



Constructing a bricolage of nursing research, education and practice

T. Warne^{a,*}, S. McAndrew^b

^a Mental Health Care, School of Nursing, Mary Seacole Building, University of Salford, Salford, Greater Manchester, M6 6PU England, UK

^b School of Health Care, Baines Wing, University of Leeds, Leeds LS2 9JT, UK

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SUMMARY

Drawing upon post doctoral reflections of a shared methodology, the authors explore the use of bricolage as a way of better understanding the inter-related connections between theory, nursing practice and the felt experiences of service users. The origins of bricolage can be traced back to the work of Levi-Strauss, and Denzin and Lincoln's contribution to qualitative methodologies. Bricolage is a multifaceted approach to the research process. Differing epistemological positions and mixed methods of data collection are utilised to bring a richer understanding of human beings and the complexities of their lived experiences. For the bricoleur the object of inquiry, cannot be separated from its context, that is the language used to describe it, its historical situatedness and the social and cultural interpretations of its meaning as an entity in the world. The paper discusses the importance of being able to move beyond the notion of the research method being merely a procedure, to one that respects the complexities of the lived world.

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Introduction

Contemporary nursing practice espouses patient centred care and holism, exploring all aspects of the person's life that have the potential to impinge on his/her well-being, as its philosophical anchor. The concept of holism within nursing requires that the nurse has the ability to acknowledge the juxtaposition of multiple perspectives for a greater understanding of the patient's lived experience (Kaye, 1999). However, achieving a holistic approach to practice would also require nurses to more effectively develop the ability to know when to apply the knowledge contained in a range of theories (Reed, 1993). Such a post-formal approach is congruent with the sometimes forgotten concept of bricolage. Indeed, some have argued that nursing is a bricoleur activity (Gobbi, 2005). The nurse, as a post-formal bricoleur, would draw upon a heterogeneous collection of fragments from multifarious sources which are deconstructed and then reconstructed in the context of working with an individual patient. Thus the bricoleur needs to avoid only working with the sometimes reductionistic and limited knowledge obtained through the application of externally imposed methods which often only result in the achievement of monological forms of knowledge (Kincheloe, 2005). Monological knowledge is produced when researchers pursue the rationalistic quest for order and certainty that disregards context. Additionally, utilising contextualised knowledge requires the nurse to harness their own personal knowing, and patient experience knowledge in

ensuring authentic patient centred care is achieved (Warne and McAndrew, 2004). This discussion paper argues that a post-formal use of different theoretical strands in generating a new epistemology of nursing, grounded in a new approach to the production of knowledge and knowing, can be creative, valid and powerful.

Bricolage nouveaux

In the context of research, bricolage has a long tradition. Often the concept of bricolage has been used to describe the process of undertaking research that brings together a range of multidisciplinary theories and approaches (McAndrew, 2008). For example, Kincheloe (2005) has described ethnography, textual analysis, semiotics, hermeneutics, psychoanalysis, phenomenology, historiography, discourse analysis being combined with philosophical analysis, literary analysis, aesthetic criticism, and dramatic ways of observing and making meaning as constituting the methodological bricolage. In this way, bricoleurs move beyond the blinds of particular disciplines and peer through a conceptual window to a new world of research and knowledge production.

It is the work of Kincheloe (2001, 2005) and others (Denzin and Lincoln, 1994, 2000; Morawski, 1997) that has largely given rise to a renaissance of the notion of bricolage as a legitimate approach to research in a contemporary setting. Whilst others have challenged the place of such methodological pluralism in contemporary research (Giddings, 2006), this has often come from those institutional agents of the state responsible for promoting the acquisition of research knowledge and capability (Cohen and Crabtree, 2008). This paper does not seek to explore these macro level, power

* Corresponding author. Tel.: +44 0 161 295 2777.
E-mail address: A.R.Warne@salford.ac.uk (T. Warne).

orientated political challenges directly, but to explore at the micro level of 'everyday' research, education and practice, the potential of bricolage to increase nursing knowledge and knowing.

The notion of bricolage being advocated recognises the dialectical nature of ontological, epistemological and methodological relationships. In this context bricolage is concerned not only with divergent methods of inquiry but with diverse theoretical and philosophical understandings of the various elements encountered in the act of research (Kincheloe, 2001; Ponterotto, 2005).

These interpretive possibilities can present a challenge to communication and understanding as it is often the epistemological position of the nurse as a researcher, educationalist or practitioner that dominates in terms of sense making (Apker, 2004). A counter approach involving an acknowledgment of these multiple epistemological positions, can lead to a fuller and truly evolutionary understanding being gained when working with research participants.

Likewise, in the practice context, account should be taken of the unconscious processes ever present in the interpersonal interaction between nurse and patient, and recognition given that the patient's narrative is being communicated from a number of perspectives, not least of which draws upon their own expertise. The unconscious processes are then analysed and interpreted into the analysis of other more conscious data thus creating a richer and more in-depth understanding of the patients lived experience.

Lost in translation

Weinstein and Weinstein (1991) describe three characteristics of the bricoleur. The first is that they are practical and get the work done. Secondly, that the job is often not the same as the original job undertaken and thirdly, the resultant bricolage varies according to the components that are at hand. Sensitive to complexity, bricoleurs use multiple methods to uncover new insights, expand and modify old principles, and re-examine accepted interpretations in unanticipated contexts. In essence, the bricoleur has the ability to creatively and resourcefully use all accessible materials in order to achieve greater insight to the topics being researched. However, it is not necessarily an easy concept to understand. Perhaps unhelpfully, Denzin and Lincoln (2000, p. 4) have defined a bricoleur as a:

"Jack of all trades or a kind of do it yourself person who deploys whatever strategies, methods, or empirical materials that are at hand. . . . if new tools or techniques have to be invented or pieced together, then the researcher will do this"

Denzin and Lincoln, have perhaps unwittingly contributed to the way in which bricolage might be viewed by more traditional researchers. However, this might well be a consequence of language interpretation. Stark et al. (2000) for example, in their work exploring the role of mental health nurses in the multi-professional team, argued that being a 'Jack of all Trades' was actually a strength in terms of the hidden work carried out by nurses in mental health practice. This is further supported by Deacon et al. (2006) in their ethno-methodological study looking at the situatedness of professional practice found in the ordinary activities of everyday life on an acute in-patient mental health ward.

Likewise, the more positive meaning of *bricolage* (or *do it yourself*) can become lost in translation from French to English and is replaced by more derogatory connotations. It is somewhat ironic then that the bricoleur astutely believes that the object of inquiry cannot be separated from its context, the language used to describe it, its historical situatedness and the social and cultural interpretations of its meanings as an entity in the world (Kincheloe, 2001; Morawski, 1997).

In adopting this approach the bricoleur acknowledges the non-reducible plurality of such concepts (Bernstein, 1983). The bricoleur utilise their consciousness in the way the social location of their own personal history shapes the production and interpretation of knowledge. Thus, researchers, educationalists and practitioners alike who employ multiple processes to elicit and challenge the assumptions that they hold, and critically construct new meanings about themselves and others, are likely to be fully aware of the fundamentally dynamic nature of these meanings.

Poles apart

Greenwood (1984) called for nursing theory to be tried, tested and substantiated in the messy, idiosyncratic real world of clinical practice. This real world can often be characterised by unhelpful organisational cultures, pervasive professional autonomies, inert-interdisciplinary relationships and the countervailing processes driven by the weight given to different forms of evidence, whether this be scientific, clinical or experiential (Light, 2001; Gobbi, 2005). Such complexities are also played out in the existing dichotomies of various competing polarities such as the qualitative versus quantitative methodological debate (Reichardt and Rallis, 1994), the art and science of nursing practice (Gramling, 2004), and holism versus fragmentation (Kelly, 2004). The creation of a nursing bricolage can allow for effective mediation across these polarities.

Gobbi (2005) draws upon the work of Lévi-Strauss (1966) and his analogy of the artist and painting as a way of explaining the complexity of developing new knowledge. Lévi-Strauss described the artist who has technical mastery, producing an object created on canvas, which does not exist as such, yet though its study can lead the observer to discover a new possibility or understanding about what the object represents. In terms of knowledge production and its use, there is an almost constant need to re-evaluate the relationship between knowledge and knowing. It is like the painter who stands back between brush strokes, looks at the canvas and only after contemplation decides what to do next. This is an approach that has been described as working and learning at the edges of 'not knowing' (Warne and McAndrew, 2008).

The place of 'not knowing' provides an opportunity for reflection, a re-examination of an ontological use of pre-constituted theories, and the possibility to consider an asymmetrical and post formal change to one's thinking. This can be difficult. As nurses we are educated and socialised in ways that reinforce a sense of ontological security. These processes are further reinforced by the rhetorical application of 'evidence based' claims informing practice.

Learning in the place between knowledge and knowing, the place of not knowing, can be a frightening, bewildering and an anxiety provoking experience (Warne and McAndrew, 2008). It requires the individual to set aside that which provides their ontological security. This is a conscious process, which paradoxically asks the individual to put themselves at risk of ontological insecurity. Ontological insecurity is thought to be an unconscious challenge to the maintenance of emotional homeostasis and sense of self (Laing, 1960), brought about when the individual experiences a loss of autonomy as a consequence of other hegemonic impositions. These challenges to the individual nurse's personal and professional equilibrium and sense of self can be illustrated in the acquisition and use of research skills to create and disseminate knowledge.

Parallel processes

Parallels can be made between qualitative researchers and the nurse in practice; both harnessing a reflexive approach using processes of self-examination and self analysis. An important aspect to

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