



ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Nurses' experience of creating an artistic instrument as a form of professional development: an arts-informed narrative inquiry

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Abstract

Background: Nursing is often referred to as an art and a science. Consistent with the literature, art is subjective, encouraging imagination and creative self-expression. Stories told through artistic illustrations over time access deeper meanings that nurses may hold about their identity as caregivers, as well as their professional and therapeutic relationships. Thus, by engaging in creative self-expression, nurses have the opportunity to expand their reflective practice.

Objective: To explore nurses' experiences of creating their own individual art pieces and artistic instruments, and so to learn what meaning these creations hold for their nursing practice and their identity as caregivers.

Method and data collection: In this arts-informed narrative inquiry, two participants engaged in a narrative interview and in an adaptation of Schwind's narrative reflective process (2014). Specifically, participants were invited to tell stories of their nursing practice and then to choose and draw a metaphor that best represents them as caregivers. Participants' stories were reconstructed and analysed using the three narrative inquiry commonplaces (temporality, sociality and place), and examined through the theoretical lens of Carper's patterns of knowing (1978a, 1978b).

Findings and discussion: The study revealed six narrative threads: empathy; quality of life; communication; power imbalances; personal development; and professional development, highlighting the importance of person-centred care, and the value of reflective practice.

Implications for practice:

- Education – the use of arts in education encourages diverse ways of teaching and learning, including relationship building and development of critical thinking skills
- Practice – engaging in artistic self-expression links theory to practice, revealing how nurses co-construct their identity and knowledge. The use of arts also supports reflective practice for the purpose of personal and professional development, thus strengthening communication and relationship building with peers, and with patients and their families
- Research – building on this study, further research could focus on exploring how artistic self-expression impacts on nurses' self-care practices

Keywords: Arts-informed narrative inquiry, nursing practice, metaphor, narrative reflective process, professional development, reflective practice

Introduction

Nursing is frequently defined as both an art and a science, with the latter taking precedence (Price et al., 2007). However, both are essential to nursing education, practice and research. Traditionally, more value has been granted to science-based nursing, with an accepted belief that knowledge is only valid if it is based on empirical evidence, descriptive observations and knowledge that can be generalised (Carper, 1978a, 1978b; Rose and Parker, 1994; Jenner, 1997).

Art is a concept that is defined in diverse ways. According to the work of Chinn and Kramer (2011), it is viewed as an expression of knowledge that includes creative media, which are conveyed in different forms, such as drawing, photography, painting, dance, poetry, sculpting and music. According to Chinn and Kramer, art is a process that can involve the use of multiple media, requiring mixed skills to create an end product. Additionally, art can be understood as a product of combining several elements, stimulating a response that involves an individual's experience and/or perceptions (Lapum, 2005; Boydell, 2011; Chinn and Kramer, 2011; Lapum et al., 2012a, 2014). Art is subjective and generates meanings for individuals as they observe, create and interpret it. In this way, art can bring responses that deepen an experience and produce diverse interpretations. Additionally, it encourages individuals to engage in creative processes – those that explore the use of imagination and deep emotions. Art has shown valuable outcomes in evoking emotions, promoting dialogue, and empowering people to come together and gain a rich understanding of experiences (Whitman and Rose, 2003; Price et al., 2007; Casey, 2009; Chinn and Kramer, 2011). Blending science and art has the potential to strengthen healthcare providers' practice, as well as their professional development.

In the 1970s, arts in healthcare were used primarily for therapeutic purposes but, by the 1990s, their role had expanded into research (Cox et al., 2010). This expansion has been shown to influence various dimensions of health and illness, often supporting the healing process (McCaffrey and Purnell, 2007). Arts have been frequently used to evoke emotional responses and promote dialogue along with the sharing of stories from personal and professional experiences (Pablos-Mendez and Shademani, 2006; McCaffrey and Purnell, 2007; Cox et al., 2010; Parsons and Boydell, 2012; Schwind et al., 2012; Lindsay and Schwind, 2015). Moreover, arts have been used to communicate research findings in innovative ways (McCaffrey and Purnell, 2007; Lapum et al., 2014). Several forms of artistic expression have been successfully used, such as narratives, storytelling, writing, poetry, drama, and the use of art for the dissemination of research findings (Guillemin, 2004; Fitzgerald, 2007; Price et al., 2007; Robinson, 2007a; Thomas and Mulvey, 2008; Cox et al., 2010; Boydell, 2011; Dupuis et al., 2011; Ryan and Schindel Martin, 2011; Parsons and Boydell, 2012; Aksenchuk, 2013; Lapum et al., 2014; Gaudite, 2015; Lindsay and Schwind, 2015; Sharma, 2015).

Literature involving arts in nursing has been used to help recognise and understand thought-provoking situations and to support the process of reflection (Whitman and Rose, 2003; Robinson, 2007b). Studies show that when nurses engage in reflective practice by using art they can express their inner thoughts and feelings more easily, increase their cultural sensitivity and manage ethical and empathetic dimensions of care more effectively (Whitman and Rose, 2003; Robinson, 2007b). Indeed, most of the literature relating to the use of arts in nursing is associated with reflective practice. Many nursing regulatory bodies require their members to engage in reflective practice, which has been expressed as a vital component of nurses' personal and professional development (Schwind, 2003, 2008; Johns, 2009; Schwind et al., 2012; Bolton, 2014). Studies have shown benefits of nurses using art to reflect on their practice, such as understanding situations, expressing their feelings more willingly, and becoming more sensitive to patients' experiences (Whitman and Rose, 2003; Robinson, 2007b). Moreover, nurses reflecting through art may also be encouraged by their narrative experiences with patients, families, and their own thoughts, to identify and discuss their current and future personal and professional development (Walji-Jivraj, 2014).

Although research has been conducted with nurses using art as a medium to reflect on the various aspects of nursing care, few studies were found that explored how nurses enhance the delivery of care through the use of arts. This is what prompted the first author's interest in discovering how nurses use art as a medium in her reflective practice with patients and families. Over time, she began to share her interest with nursing colleagues and students. This experience generated positive responses, which inspired her to explore the value of art and its importance to nursing practice, including for the professional development of nurses. In this inquiry, nurses were encouraged to discover who they were as caregivers and to reflect on their personal and professional identity. As a result, they gained insight into their professional (colleagues and peers) and therapeutic (patients and families) relationships, highlighting the value of creative and artful reflective practice.

Method

Arts-informed narrative inquiry was chosen to explore nurses' experiences of constructing their artistic instruments and to learn what meaning these creations hold for their nursing practice and their identity as caregivers. Arts-informed narrative inquiry is based on Connelly and Clandinin's (1990; 2006) narrative inquiry qualitative research approach. This arts-based approach here should be distinguished from other similar but distinct approaches (Riessman, 1993; Leggo, 2008). Narrative inquiry captures experiences through stories, which may be told as well as artistically expressed (Clandinin and Connelly, 2000; Schwind et al., 2015). Connelly and Clandinin (2006) define narrative inquiry as a rapport between researcher and participants that is developed collaboratively over time, and in a place. Intentionally using creative self-expression, such as narrative reflective process (Schwind, 2008, 2014, 2016), can uncover deeper insight into an individual's experiences that encourages learning about self and others (Schwind et al., 2014; Schwind and Lindsay, 2015). Drawings are known to deepen understanding of how people make sense of their world, providing opportunities to explore the inner complexities of their life events (Schwind, 2003; Guillemin, 2004). By using narrative inquiry we explore layers of experience for prospective learning that has the potential for personal and professional development (Lindsay and Schwind, 2015). The researcher's inquiry often occurs in the 'midst of living and telling, reliving and retelling, the stories of experience that make up people's lives, both individual and social' (Clandinin and Connelly, 2000, p 20). Therefore, a non-linear dialogue between the researcher and the participant becomes apparent. The researcher comes to appreciate a reciprocal relationship with participants (Schwind, 2008; Schwind et al., 2012; Clandinin, 2013; Lindsay and Schwind, 2016). As Clandinin (2013) states, 'we become a part of participants' lives as they become a part of ours' (p 24).

Study design

According to Creswell (2013), a narrative researcher aims for a small sample size to allow in-depth exploration of participants' narratives. Two participants were recruited for this research through email and flyer advertising at the university. Both were nurses in the process of completing their masters of nursing programme. After obtaining approval from the research ethics board, the first author met twice with both participants together, with two weeks between the meetings. Each meeting lasted two hours and during each session, the participants were engaged in narrative interviews where they told stories of their experiences of being nurses and practising nursing. Both meetings were audio-recorded and transcribed.

In the first meeting, an adaptation of the narrative reflective process (Schwind, 2008; Schwind et al., 2014) data collection tool was also implemented. The process is a creative self-expression tool that includes storytelling, metaphors, drawing, creative writing and reflective dialogue. For this inquiry metaphor selection and drawing were used. The inquirer provided examples of art used in healthcare, and invited participants through reflective dialogue to create their own artistic instruments. Participants shared their thoughts and feelings, highlighting the use of arts as a way to promote communication and improve professional practice. Participants were then invited to select a metaphor that best represented for them 'self-as-instrument-of-care' (Schwind et al., 2012). Their chosen metaphors became their pseudonyms for the duration of the study. The participants were given a journal in

which they sketched their metaphor (Figures 1 and 2) and wrote brief reflections about the metaphor and how they experienced engaging with arts in their individual practice, as graduate students and practising nurses.

Between the first and the second meetings, time was allocated for the participants to create their artistic instruments. At this time dialogue between the researcher and the participants was kept open, either in person or by email and/or telephone. During this time, the researcher revisited the first meeting to gain further insight into both participants' enlightened perspectives on art as a medium in nursing. At the second meeting, participants were invited to share their artistic instruments and to describe the significance behind their selected metaphors.

The follow-up process involved sending full transcripts of both study meetings to each participant, ensuring accurate transcribing and interpretation of their respective artistic instruments. The researcher kept a journal in which she noted her thoughts and feelings in response to her interactions with both participants, including their stories and creative artwork. During the study meetings, the three commonplaces of narrative inquiry were considered (Connelly and Clandinin, 2006):

- Temporality (past, present, and future)
- Sociality (where the inquirer is within the study and in relationship to participants)
- Place (where the inquiry occurs)

The collected pieces of participants' stories (field text) were then constructed into temporally congruent individual stories and sent to each participant to ensure accuracy. In narrative inquiry, a theoretical framework is selected once the stories emerge, and serves to deepen further the reflection and deconstruction of participants' stories (Connelly and Clandinin, 2006). In this study the theoretical lens of Carper's patterns of knowing (Carper, 1978a) was used. This theory refers to how individuals perceive and understand themselves, and the world around them, and the multiple ways they come to understand and build on existing knowledge (Chinn and Kramer, 2011; Streubert and Carpenter, 2011). These patterns of knowing involve: empirical, ethical, personal, aesthetic, and emancipatory knowing (Carper, 1978a; White, 1995; Chinn and Kramer, 2011). More specifically, Carper's theory provides insight into nurses' philosophical assumptions and a foundation for their practice and thoughts about a particular phenomenon.

Circles of justification

Once the stories were verified by each participant, they were examined by the researcher through the three circles of justification: the personal, the practical, and the social (Lindsay and Schwind, 2016). In narrative inquiry, the researcher is uniquely involved in each circle of justification, by constantly reflecting back and forth and situating themselves into the inquiry process (Clandinin and Huber, 2002; Lindsay, 2006). Thus, the researcher learns more about themselves as a person and/or practitioner, simultaneously gaining deeper insight into each participant's narratives (Schwind et al., 2012; Lindsay and Schwind, 2016).

During the personal justification of analysis, the inquirer engages in dialogue with reconstructed story by reflecting on her life experiences, thoughts and emotions. The inquirer continuously reflects on how participants' stories relate to their life experiences, personally and/or professionally. During the practical justification stage of analysis, the inquirer explores emerging narrative threads and patterns within and across stories and considers these in light of the broader profession of nursing (Lindsay and Schwind, 2016). The inquirer delves deeper into the areas of existing and new learning that unfold. In the circle of justification, relevant literature is brought in, as is a relevant theoretical lens. In this study, the theoretical lens of Carper's patterns of knowing was used to deepen the understanding of the told, and artistically represented, stories. In the third circle of analysis, the social justification, the inquirer answers the questions, So what? and Who cares? How are the stories relevant beyond the nursing profession? The inquiry is deepened by moving beyond participants' stories and further into

the research literature (Clandinin et al., 2007; Lindsay and Schwind 2016). In this circle, the significance of participants' stories is discussed, the narrative threads are elaborated on, and a connection to the implications of this study for healthcare education, practice and research is drawn. The researcher moves back and forth from their initial reflections and thoughts to new opportunities that have now been reconstructed based on the relationships built collectively with their own and participants' stories.

Findings and discussion

Participants' stories began to emerge and expand from the time they selected their pseudonyms in the form of a metaphor (Piano and Funnel) to the time they created their artistic instruments. Their drawings and explanations of their metaphors (Figures 1 and 3), as well as their respective artistic instruments (Figures 2 and 4), reveal how Piano and Funnel reconstruct their identity as caregivers, including their therapeutic relationships with patients and their families.

Piano's story: The ICU struggle

Piano, a nurse working in the intensive care unit, described herself as being driven, accountable, consistent and compassionate. Her family's involvement with healthcare and her interest in the sciences is what brought her to nursing. She grew up playing the piano and compared her childhood experiences to her growth as a nurse. Piano told a story of a patient's prolonged stay in the ICU. For her artistic instrument (Figure 2), she envisioned the ICU as a racetrack that consists of hurdles. She felt that patients have to overcome various steps (for example, undergoing procedures and tests) in order to reach the finish line, which in this case meant being discharged. In the middle of the racetrack, Piano has written out several questions that are frequently asked by patients, which she felt are sometimes overlooked by healthcare professionals. She observed:

'We fail to realise the patient's struggle in the ICU... They often have questions that need answers, like, How long have I been here? How will I be able to eat? Why are my arms tied? It's only been two days? When is it my turn to leave?'

Figure 1. Piano's metaphor

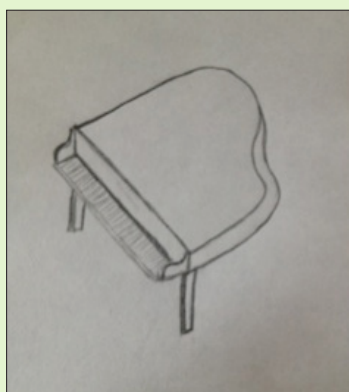
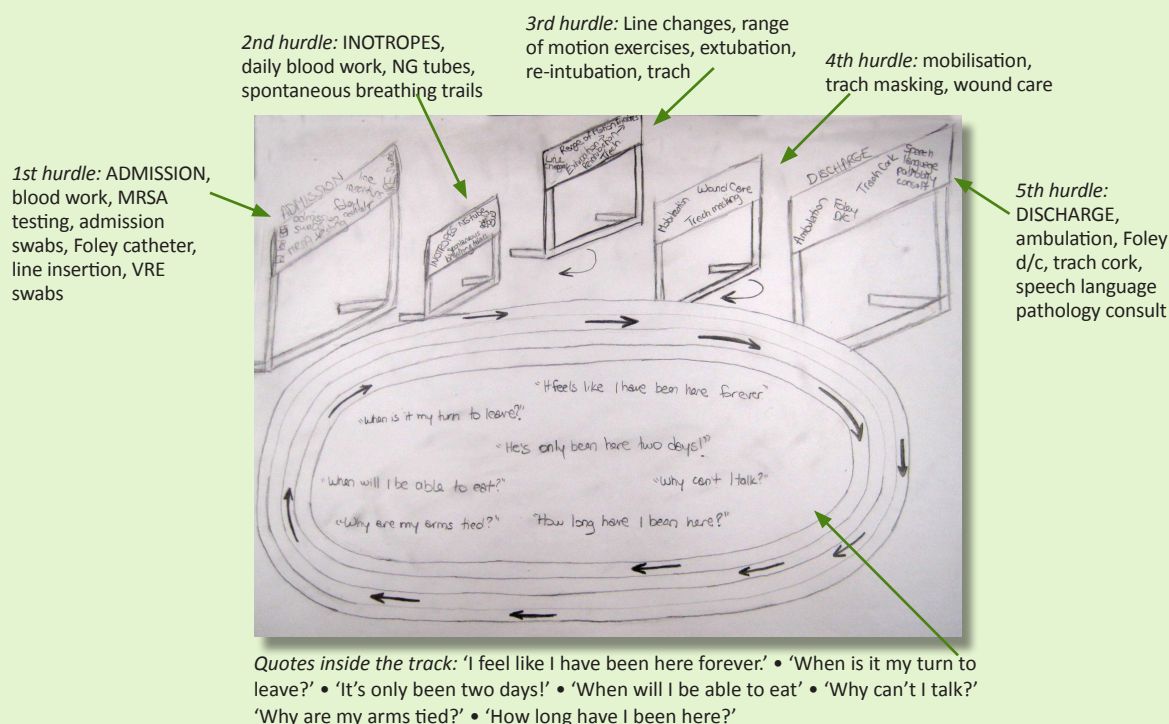


Figure 2. Piano's artistic instrument, with notes showing text



Funnel's story: The balancing act

Funnel works in oncology, both active treatment and palliative care. She described herself as intuitive, accountable, holistic, and creative. Unlike Piano she always wanted to become a nurse. Her choice of metaphor depicted her inner inquiry of how her experience, knowledge, and passion might change after completing her masters of nursing degree.

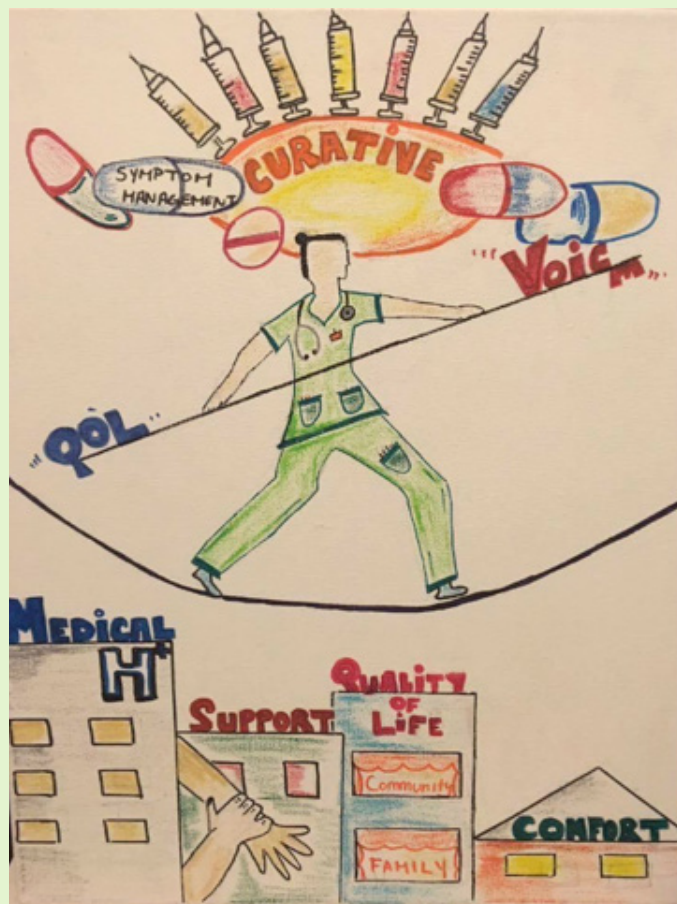
Funnel conveyed her experience of a patient diagnosed with lung cancer who refused her final chemotherapy treatment, choosing quality of life, which for her meant spending more time with her family. For her artistic instrument (Figure 4), Funnel created several images that symbolised different meanings. She drew herself on a tight rope with a balancing pole with the letters 'QOL' (quality of life) on one side and the word 'voice' on the other side. She shared that she often found it difficult to advocate for her patients who prefer quality of life measures that may differ from the original medical care plan. She stated:

'Healthcare providers often focus on the curative aspect of life. Not to say this is not important, but I find we lose sight of the holistic aspect of providing care... We should take the time to consider what quality of life means to our patients [and that] we really need to keep in mind that our goals are not the same as those of our patients.'

Figure 3. Funnel's metaphor



Figure 4. Funnel's artistic instrument



Six narrative threads emerged from both participants' stories. Four of these – empathy, communication, quality of life and power imbalances – relate to how Piano and Funnel's artistic instruments assisted their nursing practice. Empathy and communication specifically relate to Piano's story, and communication, quality of life and power imbalances mainly to Funnel's. The other two narrative threads, personal development and professional development, demonstrate Piano and Funnel's experiences of creating their respective artistic instruments (the process) and what this meant for them. Additionally, their experiences of creating their respective artistic instruments (the product) and their experiences of participating in this inquiry are shared.

Carper's patterns of knowing resonate throughout the six narrative threads. Exploring their creative activities through this theory allowed the inquirer and the participants to deepen their reflection, and expand on their existing knowledge. Although all patterns of knowing were depicted throughout this study and can inform our lives, there was an emphasis placed on personal and aesthetic knowing, most significantly the latter, which permits participants to recognise and critically reflect on practice situations through the creation of their respective artistic instruments. According to Chinn and Kramer (2011), within the aesthetic pattern of knowing, critical questions are asked: 'What does this mean? How is this significant?' (p 14). These questions enable a depth of understanding and meaning of nursing actions to emerge. Direct quotes are chosen from participants' stories to demonstrate clearly connections to each narrative thread, along with the application of relevant literature.

Empathy

Empathy is depicted in parts of Piano's narrative:

'For healthcare providers, all these procedures become a routine part of a patient's admission, yet to patients they are uncomfortable, painful and frightening procedures.'

Empathy allows us to relate to others' situations and gain insights into their perspectives, enabling us to take actions that assist them? (Carper, 1978b; Gustafsson and Fagerberg, 2004; Lapum et al., 2012b). Piano noted the challenges of providing emotional support to patients in the knowledge that their medical condition is either improving too slowly or declining. A phenomenological study by Cypress (2011) identified the lived ICU experiences of nurses, patients and family members. Findings from that study display two common themes: providing psychological support and ICU patients' feelings of uncertainty. Both themes relate to Piano's story, when she offered her ICU patient Mary emotional support in the way of motivation and encouragement about her medical progress. Piano shared her patients' feelings of uncertainty, and the necessity to offer them updates as frequently as possible. Thus, it is essential for nurses to provide patients with encouragement, remain sensitive to their needs and those of their families, and provide emotional support, to decrease patients' overall anxieties (McCabe, 2003; Cypress, 2011).

In Piano's story, she recognised and described several procedures patients undergo that are 'uncomfortable, painful and frightening'. Similarly, the literature indicates that ICU patients' lived space can cause feelings of unease due to the technological environment, discomforts, new staff, time disorientation, lack of communication and changes to one's self-image (McCabe, 2003; Osterman et al., 2010; Cypress, 2011). According to Osterman and colleagues, patients frequently rely on nurses to provide the emotional support needed and assist them with the 'technological maze of their hospital experience' (p 204). Though the ICU is a busy environment and nurses are required to complete several tasks in a given amount of time, it is necessary that they ensure their interaction with patients offers a sense of presence (Osterman et al., 2010; Engstrom et al., 2013). In other words, taking the time to acknowledge patients and their 'ICU struggle', as Piano's narrative revealed.

Communication

Piano and Funnel both expressed the importance of clear, empathetic, and shared communication with their patients. In her story, Piano said:

'I just think that we need to acknowledge patients' experiences and the struggles they face on a daily basis, and provide communication to keep them informed at all times.'

This notion that nurses who express empathy for patients and their families provide more effective nursing care – as effort is made to acknowledge their patients' concerns, thus improving communication – is also supported in research by McCabe (2003) and Cypress (2011). Piano recognised the importance of communication when she shared:

'As healthcare providers we often lose sight of all the procedures that patients need to undergo.'
and similarly:

'I find for us, it becomes just one more day that we work, but for our patients it's one more day that they are there.'

Her comments reflect the differing perceptions of nurses and patients she has noticed in the ICU setting. Piano believed awareness of these differences would permit nurses to be more open minded when dealing with situations in their practice. Although nurses' work environment can be demanding, it is crucial they are mindful of the way they communicate with their patients.

A phenomenological study by Engstrom et al. (2013) on mechanically ventilated patients in the ICU, supports Piano's recognition that her patients are entitled to receive answers to their questions:

'I ask myself questions: What do patients need out of the two, three, or more days I may be caring for them? What are the goals they want to reach?'

Similarly, McCabe (2003) found that when nurses communicated with patients, their patients felt more cared for. Patients frequently relied on nurses to use language that was easy to comprehend and took notice of nurses' non-verbal communication, as this demonstrated their support, respect and genuine concern (McCabe, 2003). Piano shared her satisfaction at being able to give voice to her patients, particularly to those unable to communicate themselves. Moreover, she expressed the need to recognise patients' efforts towards their recovery process. Her statement *'I will pay closer attention to the little things that often mean so much to patients'* sums up the efforts Piano made to build a deeper connection with patients.

Similarly to Piano, Funnel expressed the value of taking her time to engage in conversations with patients so they are comfortable in expressing their wishes and feelings, and that they sense they are being heard. This is depicted through her statement:

'I try to understand and value my patients' hopes and fears, rather than focusing on treating their illness.'

In Funnel's artistic instrument (Figure 4), she drew the word 'voice' with the letter E in a downward spiral. For Funnel, this meant that, as a nurse, she sometimes feels as though she is expected to have a voice, but doesn't necessarily feel she always does. However, in her story, she expressed her courage to advocate for her patient Annie, who wished to opt out of her last chemotherapy treatment to spend time with her family. Funnel had to overcome this challenge by facing the medical team, and through passing on Annie's wish, Funnel turned towards her moral value and passion for Annie's need to be heard and so found her own voice to advocate for her patient. Likewise, in a narrative study by Pavlish and Ceronsky (2009), advocating for patients was seen as one of the most important attributes

of nurses who work in palliative care settings. Nurses recognised that their ability to advocate made patients feel truly cared for and respected. This allowed patients to feel 'like a real person' (Pavlish and Ceronsky, 2009, p 408), and that they were being treated with dignity.

In our role as nurses, we need to keep the lines of communication open and listen for the deeper meanings behind our patients' statements. As Funnel expressed:

'After listening to Annie, I realised that her goals were separate from ours [the healthcare team]. I felt like I was walking on a tight rope and pulled between curative care verses the patient's quality of life.'

Similarly, Nelson and Gordon (2006) found that nurses who do not act on their moral instincts have been noted to lose a sense of integrity, which can lead to distress and feelings of powerlessness. Perhaps this goes back to traditional, societal assumptions about women, as well as the stereotypes associated with the nursing profession – being virtuous, self-sacrificing and having authority secondary to that of physicians (Nelson and Gordon, 2006). Often, nurses need to step away from the medical aspect of care, the way Funnel communicated in her interactions with Annie when she affirmed:

'When Annie spoke to me that last time, I felt that the air was quite lifted. I believe she was able to express her desires and felt heard.'

It is important nurses focus on other aspects of patient care, such as offering their presence, which can involve sitting with patients and listening to their interests and joys in life (Pavlish and Ceronsky, 2009). That study, and Funnel's story, show spending time with patients encourages communication and builds a productive nurse-patient relationship, modifying goals and promoting a focus on person-centred care. Nurses who aim to connect with their patients may be better able to provide care that is meaningful and appreciated by patients and their families.

Quality of life

In Funnel's story she understood the role of a palliative care nurse, as she affirmed 'the focus is not only on death, yet we [palliative nurses] look more at how patients live their lives'. Palliative care nursing has been described as working with patients and their families to relieve suffering, be attentive to patients' overall wellbeing, set patient specific goals, provide relief of symptoms, remain flexible, and offer care that is holistic (Philip and Komesaroff, 2006; Pavlish and Ceronsky, 2009; Burhans and Alligood, 2010). Palliative care is delivered to individuals experiencing a life-threatening illness when treatments to prolong life fail to work (Pavlish and Ceronsky, 2009). It is apparent through Funnel's empathetic communication and presence that she built an open and honest relationship with Annie, who felt comfortable enough to express her concerns. Funnel took the time to critically assess her patient's concerns about the discrepancy between the medical role of chemotherapy versus her desire for quality of life. Although Funnel initially thought of therapeutic measures, as did the rest of the healthcare team, she later gained a new perspective through conversing with her patient. Funnel seized the time to explore Annie's request (not to continue with her chemotherapy) and reflected on her own feelings and thoughts on hearing the request. Funnel deepened her thinking about the situation by asking herself, 'Who benefits' and 'What is wrong with this picture?' (Chinn and Kramer, 2011, p 74). Funnel's action of building courage within herself to advocate actively for Annie exhibited respect for her patient's wishes. Funnel looked at the broader context of her nurse-patient relationship; she observed the situation from a person-centred care perspective (Annie and Funnel) as well as a practice profession perspective (Funnel and the healthcare team) (White, 1995). Funnel's story raised her awareness to the differing perspectives of patient and healthcare provider, and required her to contemplate the caring versus curative models of care – an ongoing topic of debate in the healthcare system.

Power imbalances

Although Piano did not directly focus on power imbalances, her story was suggestive of this phenomenon, which is often found in healthcare situations (Henderson, 2003; McCabe, 2003; Engstrom et al., 2013). For example, Piano's story illustrated power imbalance, when her patient Mary expressed her frustration of being in the ICU for longer than she had anticipated. Patients like Mary may feel helpless and restricted as they rely heavily on ICU procedures and on healthcare providers to keep them updated with information regarding their medical status. In Funnel's story she shared:

'I realised the importance for nurses to voice their concerns, so they can advocate for their patients' overall quality of life.'

Perhaps power imbalances may be related to the social and political anomalies that persist within our healthcare system, such as different notions of care, politics around the structure of hospital systems, decision making and how patients perceive physicians.

Power imbalances between healthcare providers and patients do occur, since patients are frequently in a vulnerable position. A grounded theory study by Henderson (2003) explored nurses' and patients' views about care within the hospital setting. Its findings suggest power imbalances result from a lack of cooperation between patients and nurses. Patients experience feelings of vulnerability, resulting from their limited medical knowledge and fear of not receiving adequate care. Additionally, patients do not want to be labelled with words such as 'difficult' or 'nuisance' for not complying with the nurses (Henderson, 2003, p 506). When reflecting on Funnel's story, it was evident that her patient Annie felt more comfortable with her nurse than her physician. Henderson (2003) confirms that nurses who develop positive relationships with patients empower them, helping them feel comfortable to ask questions, exercise their rights and make their own choices. Furthermore, Funnel shared how she overcame her fears of approaching the healthcare team to transmit Annie's wishes, which may have been due to her personal and/or professional experiences. Although challenging, Funnel made Annie's wishes her priority and found the strength to advocate for her.

Personal development

As Piano engaged in her creative process, she yearned for more balance in her life and more time to reflect on her own nursing practice, as she stated:

'I never really have time to self-reflect about a situation, there is just not that time at work to think and ask myself, how could I have done better as a nurse in a certain situation? It is often at night while I sit on my bed that I think and reflect about my day.'

Nurses are often expected to deal with various situations, such as helping others to cope with the death of a loved one or to accept a debilitating diagnosis, yet healthcare professionals often fail to ask, 'Who helps the helper?' (Brunelli, 2005, p 123). Piano communicated an association between personal and professional development, as she shared her story relating to the process of constructing an artistic instrument. She specified that her experience gave her a greater insight into self-care practices, allowed her to recognise the constraints in her personal and professional life and express her desire to achieve a more balanced lifestyle. Personal and professional development interconnect, as one informs the other (Lindsay, 2008), and this connection was apparent in Piano's story:

'My artwork made me think of my personal experience, when my partner was admitted to the hospital for a lengthy stay. I think seeing him struggle made me appreciate my patients' perspective.'

While constructing her artistic instrument, Piano also conveyed that:

'I felt that I have gained a deeper understanding for my patients' frustration in the ICU. Reflecting in this way [using art as a medium] allowed me to view patients differently and feel more connected to them.'

As nurses, we often reflect back on our personal experiences, which inform our ways of knowing and influence our professional development (Lindsay 2008). In other words, 'Who we are as people is who we are as practitioners.' (Lindsay, 2008, p 19).

Like Piano, Funnell observed that creating her artistic instrument allowed her to express her internalised feelings:

'It opened up a door and gave me words to express what I was feeling, which is not something I do often.'

She mentioned the challenging situations nurses find themselves in on a daily basis and recognised the toll it takes on her colleagues, causing stress and burnout. After creating an artistic instrument, Funnell believed that reflection should occur more often, despite the limiting constraints of a heavy workload and lack of time. One strategy to promote reflection may be to implement art as a tool to express practice-based situations, which can be done independently or even with a group of colleagues (Schwind et al., 2012; Lindsay and Schwind, 2014a; 2014b). Funnell acknowledged that nurses are repeatedly pulled in many directions, which can result in feeling conflicted in their work environment. Nurses face numerous thoughts and questions such as: What is right for the patient? What does the patient really want? What are the goals of the healthcare team? Moreover, they often face situations that may cause them moral distress (Epstein and Delgado 2010; Allen et al., 2013). In a cross-sectional, descriptive, comparative study, Allen and colleagues (2013) showed that nurses report feelings of moral distress when they have to carry out physicians' orders (related mostly to tests and procedures) that they feel are unnecessary. Another finding from this study showed physicians, advanced practice nurses and registered therapists all experience moral distress when they are required to follow the wishes of family members (relating to life support) knowing that these wishes are not in the best interest of the patient. After Funnell created her artistic instrument, she gained deeper insight to her personal feelings:

'I also realised how long I had been internalising these thoughts and feelings.'

Nurses need to address self-care practices and attend to concerns such as moral distress to prevent negative effects on their emotional, spiritual, physical, mental, and social wellbeing (Brunelli, 2005; Allen et al., 2013). Furthermore, Funnell expressed the ability to connect with her patients and realised the importance of self-care through reflection. Self-care is part of personal development as it impacts on our professional role. In becoming more attentive to self-care practices and personal development, nurses can reduce harmful outcomes that may impede the care provided to patients and their families (Brunelli, 2005; Allen et al., 2013). Comparably, Piano's story conveyed that reflecting through artistic expression provided her with the ability to decrease personal stress. Like Funnell, Piano noted the benefits she found through reflection, which for her included the ability to dedicate time to think about her day, acknowledge her personal feelings and thoughts about occurrences at work, and reflect on the dialogues she exchanged with patients and their families and her nursing colleagues. In addition, through reflection, Piano gave more thought to her professional strengths and areas for improvement.

Professional development

It was apparent that Piano gained an appreciation of reflecting about her nursing practice. Creating an artistic instrument provided her with greater insight into her nursing values and beliefs; she expressed her wish to make more time for patients. Piano's drawing of a racetrack (Figure 2) signified for her the busyness of her ICU practices and how this impacted on patients in her care. Through the use of art, Piano realised the potential to think critically about how to improve practice (for example, by increasing communication in the ICU and taking into account patients' perspectives). Piano evaluated her current professional status while expressing her thoughts and concerns about how completing a masters of nursing degree might remove her from the bedside:

'I would like to grow as a nurse, yet worry this growth may lead to less direct patient interaction.'

Through creating her artistic instrument, Piano gained insight into her inner struggle:

'As a nurse working in the ICU, I feel content about where I am [bedside nursing]. I look at what my future may hold and know for certain that I really enjoy patient care.'

According to a phenomenology study by Gustafsson and Fagerberg (2004), professional nursing development relies heavily on reflection. Nurses are able to improve the care they deliver as their level of awareness of their nursing practice becomes enhanced through reflection; in other words, 'reflection is a kind of evaluation' (p 275). Evidently, Piano recognised her growth as a nurse and desire to improve the way she communicates with her patients in the ICU. She showed her aspiration to encourage colleagues and patients to think critically about situations. Piano expressed her commitment to pursuing ongoing learning opportunities, demonstrating awareness of her accountability and capacity for leadership as a nurse.

In parallel to Piano, Funnel evaluated her own nursing practice and shared her feelings of confidence in the ability to express her inner voice and advocate for her patients' wishes. At the start of Funnel's story, she sought to answer a broader question that related to her selected metaphor (Figure 3) and overall professional development:

'If I mix all my experiences, knowledge, and passion will I still come out the same way after I complete my masters programme?'

It was interesting to see Funnel grow from this experience, as she appreciated her increased passion for palliative care and began to contemplate her future development as a nurse. She acknowledged the need to pursue a broader perspective on how care impacts on patients in palliative care settings. The quality of care nurses provide could be associated with their progress and commitment to their professional development, through formal education and ongoing reflective practice (Gustafsson and Fagerberg, 2004).

The opportunity of engaging in creative activity allowed Funnel to think about nurses' capacity to overcome daily challenging situations:

'I understood the need to connect with patients. I also realised that we do not do enough reflection at work, as in reflecting on the personal and professional struggles we face daily.'

This experience permitted Funnel to assess changes that need to be made in her work environment. According to Gustafsson and Fagerberg (2004), nurses who participate in reflective practice not only gain further perception and learning into their own practices, but also pass on their level of knowledge, awareness and proficiency to others. Funnel commented on the important role nurses have in advocating for their patients. She shared her attempts to encourage other nurses to make

time for reflective practice through focus groups, and suggested 10 minutes to reflect before staff meetings. Funnel continued to identify areas of her practice in need of improvement, such as the gaps in coordinating the types of care offered to patients (comfort care and curative care) and the necessary changes required in both oncology and palliative care units, such as patients' and nurses' transition process from one unit to another.

Piano and Funnel's stories: making the connection

Reflecting on her experience of engaging in the arts activity, Piano admitted to feeling overwhelmed, questioned the outcome of her work and expressed concern that it might be hard to connect nursing experiences through art as a medium. She feared that others might not understand her artwork. In contrast, Funnel was initially excited about creating her own artistic instrument, saying it was 'difficult yet therapeutic'. Both Piano and Funnel conveyed benefits of participation in this inquiry. Piano gained new insight into different ways she could reflect; Funnel acknowledged the importance of making time to engage in more frequent reflective practice with her colleagues, such as forming focus groups at work and suggesting 10 minutes' reflection before mandatory meetings. Funnel was willing to share her artistic instrument with her nursing colleagues; she felt it would help validate for them the challenges in voicing patient choices to the healthcare team. Creating her own artistic instrument allowed Funnel to express her thoughts and feelings openly. Most importantly, Funnel felt she found her voice and was able to advocate for her patients, thereby enhancing her professional confidence. The inquirer and the participants engaged in reflective dialogue throughout the entire process, leading to new perspectives on using arts as a medium in nursing practice and for professional development.

Although nurses practice in different contexts and with different populations, their experiences of care are easily recognised and understood across the spectrum. For this reason, this inquiry is significant as it can connect to other nurses, the wider healthcare team, patients, families and caregivers. This study adds to the limited research found in applying art as a medium to healthcare and used directly by practitioners. Furthermore, it introduces and applies the useful narrative reflective process (Schwind, 2008; Schwind et al., 2014), which involves several creative approaches that provide opportunities for deeper reflection, expanding knowing and meaning-making, informing choices for the future, and offering deeper insight into our identity as persons and professionals (Schwind, 2009). It expands knowledge on how important it is for practitioners to reflect on their daily practice and their personal and professional development, thus enhancing the quality of care they provide. In this inquiry, participants feel empowered as they are the experts of their own narratives. Piano and Funnel demonstrated that once they were able to know who they were as nurses, they were more aware of their patients' needs, and so strived for deeper understanding of the relationships they built over time. Thus, this inquiry is significant to both the caregiver (healthcare provider) and the patient, as one is incomplete without the other. Correspondingly, it displays the importance of the reciprocal relationship between the inquirer and the participants within narrative inquiry.

Implications

Moving beyond Piano and Funnel's stories, we consider the possible implications of this inquiry for education, practice and research.

Education

There is a need to support students and teachers to use creative approaches to build on positive benefits, such as linking theory to practice and constructing valuable skills for students (critical thinking skills, problem solving, leadership and relationship building), in addition to accommodating individuals with diverse learning needs. Safe learning environments may offer students and teachers insight into how they can learn and what strategies are most suitable for their needs. Findings from this study support further exploration of art and its integration into lesson planning at nursing schools to assist students in developing observational skills and understanding human experiences (McLean, 2006). Furthermore, teachers can be supported through experiential workshops to help them integrate arts into their teaching-learning situations.

Practice

As mentioned above Piano and Funnel expressed the benefits of arts as they relate to:

- Encouraging greater self-awareness and personal knowing
- Increasing the level of communication and advocacy skills (building therapeutic relationships)
- Fostering the importance of quality of care (listening to patients' needs and wishes)
- Expressing empathy to patients and their families (understanding their fears and concerns)

There is an explicit need to look at using arts for communication along with learning and teaching opportunities with staff, and with patients and their families. Holding educational workshops for a multidisciplinary team can also provide opportunities to share knowledge and expertise from different areas of practice.

Research

There is a need to undertake further research that involves different healthcare providers who exhibit an interest in arts. This inquiry could be followed up with a longitudinal study to explore how nurses and other healthcare providers who engage in creative activities, as did Piano and Funnel, take these experiences into their professional settings. We could ask how their engagement in arts impacts on their practice, their patient care and their own professional sense of wellbeing. Similarly, studies could be conducted in different settings and with varied patient populations to learn more about their experiences of healthcare. Additionally, studies could be undertaken involving the use of art as therapy, for example in helping patients come to terms with a chronic illness. Practice development researchers could benefit from such studies' potential to create deeper understanding of experiences, offer different perspectives and ways to change practice, generate new knowledge, propose innovative approaches, and ultimately improve patient care.

Studies could also potentially explore topics that look at self-care practices, such as stress, burnout, staff retention rates and job satisfaction. Additionally, creative self-expression could be used as reflective practice for personal-professional development. Other research could address the impact of art on healthcare providers' fundamental skills, like advocacy, communication, leadership, critical thinking, relationship building and multidisciplinary collaboration. Moreover, encouraging the use of arts at different stages of the research process, such as data analysis and/or dissemination, could provide another way to link research with the arts.

The value of arts needs to be further acknowledged in education, practice, and research, which would offer healthcare providers a culture that validates innovative ideas and supports/funds services such as music and art therapists in healthcare settings such as, but not limited to, hospitals, community settings and rehabilitation centres. Furthermore, future research could promote discussion, encourage critical thinking leading to advocacy, and raise awareness within oneself and others, to improve healthcare practices for all of stakeholders.

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