



## Opening the black-box of person-centred care: An arts-informed narrative inquiry into mental health education and practice



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### SUMMARY

**Background:** Nursing education has a history of encouraging students to know their patients and to negotiate the in-between of art/science, person/profession, and intuition/evidence. Nurse-teachers know that students may abandon some values and practices when they encounter practice environments that are complex and have competing agendas. We are concerned that nursing knowledge is black-boxed, invisible and taken-for-granted, in healthcare settings.

**Objectives:** Our research explores how nursing students and nurses are constructing and enacting person-centred care in mental health education and practice. We want to understand the nursing standpoint on this significant ontological issue and to make nursing knowledge construction and utilization visible; illuminating how person-centred theory emerges from practice.

**Design:** The process involved four 3-hour group meetings and an individual follow-up telephone conversation. **Settings:** Students and nurses met at a tertiary-care mental health organization. **Participants:** Fourteen nurses (Registered Nurses and Registered Practical Nurses) and nursing students (Bachelor of Science in Nursing and Practical Nursing) participated in our inquiry.

**Methods:** We used arts-informed narrative inquiry to explore experience through the arts such as metaphor, collage, poems, letters, and group conversations.

**Results:** The black-box is opened as the inquiry reveals how nursing knowledge is constructed, assumptions are challenged and new practices emerge.

**Conclusions:** Our research is significant for education and for practice and is transferable to other populations and settings. Nurses are affirmed in person-centred values and practices that include partnership with those in their care, role modeling for colleagues and mentoring students and new nurses. Students participate in transferring their learning from school to practice, in the company of experienced colleagues; together they open the black-box to show how nurses conceptualize and enact person-centred care.

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### Background

Nursing education has a history of encouraging students to know their patients and to negotiate the relationship between art/science, theory/practice, person/profession, and intuition/evidence (Carper, 1978;

Newman, 1994; Watson, 1999). In our experience, students may abandon some values and practices when they encounter clinical environments that are complex and have competing agendas. We are concerned that students do not see how nurses construct and enact nursing knowledge in practice. We wonder whether nurses' knowledge is black-boxed (Reed and Lawrence, 2011), and thus taken-for-granted in healthcare. Black-boxing is a metaphor from Latour (1999), which symbolizes work that is integral, yet invisible, with no continued inquiry; solidifying it as an "opaque object of fact" (Sturman, 2006, p. 182). This idea of separating knowledge from its source and context is like Frank's (2004) notion about 'finalizing' relationships by assuming that we already know all there is to know about someone, bringing the relationship to a static hold.

In narrative terms, "knowledge claims [stripped] of their inquiry origins [are] what Schwab called 'a rhetoric of conclusions'" (Clandinin

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and Connelly, 1995, p. 9); pre-packaged acontextual knowledge. We question if students and nurses are told such conclusions; that is to say, given patient-centred systems as received knowledge. Often workplace philosophies contain patient-centred care values, as do regulatory standards and educational philosophies (RNAO, 2002/2006). Or, are they engaged in education and practice to be partners, exploring with persons in their care what it means to be person-centred? As nurse-teachers and narrative inquirers, we wonder how person-centred care is learned and practiced. Risjord (2010) observes:

Professional nurses are required to work in two worlds. They must move easily within the biomedical world of the physician. At the same time, they must be attentive to the patient's experience and environment. This biomedical perspective is not mistaken, it is partial, and the nursing standpoint emerges from the effort to achieve a more complete view ... The nursing standpoint is thus fundamental to nursing knowledge. (p. 220)

We want to understand the nursing standpoint on the significant ontological and epistemological issue of person-centred care. Person-centred care matters. Knowing the patient prevents deconditioning of people in our care (Gillis and MacDonald, 2005). Deconditioning occurs, for example, when older persons are compelled to follow institutional practices like wearing a bib or a diaper, despite the person being admitted for short-term respite care. This means that nurses find out from persons in their care about life conditions and personal goals to ensure that strengths and capacities are enhanced, not degraded by institutional practices. We also see chronic illness, such as mental health challenges, as a biographical disruption (Williams, 2000), wherein healthcare is an episode in the ongoing life story of a person in our care. Assisting a person to learn and to integrate new experiences into their life context is a feature of person-centered care. Finally, we believe that nurses' praxis (being-knowing-doing) is autobiographically informed (Lindsay, 2008; Schwind, 2009). The personhood of the nurse informs relationships with patients and the healthcare team. Through our inquiry, we want to make nursing knowledge construction and utilization visible, illuminating how a practice-based theory emerges from practice; how the nurse and the patient are in relationship and co-constructing knowledge.

We responded to the request for proposals issued by the Associated Medical Services (AMS) Phoenix Call for Caring Project 2012. This organization is interested in the balance between technological and caring knowledge in clinical practice. The intent was to explore person-centred care in healthcare and to promote caring champions. AMS defines person-centred care as "high quality healthcare that respects an individual's preferences, needs and values and is provided in an empathetic and compassionate way" (2012). Our study was funded for one year; Research Ethics Board approval was obtained at our four educational and practice sites.

## The Phenomenon

With the focus on how caring is conceptualized and enacted in education and practice, we wondered what if *patient*-centred care was reconceptualized as *person*-centred care that includes the nurse in relationship with patients. We were curious to learn how nurse's experience is reconstructed for learning, and what role it plays in therapeutic relationships. As narrativists, we wanted to know how exploring experience, using arts-informed narrative inquiry, illuminates construction and enactment of nursing knowledge in education and clinical practice.

Review of literature on person-centred care reveals a focus on patient-centred care and/or on the environment for caring. Canadian literature on patient-centred care within the healthcare system (Fredericks et al., 2012) and the person-centred nursing program of

research by McCormack and McCance (2006) in the United Kingdom inform our thinking, yet they are studying a different version of our phenomenon. As we interpret it, person-centred care encompasses patient-centred care; we include caregiver's (nurse and student) narrative awareness. Practitioners need to develop self-awareness and courage to be person-centred (Ruddick, 2010), which means knowing the patient and the self; facilitating relationships within an interdisciplinary team, and within an organization with multiple commitments and accountabilities.

## Method

Our research question was: How do students and nurses construct and enact person-centred care in mental health nursing education and practice? We used arts-informed narrative inquiry to explore how being and knowing intersect in therapeutic relationships. Narrative inquiry (Clandinin and Connelly, 2000; Lindsay, 2011; Schwind et al., 2012) is a qualitative approach that recognizes the multidimensionality of experience: its internal and external values and meanings that are situated within particular contexts over time. We live a life, become aware of patterns, reconstruct the experience, question the learning considering both the personal and the social over time, and live anew. An arts-informed approach is congruent with narrative inquiry as "the image bridges the gap between the limitations of language and experience" (Hodges et al., 2001, 390). "The nursing enterprise has at its heart a desire to understand persons in their wholeness and in relation to the world around them, so we believe that artful nursing research is well-suited to this goal" (Bergum and Godkin, 2008, p. 604).

We invited two groups of participants, which consisted of: 2 registered nurses and 2 registered practical nurses in mental health practice, as well as 2 Bachelor of Science in Nursing students and 2 Practical Nursing students, in mental health/community courses. The first group (4 students and 1 nurse) met at two to three week intervals from January to March, and the second group (5 nurses and 4 students) met April to May in 2013, for a total of four meetings for each group. Fourteen participants in total completed the study. Each of the four sessions included a welcoming and grounding check-in, and an arts-informed activity, followed by a group dialogue that illuminates the nursing praxis revealed throughout the process. The fourth session was summative and illuminated what has been discerned about constructing person-centred care. We made individual follow-up telephone calls three months after the fourth session, to inquire how participation in arts-informed narrative inquiry impacted their conceptualization of person-centred care and any changes in practice.

We engaged participants in creative modes of expression, as we recognize that tacit knowing is unreachable by words alone (Polanyi, 2009). Our inquiry process is congruent with our philosophy, theory and phenomenon—we are in a relationship with participants as they are in a relationship with persons in their care and each other. Person-centred research requires a sustained commitment to participants in order to ensure that the value of the person is held central (McCormack, 2003). We value educational research that partners academia with practice so that students and nurses learn from one another and mirror the mentoring and co-learning relationship we hope for in practice. It was a deliberate decision to have students and nurses integrated in the research groups. In such a collective, "multiple views and interpretations come forth as [they] consider the uncertainties and complexities of patient's lived experiences and nursing practice" (Mitchell et al., 2013, p. 32).

## Arts-informed Narrative Inquiry Process

We engaged participants in a series of arts and narrative processes, which invite exploration of their experiences of being cared for and caring for others: lifelines, stories, metaphor, poems, co-creative art-making, and collage. We first began by asking participants to write

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