



**INCREASING THE NURSING KNOWLEDGE CANVAS: EXAMINING ARTS-BASED RESEARCH AND TEACHING METHODS**

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**Abstract:**

The increasing use of arts-based research methodologies in nursing scholarship is examined in this work. It makes the case that these strategies add something worthwhile above and beyond conventional techniques by giving: Deeper and richer understandings: By integrating feelings and firsthand knowledge with factual data, art can help people grasp phenomena in a more comprehensive way. New channels of communication: Sharing research findings via creative forms can improve the retention of information and open up new channels of communication with audiences. Pedagogical instruments for fostering empathy and inquiry: In nursing education, arts-based approaches can be used to promote emotional intelligence, critical thinking, and a deeper comprehension of patient experiences. The overuse of Carper's (1978) paradigm to explain aesthetic knowing in nursing is criticized in this research. It offers an expanded viewpoint grounded on Dewey's aesthetics, emphasizing "knowing through" by actively participating in artistic creation and "knowing about" via the appreciation of art. The authors stress that more research is necessary to determine the exact processes via which arts-based techniques advance nursing knowledge. They demand continued discussion in order to create a solid theoretical framework for this nascent topic.

**Keywords:** nursing education, empathy, communication in nursing, arts-based research, nursing knowledge, and aesthetic knowledge.

**Introduction:**

Arts-based research methodologies have been increasingly prevalent in the health sciences in recent years (Archibald, Caine, & Scott, 2014; Boydell, Gladstone, Volpe, Allemang, & Stasiulis, 2012). However, research on the applications of arts-based approaches in healthcare is still in its early stages (Cox et al., 2010). There are many different ways that arts-based strategies are used. For example, visual arts are used in nursing education (see Frei, Alvarez, & Alexander, 2010); theater is used to communicate qualitative research findings (see Sandelowski, Trimble, Woodard, & Barroso, 2006); and drawing or performance is used in data collection (see Carter & Ford, 2013; Sommerfeldt, 2014). These many uses imply that the benefits, potentials, and broad applicability of the arts in nursing are becoming more widely acknowledged. This is not surprising given the long-standing relationship between the nursing profession and the arts, most demonstrated by phrases like "the art and science of nursing" that may be found in nursing definitions (e.g., Blondeau, 2002; Johnson, 1991, 1994). A relatively small amount of research has examined how arts-based practices add to nursing knowledge; most of the work in this area has historically concentrated on the artistic practice of nursing. More and more nursing academics are considering arts-based strategies. strategies to use research to acquire new and deeper understandings,

disseminate research findings in innovative and engaging ways, as well as serve as instructional resources for fostering empathy and sparking curiosity. Nursing researchers are, however, less well-prepared to comprehend and use the arts to advance nursing research and instructional practices, despite having received training and resources in general research technique through graduate study. Theorizing of arts-based health research methodologies is frequently lacking, which makes it more likely that the foundational contributions of the arts would be disregarded (Boydell et al., 2016). It is therefore vital to investigate the ways in which arts-based tactics might advance nursing knowledge in order to offer guidance to the growing number of academics who are interested in utilizing arts-based approaches. We hope that our research will add much-needed theory to a developing subject that is being overshadowed by application. We start our investigation by giving a quick historical synopsis of the the literature and culture that have supported the growing application of arts-based nursing techniques.

Next, we organize our investigation around the queries "what can art do" and "by which mechanisms." Thus, we propose that the two main ways that arts-based approaches might advance nursing knowledge are through understanding (e.g., phenomena, participants, self, environment) through In nursing study and practice, art-making is a means of knowing through (as it relates to embodiment in art and knowing of art). We use a broad definition of art in our investigation, both in terms of form and application. According to Boydell et al. (2012), art-based strategies are defined as any usage of an art form—literary, visual, performance, etc.—as a process—like actively creating art—or as a result—like seeing a completed piece of art, possibly as a product of arts-based dissemination. Since there are countless variants within each artistic form, we have chosen to ignore the precise intersections of different art forms (such as painting) and knowledge in an effort to eliminate needless complexity and redundancy. We extend the idea of pragmatic aesthetics proposed by Archibald (2012), which is grounded on Shusterman's (2006) claim that "aesthetics is a mode of sensory perception of experience relevant to life in general" (237). This is required to make it possible to apply aesthetic knowledge outside of the fine arts to the practical arts, like nursing (Archibald, 2012).

### **The Evolving Landscape of Nursing Knowledge:**

Much of what was valued and pursued in nursing throughout the mid-20th century was guided by the professionalization agenda of the profession and the positivist hegemony that controlled science (Leavy, 2009; Risjord, 2010). Under the prevalence of positivism and a paradigm of science from the mid-1900s that emphasized unbiased and objective knowledge as the knowledge of real science, nursing sought legitimacy as a science (Wray, 2011). As a result, the philosophy of science that was in vogue at the time had a significant impact on nursing as, according to Bjornsdottir (2000), p. 162, "nursing looked to more traditional medical and natural sciences to develop knowledge for nursing practice" (Thorne, Stephens, & Truant, 2016).

Nursing had adopted a science philosophy by the 1970s, which held that scientific theory was value-free and that science was organized according to a structure more like that of the natural sciences (Risjord, 2010). The ensuing recognition of nursing as a fundamental science brought together divergent viewpoints on the profession put forth by practice theorists (among others). By the late 1970s, the view of nursing as a fundamental science had become established; traces of this idea can still be found in publications from the present day, especially in the uncritical reprints of important works from this period (Archibald, 2012, for instance).

Barbara Carper, a nurse scholar, demonstrated the impact of viewing nursing as a basic science and how it affects methods of knowing in her key 1978 article, "Fundamental Patterns of Knowing in Nursing," which reflects social and political impacts on discipline-specific epistemology. Carper (1978) distinguished between four patterns or ways of knowing in this work: aesthetics (the art of nursing), ethics (the moral component), personal (knowledge of self), and empirics (the science of nursing). Empiricism was seen as unduly limited and inadequate to explain the study and practice of nursing, which led to Carper's (1978) widely cited difference between artistic and empirical modes of knowing (Risjord,

2010). Carper's (1978) distinction extended the gap between art and science by highlighting the widely held notion that scientific knowledge should be value-free, even while moving away from positivist epistemology allowed for the valuation of different modes of knowing. Since then, a number of academics have referred to Carper's (1978) definition of aesthetic knowing, frequently without question, and this conceptualization forms the basis for a large portion of the understanding of aesthetics and aesthetic knowledge in nursing (Archibald, 2012). As has been said before, a problematic conflation made by Carper (1978) in this work is that artistic knowledge and its practical application are the same thing, and that this is what makes nursing art (Archibald, 2012). Carper (1978) proposed an aesthetic knowledge that is primarily embodied, meaning it is a knowing that arises from doing and being. This assumes that nursing is a type of praxis, which is an Aristotelian idea that includes "skillful practice, excellence in conduct, and moral accountability" (Katims, 1993, 269). (Johnson & Ratner, 1997). Because of this, a large portion of the nursing literature that has pursued this line of investigation focuses on aesthetic knowledge in relation to nursing practice. Simultaneously, a limited perspective on aesthetics has obscured contemporary scholarly discourse on aesthetic knowledge and the art of nursing.

The focus on aesthetics in nursing practice has increased because incidents happened at the price of developing alternate theories about how nursing knowledge and the arts might intersect. A culture of evidence-based practice emerged in opposition to positivism, which was attacked for emphasizing objectivity and value-free knowledge, and has been critiqued for having limited ideas about what constitutes knowledge (Denzin, 2009). There is a rising recognition of the limitations of specific research methodologies, and academics are turning more and more to the arts to enhance their knowledge and methods. The need for this

kind of research is highlighted by the recent rise in the application of arts-based strategies and the emerging theory of the benefits of the arts. Here, we aim to address this increasing interest and enhance existing research by concentrating on the ways in which art generates information that may then be used to nursing practice.

In order to give practitioners, educators, and scholars interested in the application of the arts guidance and theoretical support, we concentrate on two popular approaches to interacting with art. In order to investigate the arts' unique epistemological contributions to nursing knowledge, we build on Archibald's (2012) earlier work and pragmatic conceptions of aesthetics. This is done on the theory that investigating these contributions can help academics and practicing nurses who are looking for alternative interpretations and perspectives of phenomena related to nursing.

### **Integrating Arts-Based Education in Nursing**

According to Rand (1971), art is a natural and antiquated method of understanding the universe and our place in it. We do not learn by understanding discrete elements seen separately; rather, we learn via processes of connections and abstractions, via concepts (Rand, 1971). We connect to previously acquired knowledge and give our cultural artifacts significance through these conceptual processes (Abrahamson, 1998; Duncum, 2001). By examining which of these interpretations are universal and which are unique to each person, one can learn about an artifact both directly and through the capacity of consensus or shared experience.

The goal of an individual's conceptual dominance of cognitive faculty is to comprehend the whole, as opposed to a fragmented perspective of its component pieces. This viewpoint aligns with the concept of aesthetic knowledge provided by Carper (1978) as "the dynamic integration and apprehension of the whole" (18), which Archibald (2012) previously explored as the holism of aesthetics knowing. As used here, holism means that humans are not limited to digesting discrete details; rather, it refers to our ability to understand the meaning of an item or encounter through "acute and active perception" (Archibald, 2012, p. 186). Therefore, developing acute and active perception abilities is essential to achieving comprehensive comprehension.

The concept of holism and what Dewey (1934/1995) called an aesthetic experience are closely related. According to this viewpoint, the true work of art is not found in the physical artwork itself, but rather in the experience that it creates (Leddy, 2016). Instead than preserving an artwork without considering the circumstances surrounding its creation, this relational emphasis necessitates paying attention to the context that gave origin to the artwork, which in turn necessitates appreciating the experience of art. Furthermore, immersion in daily activities—such as appreciating a river's flow, becoming engrossed in the sounds of the city, or witnessing a trained nurse perform an artistic act—is where aesthetic experience starts rather than involvement with the arts. By placing the beautiful into the context of daily life, art is

transformed from its privileged form—which is typically restricted to formal exhibitions and museums—to one that is available to the public on a daily basis.

Nursing academics have paid close attention to the idea of aesthetic experience, which frequently forms the basis for ideas such as "nursing as the lived aesthetic experience" (Katims, 1993, p. 269) and the "aesthetic experience of nursing" (Austgard, 2006). However, the scope of application and contribution of the arts in nursing education and scholarship is not reflected in these praxis-oriented investigations. Nursing academics and educators have the chance to use art in study and instruction to create beautiful experiences and help people learn, which, as Dewey contends, must be considered in light of living realities. Thought and emotion come together and meaning is developed through reflective action, which is the reconciliatory reaction to emotions evoked by aesthetic experience (Leddy, 2016).

### **Arts-Based Methods for Enhancing Nursing Practice**

Across disciplines, there has been much discussion and attention given to the inadequacies of traditional research methodologies (Barone & Eisner, 2012; Hamama & Ronen, 2009). The over-reliance on specific research methods, such as interviewing, has been a point of contention in this discussion (Thorne, 2008). According to Boydell et al. (2012), arts-based approaches to data collecting have the potential to complement non-arts-based approaches by illuminating human components of health and illness in ways that are not conceivable. Additionally, these methods might make it easier to comprehend participant groups for whose more conventional methods of gathering data—like focus groups or individual interviews—would not be suitable.

Certain population groups, including children (Drew, Duncan, & Sawyer, 2010), those suffering from mental health issues and trauma (Bensimon, Amir, & Wolf, 2012), and the chronically ill (Luthy et al., 2013), may find particular benefit from the application of arts-based data-collection strategies. Within pediatric research, artistic approaches are frequently considered developmentally appropriate (Rollins, 2005); entertaining or engaging for research participants (Hamama & Ronen, 2009); or a means of expressing concepts that are challenging to articulate, like pain experiences (Kortesluoma, Punamaki, & Nikkonen, 2008). In the past, children were almost completely ignored in the field of health research; instead of accepting their self-reports as reliable, indirect representations of the child's situation or experience were used (Hamama & Ronen, 2009). But the focus of this discussion has switched from the validity of child reports to the suitability and efficiency of the means of obtaining them (Carter & Ford, 2013). Data collection techniques rooted in the arts may be able to adequately address all sides of this dispute.

On the other hand, while drawing is a frequently employed arts-based data collection strategy that supports children's development and is frequently utilized for psychological research (Archibald, Scott, & Hartling, 2014), drawing with adults is frequently diagrammatic and suggests what a person finds significant (Luthy et al., 2013). To fully utilize the arts' potential in



learning about participants and their experiences, it is imperative to comprehend how particular arts-based approaches correspond with participant characteristics and the typical nature of engagement between different population groups and the arts (Archibald et al., 2014b). Using arts-based practices in nursing practice can help nurses learn in many ways about patients, as well as about presumptions and methods of practicing individually. We propose that both imply mobilizing a language of inquiry over a language of certainty, even though the means to knowing about these things may differ (Yanow, 2009). Yanow (2009) states that the language of inquiry is extremely consistent with reflexivity since it is characterized by "interrogation of oneself, one's assumptions, attributions of motives and ways of thinking and doing" (p. 581). Critical inquiry can be fostered by using arts-based methodologies as a jumping off point to critically evaluate the presumptions and motivations underpinning one's activity. Analyzing the presumptions and motivations behind the methods nurses employ to "get to know" their patients is equally important.

As an example of a reflexivity method, think about how practicing nurses might view art. A skilled facilitator can help practitioners analyze their feelings in relation to a piece of art and express ideas related to their understanding of it. A critical analysis of nurses' views, presumptions, and deeply held beliefs that shape nursing practice may be revealed if dialogue is expertly managed. (For an example of utilization in nursing education, see Frei et al., 2010). Such applications of arts-based methodologies can further support nursing praxis if they are employed to enable skillful practice (Johnson & Ratner, 1997).

### **Fostering Dialogue, Empathy, and Critical Thinking**

We use a variety of representational techniques to help us make sense of and express our experiences in the environment. As with the iterative nature of good qualitative research (Thorne, 2008), the representational forms we use further shape our understanding of the world. Given that humans possess many forms of representation in addition to their conceptually inclined cognitive ability (Rand, 1971), it stands to reason that employing multiple techniques would enable multiple modes of knowing, given that form shapes the process of knowledge formation (Barone & Eisner, 2012). Because of their close association, investigating the effectiveness and mechanisms of arts-based initiatives in, say, nursing education, contributes to the body of knowledge already available on nursing practice.

It is commonly acknowledged that one goal of art is to raise pertinent concerns and foster environments for dialogue, even though the "ends" of art have been disputed, challenged, and altered with the contexts in which they exist (Barone & Eisner, 2012; Bochner & Ellis, 2003). Examining the role that art plays in the human experience is the main goal here (Leddy, 2016). The social production and co-creation of knowledge are facilitated by fostering a dialogical environment and providing room for different points of view (Leavy, 2009). In fact, some of the most potent artistic mechanisms that can be used to facilitate knowing through art may be those

that enable specific arts-based strategies to name and reposition social issues, as well as to "re-direct conversations around phenomenon" (Barone & Eisner, 2012, p. 20). These strategies have the ability to encourage questioning and foster uncertainty. This is an area of nursing education and research that is noticeably underused.

Men suffering from posttraumatic stress disorder can use music to access traumatic memories as an example of learning through art, according to Bensimon et al. (2012). While impromptu discussing their experiences, participants were encouraged to try out various musical instruments. Despite the study's primarily therapeutic goal, the results show how powerfully the arts may help people transcend verbal and socially constructed reactions to more accurately grasp and depict their experiences. When we first arrived, I told the group my story, but I did so in an automatic and technical way without really feeling anything. However, when the group performed, it was completely different, and I felt as though they could truly empathize with me because they were a part of my experience by making my sounds (Bensimon et al., 2012, p. 225). This from one participant.

Developing sympathetic understanding, or "vicarious re-experience," is one of the key mechanisms via which arts-based interventions might achieve the aforementioned "tasks" of re-directing conversations and encouraging questioning (Eisner, 1997; Frei et al., 2010). (Barone & Eisner, 2012, p. 20). Barone and Eisner (2012) define vicarious re-experience as the skillful application of expressive media to deliberately construct and depict a reality in a way that evokes aesthetic utility. Therefore, aesthetic usefulness plays a crucial role in both our understanding of and assessment of arts-based solutions (Leavy, 2009). The idea of empathic understanding prompts more inquiries about the function of emotions in arts-based learning methodologies. Emotional reactions can be elicited by arts-based strategies that have aesthetic value; however, the specific emotions that are elicited and how the viewer or participant categorizes their reactions through emotional abstraction depend greatly on their interactions with the outside world (Dewey, 1934/1995; Rand, 1971). However, in line with propositional knowledge, there are elements of agreement that result from emotional abstraction (take into consideration general categorization schemes for movies like "horror," which nevertheless allow for individual viewer knowledge of the picture). Therefore, using emotional abstraction to categorize art-related experiences is a potent method of knowing that is developed through artistically useful arts-based procedures.

It could be helpful to use stories as an expressive medium for knowledge dissemination and communication to illustrate the aforementioned concept. A story that evokes strong feelings, conjures up images, and establishes a close emotional connection with the audience is considered vivid (Baesler & Burgoon, 1994). By building links to our own experiences (Abrahamson, 1998) and realigning these with our everyday experiences (Dewey, 1934/1995), it allows us to live through the lives of others (Cox, 2001).



**Conclusion:**

In order to investigate the arts' contribution to nursing knowledge, we link ourselves with Dewey's aesthetics throughout this study. By doing this, we expand on Archibald's (2012) earlier analysis of Carper's (1978) modes of knowing, in which a holistic approach to aesthetic knowing was advanced in order to better conform to Dewey's aesthetics, which served as the foundation for Carper's initial argument. In this article, we expand on this investigation by highlighting the ways in which art may be used to learn about and think about the contribution of the arts to nursing research and pedagogy. We also address the potentials and processes that come with utilizing arts-based tactics. This investigation adds something unique to the body of work on many ways of knowing in nursing that has mostly focused on the creative practice, or praxis, of nursing and has been dominated by variations and adaptations of Carper's (1978) ways of knowing. Exploring the intersections between nursing knowledge and the arts provides a dialogical basis, creating an open space for future dialogue, as the arts are used more and more in practice, research, and educational settings in ever-evolving ways.

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