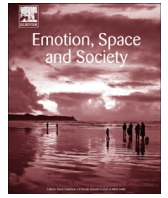




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# Replacing and representing patients: Professional feelings and plastic body replicas in nursing education



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## ABSTRACT

This article examines the intimate profession of nursing and the affective practices that bind bodies together into engagements that appear stable. However, once the bodies of patients are replaced with 'plastic replicas' for the purpose of clinical training within an educational setting, new affective relations emerge and underexplored aspects of professional engagements appear. Through theories of affectivity, I propose the notion of touchability as a theoretical device which focuses attention on the body and the sensory, affective and embodied vicissitudes that traverse it, while nonetheless attending to the difference between feeling patients and plastic. Sensuous ethnography is the method used for exploring these professional engagements. By engaging through bodily senses, I actively use bodies as tools of inquiry and sources of knowledge within nursing. I argue that the notion of touchability can illuminate how different bodies come to hold specific meanings and reveal distinct facets of a professional practice.

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## 1. Feeling bodies

As I enter the skills lab for the first time on an early Monday morning, I am met by both familiar and unfamiliar sights. I recognise hospital beds, duvets and pillows. These material things are not strange to me, remembering what it was like to be a patient myself and recollecting the experience of lying in a bed similar to the ones found here. As I make my way further into the laboratory, I notice things that I am less acquainted with: a stethoscope on a table, and a blood pressure monitor next to it. I have seen these things before. They have even been attached to my own body in doctor's offices and hospitals, but I would not know how to use them – how to attach them correctly to other peoples' bodies. But the most striking sight is the motionless plastic body revealed as I lift up the duvet in one of the beds. What am I supposed to do with this?

(Field notes, April 2011)

This article utilises sensuous ethnography to focus on the acquisition of tacit, and in this case both sensory and affective, knowledge of patients' bodily states by nurses, and the impact of substituting plastic bodies for "real" bodies in the clinical training of nursing students. Affect studies enable an analysis of the intuitive

dynamisms beneath, alongside or other than rational and conscious knowing, and opens itself up towards embodied experiences of intensity that, even so, drives us towards actions and movement. In the skills lab of a Danish nursing school, professional practices are both embodied and transformed through social, material and affective engagements, and the act of feeling does not only seem to be present in the professional lives of students and nurses, but also appears to drive many of the relational professional practices that bind patients and nurses together. These are not novel insights, for example work carried out by [Rice \(2013\)](#) provides an interesting account of learning to hear in hospitals with the use of stethoscopes and other sound technologies. Other nursing scholars have written about the ways in which professional nursing practice is characterised by closely involved bodies, and how nurses need to learn how to have a particular kind of sensing body and *feel for the patient* to become skilled practitioners. Nevertheless, detailed accounts of learning to touch are rare ([Arnold and Underman, 1999](#); [Tutton, 1998](#); [Vortherms, 1991](#); [Sandelowski, 2002](#)). Feeling within nursing is rooted in the pathological anatomy, and nurses are indeed very skilled at using their senses. Much like the eye, the hand sees pathologies by feeling the patient's body in various normal and abnormal states. Thus, learning to feel refers to particular ways of touching and understanding the body, and entails the process through which nurses learn aspects of working professionally with bodies ([Chang, 2001](#)).

In a historical perspective, the use of simulation in nursing training is not a novel concept. Making use of simulation has a long

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history in both Danish, European and North American nursing programmes, and the use of these methods in especially the 20th century is well documented (Dieckmann, 2009). However, neoliberal changes and new public management restructuring with regard to the ways in which health care is provided in Denmark with the explicit goal of increasing specialisation and outpatient treatment have effectively turned many Danish hospitals into highly specialised units of care where opportunities for nursing students to practise and learn basic care skills during their clinical placements have become increasingly difficult to come by (Aili and Nielsson, 2007; Berg Jansson, 2010; Hasselbladh et al., 2008; Selberg, 2013). In the light of this development, representing and replacing patient bodies by way of technological plastic body replicas has become progressively central to the continued teaching of clinical skills in Danish nursing schools (Dieckmann, 2009). These plastic replicas are complex machines designed to represent and replace the human body in a variety of clinical scenarios reflecting the diseased body, life, illness, normalcy and safety; and scholars have already begun thinking about the way in which changes in the health care environment shape and transform nursing practice in particular ways. Geographers have taken an interest in the dynamics between space/place and health care education and work (Andrews et al., 2014; Liaschenko et al., 2011), and nursing scholars have explored how virtual spaces create new environments of care in which “[...] nurses and patients no longer meet in proximal space” (Sandelowski, 2002: 64). Although the polyvalence of relational and professional meaning emerging from these passive but captivating pieces of plastic remains underexplored, representing and replacing bodies within the contemporary Western educational fields of health care has also recently begun to gain the attention and interest of numerous social science scholars working mostly within the field of medicine. This attention includes explorations within North American medical education of simulated suffering as a reconciliation between the moral and the aesthetic commitments of simulations, similar in character to the fundamentally ethical questions that have always been involved in learning how to care for other people (Taylor, 2011). Others have investigated the embodiment of professional ways of perceiving, acting and being amongst surgeons in training that is increasingly dominated by technologies (Prentice, 2012). Johnson (2004) draws comparisons between the integration of gynaecological simulators into a medical educational setting in the United States and in Sweden, in order to show how both bodies and practices are reconstituted, effectively creating different bodies and different practices during the simulation. Finally, drawing on contemporary feminist, queer and posthuman theory, issues of sexuality, race and national belonging are linked to the reproductive technology of a birthing machine, through an analysis of a birth-giving simulator (Sundén, 2010). These scholars have created a growing body of work, which in different ways illuminates the place and role of simulation technologies within a social, cultural, economic and political context. However, with its overall focus on the field of medicine, and surgery in particular, this growing field of research has so far largely overlooked the professional field of nursing as it explores how different professional practices shape and are shaped by simulation technologies. In this article, however, a specific focus on the plastic body replicas found within the nursing skills lab will be approached as a node of entanglement between the sensory, affective and embodied aspects of nursing, which will elucidate a plethora of professional nursing practices in new ways.

## 2. Affective teaching

As studies on the representation and replacement of bodies in educational settings related to health care have developed, so too

have the overall possibilities for theoretically understanding bodies. Within the profession of nursing, feeling is a central mode of professional orientation, and entails both an affective and embodied theoretical attention. The group of scholarly thinkers who are interested in what has come to be known as affect studies are attentive to this particular category of affect, which has otherwise often been set apart as unrepresentable, or even unacademic, within a scholarly context. When turning to affect studies, they seek to refuse the recent priority of linguistics and instead direct theoretical attention to bodies and the affective intensities or charges that traverse them (Ahmed, 2004; Berlant, 2000; Brennan, 2004; Clough and Halley, 2007; Sedgwick, 2003; Stewart, 2007). Affect is viewed not as interior, subjective or personal, the way in which we commonly tend to think about emotion and feeling, but is instead understood as something which is transmissible and that can circulate in, among and through bodies. Since affect does not stop at the fixed boundary of the skin, these specific theoretical formulations also require a certain understanding of the body as porous or permeable. Furthermore, affect theory pays particular consideration to the configurations of bodies and technologies, illustrating the ability to both affect and be affected by our surroundings, social as well as material. Massumi (2002) addresses this ability by linking a cultural logic of variation to explorations of the body and technological media such as television, film and the internet, as he substitutes established dichotomies between literal and figural with new distinctions between stasis and motion, actual and virtual. Affect studies thus provides a particular method of interpretation that challenges logical binarisms when rethinking bodies and affects in the contexts of technology, focussing instead on qualitative differences. Affect, then, becomes largely a trans-personal capacity in the way that it both draws in many bodies at once and resides both within and between them (Pile, 2009).

Simulation training is a demanding embodied practice in which nursing students are expected to use their bodies to corporally express professional identities. However, drawing on affect studies this article will show how the skills lab also transforms or reshapes professional identities and practices. This allows for a rethinking of the established understanding of simulation-based training as an imitation of reality, and instead approaches it as a pedagogical medium exhibiting remarkable powers of reordering the professional norms, values and meaning of nursing in very particular ways.

## 3. Ethnographic encounters with bodies

Informed by ethnographic fieldwork, which extended across the spring and autumn semesters of 2011, this study relies on identifying professional engagements, daily rhythms, practices, routines and customs across the social, bodily and material relations, which compose the multiple environments of nursing training. Over the course of two semesters, I followed a group of first-year undergraduate students during classroom lectures, clinical placements in the hospital and simulation-based training in the skills lab. I also joined a study group with three young female students in addition to shadowing two first-year students during their clinical placement: one at the Urology Department at a large urban teaching hospital, and the other at a Department for Internal Medicine at a smaller teaching hospital north of Copenhagen. The participants were chosen at random – the only requirements being that they were interested in taking part, and that they had time in their schedule.

In *After Method: Mess in Social Science Research*, Law (2004) argues that the body is often an ‘absent presence’ when conducting fieldwork, but despite entering the field with this knowledge, it was nonetheless surprisingly difficult to describe the distinctive quality

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