Using Poetry in a Critically Reflexive Action Research Co-Inquiry with Nurses

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Abstract

There are few reports of healthcare action research using collaborative or co-operative inquiry (co-inquiry) while research featuring poetry is also rare. This paper presents a cycle from a critically reflexive action research co-inquiry that explored the tensions and possibilities of nurses' reflecting during care-giving where poems emerged as data. These poems were inspired by reflections, observations, co-inquirers' stories and interviews. They formed part of a first, second and third person co-inquiry. Applying Bourdieu's concepts of doxa, habitus and field to the poems revealed cultural aspects of nursing practice. The poems resonated with nurses' experiences producing deeper conversations and powerful reflexive co-inquiries about practice. The poems evoked suppressed emotions and empathy. I argue poems derived from practice are embodied knowledge and thus have a legitimate place in healthcare action research. Practice-based poems could be valuable for other practice-orientated professions in producing practice learning and change.

Introduction

In traditional healthcare research systematic reviews, meta-analysis and multi-centred randomised control trials are highly valued via the taxonomy of evidence. Qualitative studies sometimes appear at the bottom of the hierarchy while action research does not feature at all. Bourdieu (1993, 1990) argued hidden power was responsible for keeping such a dominant discourse static. Ideas lying outside this discourse tend to be marginalised or dismissed. For example, most healthcare journals expect scholarly papers to contribute to the 'body of knowledge' through positivist, objective, rigorous evidence as found in the taxonomy which is further promoted through the notion of 'research impact'. Consequently multi-centred research, a traditional medical approach, is commissioned resulting in, intentionally or not, reduced possibilities for innovative and creative ways of researching complex phenomena.

Using poetry in research challenges this positivist standpoint because poems are creative and contest established formats or traditional ways of writing and knowing. Poems arise from all the body's senses, contain metaphor and imagery and are thus contextual embodied knowing (Yorke citing Rich, 1997). Embodied knowing is different from cognitive knowing because it is subjective, emotional, visceral, intuitive or tacit in nature (Wright & Brajham, 2011; Heen, 2005). Using poems in research challenges dominantly held views of objectivity and validity. Consequently the use of poems in research is a marginalised discourse (Richardson, 1997).

Questioning the claim that social science research was replicable and objective, Bourdieu suggested it was a cultural production; more like a novel (Bourdieu & Wacquant, 1992).

Similarly, Usher (1997, p.27) argued that 'we think of story-telling as 'unserious' because it is 'based in fiction' as opposed to academic research which 'claims to seek truth'. Arguably, this polarisation is unhelpful; sound research often contains a strong narrative and examining a phenomenon both constructs and yields fresh understandings especially in qualitative and action research contexts. Therefore narrative analysis is well-established in social science research (Gabriel, 2008; Clandinin & Connelly, 1994). If research is seen as a story, with the researcher'/s values and interests intertwined and inevitably influencing it, it is not a large jump to see poetry as a legitimate way of presenting new knowledge and practice experiences.

Nevertheless, Bourdieu's (1993,1990) Logic of Practice described a complex theory of cultural production which explains the difficulty of challenging dominant discourses and established practice norms because these norms are so entrenched they are taken for granted, invisible and unquestioned; a process he called 'doxa'. Bourdieu (1993, 1990) believed practice was imprecise, woolly or fuzzy and academics tended to collapse and reduce its 'practical logic' by creating 'theoretical logic' which failed to represent the reality of the practical experience. In theoretical logic, the context and time element of practice are lost and thus the messiness and complexity of practice are edited out. Experimental research and even reports of action research can portray practice as objective and linear when frequently it is not; for Bourdieu (1990) this was a doxa. Hence he argued all research was subjective requiring the researcher to be reflexive at every stage, a concept widely embraced by action research methodologies (Reason & Bradbury, 2006; Weil, 1998).

In Bourdieu's (1993, 1990) theory a discipline is described as a 'field of practice' that is, a social formation with its own logic and governing rules or laws. These laws are internalised or embodied consciously and unconsciously by those in the field (i.e. the practitioner), which he called 'habitus'. The field is the social space where interactions, transactions and events occur; it is socially and historically constructed, is inter-dependant with other fields and has a wider field of social power which keeps it static. Bourdieu (1990) argued that habitus and field are inseparable and are inextricably linked to power. Both the field of power and the field of practice have 'capital' which give the practice its legitimacy, reputation and authority in the social world. Examples of capital include cultural, social, economic, political, legitimate and symbolic. For example, medicine has more capital than nursing arguably therefore medicine is in a position to dominate what is valued in healthcare research. Nursing is inter-dependant with medicine in many contexts hence its adoption of medicine's hierarchy of evidence as a way of achieving legitimacy as a profession.

Action research is an umbrella term with positivist approaches at one end of the continuum and co-inquiry (collaborative or cooperative inquiry) that values multiple ways of knowledge generation at the other (Reason, & Bradbury, 2006; Torbert, 2001). In Co-inquiry practical knowing is valued and made explicit. In this approach action and critical reflexivity are combined in a transparent, democratic and rigorous process that encourages human flourishing to produce individual or social change (Marshall, 2011; Reason, & Bradbury, 2006; Bray, Lee, Smith, & Yorks, 2000; Heron, 1996). Collaborative inquiry 'demystifies research and treats it as a form of learning that should be accessible by everyone interested in gaining a better understanding of his or her world' (Bray, Lee, Smith, & Yorks, 2000 p.3). In this sense effective

co-inquiry has always considered the impact of research on others and is linked to practice

development, change and partnership working.

It was Heron (1996) who coined the term co-operative inquiry (co-inquiry), as an alternative

paradigm to traditional scientific and social research which he believed alienated participants

from the thinking and decision-making that generate, design, manage and draw conclusions from

research. In contrast, co-inquiry research is an experiential and facilitative process; involving

equal relationships where the researcher is both co-researcher and co-subject, and the research is

'with' and 'by' co-inquirers rather than 'on' participants. Heron (1996) suggested 'cycles of

reflection and action' where knowledge creation emerged and was refined overtime in a

collective social process. The assumption is that co-inquirers as 'inquiring agents' (first-person

inquiry) involved in mutual and collaborative working (second-person inquiry) can change their

practice and organisation for the better (wider dissemination or third-person inquiry) by working

on real practice questions or issues (Heron, 1996, p.3). This creates new practical knowing

through joint sense-making (reflection) which is taken back into practice (action) generating

further cycles of reflection, action and practical knowledge thus deepening the sense-making.

However, much of the co-inquiry literature assumes that improvements in professional practice,

organisational outcomes or social democracy and justice will occur (Bray, Lee, Smith, & Yorks,

2000; Heron, 1996). Weil (1998) argued this was too simplistic and placed too much faith in an

individual to encourage practice change. Organisations are systems where power dynamics

create enabling and disabling systemic structures, relationships, practices and patterns. These

dynamics are complex, conscious or unconscious patterns which develop over time and usually remain unseen or are denied thus making change unsustainable. This is a similar argument to Bourdieu's doxa, field and habitus where norms are absorbed as habitus. Hence it can be challenging for individual practitioners to influence and transform their practice and organisations alone; especially in healthcare, where change is difficult to influence and sustain. As an example of this, the Francis report (2013) showed individual, cultural and systemic failures can have a devastating and cumulative effect on patient care.

In Weil's (1998) critically reflexive action research emphasis is placed on addressing power through systemic inquiry. She suggested co-inquirers from all levels in an organisation should come together in communicative open spaces to voice tacit practice wisdom, to critically reflect upon and challenge working patterns and processes collectively, in order to generate key questions for systemic inquiry. It is through this questioning, dialogue and reflexive action that assumptions about power and practice are made explicit as ways of transforming practice. This emancipatory process and transformative learning benefits the co-inquirers and their organisations leading to more sustainable change (Weil, 1998). Furthermore, the use of language and how this creates realities and holds power should be questioned as part of any action research inquiry (Reason and Bradbury, 2006; Weil, 1998).

Nevertheless the wide methodological variance in action research especially in healthcare can cause problems for researchers wishing to use co-inquiry methodologies. It may partially explain that while action research is a popular methodology there are few published healthcare co-

inquiry studies considering three levels of inquiry. Action research can suffer from the dominant discourse of positivism producing limited creative and collaborative approaches. Similarly McVicar, Munn-Giddings, &Abu-Helil, (2012) found few studies with authorship by practitioners and service users. Thus not only is poetry a marginalised discourse there is little published evidence from studies using a co-inquiry design in healthcare.

Hence an innovative and creative multi-stranded critically reflexive action co-inquiry was designed with the core question: what are the possibilities and tensions for nurses reflecting during care-giving in a hospital ward (Hopkinson, 2010). During this inquiry co-inquirers found the language of first-person, second-person and third-person cumbersome and alienating. We therefore renamed them: personal, relational and organisational inquiry which will be used in the remainder of the paper.

The primary aim of this paper is to contribute to the co-inquiry evidence in healthcare by presenting one of the cycles from this research where poems were used to facilitate reflexive conversations and challenge practice assumptions. I began writing poems unexpectedly as part of my reflexive diary and sense-making. The poems were inspired by reflections, observations, co-inquirers' stories and interviews. Here I show from accidental beginnings how they became an important cycle of inquiry and how Bourdieu's (1990) concepts of doxa, habitus and field were used to explain and reveal new cultural and historical understandings of nursing practice thereby creating practical learning for co-inquirers.

The first section of the paper addresses the background of the inquiry with an overview of the co-inquiry design. The following section shows how the poems were used in an organisational co-inquiry with senior hospital nurses and a relational co-inquiry in the ward. Next I present my personal inquiry exploring the poetry literature in the social sciences and healthcare fields where I discovered the inspirational work of Richardson (2003, 1997, 1994). Finally, I conclude that poems derived from clinical practice, because they are contextual and open to multiple interpretations produce a powerful reflexive co-inquiry process capable of exhibiting and eliciting embodied knowledge at all levels of an action research inquiry. Where the text appears in italics these are direct quotes from either my field notes or recorded interview data.

A Multi-Stranded Critically Reflexive Co-inquiry

I have facilitated healthcare professionals' reflections on practice in classrooms and clinical settings for nearly 20 years. Over the years I noticed a change in many students' attitudes to reflective practice from really valuing it as part of their practice learning to seeing it as 'just an academic exercise' offering little to support their practice. In contrast I valued its radical underpinnings of praxis and critical reflection (Freire, 1970; Schon, 1983) for developing and challenging practice to produce practical knowledge and emancipatory change. I was troubled that fewer students signed up for my post qualifying Advanced Reflective Practitioner module which had always been very popular. Therefore I wanted to understand if reflection happened in practice and embarked on an action research PhD inquiry. The key question was: what are the possibilities and tensions for nurses reflecting during care-giving in a hospital ward (Hopkinson, 2010).

I designed the inquiry with three strands or components; the first strand, a relational co-inquiry (strand1), lasted eight months. Every month away from the ward, I met with a group of ten qualified healthcare professionals. They had completed the Advanced Reflective Practitioner module and had diverse backgrounds and levels of seniority. They were attracted to the research because they wanted to embed reflective practice in their clinical areas but this had proved challenging. Rolfe (1996) described this as the 'theory practice gap'. Together we generated a number of reflexive cycles of inquiry about reflecting in practice. Sharing my poems became one of the cycles that lasted across all of the strands of the research.

Every month we shared stories and questions about our practice which initially were recorded and transcribed. However, busy practitioners did not find this useful so we decided to create a poster using collage at the end of each meeting to summarise our practical learning, that is, our findings. We set ourselves actions or questions to observe and reflect upon during our practice in between meetings. These were our cycles of inquiry about reflecting during care-giving and were generated by different co-inquirers. For example, Amy suggested our first cycle: "*What are we busy doing in relation to reflecting?*" which guided our observations and reflections in practice for the next month before we met. Lois questioned whether dreaming was a form of reflection so we kept a dream diary for a month to see if we dreamt about work and what impact, if any, this had on our practice.

Attendance varied every month with on average six co-inquirers. At the end of the eight months I had a recorded reflexive conversation with each co-inquirer where we reviewed the poster, our individual learning, collective learning and practical knowledge generation. Some of our cycles had more resonance than others for the co-inquirers. For example: Alice described some of her learning and new knowledge as:

> *"Seeing Vulnerability as a Strength rather than a weakness and the need to empathise with patients. The need to focus on being alongside patients as well as doing interventions to them and the idea of being able to be more proactive; i.e. 'If you are concerned about something – what are you going to do about it?'*

While for me poetry was key learning in developing my own reflexive understanding. Finally, co-inquirers chose which stories and themes they considered were important for dissemination.

Jon, one of the co-inquirers suggested the second strand should run concurrently with the first strand which created a four month overlap. I gained NHS ethical approval for all strands. I had an honorary contract to work as a staff nurse and researcher in a hospital ward. I worked initially for a fortnight and subsequently, one day a week for eight months; the rest of the time I was a senior lecturer at the university. My aim was to deliver nursing care, notice and chart my own reflective processes as a personal inquiry. I hoped to engage ward nursing staff in a relational inquiry about the tensions and possibilities of reflecting and to influence reflecting during care giving. In reality this strand was mostly a personal inquiry. I shared observations with co-inquirers in strand 1, and had ad hoc conversations about reflection with ward staff and shared

the sense-making from strand 1. I meticulously kept field notes and a reflexive diary as data but did not record any conversations as ward staff did not want this.

The third strand or organisational inquiry was the final research stage where I interviewed key senior staff, such as risk managers and senior nurses about organisational structures and processes that might impinge on reflective practice in the ward. From one interview a relational co-inquiry group with senior nurses was created which was not envisaged at the start of the research. In this strand senior nurses inquired about their practice concerns. Knowledge gained from the first two strands was discussed and questioned during these meetings. The core inquiry question became: *"how do we decide what is individual learning or organisational learning?"* Low attendance at the monthly meetings was problematic with only three people engaging consistently over a four month period. However, I was invited to a meeting of senior staff to share my poetry at a single organisational inquiry event which was recorded and evaluated.

Some of my poems were written following stories or interviews with co-inquirers where a metaphor or image stayed with me until I processed it as a poem. Others were inspired by nursing experiences that I realise now had an emotional impact. Sometimes this happened two or three days after working on the ward. It did not occur to me to share these poems until prompted by my PhD peers and co-inquirers in strand 1. On reflection I can see my reluctance related to a prejudice against poetry. I saw poetry as an elite intellectual pursuit. I didn't read poems and I didn't understand them - poems were for 'clever' people. I hadn't written a poem since I left school and the process of deconstructing poems spoiled my experience of them, so when they

first appeared in my reflexive diary writing, I didn't value them. Co-inquirers encouraged me to see them as important data. The next section describes how I began using my own poems in co-inquiry.

Using Poems in Co-inquiry

In total twenty three poems were written during the inquiry. I began sharing the poems to start a dialogue on practice; at first in my PhD workshops and then in the co-inquiry meetings (strand 1). At this stage I knew they shed light on my interests and values such as, emotional labour or the personal cost of caring for others. I learnt because they were raw and 'written from the heart' they invited co-inquirers to connect emotionally. The tone of the conversation would change, perhaps because I exposed my vulnerability and reduced my power as researcher. Nurses who were reticent to talk and reflect on their practice found the poems resonated with their experiences and began sharing their own practice stories. For example, co-inquirers talked about wanting to give time to patients to talk and how when they did this was challenged by staff asking them to complete other *"more valued tasks"*. One co-inquirer spoke about receiving inappropriate sexual behaviour from a patient and how she had suppressed her anger and shame. I do not think this would have happened without the poems because the depth of the reflexive conversation changed.

Co-inquirers told me the poems were: *"challenging but a very safe way to focus on emotional aspects of work"*, they provided *"a safe distance"*. They found the *"diversity of perceptions on*

the same situation stimulating". The poems encouraged an analysis of the situation from a variety of perspectives making them question *"how their own behaviour might be perceived"*.

In the final strand of the inquiry, I shared some poems in a single organisational inquiry event. There were twelve senior people present including a member of the Executive team and a visitor from the Department of Health. They were asked to select a poem, work in pairs and consider the following questions: *"What strikes you from the poem?"* And *"What if anything does it trigger for you?"* This created an extensive inquiry about caring practices in their organisation. During which the senior nurses realised they had a tension between the fiscal and caring elements of their role. Sometimes the focus was on saving money rather than providing quality care. Surfacing this embodied knowing resulted in the senior nurses talking about how they could make stronger, more open relationships with their staff as a way of supporting them. Inquiry questions arose such as: *"How do we support people?"* and *"Do **we** ask for support when we need it?"* and *"how do we use language in our daily work?"*

Everyone experienced the poems as a positive yet challenging process. Senior nurses found it difficult to accept most of the poems were from observations of care in their organisation. They stated *"the poems helped them think about and question their practice"*; *"that they brought out good and bad practices to be talked about"*. The following poem (Hopkinson, 2013 p. 106-7) created a lengthy discussion about labelling patients as 'bed blockers' and was circulated throughout the organisation.

Ageism

Old lady 80 years or more

Alone and still with this open sore

She shifts about just a tiny bit

Tired skin rubs sheets that don't quite fit

The nurses' say she's not in pain

The student says look how she's lain

Who makes the time to sit and listen?

Or notice the beads of sweat that glisten

Look at the doctor, a tired man

Ask him what's the care plan?

Just a bed blocker left to die

Frustration makes the student cry

Old lady in the hard ward bed

Her life story now left unsaid

Her leg wound open to the air

Hospital staff, do you really care?

This poem has many layers. It was inspired by a co-inquirer's story in which she recalled an emotional experience as a student. When I deconstructed the poem I was shocked to notice I had assumed the doctor was a man - this is a prevalent social construct of medicine even though there are almost equal numbers of women doctors. This shows the tendency as Bourdieu would claim, for the field to remain static - it is a historic symbol that the doctor is a man and the nurse a woman - not a reality. Yet this symbolic capital exerts a cultural, social and historic power in the

hospital or 'field' which I had internalised as part of my habitus. As a feminist I hated this contradictory and stereotyping language and that a strongly held value of mine was overridden by language from the dominant discourse in the field. This brought home to me the power of the field in shaping our habitus and doxa; our invisible practices.

The language of 'bed blocker' is deliberately emotive and is used frequently by healthcare staff. It places the fiscal concerns above the welfare of the patient reducing the likelihood of person-centred care as it de-humanises the elderly lady. The poem shows the student and lady as having little power. The student tries to stay person-centred but the poem questions whether this will change over time. At the time of writing I was unconscious of this interpretation but later, reflecting in strand 1, realised the student was likely to embody the culture she was immersed in. Using Bourdieu's concepts, the term 'bed blocker' is an example of a doxa – its impact goes unnoticed by hospital staff; it holds power and is stereotyping. Of course, you as the reader could give a very different meaning to this poem and this is what makes for a powerful reflexive inquiry. Perhaps the greatest impact of sharing the poems was in the ward as the following poem and practice story shows.

Neck Cancer

I no longer freely talk

I no longer use a knife and fork

The hole in my neck has changed it all

I bury my head and feel quite small

The writing board is such a faff

I no longer feel like having a laugh

Was the surgery worth it, I ask myself?

What is this precious gift of health?

I wish I could take this in my stride

But, oh the effort and broken pride

If only I could look the same

I wouldn't want to hide in shame

The effort to hold my head up high

To protect my family with the awkward lie

Perhaps the nurse hears my silent sigh?

Helps me home where I want to die

I wrote this poem about Mary, a 54 year old woman with cancer of the thyroid after an exhausting evening shift. I imagined and tried to express what Mary could be feeling, but actually it was what I was feeling. Mary's daughter had just had a baby and through illness she was deprived of the joy of entering fully into this experience. She was several weeks post extensive facial-maxillary surgery and was depressed. The nurses saw her as a difficult patient to care for consequently the staff nurses usually allocated her to me or a student; I saw this as a doxa and an unaware habitus of the field- to pass on 'difficult patients' to junior or transitory staff.

My sadness was unusual and I wondered if I was experiencing the same feelings as Mary; perhaps a parallel process. Over a period of time I asked the nurses *"have you ever noticed feeling the same emotions as your patients?"* No-one ever answered this question. I was wondering if this was another doxa, part of the habitus of nursing, which might explain why it was so difficult to look after some patients on a regular basis. I tried again: *"how do you feel when you look after Mary?"* The staff nurses said Mary was *"difficult to look after"*. They *"felt frustrated because she wouldn't wash or make any effort for her husband"*. They did not consider her depression or relate this to her cancer and terminal illness. There was a body and mind split with no holistic view of Mary. If nurses could empathise with Mary, this could translate into more appropriate decisions and choices about her care needs. Why could I see this when I worked one day a week and the regular staff could not? I interpreted this lack of empathy through mind-body splitting as an aspect of the habitus and field in the ward.

A few days later, I hesitantly shared the poem just before the late shift handover to three staff nurses and a healthcare assistant. The following quote from my diary records the event:

> *I was nervous and told the staff they would probably think I was a bit 'crazy' for writing poetry. To my surprise, the quality of our conversation changed where some powerful reflections were shared which was unusual. The nurses told me they felt cross and angry with Mary. We talked about the ethical dilemma we faced about creating some boundaries such as a daily wash while respecting Mary's decision to refuse the nasogastric feed. Mary requires complex care and we need to negotiate the contradictions she expresses in her refusal to have certain care treatments. Tonight I*

think the nurses realised they wanted to get her home with support and the staff nurses noticed they had been avoiding looking after her because they saw her as difficult. They recognised a lack of empathy towards her and her situation. Nurses stated how sad and hopeless they felt and that they wanted the best for her. It seems to me that they mirror Mary's feelings of loss of control as I had done. There seemed a stronger team connection after the poem which was unusual. Did the poem spark this sharing?

Throughout strand 2, I observed nurses' mirroring patients' feelings; if a patient had been verbally angry towards them they would become angry with the nearest student or medic. I interpreted this as an unconscious process or habitus in the ward. There was a strong culture of negativity present and I rarely observed stories of care shared amongst the team; usually we 'just got on with it', that is, giving care, not reflecting on care. Nurses were reluctant to debate or acknowledge the trickier aspects of nursing such as psychological care or differences in our values. Perhaps this was because physical care was easier with concrete actions or decisions whereas psychological care can be more complex and messy. Of course this could have been because I was an outsider to the normal team (Coghlan & Brannick, 2001) and the nurses needed to trust, feel safe and show uncertainty about caring for others in front of me. Nevertheless, I believe this unwillingness to acknowledge uncertainty is part of many nurses' and probably other healthcare professionals' habitus. It is too risky to show that one doesn't know and this habitus is perpetuated by the blame culture (the field and wider field of power) which makes it harder to admit mistakes. Perhaps poems can encourage discussion on such difficult aspects of care?

Mary did go home to die and had several precious weeks with her grand-daughter. I do not think this would have happened without the poem because the plan was to move her to a hospice which she did not want. I would have voiced Mary's wishes but I am sure this would have been dismissed because of compassion fatigue and lack of empathy with her situation.

Just a Pair of Hands

I get my hands dirty

Shit, piss and bloody exudate

Removed by these hands.

Inverted gloves

Deposited safely in the sluice

I wash my hands

Till they sting

Red, raw, redeemed

Finger nails short

Scrapped, scrubbed and alcohol rubbed

I touch people

With caring hands

Careful not to contaminate

Warm and sweaty

Behind these latex gloves

The poem above describes a tension I experienced during a nursing shift. I wanted to touch and care for patients in a personalised way and at the same time create a safe environment through appropriate infection control. For me this poem shows the paradox of caring and its impact on the nurse. Again it is about the emotional cost or labour of nursing and feeling trapped by competing demands. When I was a student 'Just a pair of hands' was used and still is to describe the process of carrying out the heavy physical care while others sat in the office and did paperwork. It is about feeling 'put upon' and undervalued by more senior nursing staff. This is another example of the historical capital of the field and how the habitus remains static over a long period of time. On reflection I realised I too felt undervalued in the ward which showed the power of the poem to inform my personal inquiry by making a hitherto unconscious embodied knowing explicit.

Personal Inquiry: the use of poems in research and healthcare

When reviewing the literature I found poems in a small number of studies in the action research and social science literature used as data interpretation and data representation (see for example, Lahman et al., 2011; Grisoni, 2008; Shapiro, 2004; Richardson, 2003) but nothing in the nursing research literature. Ribeiro (2009) stated poetry was once held in high regard by philosophers such as Kant but even in philosophy journals poetry was rare.

Richardson (2003, 1997, 1994) a social scientist, played with re-presenting research texts through non-traditional forms and argued all writing was a method of inquiry. She saw writing as: 'a way of knowing - a method of discovery and analysis. By writing in different ways, we

discover new aspects of our topic and our relationship to it' (1994 p. 516). She created poems

from interview data sharing them with her participants in a process similar to relational inquiry.

Because poetry plays with form, has imagery and metaphor, honours the speech style and words

of those interviewed Richardson (1997) suggested this made poems more accessible to

interviewees. They would engage more readily with poems than traditional research reports or

interview transcripts. Hence 'the construction of the text is thus positioned as joint, prismatic,

open and partial' (Richardson, 2003 p. 189). The poem's imagery invites the reader to make their

own interpretations potentially reducing the dominance of the researcher's interpretation. Thus,

Richardson (2003) implied a co-construction of understanding and meaning-making that

resonates with second person co-inquiry (Reason & Bradbury, 2006; Torbert, 2001; Heron,

1996).

Similarly, in auto-ethnography and heuristic research Etherington (1994) used poetry as data

representation. She described the personal reflexive impact for the writer as 'allow(ing) us to feel

our thoughts and images, and to imagine and think about our core issues' (2004, p. 152) thus

poems provide a medium for valuable reflexive personal inquiry.

Given the limited published literature on poetry I widened the search to include: healthcare,

allied health professions, medical databases and any context in which poetry might be used.

Mostly discussion papers were found relating to practice and education. In this literature several

themes emerged: firstly, the claim that poetry was a spiritual or healing process, secondly, poetry

was an educative process for 'personal insight' or empowerment, thirdly, for developing

empathy and connection with others and finally, poetry was a form of knowledge variously described as aesthetic, imaginative or artistic ways of knowing practice.

In the practice literature poetry was described as valuable for clients in aiding their well-being and reducing stress; there was no reference to its use as a reflexive inquiry process (see for example, Davies, 2008; Killick, 2004; Robinson, 2004; Macduff & West 2002). In counselling and psycho-therapeutic practice poetry was an established therapy (Chavis, 2007). For example, Furman (2003) used his own poems as personal therapy and found the emotional distance gained enabled him to come to terms with his difficult experiences. For Furman, poetry provided a healing, empowering, emotional connection in both the reader and writer.

In the education literature poetry was used in humanities courses for medical students (Shapiro & Rucker 2003; Wellbery, 1999) and in nursing and midwifery pre-registration and post registration courses (see for example, Spencer, 2011; Davies, 2008; Searle & Sheehan, 2008; Hurlock, 2003). These authors claimed students reading and writing poetry learnt about their feelings prompting insight, empathy and holistic care by increasing their client understanding (Olson, 2002; Hunter, 2002; Gadow, 2000; Holmes & Gregory, 1998). While, Hurlock (2003, p.7) saw poetry as a 'poetic pedagogy' asserting the 'surprise' from poetry 'reminds us there are multiple meanings in nursing' thereby showing the complexity of practice.

Poetry was described as 'immediate'; giving meaning through its rhythm and form and again inviting personal meaning-making in the reader or listener (Holmes & Gregory, 1998). Through poetry nurses could appreciate the 'art' of practice or aesthetic knowledge of nursing deepening their practice understanding (Hurlock, 2003; Hunter, 2002; Olson, 2002). Furthermore, because poems had rich symbolic and metaphorical language and deconstructed and reconstructed images of particular nursing experiences this produced new insights as the experience was presented in new ways (Holmes & Gregory, 1998). Only Olson (2002) suggested poetry could help nurses cope with the challenging experiences and tensions in their work.

Conclusion: poetry as embodied practice knowing

Aristotle asserted poetry models the valuable experience of passing from ignorance to knowledge suggesting its reflexive and change potential (Culler, 1997). This creative co-inquiry demonstrated sharing poems, derived from practice, produced a powerful reflexive process that is more than a representation of ethnographic data; rather the joint sense-making possibilities, the reflexivity through discussion, as well as the potential for knowledge generation create the possibilities for personal, relational and organisational learning and change. Here I presented personal and relational learning whilst recognising that organisational change is difficult to sustain.

Poems make values and sense-making accessible and transparent which I found encouraged a deeper dialogue about practice. However, I am not claiming through this inquiry that large practice changes were made but simply through conversations stimulated by the poems aspects

of the system can start to shift in small ways as shown in Mary's care plan and the senior nurses'

changed attitudes. The senior nurses claimed they would create more effective working

relationships with their staff because they recognised the tension between the fiscal and caring

aspects of their work. However, I do not know whether these changes were sustainable given the

power of the field to remain static (Bourdieu, 1990). For as Paley warns:

> Poetry is not always transcendent and emancipatory. Science is not always literal and
>
> oppressive. Poetry does not necessarily 'defamiliarize'; science frequently does. Poetry
>
> does not invariably challenge conventional ways of thinking: it may instead confirm
>
> them, and be more inclined to resist cultural and political change than to promote
>
> it…They have both represented the voice of oppression. They have both represented the
>
> voice of emancipation. (Paley, 2004 p.117-8)

Thus as Paley (2004) warned poetry may not be a panacea for all co-inquiry. In this co-inquiry I

have shown that unconsciously practitioners embody dispositions and values from the field of

practice. Therefore, a co-inquirer can capture this in a poem both knowingly through observation

and interview data and unknowing via their own habitus which may surface later through critical

reflection in either a personal or relational co-inquiry. Thus the writer of the poem must stay

critically reflexive about their poems. I have learnt how the process is facilitated may be as

important as the poem itself (Grisoni, 2008). While Culler suggested:

> The meaning of a work is not what the writer had in mind at some moment during
>
> composition of the work, or what the writer thinks the work means after it is

finished, but, rather, what he or she succeeded in embodying in the work. (Culler,

1997 p. 66)

However, as my early cynicism of poetry showed not all nurses may connect with this form of

knowing.

Nevertheless, this co-inquiry demonstrated poems are capable of embodying the emotions,

values, history, and politics of the culture from which they derive whilst evoking emotions,

empathy and contextualizing an experience for others. The multi-layered possibilities of meaning

and interpretation allow the habitus and doxa in a field to be explored. Poems are a product of

their time and paradoxically can be independent of time; they are a moment of experience and

may transcend that moment as the poem 'Just a Pair of Hands' demonstrates. This implies an

emergence of different meanings and patterns over time thereby reflecting the current cultural

and political discourse as well as historical ones enabling organisational learning about work

patterns. By engaging and re-engaging with a poem new layers of reflexivity and meaning may

surface making poems effective at each co-inquiry level: personal, relational and organisational

with transformative learning and practice change potential. Furthermore, organisational learning

may occur when re-visiting the poems in different contexts or with different groups of

participants especially if the habitus and field of the groups differ.

What this paper offers, as evident in the literature (Olson, 2002; Hunter, 2002; Gadow, 2000;

Holmes & Gregory, 1998), is that poems can develop empathy in co-inquirers. Findings showed

the emotional safety or distance gained through a poem was key to unlocking suppressed

emotions such as sadness, anger, shame, guilt, generated by working with others. The poems were experienced viscerally and/or intellectually facilitating exploration of difficult emotional aspects of care because there was no direct personal challenge on the healthcare professional. This created safety which supported the emotional release, helped co-inquirers re-examine their role as passive care givers and gave space to explore possibilities of challenging care practices. I have suggested suppressing emotions can impact on care decisions and lead to compassion fatigue. Poems may give one outlet for safe discharge of the emotional impact of caring.

The Francis Report (2013) highlighted compassion fatigue as part of a large systemic failure which is clearly a multi-faceted problem. However, this research suggests ward nurses' mirror and embody the patients' complex emotions through their daily contact -a habitus of the field. It is common for people to mimic the emotions of others in organisations (Hareli, & Rafaeli, 2008). Nurses may not recognise these emotions or where they come from as the field encourages nurses 'doing not talking'. Therefore suppressed emotions may leak out through negativity towards others reducing nurses' capacity for empathy. As this goes unrecognised, a further cycle of negativity and loss of empathy for others is created.

Furthermore, a poem is usually concise and immediate which connects quickly with practitioners in a way a research report or conventional interview transcript may not. Poems express the complexity of human life in a distilled format; they are a synthesis of contextual experience or as Rich cited by Yorke (1997 p.12) argued they are 'an instrument for embodied experience'. I have argued poems derived from practice are knowledge in their own right and should have a

legitimate place in healthcare research especially in an action research paradigm which recognises embodied knowing as one of the ways of knowing that leads to emancipation and change (Marshall, 2011; Reason & Bradbury, 2006; Heen, 2005). Using poems could be a powerful co-inquiry process for other practice-orientated professions.

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