nursing care that is experienced positively¹⁴.

Dear sir / madam,

We would like to invite you to participate in our research project about nursing care that is experienced positively.

The study explores the kind of nursing care which can be described as excellent. We are interested in observing nurses in practice and speaking with their patients and colleagues about how this kind of care is experienced and evaluated. We hope that by understanding more about instances of very good care, we will be able to help more nurses develop their abilities to practise in this way.

Your nurse, [name of nurse], is a participant in this research. She [he] is collecting information from patients about aspects of her [his] nursing care that have been experienced positively by patients. This information can be collected in any way that the patient wishes. For example, by having a conversation with [name of nurse] or one of her [his] fellow researchers, or perhaps through writing a poem or painting a picture.

If you decide to participate, the information you share would be used by [name of nurse] to help evaluate the effects of her [his] nursing care. After your contribution had been made anonymous, it would also be shared with other nurses who are collecting similar information from their own patients. In this way we hope to be able to draw some general conclusions about nursing care that is experienced positively.

You are being invited to participate in two ways in this research project.

1. We would like to request your permission to observe [name of nurse] while she [he] is working with you. Notes would be made about what happened within the interaction, but no personally identifying details would be recorded.
2. We would like to ask you to talk about, or otherwise share your experience, of this or another instance of care you have received from [name of nurse]. Your story or conversation would be recorded so that the information can be written down and referred to at a later date. If you decided to create some artwork to describe the nursing care given by [name of nurse], there may be photos taken of it, if you agreed. Otherwise the conversation about the artwork could be recorded. The photos, and the written record of your story or conversation, would be stored safely so that only your nurse and the researcher involved would have access to the original materials.

We hope that your feedback will help nursing staff gain more insight into how care, particularly good care, is experienced from a patient's perspective.

It is up to you to decide whether or not to take part in this research project. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. Personal details will not be used in this research. Although information about this study could be published in professional literature, information that could identify you would not be published.

¹⁴ The official title of this research project is: *The professional artistry of person-centred, evidence-based nursing practice.*

If you have any questions, these can be asked of any of the people listed below.

Thank you for your time and consideration of our request.

Kind regards,

Donna Frost [name of initiating researcher]

Lecturer at Fontys University of Applied Sciences, School of Nursing

People who can be contacted with questions or concerns about this project:

[Name of client representative on Client's Committee] ph number

[Name of Management Team member or Ward Manager] ph number

[Name of participating nurse] ph number

[Donna Frost] ph number

English translation of consent form for service users asked to contribute evaluation data to the co-operative inquiry.

**Consent form concerning the project:
The professional artistry of person-centred, evidence-based nursing practice**

Researcher: Donna Frost
PhD student at the University of Ulster, UK¹⁵
Lecturer at Fontys University of Applied Sciences,
School of Nursing,
Eindhoven, The Netherlands
Tel:
Email:

Supervisors: Prof. Brendan McCormack, Dr. Wendy Cousins¹⁶ & Prof. Angie Titchen,
University of Ulster, Jordanstown Campus, Belfast, UK

Please initial box

- | | | |
|---|--|--------------------------|
| 1 | I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason. | <input type="checkbox"/> |
| 3 | I agree to take part in the above study. | <input type="checkbox"/> |

Please tick box

- | | | Yes | No |
|---|--|--------------------------|--------------------------|
| 4 | I agree to there being an observer present while I receive nursing care from <u>[name of nurse]</u> and that anonymised information be recorded about what happens during this time. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | I agree to talk to the researcher and / or <u>[name of nurse]</u> about my experience of receiving care from <u>[name of nurse]</u> . | <input type="checkbox"/> | <input type="checkbox"/> |

_____	_____	_____
Name of Service User	Date	Signature

_____	_____	_____
Name of Researcher	Date	Signature

¹⁵In January 2014 I transferred to Queen Margaret University and the relevant information on the form was changed accordingly.

¹⁶ Dr. Wendy Cousins was part of my supervision team at Ulster University but not at Queen Margaret University. Dr. Cousin's name was therefore removed from this form after January 2014.

English translation of the information sheet for potential co-operative inquiry participants (nurses):

Invitation to participate in a research study about nurses with the 'X'-factor¹⁷

Some nurses make a real difference to their patients; you could say they have the 'X'-factor. Although they often don't realise it themselves, these nurses stand out to the people who work with them as having 'something special'. Other nurses recognise them as role models, for example, and patients trust and admire them. In the literature this kind of nurse is described as working with 'professional artistry', but there is not much known about *how* they do it. I'm very interested in learning about these particular nurses, and how they do their work. What is it about their practice that makes them so effective? What is it that makes them different from other nurses? And, importantly, can other nurses be helped to develop these X-factor qualities? These questions are at the heart of a research project I am starting.

To begin the project I need to come into contact with nurses who stand out from the crowd. In fact, this is easier said than done. Many such nurses do not recognise themselves as being out of the ordinary. For this reason I have started by approaching people in my network and asking them if *they* know anyone who fits this description. When speaking with _____ [and _____], you were identified as a nurse who has the X-factor. (I hope that makes you smile!) An aspect of your practice that particularly stands out to _____ is _____.

[Name of nurse], I'd like to invite you to participate in my research project. I will be forming a group of nurses, all of whom have been recognised by others as having some kind of X-factor. During meetings (one every 4 to 6 weeks for between 9 and 12 months) we will discuss and explore the different ways each group member makes a difference to his or her patients. In between the meetings I will spend time with the participating nurses in their workplaces; observing, asking questions and having conversations. Information will be collected throughout the 9 to 12 month period from the nurses, their colleagues and patients. This information will be studied for clues as to the nature of the X-factor, or, in other words, 'professional artistry'. The developing ideas will be discussed, critiqued and tested by the group members. Our group learning and new insights about nurses with the X-factor can then be shared with, and used by, others outside the group. I will be using the results of this research in my thesis for a PhD at University of Ulster, in Northern Ireland.

Nurses who participate in this research project will have the chance to reflect on their practice and to identify and learn to talk about their areas of expertise. They will be supported in further developing their nursing expertise. As well, if they wish, participants can get involved in any or all of the research activities. For example, some participants may wish to learn how to collect information about nursing practice in a structured and focused way. Others may wish to learn how to analyse this information, or be involved in writing for publication. Participation does not pose any risks, although joining this project will certainly require an investment of your time. A key benefit of participation is the chance to develop professionally, with the support of a facilitator, in a group of like minded colleagues.

[Name of nurse], I hope you will consider joining the research group. I will call you in the next few days to answer any questions you may have and to hear whether or not you are interested in participation. If not, no problem; you are free to decide whether or not to take part in this project and you can decline without having to give a reason. If you are interested in participating I will make an appointment to discuss the research in more detail. If you decide to take part in the study you will also be asked to sign a consent form. Please remember that even after the start of the project your participation would remain voluntary. You would be able to change the intensity of your involvement, or withdraw from the group altogether, at any time and without giving a reason.

¹⁷ The official title of this research project is: *The professional artistry of person-centred, evidence-based nursing practice.*

Thank you for your time and consideration of my request.
Kind regards,

Donna Frost [initiating researcher]
Lecturer at Fontys University of Applied Sciences, School of Nursing
PhD student at the University of Ulster (UK), Faculty of Life and Health Sciences, Institute of
Nursing Research
Tel:
Email:

English translation of consent form for nurses asked to participate in the co-operative inquiry into professional artistry

Consent form concerning the project:

The professional artistry of person-centred, evidence-based nursing practice

Researcher: Donna Frost

PhD student at the University of Ulster, UK
Lecturer at Fontys University of Applied Sciences,
School of Nursing,
Eindhoven, The Netherlands
Tel:
Email:

Supervisors: Prof. Brendan McCormack, Dr. Wendy Cousins & Prof. Angie Titchen,

University of Ulster, Jordanstown Campus, Belfast, UK

Please initial box

- 1 I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

- 2 I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.

- 3 I agree to take part in the above study.

Name of Nurse Participant

Date

Signature

Name of Researcher

Date

Signature