

A/r/tography: A Living Inquiry into Resilience

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## Abstract

This qualitative action research used a/r/tography, an arts-based process that involves the creation of art and text in a living inquiry to explore how nurses understand and describe the concept of resilience. Meanings and understandings about resilience emerged from the community of inquiry with participants who encompassed the roles of artists/researchers/teachers. The renderings (contiguity, a living inquiry, metaphors and metonymies, openings, reverberations, and excess) are concepts of the research method with related questions that guided the group to explore resilience. Discussions included stories and images of resilience that generated recurrent themes. Analysis identified the themes of resilience for research participants: *connecting and reconnecting; living the questions; and seeing with new eyes*. Implications of the new understandings of resilience for education, practice, and additional research are also considered.

## Dedication

This research is dedicated to my dear husband Sean whose love, dedication, and unwavering support is more valuable than words could ever express. You were with me every step of the way as I pursued my dream of graduate education. I could never have completed this work without *you*. To our three wonderful children, Monica, Michael, and Michelle, you never missed an opportunity to express delight in my modest accomplishments. Your own educational achievements and passion for learning have tremendously motivated me in my own studies.

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## Chapter 1: Introduction

### **A/r/tography: A Living Inquiry into Resilience**

Most persons experience challenges and stress in day-to-day life and work. Personal strategies and abilities to manage stress while continuing to thrive are of interest to many scholars and practitioners. Resilience has been identified as a concept that can help to conceptualize the interplay of stress and wellness (McAllister & McKinnon, 2008). This study will look at this interplay of stress and wellness through an arts-based research method with nurses<sup>1</sup> working in a multi-site organization that provides specialized mental health care, physical medicine and rehabilitation, specialized geriatric services, complex continuing care, palliative care and long-term care.

#### **Significance of the Study**

In general, nursing work, especially in acute care settings, has been described as very stressful (Grafton, Gillespie, & Henderson, 2010; Horgan, Lightfoot, Lariviere, & Jacklin, 2013; McGibbon, Peter, & Gallop, 2010). Representing the largest occupational group in healthcare within Canada (Shields & Wilkins, 2005), nurses have been the subjects of a great deal of research on workplace stress. A projected shortage of nurses was identified decade ago and position papers examined issues of work life, including workplace stress, in order to make recommendations to professional bodies and policy makers (Canadian Health Services Research Foundation [CHSRF], 2006). Findings supported the idea that working to minimize perceived stress levels of nurses resulted in improved patient outcomes including both well-being and safety (Armstrong, Laschinger,

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<sup>1</sup> It is not my intent to essentialize or suggest that nurses are a homogenous group. To be a nurse is to enter a role and regime that is historically and geographically situated.

& Wong, 2008; McGillis-Hall, Doran, & Pink, 2008). The (Canadian) National Survey of the Work and Health of Nurses (Shields & Wilkins, 2005) also confirmed the link between the most tension-producing elements of nursing work and their negative effects on nurses' mental and physical health. Clearly, improving the quality of work life for nurses enhances nurses' health as well as patient outcomes, both of which support the sustainability of the healthcare system as a whole (Horgan, Lightfoot, Lariviere, & Jacklin, 2013).

In light of the reality that stress is a significant issue for nurses, the concept of resilience emerges as an important phenomenon for study. Resilience has traditionally been viewed as the ability to recover from acute or chronic stress and return to homeostasis, despite the experience of adversity. Primarily, resilience has been viewed as an individual trait (Herrman et al., 2011; Jackson, Firtko, & Edenborough, 2007). However, more recently a broader view of resilience that encompasses interactions between persons and their environment has been proposed (Unger, 2012). This concept that Unger (2012) calls "social ecology", asserts that environments may be more influential on resilience than individual capacities.

Research related to stressful healthcare environments that examines the process of resilience is just beginning (McAllister & McKinnon, 2008). There is more to learn to be able to support nurses in developing and sustaining resilience. This study presents the arts-based approach called a/r/tography that was used with a group of nurses to explore the understanding of resilience.



### **Purpose of the Study**

The purpose of this research was to explore how nurses understand and describe the concept of resilience. The researcher used an arts-informed method called *a/r/tography* to engage with nurses in an inquiry of resilience. Arts-based research methods provide the opportunity to seek meaning and make new connections between thoughts, often enabling ideas to surface that would not be evident in more traditional research methodologies (Springgay, Irwin, & Kind, 2005). *A/r/tography* is a methodology of embodiment, referred to as a “living inquiry” (p. 899). Reflections about personal experiences occur in art-making processes that are grounded in text. It is anticipated that findings from the *a/r/tography* will enable nurses and other healthcare professionals to become more knowledgeable about ways to enhance resilience. (Armstrong, Laschinger, & Wong, 2008).

### **Research Question**

The research question that guided this study is “What is the understanding of resilience for nurses?”

## Chapter 2: Review of the Literature

There are various definitions of resilience in the literature, and a gradual progression in the meaning of the concept over time. I used CINAHL, ERIC, and Scholar's Portal with the terms a/r/tography, arts-based research, nurse(s), and resilience to develop the literature review for the proposed study. I also utilized the ancestry approach of obtaining references from relevant articles.

In the 1970s the foci of published research on resilience was to determine what individual traits or personality the term resilience, such as flexibility, fortitude, and the presence of a creative vitality despite adversity (Grafton, Gillespie, & Henderson, 2010). Resilience was also viewed from a physiological perspective with homeostasis being the goal, or a psychological perspective that included the ability to move beyond stressful experiences in a positive way (Jackson, Firtko, & Edenborough, 2007). While many in the realm of psychology continued to focus on strengthening the individual, the influence of critical social theory researchers raised new and important issues related to resilience and the context of relations and resources. Our human differences in flexibility and inner fortitude are many, and the social determinants of health directly influence our ability to be resilient. Unger (2012) describes a more recent, comprehensive view of resilience that encompasses a group of interrelated environmental or ecological factors. Unger suggests that these ecological factors may predict the ability to be resilient more than individual differences and traits. The broader perspective deepens understanding and further contextualizes the meaning of resilience, shifting thinking from individual traits to an interactive, person-environment connection. Although much of the research about

resilience has involved children and adolescents, findings also have implications for adults, and more recent studies seek to understand the process of resilience in groups such as families, communities, and countries.

McAllister and McKinnon (2009) align with the more recent view of resilience as encompassing more than particular inner traits of individuals. They also refer to an ecological perspective of resilience, describing it as a web of relationships between various groups such as families, schools, neighborhoods, and others in society. In this way, the community is a source of resilience that can foster resilience among individuals, which contributes to the ability of the community as a whole to be more resilient. Linked with this broad social ecological perspective of resilience is the concept of transformative education that includes elements of social justice and issues of power and inequity. Information alone does not necessarily improve resilience. Critical thinking and creative problem solving are key components of transformative education that may have a greater impact on the ability to nurture resilience (McAllister & McKinnon, 2009).

Zauta, Hall, and Murray (2008) note that communities, like people, can learn resilience, even if it is not an easy process. Researchers continue to try to determine what factors are most needed to develop the capacity for resilience in communities. Some examples of community programs that could support resilience are early childhood intervention programs, activity programs for elders, and school based interventions. It is also necessary when trying to enhance resilience with others to include considerations of culture, gender, ethnicity, and similar factors (Herrman et al., 2011).

Notions of gender, culture, power, and equity are relevant for nurses to consider when thinking about how best to support their own resilience in effective ways given the complexity of various interacting elements. The very compassion that makes nursing so meaningful in human care can be a source of vulnerability. Support from healthcare organizations is critical for quality nursing. Whether it is creating programs that encourage self-care or providing workplace support such as fitness and daycare, further research is needed to explore the most feasible options to benefit nurses and their work (Grafton, Gillespie, & Henderson, 2010).

Academic institutions also need to integrate current understandings about resilience into their curriculum. Findings about resilience can help to prepare nurses to maximize the potential to create optimal future work environments. Understandings of resilience can also highlight the urgency of addressing social justice issues such as poverty (Crowe, 2013) that have direct links to fostering resilience. As well, McAllister and McKinnon (2009) raise questions about the value of programs such as mentoring and their positive impact on developing resilience. These authors note that since resilience has both personal and cultural components, mentoring programs are an example of efforts to create a healthy work environment that can foster resilience through generativity.

Hodges, Keeley and Grier (2005) discuss the benefit of a theory based practice, specifically Parse's (2007) humanbecoming school of thought. These authors suggest that personal resilience can be enhanced with a model of reflective learning and practice that involves engagement, collaboration, and quality of life. Practicing nursing in a way that is deeply satisfying is one way to facilitate resilience in the work and the lives of nurses.

Hartick (2011) concurs and asks: “What if imagination and creativity were... the core of nursing practice? What if knowledge and form evolved from creativity and were fundamentally dependent on it?” (2011, p.76). Creativity can inspire deep engagement, and if knowledge and creativity were related in this way, theory has the potential to enable flexibility and resilience in practice. The current author’s selection of an arts-based method, a/r/tography, invited nurses to explore resilience while modeling a new way of viewing community, inquiry, and the process of learning.

## Chapter 3: Research Methods

### **Philosophical Underpinnings of the A/r/tography Method**

In the a/r/tographic method, the meanings and understandings that result are always moving, growing, and interconnected so that meanings are discovered in the spaces between images and language (Springgay, Irwin, & Kind, 2005). A/r/tography is based on Aristotle's three kinds of knowledge: *theoria* (knowing), *praxis* (doing) and *poesis* (making) (Irwin & de Cosson, 2004). Artists-researchers-teachers are not separate from these processes, and knowledge does not come from a single point. Theory is responsive and relational. In addition to Aristotle, the theoretical underpinnings for a/r/tography come from "feminist, post-structuralist, hermeneutic, and other postmodern theories that understand the production of knowledge as different, thereby producing different ways of living in the world" (Springgay, Irwin, Leggo, & Gouzouasis, 2008, p. xxi). There are references made to specific people and viewpoints, such as Merleau-Ponty, Jean Luc Nancy, as well as Deleuze and Guattari (rhizome). Rhizomes are used to describe the relationality in a/r/tography. They are viewed as networks that are all interconnected with many points of entry.

In addition, complexity theory is a philosophical underpinning for the practice of a/r/tography, as learning in this way is participatory and emergent, dynamic and unpredictable. Even small things can have a significant influence on others (Springgay, Irwin, & Kind, 2008). Rather than seeing research and theory as a way to explain phenomena, research becomes a way of knowledge creation and generation through

questioning within the a/r/tography practices. The idea is also to be removed from the familiar, and to generate new perceptions and understandings.

Renderings are considered ways to explore and discuss ideas, and to enable sharing with others. The following are foundational, but there is openness to new or revised renderings in the process: “contiguity, living inquiry, openings, metaphor and metonymy, reverberations and excess” (Irwin & Springgay, 2008, p. xxviii). The renderings represent unending possibilities (Springgay, Irwin, Leggo, & Gouzouasis, 2008).

### **Research Design**

The study used a qualitative arts-based action research design called a/r/tography to deepen understandings of resilience as described by nurses. Since resilience has both an individual and a social context, the research design must be able to reflect the diversity of the concept as well as the uniqueness of an individual’s perspective. Finley (2008) views arts-based research as a methodology that rejects the dominant positivist paradigm by using the affective domain, which refers to feelings and emotions. Form is created to discern meaning within the interplay of tensions. Empiricism does not consider practices such as poetry, music, or metaphor as valid sources of knowledge in research. Eisner (2008) proposes that a group composed of researchers and those technically skilled in the arts may be ideally suited to an arts-based research inquiry as the collaboration would support the credibility of the research. The use of a/r/tography had the advantage of a community of practice that connected and wove together the roles of artists/researchers/teachers with the purpose of understanding resilience.

As an action form of research, the process of inquiry in a/r/tography involves both individual and collective perceptions that result from the ongoing cycles of questioning and acting in new ways, which leads to further questions and more information that is collected (Irwin, 2010). Thought, understanding, and action are all occurring simultaneously. Irwin & Springgay (2008) note that education and art practices are increasingly portrayed in the literature as valid forms of practitioner-based action research that have a unique orientation to knowledge and can be considered a “living practice” (p.xxiii). As in complexity science, discovering pre-existing knowledge is not the primary goal, but rather the goal is to create the surroundings in which knowledge is produced. The linear process of asking a question and finding preexisting knowledge is replaced with the opportunity to create knowledge and challenge familiar modes of perception as both text and images are incorporated (Irwin & Springgay, 2008; Kalin, 2009).

The lived practices of a/r/tography that include art making, teaching and researching do not require participants to have formal careers as artist, researcher or teacher, but participants need to have a commitment to the learning process across the three domains as ways of understanding a phenomenon- resilience in this study. The slashes that separate the roles function as bridges or relationships to convey the meaning of multiple identities. The spaces created between these elements are referred to as the “borderlands” (Irwin, & de Cosson, 2004, p. 29). Crowell (2011) similarly describes complexity science’s perspective of the space at the edge of chaos and a new form, and notes that this is where creative change evolves. In a/r/tography, there are no clear



barriers between the personal and professional as the inquiry of humanity is seen as fundamental to life itself. Divided thinking is replaced by dialectical thinking. For example, *a/r/tography* does not value certainty or doubt, but rather certainty and doubt, similarity and difference (Irwin, & de Cosson, 2004).

Rigour in *a/r/tography* is enhanced by the length of time for the process of inquiry. In this study there was adequate time (four workshop sessions) to develop credibility through discussions and personal reflection. In addition, participants examine the ways that their own perspectives and knowledge became part of the reflexive processes and inquiry that emerges and is ongoing (Springgay, Irwin, & Kind, 2005). Guiding questions for the inquiry are not all listed at the beginning of the research, but evolve throughout the process of theory and practice with critical reflection (Irwin, 2010). Whereas a thesis is addressed through the discussion of an issue from all viewpoints, an exegesis is more congruent with *a/r/tography*. An exegesis is an in-depth critical explanation or perception of the meaning of a work (Springgay, Irwin, Leggo, & Gouzouasis, 2008). *A/r/tography* can include data collection from any qualitative source such as diaries, photos, and interviews, and any form of artistic inquiry can also be used (Irwin, 2010).

In addition to the analysis of the *a/r/tography* data according to the renderings of the method, I also completed a thematic analysis of the data to identify themes expressed during the workshop sessions. Although some research methodologies specify particular methods of analyzing data, a thematic analysis that is carried out to interpret and discern more in-depth perspectives from the data does not necessarily need to be associated with

a particular research methodology as there are basic skills in a thematic analysis that cross all methods (Boyatzis, 1998; Richards, 2009). A thematic analysis as described by Boyatzis (1998, p. 161) “is a process for encoding qualitative information” that involves selecting themes (patterns) by applying consistent labels or descriptions to data from the transcripts called codes. Clusters of codes with similar or related meaning then become the basis for more broadly conceived themes.

All of the data was transcribed by the researcher. Being fully immersed in the data was helpful in the process of reflection to generate themes. Richards (2009) proposes that each time qualitative data are reviewed different aspects or meanings can be revealed. The process of coding is not merely for descriptive or topic labeling, but rather for analysis, or interpretation of meaning which takes time and questions, such as what makes a particular segment of data interesting, or evaluating what tensions are at play. The categories or themes that are formed from clusters of coded data are reviewed as major themes begin to develop. The resulting themes then serve to enhance understanding of the data collected.

### **Ethics and Participant Selection**

Participants for this research were 11 nurses who are currently employees of a tertiary care organization. Three of the participants were educators. In addition, an artist and the Principal Investigator (a nurse, educator, and researcher) were part of the community of a/r/tographic inquiry. The participants formed a purposive sample to meet the needs of the research design, recruited from a multi-site organization that provides specialized mental health care, physical medicine and rehabilitation, specialized geriatric

services, complex continuing care, palliative care and long-term care. Potential participants were recruited by flyers describing the proposed research and in person by the researcher. Flyers were distributed and sent via email (Appendix D).

In action research, the collaborative process fully involves participants as well as researchers, and this is true for a/r/tography, in which all participants are encouraged to become a/r/tographers to an extent (Irwin et al., 2006; Streubert & Carpenter, 2011). Everyone is considered an equal partner in the research group. As Irwin & Springgay (2008) note, the educators and artists in a/r/tography do not need to be in formal educator or career artist roles, but rather need to be dedicated to the process of learning and interpreting through artistic practices.

Participants were all female and age ranged from 35-64 years old (Appendix D). The mean and median age was 51. The average age of a nurse in 2011 was 46 years old (Canadian Institute for Health Information, 2013) so the group was close to the national average. Ten participants were married; two were single and one was divorced. Most participants had a college or university education; two in the group had a Master's degree. The household income of participants was \$75,000-\$100,000 for six participants, while seven participants had a household income of \$100,000- \$200,000. Most participants that identified a religious affiliation were Protestant (three) or Roman Catholic (five), one participant was Anglican and four participants had no affiliation. The group primarily had participants who were white; two were black, and both had an ethno-cultural heritage from Trinidad. The remaining participants were primarily

English/Canadian, with one French Canadian woman and another woman who was Portugese.

The research setting was a large private room in one of the healthcare facilities. Participants were from two tertiary care sites. Art materials were readily available, and were displayed around the room. Confidentiality among group members was discussed and participants expressed comfort with noise levels and space.

I met with each participant to obtain informed consent and participants also completed a demographic data form (Appendix C). Since I anticipated that participants might have more questions than usual because of the innovative research design, participants received additional encouragement to speak freely and address any concerns whatsoever. I had personal conversations as well as email conversations with potential participants to ensure that each person was satisfied with the answers that they received about participating in the research. We discussed the items on the consent form and more details of the plans for all sessions at the beginning of the first meeting; all in attendance were willing to continue with full participation (Appendix E).

Ethical approval from York University's Office of Research Ethics was obtained. In addition, ethical approval was granted by Queen's University- an affiliate of both of the participating organizations (Appendix A; Appendix B). All participants received reassurances that there would be no detriment to the person declining to participate. Participants could agree additionally to have their artwork photographed. A stipend of \$50 was provided to each participant after data gathering. I supplied all of the art

materials and refreshments. Confidentiality was maintained at all times. Data was stored in the Principal Investigator's locked office, in a locked cupboard at the organization.

### **Data Collection**

There were four *a/r/tography* sessions in total that occurred weekly, and each session was audio-taped. At the first session, the group discussed the purpose of the research, and the research question which is "What is the understanding of resilience for nurses?" The research design and processes of *a/r/tography* were also discussed in greater detail. The materials such as papers, paints, chalk, markers, and brushes were displayed around the room, and the framework for the sessions was reviewed. A variety of materials were available to provide participants different options when creating artforms that depicted resilience. Participants were also encouraged to submit any requests for additional materials to the researcher, to facilitate and inspire the process of creative expression. During each session, a work of art (music, video, poetry) that was a representation of resilience was shared by the researcher, and/or participants who were encouraged to bring their own works or findings to future sessions. Participants were encouraged to reflect on the resulting ideas and their connection to resilience. Prior to attending the first session, the link to a music video was sent to all participants as an opportunity to spark interest and engagement in the sessions to come. The video was also shown at the beginning of the first session to ensure everyone had seen it, and to start an initial discussion about art and resilience.

Each session began with the opportunity for all to review any relevant anecdotes or issues, and share any representations of resilience. Art is transformative, and part of

each session included time dedicated to work on individual art projects with the diverse materials supplied, including paints, brushes, fabrics, clay, and papers. The art practice and products were shared and discussed in light of the understanding of resilience.

*A/r/tography* is a living inquiry that involves the interdisciplinarity of artist, researcher and teacher, and that involves the use of six concepts called renderings that are all related (rather than methods) to express and explore ideas (Springgay, Irwin, Leggo, & Gouzouasis, 2008). The renderings guide participation through questions that provoke discussion and deeper understanding. The first rendering, *contiguity* seeks to identify ideas that are close to, or accompany one another. This concept is evident in the way that both art and text are used, and in the interdisciplinarity of roles. It is also recognized that there will be gaps, times of *not knowing*, and even discomfort (Springgay, Irwin, & Kind, 2005). Questions related to contiguity that were asked of the group included “What related ideas about resilience are emerging? What thoughts about any aspect of resilience surface alongside one another as your artforms develop?” A second rendering, *living inquiry* is a concept that describes the commitment of participants to arts and education as a path of scholarly inquiry, which can’t be separated from one’s life and the life-creating experience of *a/r/tography*. A question we asked was “How can this process of art and inquiry deepen our understanding of resilience?” The concepts of *metaphor and metonymy* are a way of making sense of the world as meanings are revealed or concealed (Springgay, Irwin, Leggo, & Gouzouasis, 2008). Our questions for the third rendering of metaphor/metonymy included “What are some of the meanings or metaphors of resilience that are being revealed and/or concealed?” The fourth rendering, *openings* can

be windows into new understandings, but can also be viewed as tears, cuts or ruptures as people may struggle when confronted with ideas that are unfamiliar. Openings were reflected in the question “What openings or new possibilities about resilience are you noticing?” The shifting and movements as a result of seeking understanding take us to the rendering called *reverberations*. The question “What is shifting or changing for you about the concept of resilience?” was helpful for the group to explore. *Excess*, the final rendering, represents the varied possibilities and unanswered questions that flow with the process of a/r/tography. This research process with its renderings and questions provided an “evocation, a provocation, calling us to transformation” (Springgay, Irwin, Leggo, & Gouzouasis, 2008, p. xxx). The question “What is surprising about the understanding of resilience for nurses?” was posed to the group as well as the question “What troubles you about the understanding of resilience for nurses?” The questions from all of the renderings encouraged and enabled expressions of ideas about resilience that emerged from the group.

### **Data Management and Analysis**

Data was reviewed and analyzed in light of the six renderings that guided the a/r/tography process as well as in core themes which were identified through thematic analysis. The data included transcripts from taped workshops and artforms that were created or shared in the workshops. Artforms included paintings, drawings, poetry, and videos. The process of data collection, analysis, and interpretation happened simultaneously in a/r/tography, and these actions were part of the active practices of inquiry. The renderings were evaluated to see if they were helpful in generating new

knowledge relevant to the phenomenon of resilience (Springgay, Irwin, & Kind, 2005). As well, the various relationships between the texts were examined and analyzed, rather than simply providing descriptions. Assessing the impact and validity of the a/r/tographical process is so much a part of the work itself, that it cannot be independently segregated. Springgay, Irwin, Leggo, and Gouzouasis, (2008) propose using the idea of accountability, but not to a particular set of norms. Rather, a/r/tography itself forms “an ethics of understanding and a responsibility” (p. xxxii).

Member checking was another process used to ensure validity in the research, as it can confirm the accuracy of the data collected (Richards, 2009). The researcher reviewed each artform included in this thesis with the creator of the piece, to ensure that the thoughts and feelings of the participant were accurately represented. In addition, by clearly outlining the processes and documenting descriptions of this study, readers can see evidence of reliability (Richards, 2009).



#### Chapter 4: Description of Renderings and Data Gathering Process of Discovery.

##### **The Renderings**

*“These concepts, or renderings... guide our active participation in making meaning through artful, educational, and creative inquiry”*

Springgay, Irwin, Leggo, & Gouzouasis, 2008, p. xxviii

The renderings are concepts that guided participants in their discussions about resilience in nurses throughout the a/r/tography sessions. Renderings are not criteria for the process, but guide participation through questions that enable dialogue. I described each rendering in the initial research session, and I read the related questions that might be interesting to use for our practice of a/r/tography. Short descriptions of the renderings and their related questions were printed on paper and visible throughout the room at every session (Appendix F). In addition, at the beginning of each session, we re-read one or two of the renderings to prompt deep reflection as we began our inquiry. The renderings are not required procedures, but rather concepts that invite particular questions and the opportunity for a deeper dialogue and understanding of the phenomenon of interest, resilience. Each rendering will be briefly described and an example of an idea about resilience that surfaced will be presented. The three themes identified in the thematic analysis express the new understandings of resilience that were illuminated by the renderings.

##### **Contiguity**

The rendering of *contiguity* relates to ideas that lie in close proximity, or next to each other. One of the questions asked was “What related ideas about resilience are

emerging?” The researcher invited the group to attend closely to the spoken word and art in order to hear or see new connections to resilience that might surface in the process.

In the first session, Anne painted redwood trees, and talked about how much she loved trees. She described a family camping trip along the California/Oregon coast, and shared what it was like for her to see whole forests of the enormous, ancient, and majestic redwoods. It had been her dream to go to see them in person. She also spoke of an interesting fact about the redwoods that she likened to the concept of resilience. Anne described that the roots from redwood trees are relatively shallow for their size, and so they join to the roots of other trees forming a network, a community “where they can hold each other up.” Anne noted that if they didn’t have that connection to other trees, the intermingling of root systems for stability, they would be more vulnerable to strong winds, storms or floods. Other group members noted that this story resonated with their understanding of being a unique individual, who is an integral part of a group, all at once. Anne also spoke of spending a night in the Mojave Desert during which she felt that the experience of “total silence, complete blackness and more stars than I ever knew existed” was a defining moment for her, a spiritual moment. Anne explained,

Anytime when things are really kind of getting to me or I feel like I’m kind of bottoming out, I remember that trip, the redwoods and the desert. The one thing that sticks with me is, “I have gone to the desert and touched the spirits.”

Even years later, memories of the experience remain a source of rejuvenation for Anne.



Anne's depiction of the idea of being a unique individual is close to the related idea of being well connected to a community, at the same time. The trees' increased resilience to their environment, as a result of these community connections, is related to the understanding of resilience that others affirmed. Having inner strength as well as the ability to be independent and distinctive is valuable, but so are the relational needs of human beings.

### **A Living Inquiry**

*A living inquiry* refers to the practice of a/r/tography that involves artists, researchers, and educators who join in an inquiry through reflection and contemplation. An example of one of the questions asked in light of resilience, was "How can art deepen the understanding of resilience?" The group attended to the ideas shared and began to think of how the artistic representations and ideas could contribute to new insights about resilience.

Participants were willing to experience being part of a living inquiry, as they gathered to share conversations exploring resilience as well as artmaking. None of the participants had heard of a/r/tography previously, but the idea of a community of practice exploring resilience was a meaningful to them they said, and all were curious about what contribution to new understandings might be related to the inclusion of the creative process. Participants were encouraged to *try out* new materials or practices, new ideas or new ways of looking at things.

At the beginning of each session, the researcher and/or participants shared an artform that depicted resilience, and the group discussed their ideas. During the first session, participants viewed a music video and spoke about its impact on them in view of resilience, and the effect of music on others. The video was a *flash mob* scene of an orchestra playing Beethoven's *Ode to Joy* in a public square in Spain, and the audience was mesmerized by the unexpected and beautiful music performed live. Participants described the power that music has to bring people together, to make people happy, and as one person said "It's pure joy!" Another participant noted that despite Spain's financial and political problems that were the context during the time the video was created, the music encouraged everyone to momentarily set aside their worries. Viewers seemed to do so as they listened to the musicians with expressions of delight and enjoyment, an example of resilience despite difficult circumstances. "Music actually takes me to another place and nothing around me matters," said Bonnie, "I want to go there now!" The beginnings of more in-depth discussions began, as some participants

started to associate an art practice (such as listening to music) with the ability to support resilience itself.

One participant, Donna, had called me about participating in the research group, being very honest about her current state of mind. “Would you take an older nurse who is burnt out and fed up?” she asked. I assured her that she would be most welcome to participate, and so she joined the group. She was very honest and open within the group as well, saying “I’m looking for some resilience, because I am at the point where the only thing that’s keeping me going right now is the pension at the end of the day.” The video link was emailed to participants prior to the first session, and I also showed the video clip at the beginning of the first session. Donna noted,

The reality is that when you listen to that piece of music you can’t help but feel your soul start to lift. Like if you have a sort of heavy feeling, you feel yourself starting to give away some of that heaviness.

Later during the same session, Donna reflected “Quite frankly, you know what it is? I understand now, I’m bored. I’m tired of being on the front line and I’m bored out of my mind.” Donna was also open to the process of a living inquiry and was able to suspend expectations despite feeling “burnt out and fed up.” She then felt some of her own “heaviness” lifting without trying to do so deliberately after watching the music video. It was then an opportunity for her to reflect on a new idea, which was that she is actually very bored, not just weary or sad. The inclusion of music, not just a visual video clip, was able to illuminate learnings about Donna’s own resilience.

When we discussed how art can heighten the understanding of resilience, several group members talked about the fact that they believe that the artform of poetry deepens understanding, whether one is reading or writing it. One nurse thought of times in the past when she has been able to write poetry to express some deeper feelings such as joy, confusion, or sorrow. She noted that her cousin has also often turned to poetry, even when he was very young. She felt that writing poetry helped him through periods that were challenging, as he had been diagnosed with ADHD. Another nurse shared poems with the group that had been written by her young daughter who was expressing the beauty of nature. One poem that the nurse shared was in response to the way that the light separated the clouds. She read to the group:

Above the world a line is put to separate the different skies

It starts every day at morn

Where the line is beauty light

That separates the different skies

The sky above is a beautiful sight

All the colours, red, purple and blue

The sky below is very dull

Mostly grey, sometimes white

So when I die, I hope I go to the place plated with gold

Participants discussed the power of nature to rejuvenate one's spirit in a unique way after hearing the poem. Many of the artforms created by group members had some connection with nature as an expression of resilience, particularly various kinds of trees.

As the sessions progressed, participants needed very little encouragement to share art as well as ideas that the art inspired related to resilience.

The expressions of how music and poetry can enlarge the understanding of resilience were becoming apparent to the group members. Participants shared stories and new ways of thinking. Another way of enhancing the understanding of resilience was through the use of metaphors and metonymies.

### **Metaphors and Metonymies**

As renderings, *metaphors and metonymies* can introduce meanings that otherwise might not be considered. Participants can then make new connections between ideas and images, and question assumptions. One of the questions asked was “What are some of the meanings or metaphors of resilience that are being concealed or revealed?”

Countless metaphors and metonymies of resilience surfaced over the four sessions, substituting resilience for a variety of other signifiers that brought new ideas to the forefront. The absence of a commonly accepted definition of resilience in the literature mirrored the varied ideas from the group as to how they might define their understanding of resilience. Participants were encouraged to think of images that metaphorically represented resilience that could then be used to create artistic renditions, or to simply share their thoughts about metaphors that came to mind in our discussions.

Resilience was depicted as being whole, shored up, an accomplishment. “You got through whatever... that is resilience” said one participant. Sue said that to her, resilience is a coiled spring that returns to its initial position after being pushed down and then having the pressure released. She also said that she envisioned putting a hand into

memory foam, which makes an imprint when compressed but when you remove your hand, the imprint is only visible temporarily as the foam rebounds.

Resilience is a bud in the snow, said another nurse, a sign of new life as it pushes its way out of the cold earth. It needs to be nurtured and requires certain environmental conditions to fully bloom. Resilience was also described as a fall leaf, still struggling to hang onto the tree branch. Nurses resonated with these images, thinking of how they portrayed resilience both at work and at home. These ideas lead to discussions of what environmental conditions might help to sustain their ability to provide excellence in care. Nurses nurtured patients and worked to adapt environments to meet patients' needs which enabled patients to be more resilient. Who could do the same thing for nurses themselves, to enhance their ability to be resilient? The metaphors and metonymies were observations and ideas that helped to provoke new ways of thinking as participants pondered the interpretation of resilience.

### **Openings**

Another rendering is *openings*, which can be new spaces to invite new ways of knowing. Openings can also represent cuts or ruptures, which can be uncomfortable. As ideas are related to other ideas, certain perceptions can be unsettling or unpredictable. One question that was asked was "What openings or new possibilities are you noticing about resilience?"

As a clinical instructor, Kate spoke of the drain on her energy, but the revitalizing aspect of being able to see persons as her students see them, since she believes that her



perspective has changed from one of a new practitioner. She guides students through what can be difficult situations at times, and shares with them what she thinks is helpful.

I think nurses see “beauty in ashes.” You do see that beauty where other people wouldn’t see beauty at all and I think that’s what gives us the resilience to continue on. There might be days when we might feel like we’re very, very, down, but I think for the most part the reason that we can come back is because we see something that other people miss, and it’s a privilege.

Sarah noted that when she works with student nurses, she feels that what are even more important than the factual information she provides is some new and innovative practices, and stories about the value of being a nurse. “It’s like humanity, how we feel about mankind. And as you say, what greater privilege can it be to care for human beings?” Openings that gave new meaning to various experiences were often evident in the group as they explored their thoughts about resilience.

### **Reverberations**

Shifting or shaking movements sometimes provided participants with the opportunity to unsettle ideas as new thought evolved. These renderings, called *reverberations*, could draw attention to changes in thinking and action. One of the questions posed to the group was “What story or experience came to mind for you as we were talking about resilience?”

Participants reconnected with diverse and very meaningful experiences from their practices and they shared these relational experiences openly in the group as examples of incidents that changed their opinions about resilience. Sometimes new ideas surfaced,

and previous assumptions about resilience were challenged. An artform could inspire new meanings about resilience that the participant had never considered at all. Time and time again, there was a sense of making a difference in their stories that had the ability to sustain nurses through difficult periods. Even years later, telling the story had impact and meaning for the story teller, as well as group participants.

When one nurse was working on a pediatric unit, she met a family who was very distressed when their newly-diagnosed child with leukemia developed a fever and was admitted. She found the child some crayons and a colouring book, and was able to spend some extra time in conversation with the family for emotional support. She did not know at the time that the child's mother was a nurse. Years later, she moved to another hospital and was very surprised to meet this same mother at work! "The mom said 'Do you remember me? I have never forgotten you!' " The mother described how the child had loved the colouring book and crayons so much, how such a simple thing could have such an impact on everyone, and she expressed gratitude for such compassionate support. "She remembered this, remembered me! Yeah, I vaguely remember the situation but it made me think about how we're connecting with people, touching their lives all of the time really and you don't realize it."

As participants expressed these reflections from the rendering of reverberations, the group shared yet more ideas about resilience to discuss and portray in their art. Connections were not always visible, as in the root system of the redwood trees, or the rhizomatic relations of a/r/tography, but they can still be powerful and long lasting. Seemingly minor or unrelated incidents can surface into awareness years later with

reverberations, as in the “ripple effect” of the story about the child with leukemia. What seem to be random reverberations initially might suddenly reappear with a pattern and coherence that provides new insights about resilience. On the other hand, new possibilities might serve to add to the complexity of resilience which can be uncomfortable for nurses who stated that they were more used to linear processes and definitive answers.

### **Excess**

*Excess*, representing varied possibilities is a rendering that can generate surprising insights, as well as confusing conceptions. Safety and control are non-existent, and interpretations may be yet unknown. An example of a question asked was “What troubles you about resilience?”

One participant talked at length about what she felt was problematic about the concept of resilience, and the need make clear that certain narrow assumptions need to be discarded. She felt that there is an assumption that nurses and resilience are one and the same. In this sense then, nurses are forever resilient which is not only inaccurate but damaging.

I think that nurses are taken for granted in that it is the expectation that you will always be resilient, always be bouncing back; just pick up and go on. That’s just not the way it is. Don’t forget, you’re human which is why I worry about cutbacks, people not valuing the therapeutic relationship that nurses have with their patients 24/7.

Participants spoke out strongly in favour of this comment, one noted in particular that the more that nurses demonstrate resilience, “it fools people around you. Then the people who make decisions about your resources say things like ‘Oh that turned out to be fine. We’ll pull another nurse off that unit. They can manage, they always do.’ ” She felt that generally people do not take into account the cost of resilience which can manifest as a drain of energy and time among other things.

Well it’s one thing to be resilient for your patients, because that’s what you have to do. But it’s when you have to be resilient for other reasons, to fight because you do not have the right support systems, or because team members are not getting along, that’s too much.

The questions raised as a result of the rendering of excess were troubling at times for participants since there were no answers evident. Group participants readily agreed about the process of resilience as a development that can strengthen one’s ability to face adversity. What sense could be made of situations then, where nurses felt that the more they displayed resilience, the more work they were given or the more demands were made of them? Is there a cost involved with demonstrating resilience in some settings? Who pays the price, and what are the end results? The a/r/tographic community provided the ideal setting for issues of ambiguity and paradox to be raised and reflected in discussion and art. Nurses spoke of sincerely appreciating the opportunity to be honest and open, even when doing so was unsettling.

The renderings opened possibilities for sharing and nurses were intrigued. They helped to guide the conversation but still allowed for much freedom of expression. The

questions based on the renderings encouraged participants to consider their understanding of resilience from many different perspectives, even if there were unanswered questions or if the understandings provoked strong feelings such as anger or frustration. Artistic representations were sometimes based on one of the renderings which provided another way for the participant to understand resilience, and for the other group members to interpret its meaning as well. The knowledge that resulted was analyzed to discover that the themes that were interlinked throughout the many dialogues during the research sessions.

## Chapter 5: Presentation of Findings

### Thematic Analysis

There were three main themes that permeated the a/r/tography sessions where the focus was to better understand resilience, and some examples have been evident in the previous discussion of the renderings. The group itself was an evolving, developing, and ever-changing organism, a vibrant living inquiry in itself. The themes that emerged were: *connecting and re-connecting*; *living the questions*; and *seeing with new eyes*. Each will now be discussed with examples from participant discussions.

#### Connecting and Re-connecting

*“Rhizomatic relationality is essential to a/r/tography as a methodology of situations...rhizomes resist taxonomies and create interconnected networks with multiple entry points”*

Irwin et al., 2006, p. 71

Within the a/r/tography group, connections and re-connections surfaced in thoughts and practices related to resilience. Participants spoke of being unique individuals as well as being connected to others at the same time, and participants discussed how both elements were connected with resilience. Some described new connections and reflected on their meanings, while others re-connected with previous relationships. Connections could be surprising, challenging, or difficult, and they always resulted in new insights when shared through art and/or words. Connections and re-connections with group members, colleagues, stories and ideas as well as creative practices, were all ideas that were illuminated by the a/r/tographic process. The

connecting and re-connecting was a fundamental and repeating idea as nurses spoke about resilience and how they understood and lived it in their day to day lives.

A/r/tography describes the connections within its process as “rhizomatic”. Rhizomatic plants send out a network of underground roots and the networks are connected but have no starting or ending point. They join at nodes that send up new root stems above the ground to become new plants. Meanings in a/r/tography are never static, there is no hierarchy, and complex connections (underground) are not always visible, just like rhizome roots. The rhizomatic view of connections mirrored the view of connecting and re-connecting with elements of resilience in the group. Meanings might change during a conversation or from session to session. The conversations that described some kind of significant connecting or reconnecting would reappear over and over again, even at unexpected moments throughout the four sessions. Being more conscious of connecting and re-connecting made it more obvious that there were many connections that related to resilience that had been largely unexamined, and participants were not even aware of their significance until stories or artistic representations surfaced meaningfully in the group. The theme of connecting and re-connecting involved links with people such as group members, colleagues in their healthcare teams, stories of their practices, and creative practices. Participants’ examples of these four categories of connecting and re-connecting will now be discussed.

Conversations often reflected the connections and bonds that participants experienced with others, both in the a/r/tography group and in their own lives. One woman described herself as “solitary”, but noted that being in the group lead to the

realization that in fact she needs a community just as much in order to be resilient.

Another participant noted “We bond here!” The discussions and art experiences certainly did create strong empathic bonds as stories were shared and the creative process continued. At one point a participant noted, “It’s amazing what people are sharing in this group.”

During the last session, participants talked about the close relationships that they felt had developed within the group. “We have the creative experiences, people are comfortable, and because we know that we’re in a safe place people start sharing stories and ideas, the happy as well as the sad ones.” The group talked about how they believed that the creative process “tends to open people up when you’re in a community like this.” In this way, the anecdotes and artforms of group members would bring up elements of resilience that might not occur in other settings where participants did not have the sense of being connected, comfortable, free from judgment and criticism. One participant noted that the process of art/photography was so novel, it precluded limiting expectations and seemed to encourage even more opportunities for connections that deepened the understanding of resilience for all.

Participants also shared stories from their nursing practice about links to colleagues, noting the significance of these connections with nurses and other healthcare professionals in developing or displaying resilience. Dawn remembered an experience as a young nurse in which a physician “was just tearing into me over something really simple, and I was bawling my eyes out.” She then went on to talk about two older nurses who intervened with the physician, and took her aside for support and debriefing. She felt



very strongly that it is “the team at work, like an extended family” that provides resilience for nurses, as sometimes you may see them more often than you see your own family. “The nurses, we are the only ones there 24/7. It’s having a caring group of people always there to help you; they are always there if you’ve had a bad day.” Supportive connections with some colleagues could outweigh the struggles involved within other relationships, a way of enhancing resilience despite adversity.

Donna could also recount the details of a nursing work environment when she felt that everyone was connected, “It was a cohesive whole, and a partnership all the way along. Everything ran incredibly smoothly because everybody had each other’s backs, and everyone worked together.” The other element that stood out in her mind was humour! “I don’t think we excluded them (patients), I think that our community only strengthened what we had to offer to the patients.” The cohesive group connected and re-connected through story and humor and everyone was strengthened. She contrasted these experiences in her past with the more challenging team experiences that she faces in the present that do not foster resilience but serve to actually diminish it at times.

Sarah described a nursing work environment in her past with a very challenging group of patients in a forensics setting, and she also found that the work went well particularly because of the quality of teamwork, the relational bonds that formed and sustained colleagues. The positive team presence enabled the members to work with very difficult situations that involved those who had to struggle with mental health issues as well as the criminal justice system. Patients might have had an index offence that was very distressing to team members, and yet “Our team treated those patients with respect

and dignity, I will always remember that. Somebody would have to crack a joke to keep our sanity.”

Betty also remembered a day when there were not enough nurses, and yet the day was more enjoyable than the day before when she was working with extra staff and had less work. Betty felt this was because even with extra staff, many had a very negative attitude that made the day seem endless and discouraging. The ability to form meaningful connections she felt directly impacted the resilience of the entire healthcare team. She noted in a statement that everyone agreed with, “You can tell the kind of day you will have by who is on.”

While participants agreed that the team experience could be a tremendous source of support and ongoing resilience, there were also contrasting stories, and the common phrase “Nurses eat their young” was identified as having some validity. Wendy recalled being a new staff member on an inpatient psychiatry unit when a patient was taken in to a seclusion room. She noted that she had made a comment about the process and was told abruptly, “You don’t speak unless you’re spoken to. You stand back and you watch.” Sarah then spoke of student experiences that generated similar feelings of being dismissed and demeaned. She surmised that “Some people are not empowered in their home life and so they feel they have to do it at work or something.” Connections that were hurtful and diminished team functioning were remembered; new or younger staff seemed to be particularly vulnerable to those who, for one reason or the next, diminished the ability of their colleagues to be resilient.

Another participant talked about a work environment where there was a great deal of unhappiness and distress. “We don’t have a voice, nobody listens. Even if there are good ideas put forward, no-one even knows. How can nurses support the concerns of patients and their families if nurses themselves have no voice?” Believing that they could not effectively enact change or even have their concerns heard was a limiting factor in developing resilience, as well as trying to support the resilience of patients and families.

Because she believes that there is not enough “advocacy for nurses”, Donna said (tongue in cheek) that she has always thought that there should be a “Code Pink.” If nurses felt the need personally, they could call a Code Pink and “you’d have friends from all over to come and assist you, back you up, and support you.” Group members mentioned that Code Pink has other meanings as well (baby abduction, for example) and that male nurses may not want a Code Pink! Donna laughed and said “That’s my utopia, my little perfect setting that would ensure everyone is resilient because there is always support from your friends!”

In a later session, Anne felt comfortable enough to reveal to the group that she had been away from nursing for fifteen years because of her own mental health issues. She spoke of the poem that was shared in the group and how this particular phrase connected her with resilience: “It is in the middle of misery that so much becomes clear. The one who says nothing good came of this is not yet listening” (Estes, 1995, Appendix G). Anne felt that the poem echoed one sustaining idea that helped her live through her difficult experiences, which is that something good (such as an enhanced capacity to be

resilient), can come from hardships. She noted that her primary role now on a community mental health team is as a peer specialist.

It was a difficult transition, I had been out of nursing for a lot of years so I haven't felt a real fit in nursing, but I'm still here and I think what keeps me going is I've learned to really find success differently. There's probably not going to be life-changing, momentous experiences in the lives of our clients because there weren't in mine, but it's the small things like we were talking about that really matter.

At a team meeting, one of Anne's clients was discussed as a colleague noted that the client was starting to go to bed earlier and earlier. "When I asked this staff member who is no longer with us why the client was going to bed so early he said about the client 'Well obviously he's crazy!'" The team suggested a change in medication. Anne went to have a coffee with the client and shared the team concern that the client was sleeping so much. She wondered why this was happening. The client was an older man who lived in an apartment building with high ceilings and when his light bulb burned out, he couldn't reach to change it. Accordingly, he simply went to bed earlier as the winter began and the days got shorter. Anne arranged for the bulb to be changed and so the client did not require any further intervention, such as a medication increase. This experience was enough to encourage Anne to keep going, to think of success as something other than a huge major change. She would like to say to all healthcare professionals, "Stop mind reading, and just talk to people. Talk to them!" Re-connecting with this poignant story from practice that was important to Anne was inspiring for others. Being able to share the story re-connected Anne with the way that she now defines success, which is by making a

difference in the lives of her clients. The ability to engage in satisfying and meaningful work is a powerful support for resilience.

Another nurse acknowledged Anne's story of redefining success and re-connecting with an experience that demonstrated resilience. The nurse said that what satisfies her and gives her a sense of accomplishment now is very different from when she was younger. She wondered about the influence of life experience when defining what is meaningful. Does resilience always increase with age?

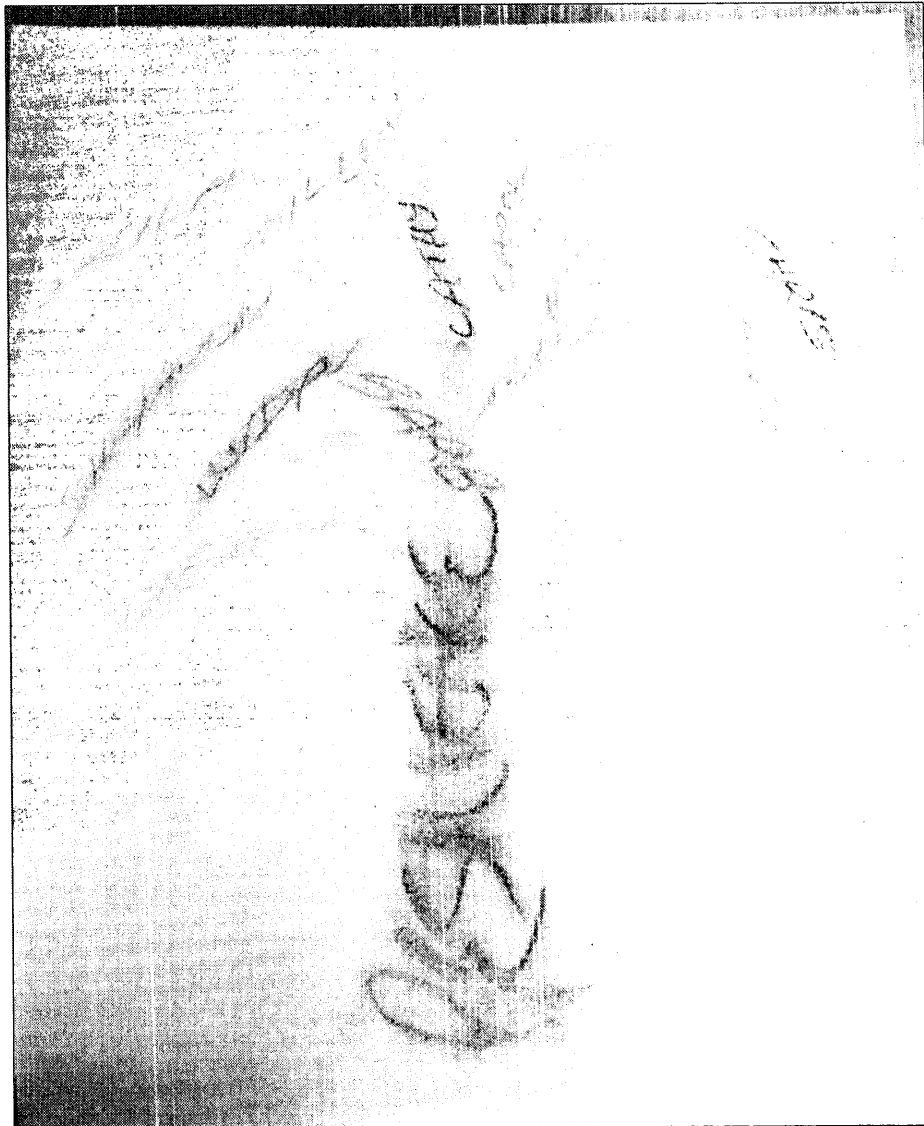
Kate also spoke of the need to redefine success, as she needed to connect with a new perspective of success in her area of palliative care. She noted that when she was a young nurse her goal was "to save or make a big difference with everybody and you can't you know, you can't." Currently she works with patients and their families to support very different goals such as "to die with dignity and respect and to honour their belief systems." With age and maturity, she has changed her ideas about what is meaningful in a similar way to Anne.

If defining a "win-win" situation is needed, another nurse stated that we also then need to redefine a loss. "Don't define something that is a failure as a loss, right, because it works the same way. Maybe it gives you more tolerance, or patience, or grace. Even a sense of humour?" Resilience then, might come from exposure to a suffering and sorrow.

Another participant noted that as she is older, she is now better able to put things into perspective, which makes her feel more resilient. Her comments reinforced the idea that exposure to the challenges in everyday life may enhance resilience. She questions herself, trying to determine if the item concerning her is worth the stress she is

experiencing. “You extrapolate and realize, yeah, forget about that. I’ve got better things to spend my energy on like painting or reading or other creative endeavours.” Donna agreed, and stated that even with bigger issues, she is trying a new approach that enables her to evaluate the likelihood of her influence being significant, or not. In this way, she will avoid wasting her energy mindlessly. “Like the other night I was home and decided to do a little painting, put on my music, opened up a bottle of wine... it works!” Re-connecting with an artistic practice and reflecting on the best use of her energy were two ways that Donna was seeking to nurture her own ability to be resilient.

Sue’s final art piece was a pastel image of a palm tree that had fronds branching out in all directions. She described it as a representation of the remarkable group that had formed; each person’s name was written on a palm frond. It illuminated the connections and interconnections throughout the group that participants detailed as a key feature in understanding resilience.



### **Living the Questions**

*"I beg you... to be patient with everything unresolved in your heart and to try to love the questions themselves as if they were locked rooms and like books written in a very foreign tongue. Don't search for the answers, which could not be given to you now, because you would not be able to live them. And the point is to live everything. Live the*

*questions now. Perhaps then, someday far in the future, you will gradually, without even noticing it, live your way into the answer”*

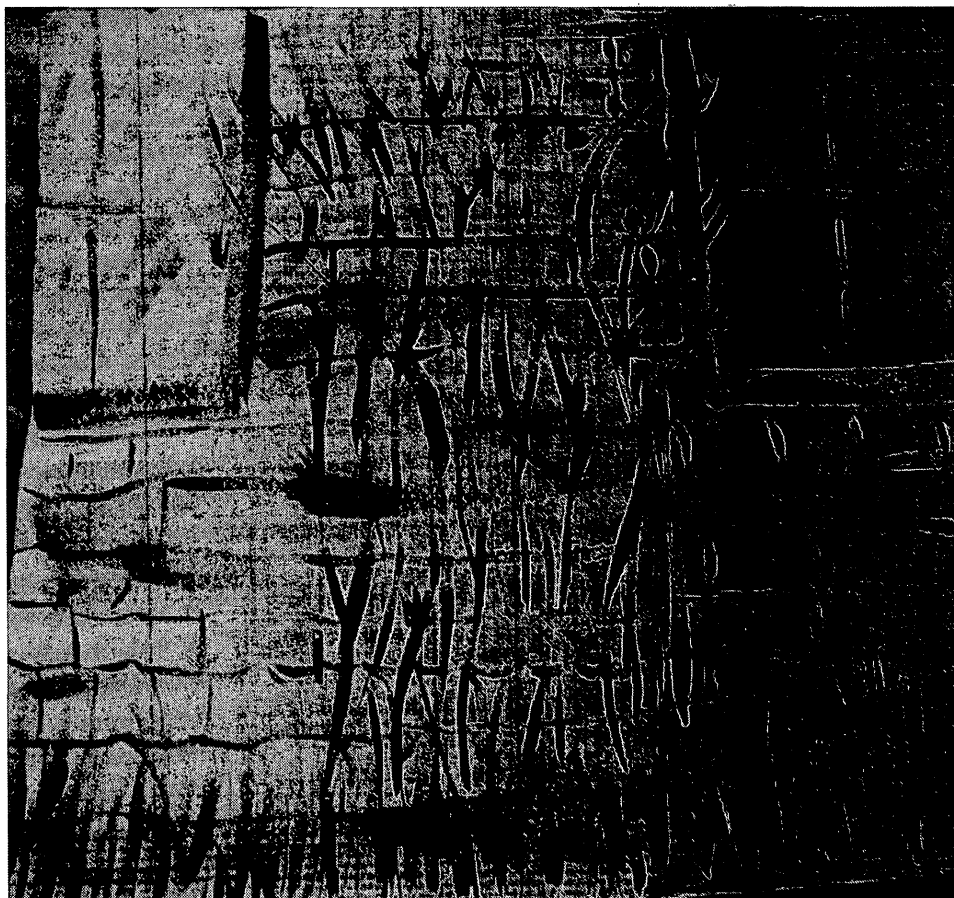
Rilke, 1987, p. 34

The process of exploring ideas in an a/r/tographical community allows, and in fact encourages those present to ask difficult questions that are complex and provocative. A living inquiry involves engaging with multiple, dynamic realities that depend on context, so as Rilke wisely points out, the goal is not to find easy answers, or any answers at all for that matter. In the a/r/tographic community, knowledge is co-created, and the learning that occurs does not follow a linear, step by step progression. The second theme that captures insights about the meaning of resilience was *living the questions*.

As a reminder, the purpose of this study was to explore how nurses understand and describe resilience, and although many new understandings of resilience surfaced, there were also questions that arose, along with aspects of resilience that did not make sense or seemed contradictory, a paradox. The theme of living the questions captures the lingering questions, perplexities, and confusions that link with the experience of resilience. For example, in the first session, Bonnie said that she had been thinking about the resilience that she has witnessed in fellow nurses over the years. She posed an interesting question that others responded to with interest, about trying to understand the “roots” or origin of resilience. Her question to the group was, do nurses develop most of their ability to be resilient in the practice of nursing, or do people come to nursing with resilience, almost as an unspoken prerequisite to be able to practice optimally? Bonnie described an error that she made as a student, and how badly she felt, “almost like



quitting nursing” despite the fact that no harm had resulted. She recalled that other students and even the nurses on the unit encouraged her, and said they would help her work through the situation. In this sense, it seemed to Bonnie that even from the beginning in education, she developed resilience from nursing itself. With further experiences including learning to deal with various crisis situations, Bonnie felt that she built up further resilience. Resilience was fostered as well when she learned not to be consumed and distracted by nursing issues from work when she came home, she said. Bonnie created a picture that represented resilience in the last session of a vine that grows up to the eaves of her house. “It’s beautiful, but my husband always cuts it all off. Guess what? It grows back up again; it’s very resilient!”



Dawn felt that she entered the profession very young and that she lacked the ability to be assertive when necessary. She said that she believes that she was not initially very resilient, but that her experiences in nursing enhanced her development of resilience. When Sarah first became a nurse, she was “as quiet as a church mouse, and so shy.” She also felt that challenging situations involving patients and their families enabled her to feel that she was becoming resilient. She described her thought process:

I thought ‘Girl you can do this!’ And I look back on it now and I see that whether there was a crisis or a code, you know what? You always get through it, people that you work with get through it, and I agree, it comes from that, years of nursing. It makes you what you are in many cases.

These participants echoed the idea that resilience is developed generally through the lifespan and through experience in nursing in particular. Would resilience have developed to the same extent in their lives if these participants had not been nurses?

Sue thought differently. She noted in the group that what works for one person, may not work for another, as individuals are so unique. She raised the question for all to contemplate about how significant components of resilience might be fostered by something outside of nursing. If things are not going well in one area of your life, they may be fine in another, so thinking that resilience only comes from one area is too limiting. “Good things ultimately balance out the things that are not so good,” she said, or at least this was her experience.

Another question put forth by participants was whether resilience can be formed and enhanced by exposure to certain experiences, both internal and environmental.

Pat explained her thinking, which was that while nursing does in some cases enhance the development of resilience, this same thing could happen anywhere. To Pat, "it's just about exposure to that kind of situation you know... it's repetitive and you have to 'get it' first." Pat believed that "if you were sitting in a box" you would have no exposure to anything so would not develop resilience. Exposure itself, as long as it didn't incapacitate a person, was critical to the development of resilience, Pat said.

Another nurse questioned the *exposure* concept related to resilience although she acknowledged that it made sense to her. "I just hate to think that we need negative stuff. Would you be as resilient if you weren't exposed? On the other hand often it's the experience of suffering that really makes people grow or mature." She also noted that in nursing it has always been fascinating for her to see how two people can have similar issues such as a common illness, but completely different reactions. "Why is that," she asked, "what accounts for the difference in resilience?" The group pondered the questions appreciating that perhaps there were no easy answers when living the questions. One unexpected answer surfaced in the next story about living the questions.

The story of a young child with cancer who was not expected to live long was an opportunity to reevaluate her own view of life, said one participant. Sarah told the group how a friend had asked the child (who died soon after), "What's it like for you living with cancer?" The little girl answered simply "This is the life that I have been given, this is all I know. I am just living my life!" Sarah felt that stories such as this "put life into perspective, no matter what we think about the world." Pat asked the question "How could anyone build resilience to that? I could not. Babies are not supposed to get sick."

She wondered if there might be some situations that would not help to develop resilience at all in some people, or might even diminish their capacity to be resilient. "What helps one person might be the 'kiss of death' for another."

Another nurse felt that it is not only nurses that might develop resilience from exposure to happenings in their field of expertise.

I think that anybody who is working with physically and/or mentally vulnerable people has that opportunity more than the norm. To me, a nurse's role has so many dimensions when we practice; maybe that is why it seems like nursing itself develops resilience.

Bonnie asked participants if they had ever had a punching clown as a child. Many could recall this item, "Yes, ours was called 'Bozo the clown!'" Bonnie went on to describe why she feels that resilience is like a punching clown:

In my work and home life I'm pushed to the max for good and for bad. But the ideal is to come back up. Sometimes I do and sometimes I don't. As kids, I remember hitting that punching clown down once and it deflated, hit something. When it was patched it came back up, but never all the way. I think that resilience ideally should be about balance, you could go either way. Sometimes we can't come up all the time or we go down too much, but there has to be a balance.

To Bonnie, resilience was being able to rebound, to rebalance and continue on, even if it took time to do so.

"You know what I think makes me resilient, able to "spring back" like a coil? All the nursing experiences I have had over the years." said a participant. She went on to

describe incidents of children being ill, clients with substance abuse problems, and adolescents with unplanned pregnancies. “These can all make you more resilient, or sometimes maybe it can be defeating for some people, too.”

Betty had a question about resilience with no easy answer. She deliberated about whether her knowledge from nursing was helpful or not in the situation of a relative having a serious illness. She was aware of both the positive and more likely negative outcomes that were possible, and felt that this interfered with her ability to provide support. “Sometimes knowledge is good; sometimes I’d rather be “in the dark” because it can work against you. Maybe in the end, would it make a person more resilient however?” Betty raised questions that the group pondered, about whether knowledge can support resilience, or if sometimes it could actually be a factor in diminishing resilience. Is being “in the dark” and “not knowing” ever helpful? Some felt that a willingness to “not know” would seem “like an ostrich, hiding your head in the sand instead of facing things.” Again, these were questions from discussions that had no clear resolution, but the topics engaged participants in thoughtful discussions about resilience.

One participant commented that she used to worry a lot and ruminate about what she could have done or said differently in situations. Gradually she recounted that she has come to an understanding that worrying in itself is futile and that she should just “let some things go.” She noted that whether at home or at work, eventually things get worked out so why not remember that resilience is “like a rubber band.” It is round, and whole, and can get stretched, but returns to the circular shape. Participants could relate to the idea of trying to be *easy going* and not getting too distressed about things that are not

major issues. Group members laughed about further anecdotes that many shared as being examples of how a nurse's perspective of resilience might be different from that of others. Nurses made comments about sending their children to school with minor ailments rather than keeping the children home "sick" because of their nursing perspective. "Everything's relative, I say 'If you're not bleeding profusely or you haven't lost a limb you can walk so away you go!'" Another participant described a phrase that she had been sent in an email, "It said something like 'Sorry dear. Mommy is a nurse so we only go to the doctor when we are dying!'" Nurses were so used to seeing pain or common illnesses that they brushed off minor incidents and only saw major issues as serious enough to warrant action, such as having a child miss a day of school. Was this an over-reliance on resilience? Did this stoic attitude mask vulnerability that nurses were not comfortable displaying?

When thinking about the metaphor of resilience being like an elastic band, one nurse mentioned that resilience is also like *Starling's Law*. This is a familiar term to nurses that refers to a theory whereby the greater the preload of the heart, the greater the amount ejected by the left ventricle. Thus if a person's heart is not being stretched very much due to a limited amount of blood filling it, there is a proportionally lessened amount of blood ejected. "If there is rarely any stress on a person (the stretch), there is rarely any resilience developed (the output)." The participant also noted that other factors could interfere with the heart's ability to work, such as illness or a genetic condition. "You see? Resilience is affected by external things as well!"

Trees as a metaphor for resilience surfaced often in the sessions. There were numerous artforms that depicted various types of trees; there were palms, redwoods, cedars, and a multicoloured *rainbow eucalyptus*. Pat brought in a picture of a large, solid, deciduous tree that she had asked her daughter to photograph for her, and noted that it is positioned so that she sees it every day. Why were trees seen as a representation of resilience by so many?

They seem so resilient, they're always there and they 'weather through'. They are alive, they can bounce back, and no matter what time of year it is, they all look beautiful. They support so many life forms. I think too of dead trees, and then from that there's always new growth coming.

Dawn shared that she walks a lot in the woods, as she feels "It is so peaceful and gives me resilience and strength." She used pastels to express the colours and feelings of her walks, noting that she is very drawn to shades of green. A participant noted "Something about trees really strikes a chord in people."

Group participants discussed some elements of resilience that did not seem to make sense or were perplexing. Pat felt that treating others poorly, even though an undesirable trait overall, might be actually a form of resilience for some in particular circumstances.

Maybe some people take things out on others by demeaning them to feel better. It's like a bully, but for that person to make it through their own struggles, maybe that's what they have to do to survive. I think that's a form of resilience, maybe a negative one, but still a kind of resilience.

Participants were divided in their thoughts as to whether this example was really an example of resilience. One nurse agreed, "That is an interesting point, I never would have thought of it like that, but it is almost saying that resilience is like a defense mechanism. It may not be healthy according to us, but it is their resilience." Another participant talked about the challenges she has seen in her nursing practice with women who live in abusive relationships. "What she (woman in abusive relationship) sees as resilience is going to be very different from what I see as resilience." She spoke of the struggles that the healthcare team go through as women sometimes leave abusive relationships several times before they leave the relationship permanently. "In a sense we are supporting some women to live with their abusers. It seems to defy logic, but even research shows that this support may be critical in their ability to leave for good. This is resilience!"

Sue related that the discussions about different ways of viewing resilience made her think of the "fight or flight" instinctual response. "When we're traumatized or pushed or something, you either fight back or flee, which is to recoil." Participants raised the complex view of resilience in various dialogues, some thinking that there could be two kinds of resilience perhaps; one negative, one positive. One nurse defined resilience as being either "brittle, or a more healthy type." She proposed that once a person has exhausted their supply of resilience that has positive short and long term outcomes associated with it, then a person may resort to a more brittle type of resilience where self-preservation is the goal.

"I tend to think of resilience as a positive thing," said Kate. She viewed resilience as "waiting to get through where I've been so I come out the other side resilient again."



She stated that in the past few weeks what might be seen as resilience could also be seen as “near burnout. I just don’t see this as being resilient because I know it is not healthy for me.” Kate felt that resilience would in this case be evident when she had been through the challenges and survived, “I would be back to being closer to me.” She also noted that the example of brittle resilience was in fact “putting a band aid on the situation,” for example, cutting back on staff and resources in the hospital, yet placing more demands on nurses. She contrasted this view with one of empowering oneself and others, and being able to rely on a network of support “like this group, a true Community of Practice for A/r/tography.” She felt that positive resilience examples should be the goal.

Donna felt that her resilience had gradually dispersed over the last two years. Other older nurses had shared with her that this is not uncommon, and that many have gone through these periods. Her question was, then, “How long does this go on, because you have to come out on the other side at some point? Is there some kind of pattern?” Clearly there are no pat answers, no clear paths that are available for everyone in exactly the same way, and Donna lamented the lack of easy answers to a source of ongoing distress in her life.

Living the questions as a theme of resilience connects with the realities that life is full of complexities and paradoxes that may strengthen one’s ability to be resilient. If there are no easy answers or black and white contrasts, then maybe there is hope in the uncertainty and ambiguity. Living the questions opened spaces for finding new meanings, as did the next theme of seeing with new eyes.

## Seeing With New Eyes

*“Art does not reproduce what we see; rather, it makes us see”*

*Klee, n.d.*

The third theme that emerged from the sessions was about the new perspectives and innovative ideas about resilience. Participants began to *see*, to understand and create in new ways that enhanced their understanding of resilience. In addition, many participants had not anticipated the synergistic effect of art experiences and dialogue in opening up these new and ever-changing landscapes.

New ideas emerged about resilience, the value of the creative process generally, and a/r/tography specifically. It was quite an evolution to see how the group became self-organizing and developed the consensus that the a/r/tography community was such a vibrant living entity, it had become a source of resilience in itself. In fact, it could potentially be even more so if participants continued to meet as a community of practice, they reasoned. Seeing with new eyes meant new perspectives, new meanings, and seeing that anyone can engage in art experiences that can not only explore understanding, but also induce a very relaxed, almost meditative state.

Participants indicated that the new perspectives were rejuvenating even though they could be anxiety-provoking and challenging. For some there was work to creating new understandings. Still, even suffering can lead to new ways of being that are enormously helpful, group members decided. One participant spoke of patients in rehabilitation that have had spinal cord injuries, and who begin to paint by holding the brush in their mouth. She found it quite remarkable that even though the group of painters

that she has seen working may have never been involved in art previously, the artforms produced were very beautiful. “That is resilience for sure, self-expression through art.” Another nurse shared that witnessing resilience in a patient “kind of recalibrates where you’re at, why I went into this profession.” She noted that she enjoys work even though she knows not everyone does, and that she uses every opportunity to “peer beneath the surface” and avoid judging people as much as possible. Her enjoyment of work is a source of resilience, then, in the stress filled environment of healthcare.

Some participants discussed well-known artists such as Van Gogh and Mozart. Their ability to transcend limitations and create incredible pieces of art (eg. paintings, music) is also a manifestation of resilience, they said. In this way the group began to think of resilience as a support to transcendence, or some type of transformation, not just maintaining the “status quo.”

Donna produced a painting in the last session that depicted resilience. She featured a large dark tree with a tiny, bright red apple. She noted,

It’s eerie and scary, I kind of like things like that. But then I put the little apple in and it softens it a bit. It’s a little thing of hope, a little life in there. It’s just a bright light, hanging in there. The picture is dead, but it shows one little bit of life in it.

In the last session, one of Donna’s new insights helped her to see more clearly that:

Nursing was never me. It was never, ever me. It was a fallback position, that’s what it was. So if I can go back to things that I did in high school like reading or painting, (and I am now back painting,) it takes me outside myself. History is very

important to me too. So that is who I am. So these things give me that deeper dimension that nursing has never been for me.

Donna had come to the conclusion that since nursing did not express the essence of who she was in a way that was important to her, she could consider other areas of her life that could be developed. She could see that other interests could provide resilience in a way that nursing could not, for Donna.

Kate commented that she notices that people “don’t diffuse themselves, but put things in a box over and over. When your box breaks, it is no surprise that you do too.” She felt that resilience is the opposite of “the description of what some call compassion fatigue.” The group recognized that it is hard to see compassion fatigue or vicarious traumatization in themselves at times, yet recognition is the first necessary step in addressing compassion fatigue.

When creating an artistic representation of resilience, Kate also painted a tree. She shared that it was initially going to be a “sparse, spartan kind of tree.” She described how her original vision of the tree changed, as she began to spontaneously add “huge shots of very textured leaves.” Kate noted “I’m very disciplined at home if I feel this is the path to go, it’s how I strive for excellence.” She then shared that she used colours she would not normally choose, and attributed this to the group being “a safe place, we all embraced that. I could see recurring themes of resilience in the deep roots that are as important as the branches that convey the idea of stretching for possibilities.” Kate declared “Creating this tree for me was an act of complete freedom!”



A nurse noted that it should not make people feel guilty to “take a break, stop doing, doing, doing like the system pushes us to do. Get into something like we are doing here in this group or whatever it is for you.” The pressure of being “supermom, superwoman, supernurse” can be overwhelming, some participants noted. The need for self-care could not be stated strongly enough, many felt. Pat said “This is really... it has lightened me. I feel lighter. I feel this is something that’s so important to me.” Pat could now see that to survive the demands of the busy world, there might be new ways to develop resilience which might feel “lighter”, as if the burdens of the world were lifted. Different ways of enhancing resilience might be by connecting with people, by having the courage to ask difficult questions, or by developing new perspectives.

Having a team that you can count on for support is something that Dawn values as a source of resilience for herself. She reminds staff and students “Don’t look at the illness, look at the person.” She spoke of her amazement about the transformation that occurs when caring for a patient who is very ill and then recovers. She found it remarkable to see the person begin to recover parts of themselves that may have been obscured with the illness. “It’s like you start to see a new person. It could be any one of us, so I always have in the back of my mind to try and treat people like that.” A new vision or opening into seeing another side of the person that she is caring for can be very rewarding, she felt.

Many participants talked about the freedom to create that they discovered in the group, an opportunity to again see value in creativity to support resilience in itself. There was information about the various materials for creative expressions in the a/r/tography group, but there were no predefined products that participants were required to produce. Over and over again the word “play” surfaced, with participants marveling at their encounters with creativity in a new and different way. They reinforced the value of the pleasurable atmosphere that was not tied to expectations. Many felt energized, and liked the fact that they had the option of either trying new things, or being able to stay with processes that were safe and comfortable to them.

Pat spoke of problem-solving and creativity, as she now sees it from the perspective of having participated in the group.

Just like the group explored resilience, creativity helps you look at other things in different ways. When you come out of the creative zone and go back to whatever,

the problems that you tried not to think about, suddenly, out of the blue you think about them in different ways. It helps you solve them, or approach them in a different way and you realize that they're just not problems anymore.

Openings to new meanings emerged again when Sue talked about a book she had read in high school that had a profound impact on her thinking, "Man's Search for Meaning" (Frankl, 1992). The book detailed the story of a man who was in a concentration camp during the holocaust, and endured horrific experiences, Sue explained. As more of a rupture or life-threatening tear, the author seemed to convey new meaning that surfaced from one of the most devastating experiences one could imagine. The ideas about resilience that came out of such tragedy were unsettling.

The bottom line message of the book is that you can do whatever you want to my body but you can't change the 'me' inside, or you can't change my spirit or something like that, it's how I choose to respond to it. I remember thinking, OK, no matter what happens to you there is always something inside of you that is a spark of you, and maybe that's the spark that gives rise to resilience.

Another participant who had also read the book agreed about its powerful effect on a reader, and she was very touched by the ability of some prisoners to find meaning in life despite these circumstances, as the particular meaning seemed to enhance their resilience and they were more likely to survive. For example, a prisoner might think of their child or their spouse and be more determined to survive and transcend the terrible experiences they faced daily.

Another topic that sparked intense conversation was the newer concept of neuroplasticity. Neuroplasticity refers to the ability of the brain to reorganize itself by forming new connections. Was neuroplasticity involved in a new ways of understanding resilience? Participants had been talking about creative acts that were simple and repetitive. For example, some people doodled while listening to lectures at school. “I would have these long, long doodles in the margins of all of my books. It helped me pay attention actually.” Some liked needlework when having a conversation. One participant said “It’s that part of your brain when your mind is on something else that goes ‘tap, tap, tap’, look at that. Like it’s not the forward part of your brain, it’s back in.” She then related these comments to what she had been reading about recently called “neuroplasticity.” She noted that repetitive exercises like drawing the same thing over and over, or playing a guitar piece several times, were actually a ways of developing new neural pathways. New understandings of brain function shed light on how resilience might be developed, for example with exposure to certain experiences. Could they cultivate the development of new neural pathways that enhanced resilience?

In line with the tenets of neuroplasticity, the group discussed new perspectives on the development of creativity. If resilience is not static but can develop, can creativity be developed or enhanced in a similar fashion? Donna noted:

I find the concept of neuroplasticity very interesting because I always thought that creativity was innate. Either you’re born with it or you’re not. You have a modicum of it and you couldn’t develop it further; that’s all you’ve got. So if you can actually develop new neural pathways, just as in post-stroke patients...wow!



Another participant said that she thinks some people are born with certain abilities, but others could learn these creative techniques. “It might take them longer, and it might not be on the same level exactly, but it would be your own individual creativity. You may display creativity in different ways altogether. The key here is process, not product.” The group discussed how neuroplasticity may explain how creativity can be developed, and how exposure to resilience might develop new pathways of understanding that can support a deeper, stronger resilience. One participant raised the example of the group of patients that paint with brushes held in their mouths again. “Remember them, we talked about them? They had never done art, ever, they said. And with time, they get better and better, with the repetition, new pathways as you say. They are living resilience!”

Sarah was pleased with a watercolour painting that she created in one of the sessions, and took it to hang on her office wall. She talked about both seeing the art and also seeing herself as someone who could potentially create this representation of resilience, as being new perspectives. She felt that as she applied the colours initially, “something was evolving, rolling out, just so beautiful.” The art reminded her of the colours she would see after a night shift in the early morning, looking out the window and she would say to herself, “I made it through another shift.” To see the scenery out the window “fed my soul.” She talked about appreciating nature and growing up on a farm where resilience was a necessity through times of bad weather, machinery breaking down, and so on. She credited her parents with providing her with early examples of resilience as they worked on the farm, everyone “pitching in and doing their part.” She noted that her dad taught her that resilience did not mean being inflexible and rigid, or an

inability to display emotion in the stoicism common to his generation. Rather, she saw him cry on occasion and so resilience meant that “It was still OK for a grown man to cry at times.”



## Chapter 6: Discussion of Findings

### Discussion of the Renderings and Themes

The purpose of this research was to explore how nurses understand and describe the concept of resilience. Rich conversations and participation in the creative process was evident throughout each of the four a/r/tography sessions. The renderings provoked questions, invited comments, and inspired the group to explore and come to many new understandings of resilience. The renderings and their related questions enabled the group to create new knowledge about resilience as expressed in recurrent themes: *connecting and reconnecting*; *living the questions*; and *seeing with new eyes*. This chapter will further discuss the insights that surfaced through a process that participants found deeply meaningful.

#### Connecting and Re-Connecting

The research group was composed of nurses, some of whom were also educators; an artist; and nurse researcher. The relationship between these roles, as well as the identities within them, contributed to the community of a/r/tographical practice by providing in-depth understandings of the phenomenon of resilience. The rhizomatic relationality of a/r/tography makes the inquiries “emergent, generative, reflexive and responsive” (Irwin et al., 2006). Rhizomatic connections have no beginnings and there are numerous entry points. This metaphor in a/r/tography helps to describe the perspective of knowledge as being alive; always growing, adapting, and changing, which occurred continuously in the research group.

Making connections with other group members was a theme that emerged over and over again in the data. Meaningful connections with others occurred within the research process, and the relationships sustained afterwards. Anne's painting of the redwood trees resonated with members of the research group, and participants noted that our ability to be unique individuals may be because of the particular connections that we have with others even if the connections are not always visible. Parse (2007) speaks of the connectedness that can be experienced with those who have passed away or are yet unborn, as an example that highlights the fact that significant bonds may be with others beyond those present and visible in a person's life. There may be connections to events, objects, or ideas that can significantly affect a person in various ways, yet are not readily apparent. Many times these connections are not something in conscious awareness, as they are not overt and obvious.

This sense of connection or re-connection is often described in the literature as an important factor in fostering resilience, even when resilience is viewed primarily as a personal trait. Resilience is nurtured in relationships, and the synergy of a group (a family, for example) can augment resilience more than each member could do as an individual (Walsh, 2012). McDonald, Jackson, Wilkes, and Vickers (2012) studied the effect of an educational intervention with nurses that offered an opportunity to begin the development of personal resilience. The educational workshops encouraged the development of a collaborative learning group as one of their strategies, and the ability to work well in healthcare teams was highlighted as well.

Connections with colleagues have a powerful impact on the presence of resilience as described by nurses. Conversely, colleagues could diminish one's ability to be resilient. Being able to work well in an interprofessional team, problem-solve effectively, and resolve conflicts that arise are critical elements of what Hodges, Keeley, and Troyan call "professional resilience... [which] helps to sustain longevity of professional practice" (2008, p. 81). Although there is a great deal of research about leadership and the value of interprofessional team functioning, nurses in the research group felt that many healthcare professionals in the workplace do not have an opportunity to develop and refine their team-building capabilities. There is more understanding of role clarity, but the skills and abilities needed to work closely together in times of harmony as well as times of conflict are often lacking in the healthcare team, the nurses noted. They shared examples of situations where power and hierarchy could still be the dominant structure as opposed to a more participatory style of functioning and leadership where the contributions of all are welcomed and valued.

McAllister and McKinnon (2008) describe four out of five elements that contribute to resilience in adults: connections with one's family; the social environment; the physical environment; and a connection to a sense of inner wisdom. Acknowledging the value of the connections with others in healthcare is also very congruent with Unger's (2012) social ecology of resilience. Unger (2012) notes that there is no current widely accepted definition of resilience because the prevailing view has been that "resilience is something that individuals *have*, rather than as a *process* that families, schools,

communities, and governments facilitate” (p. 1). Unger (2011) proposes the following definition of resilience:

In the context of exposure to significant adversity, resilience is both the capacity of individuals to *navigate* their way to the psychological, social, cultural, and physical resources that sustain their well-being and their capacity individually and collectively to *negotiate* for these resources to be provided and experienced in culturally meaningful ways. (p.10)

The inclusion of both navigating and negotiating indicate the shared impact of both personal abilities as well as social resources, as a person needs certain capabilities to function even at a basic level. There must also be resources that are worthwhile and culturally compatible for the person who is attempting to utilize them. Unger (2012) also notes that while the social ecology of resilience is far more important than previously realized, both this position and that of the individual are not mutually exclusive; both are needed for optimal resilience development.

Being able to re-connect with stories of their nursing practice was a source of resilience for participants. The stories often depicted the incredible and varied abilities of persons and their families to display and even sustain resilience despite formidable conditions and illnesses. Nurses’ stories can invoke reflection and provide insight about responses to adversity that cultivates resilience (East, Jackson, O’Brien, & Peters, 2010; Wolf, 2008). Because the research group was perceived by participants as a trusting, non-judgmental process, new insights often emerged for the story-teller as well as participants. Discussion surfaced insights for all. The connections to stories deepened the

relationships among participants which encouraged the openness and willingness to share of themselves. Being able to make significant connections with persons in care and their families could sustain the wellbeing of nurses through many difficult periods, and participants felt that re-connecting with these stories reactivated the positive impact (East, Jackson, O'Brien, & Peters, 2010).

Many participants talked about the value of an arts-based process in the exploration of resilience, and as a result found themselves re-connecting with creative practices at home, some of which participants had not enacted for years. Several nurses found that being able to re-connect with a creative practice was very satisfying and relaxing, and could function to process some of the day's stress, or alleviate the stress temporarily which strengthened resilience. It is interesting to note that within the education program developed to promote resilience in nurses and midwives by McDonald, Jackson, Wilkes, and Vickers (2012), creative practices were included to enable participants to express ideas and concepts that were difficult to express in words. One participant in our research group, who felt that nursing was not satisfying for her but was only a source of income, was able to identify her re-connection with an artistic experience as a potent source of resilience that she would continue into the future.

Participants felt that while it is commonly understood that a supportive network of relationships might foster resilience, the research group developed relationships that were unique in their quality. Bonds were formed that were deeper and more sustained as a result of the a/r/tographic process that included using the renderings to stimulate dialogue

and sharing, as well as artistic representation. Not just any group, then, would be a source of relationships that strengthened resilience.

### **Living the Questions**

During the research group sessions, many questions were raised; some with no obvious answers. The questions from the renderings sometimes created even more questions. The progression of initial questions to articulating additional questions is understood to be part of the process of a/r/tography and a way of exploring deeper meaning. Irwin et al., (2006) notes “A/r/tographic inquiry emphasizes the process of inquiry and therefore questions evolve as the shifting rationality found within the project informs the direction of the inquiry” (p. 75).

Questions arose about the roots of resilience, such as whether nursing attracts those who already have resilience or if nursing as a profession uniquely supports the growth of resilience. This query mirrors the research that has tried to identify how resilience is fostered and under what conditions, but again the distinctive individuality of a person makes these outcomes impossible to define in a standardized fashion. A recent anthology of nurses’ experiences, “I Wasn’t Strong Like This When I Started Out: True Stories of Becoming a Nurse” (Guskind, 2013), echoes the questions of the group participants when they wondered if the profession itself is the source of a significant and uniquely situated growth of resilience as years pass. Being part of a profession that requires work with patients and their families around the clock means that nurses will be present throughout the entire realm of lifetime experiences from birth to death, and the belief is that exposure to resilience can serve to enhance it (Rutter, 2007). Some



participants did feel that being a nurse provided certain experiences that contributed to their resilience, and that these experiences would not have been available to them outside of nursing. Others believed that any helping profession or opportunity to work with vulnerable or marginalized populations as well as society at large might provide similar opportunities.

Rutter (2007) was considered quite revolutionary when he opposed the early resilience interpretations that focused on personal agency, assertions that were bolstered by the North American culture of individualism. He stated unequivocally that resilience is much more than personal traits, and that it requires looking through a lifespan lens to understand its complexity. Rutter (2012a) also validated the questions that were raised by current group participants about the value of exposure to adversity. He described the “strengthening or steeling effects” (p. 337) that can occur with exposure to life’s challenges, and what might enhance or limit these effects. Nurse researchers are in agreement that exposure to adversity can strengthen resilience (Hodges, Keeley & Troyan, 2008; Jackson, Firtko, & Edenborough, 2007; McAllister & McKinnon, 2008). Resilience development is a part of normal growth and development. And, certain traits can be considered protective factors, such as flexibility and sense of autonomy, but the understanding of resilience must always include the broader social context (Atkinson, Martin, & Rankin, 2009; Rutter, 2012b; Unger, 2012). Participants also discussed the idea that while some circumstances might serve to reinforce resilience, such as the wise comments from the child with cancer, these circumstance might be defeating for others.

The complex nature of resilience means that many variables at work within unique individuals will produce heterogeneous expressions of resilience.

Supported by the renderings, when the question “What are some of the meanings or metaphors of resilience that are being revealed and/or concealed?” was posed, various ideas emerged in the discussion and artwork. The metaphor of resilience depicted by trees surfaced often. Trees are also symbols that relate to knowledge, and the a/r/tography group created new knowledge as the research process progressed. Davis, Sumara & Luce-Kapler (2008, p. 3) note that “The image of the tree of knowledge hints at the vibrancy, the sufficiency, the contingency, the evolving character of knowing.”

Other metaphors that surfaced to expand understanding of resilience such as a coil, often depicted the idea of “bouncing back”, or persisting through a difficult time. The ability to withstand adversity over time might enhance the ability to be resilient. The conversations revealed the challenges when “bouncing back” did not occur fully, or at all.

Struggling with personal change was the focus of a study with women who remained in abusive relationships even though they also wanted to leave these relationships (Pilkington, 2000). Although most women finally did leave the relationships, it sometimes took years to do so. Participants described similar situations that seem to show evidence of resilience, yet involved enduring what others might see as dysfunctional or unhealthy situations for a period. One participant raised the challenges that would arise in her nursing practice with women in abusive relationships, because it would be very discouraging when a woman returned to a known abusive relationship. As a result of the group discussion, the nurse noted that she was finally able to see that there

might have been a slow growth of resilience in such women who needed the support and understanding of the healthcare team to leave their relationship when they felt ready, not necessarily when the healthcare team instructed them to leave.

Hine and Welford (2012) discuss their research in resilience through examining violence in girls (from the perspective of the girls themselves) which they point out is always socially and culturally located. For example, for some girls living in disadvantaged communities in England, Hine and Welford (2012) noted that fighting back may be critical for these girls to avoid an image of vulnerability which may put them at even greater risk, both physically and emotionally. The girls' violent behavior in their own context, then, could actually be viewed as supporting resilience. This example is similar to others raised in the *a/r/tography* group, such as episodes of bullying that are destructive in one way, but may be an example of resilience, at least for a period of time. The group was divided as to whether these confusing examples of violence would be considered a form of resilience.

In his understanding of the social ecology of resilience, Unger (2011) includes four components: decentrality; atypicality of processes; complexity; and cultural relativity. Decentrality refers to the concept that the individual is not the sole source of resilience. In evaluating resilience, outcomes at the individual level are not sufficient to evaluate the quality of resilience as this practice could lead to the full responsibility for resilience being placed entirely on those who live in toxic environments, for example. Again, a broader social view is necessary. Likewise Unger (2011) describes the atypicality of resilience processes, and notes "In resource poor environments, atypical use

of developmental resources may be adaptive and positive” (p.8). One participant described the less understood type of resilience described by Unger (2011) as “brittle resilience” and felt that it was needed for example, to cope with burnout, but that it should only be a temporary solution. Complexity in Unger’s (2011) view is an acknowledgement that resilience is a multi-faceted process, and there is a danger in succumbing to the temptation to describe resilience in terms of linear relationships between protective processes and outcomes. The research group concurred, in that the questions left unanswered and discussions with varying perspectives made it very clear that the complex process of resilience defies easy explanations.

The relationship of culture to resilience or cultural relativity, is what Unger (2011) describes in the fourth principle of a framework of resilience. Different expectations and norms create variations in the social ecology of resilience that need to be considered. The dominant culture’s standards are thus not always relevant to the development of resilience.

Unger’s (2011) expanded view of resilience encompasses some of the questions that participants raised about unusual manifestations of resilience, or the complexity of the process of resilience in itself. There are questions that surfaced that do not have answers, and participants found the practice of a/r/tography to be quite unique in its processes that not only allow for questions, but also allow for the *not-knowing* that may also result from questions. Most nurses were more familiar with problems that needed immediate solutions, or healthcare incidents that always led to some kind of speedy

resolution, no matter how unsatisfying it was. It seemed more honest and open to participants to acknowledge that there is much that defies understanding.

### **Seeing With New Eyes**

Being able to assume new perspectives was a major theme during the research group sessions. There were moments of enlightenment that participants shared, and one person's insights might inspire another thought. These moments of insight that occurred spontaneously and that acted as a catalyst for further insights are an example of the rhizomatic relationality of a/r/tography.

Seeing new possibilities or "beauty in ashes" was a theme that the process of creative experiences seemed to spark. Resilience is cultivated when a feeling of being stuck or trapped evolves into freedom, for example. The fact that two people can see very different things in an art piece at the same time helps to understand the reality of paradox. In addition, the literature supports the idea that immersion in art can improve the ability to solve problems or *think outside of the box* (Hodges, Keeley, & Grier, 2005).

Compassion fatigue was discussed in the group as a symbol of diminishing resilience. Recognition of burnout is easier than identifying compassion fatigue since when a person suffers from burnout it is very obvious that a person cannot continue with the status quo. Burnout occurs after compassion fatigue has been experienced for a period, so by the time the burnout becomes visible, the process is already well in progress and interventions at this late time are therefore disadvantaged (Mathieu, F., 2012). The more insidious course of compassion fatigue requires astute observation skills, and participants felt that it should be discussed openly and more frequently in organizations.

In this way, nurses and other healthcare professionals could avoid full burnout. Dialogue in the group led to a new ability to see the potential damaging effects of compassion fatigue which reinforced the need to understand how best to foster resilience in nurses.

The purpose of the a/r/tography group was to explore the deeper understandings of resilience and Victor Frankl's (1992) book was cited by some participants as important in shedding new light on what factors influenced resilience.

By declaring that man is responsible and must actualize the potential meaning of his life, I wish to stress that the true meaning of life is to be discovered in the world rather than within man... being human always points, and is directed, to something, or someone, other than oneself—be it a meaning to fulfill or another human being to encounter (p. 115).

Frankl (1992) describes the acquisition of meaning in a person's life that he felt enabled some to transcend horrific circumstances and subsequently display resilience in remarkable ways. The belief that meaning is discovered outside oneself and leads to resilient behaviours also reinforced the group's understanding that resilience is not just a personal trait, but involves connections and relationships. It is also compatible with the more recent view of the social ecology of resilience (Unger, 2012). As new understandings of resilience emerged, the group itself continued to exemplify a connected resilience.

Another new perspective that came to light in the group was that creative practices can induce a kind of relaxed, meditative state. The meditative state that results is very useful in mediating the stress and strain that limit the expression of resilience

(McDonald, D. 2013). Nurses felt that this discovery was a little known feature of art practices, as many assume that only certain people with inborn talent derive any benefit from creative experiences.

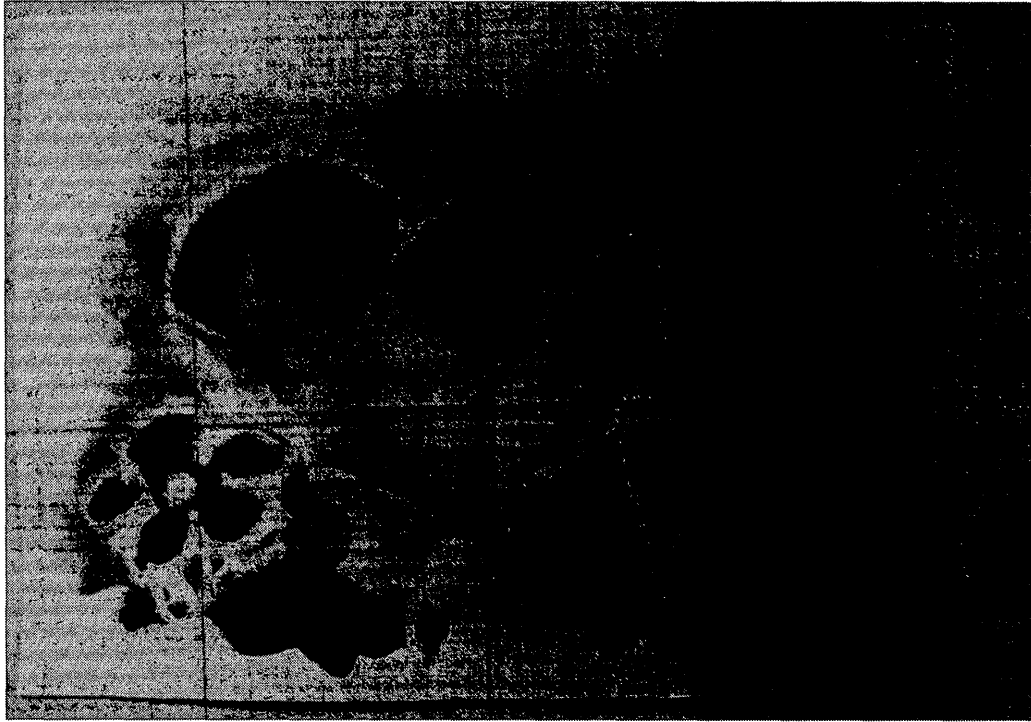
The a/r/tographic community of practice surfaced many new insights for participants of this study, and the enthusiasm that resulted evolved into a dedication to keep meeting, even after the research was completed. The findings from the group about the process of a/r/tography itself will now be described in more detail as the data provides a unique perspective of the importance of this research and its processes.

### **The Process of A/r/tography**

Communities of a/r/tographic practice often draw people together with a shared interest that is important to members, such as social justice issues. Irwin (2008) describes the members of an a/r/tography group as “singular plural beings” (p. 72) who place great value in the group commitment to relationality within a living inquiry. Ambiguity and uncertainty are not avoided, but rather appreciated. Irwin (2008) further states that “becoming a practitioner is less about practice and more about becoming... [and] the emphasis for learning is on an awareness of our selves-in-the-making” (p.73). These ideas were expressed very eloquently in Anne’s redwood tree painting that captivated members. The story of the redwood tree reflected the contiguity of being individuals (singular beings) and yet connected strongly in ways that were not always visible (plural beings). Participants truly opened themselves up to one another through both words and art and in doing so they created a space that uniquely illuminated many layers of understanding about resilience.

Participants were very enthusiastic about the a/r/tography sessions that explored resilience and included very open expressions of art, noting that “We are creating new knowledge here!” The value of the arts in all forms was affirmed by participants. The group felt that an art form or particular practice could be very important for persons to help make sense of their world and even to transcend it at times. Group discussions turned to the fact that sharing the art that others have created is inspiring and engaging for participants. “I remember Anne that you talked about the redwood tree and roots, and the connection to the cooperation and strength as well as the necessity of having the people around you,” said Wendy in a later session. Wendy related that she now has a different way of thinking about resilience that she would not have if she had not seen Anne’s painting and heard her reflection. Wendy also has a new view of herself as being capable of producing beautiful art! Wendy created some simple shapes that represented elements of resilience to her, and colours that she loves. Seeing the picture on her office wall brings back the feelings for her, she said. It was a painting with the feeling of hope and optimism.





Two different ideas about creating artforms emerged together in discussions. One idea was that art is a structured process with the goal of producing a product. The second idea was that the purpose of art can also be to explore, discover, and enrich life and learning about resilience. Both ideas have value, participants affirmed, but group members enjoyed the latter as it describes the practice of *artography* that they were living out. Many participants enjoyed art experiences as never before because the pressure to conform and generate pre-defined projects was lifted.

Each session started with a short semi-structured exercise that engaged people in the art materials to inspire their own exploration. In one session, for example, participants completed quick 30 second drawings from simple “doodles” and then shared their representations. Beginning with something easy and open to interpretation was a good way to start, group members concurred. Participants became interested in what they could

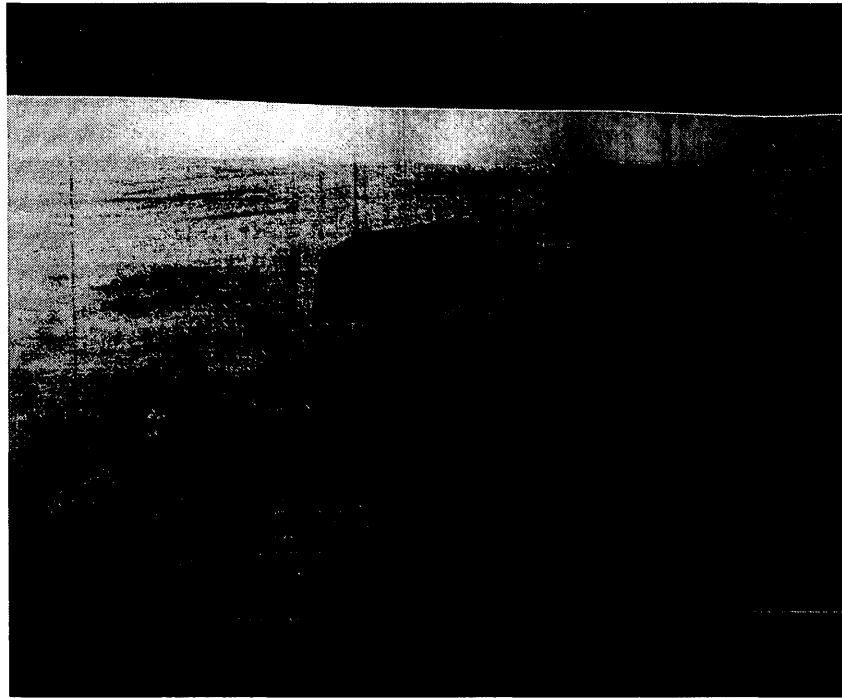
express through the materials, and had significant discussions about the meaning of the design of someone's art in relation to resilience, or the choices of colours and how they might relate to resilience.

Participants became increasingly adventuresome in their artwork as well as in their ideas about resilience that were verbally expressed. While most participants were initially a little bit hesitant, they quickly began to display a willingness to explore more complex understandings of resilience both in the art projects and in our conversations. It seemed as though more daring art representations encouraged more depth of reflection in the dialogues and vice versa. Participants spoke of enjoying the feeling of freedom that the group offered as they explored via art and text, and they noted that this freedom was valuable. For example, Donna described an experience singing with a large group, but noted "I couldn't take the confinement." She said that she was asked to adhere to certain postures and musical conventions, "you just can't sing the way you feel." The a/r/tography group felt overall that more freedom with artistic expression was conducive to new learning and was mirrored in the depth of conversation about resilience that evolved over the sessions.

An interesting occurrence for some participants in this study was that after some of the group sessions, they found themselves reconnecting with art practices from years ago that they had enjoyed but not continued. Kate was a pianist when she was younger, and she described how she would be attuned to the music that she played in an intuitive sense. "I can read music very well but I always played what I felt, and my interpretation might align with what the composer wanted or not. It was always driven by an internal

thing.” She noted that her sister was technically a more proficient pianist, but when Kate was a teen her parents would pay her to sit down with her sister to attempt to teach her sister how to interpret music. “I would say, you need to play this more quietly, you need to stretch this note, and you need to dig into that... because she couldn’t feel it.” Kate described how, over time, her sister worked to try to copy Kate’s suggestions, and indeed began to “develop her own style. She was open to it, and she is an amazing pianist now. I guess she was learning to make her own links to the music.” Kate feels that it was because of her experiences in the group that she started playing the piano herself again. She is playing songs that she has not played in years, and noted “It’s very interesting because the connections are still there; my hands are back to an ‘eleven key stretch.’ ” Playing the piano seemed to support the ability of Kate to be resilient. In our *living inquiry* Kate could understand that her intimate engagement with the music was one of the reasons music had been so enjoyable for her, rather than playing the piano technically without a depth of engagement. She felt that the group’s experience of exploring resilience both in art and words inspired her return to play more regularly.

When younger, Betty was always sketching and painting. Her grandmother would send her small notecards, and Betty used to create numerous soft watercolour scenes that were similar. They often featured a country mailbox with many variations, and she painted a similar scene in one of the groups. Expressing enjoyment with the process, she noted “I haven’t done a mailbox in a really long time.”



Betty also described her husband's curiosity with the research group sessions that she was attending.

He's really noticed a difference in me, like I come home and I can't stop talking about what people have created. What we're doing is so different here. It's fascinating to see how everyone's work is unique, even if we are doing the same thing. It makes you want to try things. People come up with art that I think is really brilliant!

Another nurse agreed with Betty, saying that she felt inspired by the sessions and began to make little sketches between sessions. "I haven't sketched in ten years!" Hearing this, a participant shared that she too had been "experimenting with art" in the time between sessions.

One thing that this group has done for me, and that's why I don't want it to end, is it's opened up for me, you know, exploring the whole idea of using art in a different way. I've always done serious illustrative work so I'm getting inspired by what you guys are doing. I've been looking at what people do to sort of 'open up' and play around with paint. I've never played with paint!

Reverberations and openings were particularly evident as participants reflected on the impact that the sessions had on many levels. At the last session, one participant declared "I just don't want this to end!" Others affirmed similar thoughts, and another nurse said "Pat and I have been talking about it, also Deb too. Why can't we just keep on going? Look what you started!" Wendy said "Oh, we'd all be depressed if nothing else happens. Where do you find a community like this?" A participant stated, "I think everyone would agree, this actually makes us resilient, it is a form of resilience in itself!" Participants became increasingly excited as they brainstormed ideas to determine how the group could continue to meet, learn, explore, and create.

I've been thinking all week, I've been thinking, what is it about this? How could we still do this? It's become part of how I relax, how I am understanding resilience. And I think that there are numerous groups out there that do art and all that stuff, what makes this a unique group? We're nurses, we're sharing stories, we are community. And there's a newness to it, too. I didn't know you, I'd never worked with you, and it's like giving yourself permission to do things.

Another nurse noted "This is like, time for me. So I don't want this to end because this has been something where, you know too, I've looked forward to these hours. Like I

am thinking monthly, we keep going monthly.” There was a general consensus of agreement in the group, and further discussion ensued. One participant said openly

I didn't know what this might be like, but I can say that I have thought about resilience and this group is resilience for me. I am so surprised that I was interested in the art, maybe I always have been and didn't know it, or maybe I just never had the chance to do something like all of these things together. But everybody seems to be so caught up in it, wants to do it, so it is like something in us that wants to come out.

Many participants nodded, and Sue said “It's like an expression that you need to make, or what it is I don't understand. That is why I am so curious.”

Participants spoke also of new views of creativity that were forming in some. Jan raised the issue of creativity, and noted that she now sees that there are various ways to manifest creativity such as gardening or knitting or raising children. Wendy agreed, and pointed out that when she goes home and cooks a meal,

I get lost in the creative part, it's not going to be in a famous restaurant but it's the process of using that part of you. I think a lot of people who are resilient probably have some passion outside of work that helps to filter that kind of nervous energy. It's not about performing, it's not about framing something on the wall, it's about the process of being artistic. You can define that however you want and 'talent' is not a requirement. Sometimes the process of art opens up questions, or asks questions, it may not provide any answers at all.

“Watching the creative process in itself is therapeutic,” said Jan, “not always actually doing it.” She shared that “Sometimes I feel stressed if I think I have to do something, so today it was great. I was just sitting and observing what everyone was doing, it took me to another place.”

Participants wondered, “What limits creativity?” If they had discovered many ways that creativity can support the development of new knowledge about resilience, why had participants not discovered this fact earlier in their lives? Some group members had anecdotes to share about what might have limited their view of creativity and its possibilities. They spoke of the early influence of teachers and education about art. Betty talked about a teacher who was always critical. When Betty created a particular project in school, the teacher insisted that it “wasn’t art” as it did not conform to the teacher’s specifications. “She was malicious, some people just should not be teaching.” The educators in the group were aghast, and hoped that these restrictive attempts at “education” were a thing of the past. “How can people like that be teaching?” Another nurse remembered a teacher telling her that her colours were not realistic. “When this happens, people just shut down and don’t do art anymore.” One participant talked about how challenging mathematics had been to her in school. Years later she encountered a teacher and realized that “I understood everything. This guy was wonderful, it wasn’t me being stupid. We can’t let these experiences dominate us and define who we are”.

Another idea that several participants commented on was the opportunity for each person to notice something or learn something different from an art form. “It opens up everybody’s horizon to expand,” said a nurse, and it enables people to be more open-

minded. Another nurse said “Two people looking at the same sculpture might get very different things from it. No wonder art can help us explore new concepts.”

The a/r/tography process that included creative experiences had a similar effect on many participants. Since the focus was the process of art-making and resulting products did not need to subscribe to strict representational rules, the atmosphere was relaxed, even playful. Participants discussed the value of the group process as they saw it, especially in the last session when the group talked about wanting to continue to meet in some way. “I have got to get back to doing something for myself, it’s so important to who I am, to be able to just ‘be’. Then you can go back and do what you have to do.” Many participants reported a feeling of relaxation with the art experiences which enabled more information about resilience to surface, among other things. “It’s like a meditation. It all gets so quiet in here when we start.” Another nurse related that “It’s something you’re doing that takes you outside yourself, or outside of everything you do.” Yet another nurse described her feelings as “you’re one with the painting, or the words, or the clay, or whatever you’re doing. You’re going outside of all those other things that have accumulated like barnacles.”

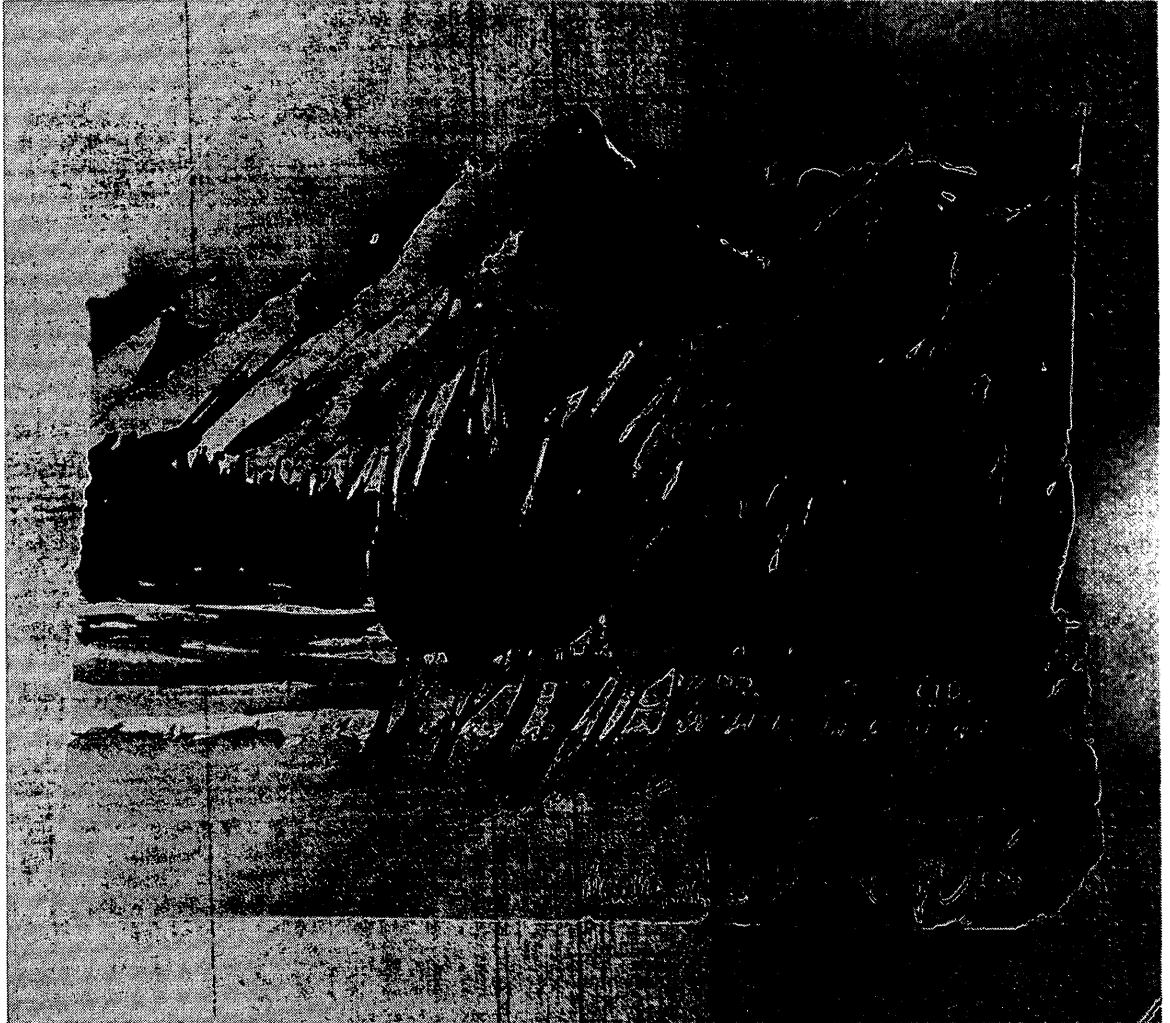
Betty responded that she thought the process of art-making slows her down, “so there aren’t so many questions swirling around your mind.” When she goes out with her camera to take photographs she feels that the focus and slower pace enable her to see things she would not normally notice. Her perspective becomes refreshed. Betty feels that because her busy mind slows down it can “focus” or become completely absorbed in something. Betty wondered if the ability to pay attention so intently is the key to



understanding why one's perspectives can alter so significantly. When Dawn began to paint and draw, she noted that she looked at colours with a greater focus. She found that she had never realized how many shades of green were possible. "I thought there was green and green. That's it. Now I see there are hundreds of shades of green, it is amazing!"

The artist in our a/r/tography group created a painting that demonstrated resilience as well as the group's evolution of understanding that the group itself was the source of a form of resilience for participants. She painted 13 cedar trees for the 13 research group participants, as she remembered seeing on a trip to a national park. She noted

Cedars are wonderful, so resilient. They'll go through anything and they just... they can have their roots pulled right out and they'll still find a way to hold on to a side of a building or a rock. These cedars are like the ones that I saw at the park, they looked almost like fire, the way they looked against the mountains. The resiliency of the cedars was colourful, it was dynamic, and it was fun, one of the best vacations, and that's kind of what this group was for me.



As the process of a/r/tography evolved through the four sessions, the understanding of resilience unfolded. It was as though we all contributed to the creation of a beautiful sculpture that expressed our deepest feelings and understandings of resilience as the sculpture's form emerged. It was a very moving and powerful experience for all involved.

## Chapter 7: Conclusions

The a/r/tographic community of practice met for four sessions to explore how nurses understand and describe the concept of resilience. The renderings and their questions guided the group to discover new knowledge within the themes of *connecting and re-connecting*, *living the questions*, and *seeing with new eyes*. The animated discussions and remarkable artistic representations were a testament to the value of the innovative practices of a/r/tography. The understandings that emerged provide an opportunity to make significant recommendations for education, practice, and further research.

### **Recommendations for Education**

Participants in the a/r/tography group talked about their own nursing education that generally did not include much information about how to live well in stressful healthcare environments. Knowledge about resilience including current theoretical understandings, should be included in the curriculum of all new nurses as there is evidence to support the idea that education can play a role in strengthening resilience (Hodges, Keeley, & Grier, 2005; Jackson, Firtko, & Edenborough, 2007; McDonald, Jackson, Wilkes & Vickers, 2012). Comprehensive knowledge about resilience research and its impact is critical for developing strategies to support resilience in nurses as well as those that they care for.

In this research, participants often commented on the bonds between group members, and the importance of the healthcare team in practice. While there is a new emphasis on interprofessional learning environments for students, it is similar in function

to the group work that has always been part of education curriculums. Occupational Therapy students at Queen's University in Kingston, Ontario have a unique element in their education, which is the creation of "Learning Teams". These groups last for the entire year and involve some group work, but primarily function to offer support and learning about working within groups effectively over a long period rather than for short episodes. These learning teams can be sources of resilience for group members, as well as opportunities for learning group skills that contribute to the resilience of a future healthcare team (Gord Unsworth, personal communication, May 20, 2013).

How would education involving a contextual, dynamic topic such as resilience be integrated into learning experiences for new nurses? Mitchell, Jonas-Simpson, & Cross (2013) describe a visionary nursing education framework that is based on narrative, conceptual learning, reflection, and complexity science that would provide the ideal environment for learning about resilience. In addition, the authors note that "Art as an enabling-constraint fosters border-crossings, that is, exploring a concept through the arts and not simply from text" (p. 37). The a/r/tographic community in this research project proved to be invaluable in exploring the understanding resilience for nurses. Using art in an education process about resilience would be enormously beneficial in providing rich opportunities for reflective processes of learning.

Education as described for new nurses is also recommended for those in the profession currently. It is critical to be able to examine what processes can support nurses to practice in meaningful, satisfying ways as the positive effects influence both their own quality of life as well as that of patients and families. Understanding elements that foster

resilience directly improve retention of nurses at a time when projected shortages remain a serious concern (CHSRF, 2006). Tourangeau, Cummings, Cranley, Ferron & Harvey (2009) suggest that a key element in retaining nurses within organizations is related to supportive practices and processes in the work environment itself, as opposed to developing strategies to modify nurses' behaviours. The authors' proposal is a reminder that the social ecology of resilience must be considered rather than a focus solely on the individual. Healthcare organizations would do well to heed these research findings by acknowledging that resilience can be enhanced by dedicating resources to the provision of healthy workplaces.

It is also helpful for nurses to learn further about how the issues of social justice and equality are involved in the understanding of resilience. Nurses have often advocated on behalf of marginalized, disenfranchised groups such as those who are homeless (Crowe, 2007). A recent international briefing paper (Oxfam International, 2013) discusses the urgent need to work together to diminish the risk that is always greater for poor and disadvantaged groups. "Resilience-building work must address inequality, power, and rights" (p.6). Addressing poverty can have as much impact on health as the effect of medications, which is an example of the prominence of social issues in the development of resilience (Crowe, 2013). Nurses, longtime champions for addressing the determinants of health would find learning more broadly about resilience to be advantageous.

### **Recommendations for Practice**

It is clear from this research that nurses found it beneficial to share stories of their practice. The stories connected or re-connected nurses with memorable and meaningful moments with persons and their families. This process enhanced resilience. Wilcock, Brown, Bateson, Carver, & Machin (2003) describe a process of obtaining patient and family narratives with the goal of using the information to make quality improvements from a person-centred perspective of care. The authors found that the stories shared were inspiring for healthcare professionals and provided significant insights. An important finding about resilience in nurses confirms the importance of connecting and re-connecting with others, as well as with stories of their practice. Both listening to patient stories and describing stories of nursing practice enhance resilience by stimulating reflection that can lead to new perspectives. Sharing stories creates connections and bonds in the sharing, and can aid in identifying and understanding complex interplays of emotions (East, Jackson, O'Brien, & Peters, 2010).

Nurses also need a greater awareness about compassion fatigue and the risks it poses to resilience. As caring, dedicated professionals who are used to putting the needs of their patients and families first, nurses could not hear about self-care practices enough. Lynda McLeod launched a web site, *Art by Nurses* (<http://www.artbynurses.com/>) to encourage creative expression and reflection through the arts. She was motivated by the information about healthy work environments for nurses, and proposes that one of the best self-care practices nurses could employ to support resilience is an artistic experience of some kind (McDonald, 2013).

There are many potential benefits from using creative experiences to enhance resilience in nurses, and previous art experience is not a prerequisite. There are relaxing, healing, meditative elements of creative practices that boost resilience. In addition, being able to be innovative or think “outside of the box” is valuable in the rapidly changing environment of healthcare (Hodges, Keeley, & Grier, 2005; Miller, 2008).

Another recommendation for practice is to consider utilizing the role of mentoring fully. Some organizations have formal mentoring programs that are distinctly different from preceptor relationships, as the purpose is not evaluative, but rather for support. Learning from others as role models who demonstrate resilience and posttraumatic growth can support the growth of a relational practice that can enhance resilience (McAllister & McKinnon, 2008).

### **Recommendations for Research**

Currently the field of resilience research more broadly includes adults, families and even communities; it encompasses a more multifactorial awareness of resilience that is both context related and dynamic (Atkinson, Martin, & Rankin, 2009). One of the challenges of resilience research is that resilience always involves risk, which often means the inclusion of vulnerable populations. In addition, the complexity of the process of resilience means that, according to Liebenberg and Unger (2009, p. 9) “a more participatory, contextually attuned approach is needed.” Innovative approaches such as the action research based a/r/tography group described in this study may exemplify the most useful methods for future research.

Both the dedicated engagement of participants and the amount of valuable knowledge that emerged about resilience give evidence of the value of an *autoethnographic* living inquiry. In fact, Jackson, Firtko, & Edenborough (2007) recommended that further qualitative research be undertaken to better understand resilience in nurses who have remained in the profession; interestingly, that was the focus of this study that engaged nurses who are currently practicing. More information about resilience could be gleaned from further research that could seek to understand what supports resilience in nurses, and what has worked to limit their vulnerability to adversity and work strain of all kinds.

Bradbury-Jones and Herber (2010) call for nursing research that values creativity.

The authors note that,

At a political level, using metrics rewards excellence in research that is within prescribed, narrow boundaries, which are typically focused on output, impact, and environment... creative thinking is usually in a weak position because it is not regarded as being necessary” (p.143)

Clearly research is needed, but methods must be congruent with the type of research questions asked. Graeme Sullivan (2010) notes that “art practice needs to be seen as a valuable site for raising theoretically profound questions and exploring them with robust research methods” (p. 119). *Autoethnography* provides a remarkable opportunity for exploring and expanding knowledge.



### **Dissemination**

Sharing a/r/tographical research findings contributes to the process itself, so it can be helpful to share findings throughout the research project. Particular venues may be useful for specific projects (Springgay, Irwin, Leggo, & Gouzouasis, 2008). The work in this study will be shared at Conferences, Research Days and Journals as possibilities arise. It is most important to share this work with nurses themselves to enable them to develop and refine their own understanding of resilience, and to demonstrate the value of nursing research. Nursing praxis is very congruent with an arts-based action research design such as a/r/tography. A/r/tography is similar to nursing praxis in that it engages with theory as practice, moving beyond boundaries (Springgay, Irwin, Leggo, & Gouzouasis, 2008). Nurses have long integrated teaching-learning opportunities with practical actions, and nurses in the research group found the learning process including the use of arts novel and engaging. Hartrick (2011) notes the similarity between nursing and the creative process. A wholehearted absorption in the provision of nursing care, being truly present in humanistic nursing, is similar to the encounter of the artist with the theory and knowledge of art-making as an artform is created. Leaders in nursing can learn from these findings, to support their staff and to model an approach that is both creative and innovative in response to the ever-evolving world of healthcare.

Why might the results of an a/r/tography research project matter to nurses in particular? Nurses experience life and death, grief and loss, and other important events in persons' lives on a daily basis. Finding meaning and supporting resilience could not be more relevant to the stressful workplace conditions and demands of everyday living for

nurses. As Irwin & de Cosson (2004) describes so eloquently “Most of all, a/r/tography is about each of us living a life of deep meaning, enhanced through perceptual practices that reveal what was once hidden, create what has never been known, and imagine what we hope to achieve” (p. 36).

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## Appendices

### Appendix A: Ethics Approval York University



UNIVERSITÉ  
UNIVERSITY

OFFICE OF  
RESEARCH  
ETHICS (ORE)

5<sup>th</sup> Floor,  
York Research Tower,  
4700 Keele St.  
Toronto ON  
Canada M3J 1P3  
Tel 416 736 5914  
Fax 416 650 8197  
www.research.yorku.ca

<b>Certificate #:</b>	<b>STU 2012 - 144</b>
<b>Approval Period:</b>	<b>09/12/12-09/12/13</b>

## Memo

To: Barbara Robinson, Department of Nursing, [barbara3@yorku.ca](mailto:barbara3@yorku.ca)

From: Alison M. Collins-Mrakas, Sr. Manager and Policy Advisor, Research Ethics  
(on behalf of Duff Waring, Chair, Human Participants Review Committee)

Date: **Wednesday 12<sup>th</sup> September, 2012**

Re: **Ethics Approval**

*A/r/rography: A Living Inquiry into Resilience*

---

I am writing to inform you that the Human Participants Review Sub-Committee has reviewed and approved the above project.

Should you have any questions, please feel free to contact me at: 416-736-5914 or via email at: [acollins@yorku.ca](mailto:acollins@yorku.ca).

Yours sincerely,

Alison M. Collins-Mrakas M.Sc., LLM  
Sr. Manager and Policy Advisor,  
Office of Research Ethics

## RESEARCH ETHICS: PROCEDURES to ENSURE ONGOING COMPLIANCE

Upon receipt of an ethics approval certificate, researchers are reminded that they are required to ensure that the following measures are undertaken so as to ensure on-going compliance with Senate and TCPS ethics guidelines:

1. **RENEWALS:** Research Ethics Approval certificates are subject to annual renewal.
  - a. Researchers are required to submit a request for renewal to the Office of Research Ethics (ORE) for review and approval.
  - b. **Failure to renew an ethics approval certificate or** (to notify ORE that no further research involving human participants will be undertaken) **may result in suspension of research cost fund and access to research funds may be suspended/withheld ;**
2. **AMENDMENTS:** Amendments must be reviewed and approved **PRIOR** to undertaking/making the proposed amendments to an approved ethics protocol;
3. **END OF PROJECT:** ORE must be notified when a project is complete;
4. **ADVERSE EVENTS:** Adverse events must be reported to ORE as soon as possible;
5. **AUDIT:**
  - a. More than minimal risk research may be subject to an audit as per TCPS guidelines;
  - b. A spot sample of minimal risk research may be subject to an audit as per TCPS guidelines.

**FORMS:** As per the above, the following forms relating to on-going research ethics compliance are available on the Research website:

- a. Renewal
- b. Amendment
- c. End of Project
- d. Adverse Event

## Appendix B: Ethics Approval Queens University



### QUEEN'S UNIVERSITY HEALTH SCIENCES & AFFILIATED TEACHING HOSPITALS RESEARCH ETHICS BOARD-DELEGATED REVIEW

December 21, 2012

Ms. Barbara Robinson

XXXX

Kingston, Ontario

Dear Ms. Robinson

Study Title: NURS-298-12 A/r/tography: A Living Inquiry into Resilience

File # 6007623

Co-Investigators: G. Mitchell

I am writing to acknowledge receipt of your recent ethics submission. We have examined the protocol, letter of support, York University REB submission form and approval, demographic data form and the information/consent form for your project (as stated above) and consider it to be ethically acceptable. This approval is valid for one year from the date of the Chair's signature below. This approval will be reported to the Research Ethics Board. Please attend carefully to the following listing of ethics requirements you must fulfill over the course of your study:

**Reporting of Amendments:** If there are any changes to your study (e.g. consent, protocol, study procedures, etc.), you must submit an amendment to the Research Ethics Board for approval. Please use event form: HSREB Multi-Use Amendment/Full Board Renewal Form associated with your post review file # 6007623 in your Researcher Portal ([https://eservices.queensu.ca/romeo\\_researcher/](https://eservices.queensu.ca/romeo_researcher/))

**Reporting of Serious Adverse Events:** Any unexpected serious adverse event occurring locally must be reported within 2 working days or earlier if required by the study sponsor. All other serious adverse events must be reported within 15 days after becoming aware of the information. Serious Adverse Event forms are located with your post-review file 6007623 in your Researcher Portal ([https://eservices.queensu.ca/romeo\\_researcher/](https://eservices.queensu.ca/romeo_researcher/))

**Reporting of Complaints:** Any complaints made by participants or persons acting on behalf of participants must be reported to the Research Ethics Board within 7 days of becoming aware of the complaint. Note: All documents supplied to participants must have the contact information for the Research Ethics Board.

**Annual Renewal:** Prior to the expiration of your approval (which is one year from the date of the Chair's signature below), you will be reminded to submit your renewal form along with any new changes or amendments you wish to make to your study. If there have been no major changes to your protocol, your approval may be renewed for another year.

Yours sincerely,

*Albert L. Clark*

Chair, Research Ethics Board

December 21, 2012

Investigators please note that if your trial is registered by the sponsor, you must take responsibility to ensure that the registration information is accurate and complete



**QUEEN'S UNIVERSITY HEALTH SCIENCES & AFFILIATED TEACHING HOSPITALS RESEARCH ETHICS BOARD**

The membership of this Research Ethics Board complies with the membership requirements for Research Ethics Boards and operates in compliance with the Tri-Council Policy Statement; Part C Division 5 of the Food and Drug Regulations, OHRP, and U.S DHHS Code of Federal Regulations Title 45, Part 46 and carries out its functions in a manner consistent with Good Clinical Practices.

Federalwide Assurance Number: #FWA00004184, #IRB00001173

Current 2012 membership

**Dr. A.F. Clark**, Emeritus Professor, Department of Biochemistry, Faculty of Health Sciences, Queen's University (Chair)

**Dr. H. Abdollah**, Professor, Department of Medicine, Queen's University

**Dr. R. Brison**, Professor, Department of Emergency Medicine, Queen's University

**Dr. C. Chine**, Assistant Professor, Department of Medicine, Director, Office of Bioethics, Queen's University, Clinical Ethicist, Kingston General Hospital

**Dr. M. Evans**, Community Member

**Dr. S. Horgan**, Manager, Program Evaluation & Health Services Development, Geriatric Psychiatry Service, Providence Care, Mental Health Services, Assistant Professor, Department of Psychiatry

**Ms. J. Hudacin**, Community Member

**Dr. B. Kisilevsky**, Professor, School of Nursing, Departments of Psychology and Obstetrics and Gynaecology, Queen's University

**Dr. J. MacKenzie**, Pediatric Geneticist, Department of Paediatrics, Queen's University

**Mr. D. McNaughton**, Community Member

**Ms. P. Newman**, Pharmacist, Clinical Care Specialist and Clinical Lead, Quality and Safety, Pharmacy Services, Kingston General Hospital

**Ms. S. Rohland**, Privacy Officer, ICES-Queen's Health Services Research Facility, Research Associate, Division of Cancer Care and Epidemiology, Queen's Cancer Research Institute

**Dr. B. Simchison**, Assistant Professor, Department of Anesthesiology and Perioperative Medicine, Queen's University

**Dr. A. Singh**, Professor, Department of Psychiatry, Queen's University

**Dr. J. Tang**, Medical Resident, Department of Emergency Medicine, Queen's University

**Ms. K. Weisbaum**, LL.B. and Adjunct Instructor, Department of Family Medicine (Bioethics)

### Appendix C: Demographic Data Form

<b>Demographic Data Form- Please place a "check" in the most appropriate box.</b>	
<b>1. Participant's Name:</b> _____ Age: _____ Marital Status: _____	
<b>2. Education/Occupation- Level of education completed:</b>  Some high school <input type="checkbox"/>  High school graduate <input type="checkbox"/>  College/university graduate <input type="checkbox"/>  Masters <input type="checkbox"/>  Doctoral <input type="checkbox"/>	
<b>3. Household Income</b>  Under \$25,000 <input type="checkbox"/>  \$25,001-\$50,000 <input type="checkbox"/>  \$50,001-\$75,000 <input type="checkbox"/>  \$75,001-\$100,000 <input type="checkbox"/>  \$100,001-\$200,000 <input type="checkbox"/>  Over \$200,000 <input type="checkbox"/>	
<b>4. Do you have a religious affiliation? If yes, please specify:</b>	
<b>5. To what race do you belong? (eg. white, black, Asian)</b>	
<b>6. What is your ethno cultural heritage? (eg. Italian, Jamaican, Spanish, French):</b>	

### Appendix D: Demographic Data Information

Table D1

*Participants' Age*

<b>Age (in years)</b>	<b>Number of Participants</b>
<b>Range</b>	35-64
<b>Mean</b>	51
<b>Median</b>	51

Table D2

*Participants' Marital Status*

<b>Marital Status</b>	<b>Number of Participants</b>
<b>Married/Common Law</b>	10
<b>Single</b>	2
<b>Divorced</b>	1



Table D3

*Participants' Education*

<b>Education</b>	<b>Number of Participants</b>
<b>Some High School</b>	0
<b>High School Graduate</b>	0
<b>College/University Graduate</b>	11
<b>Masters</b>	2
<b>Doctorate</b>	0

Table D4

*Participants' Income*

<b>Household Income</b>	<b>Number of Participants</b>
<b>Under \$25,000</b>	0
<b>\$25,001-\$50,000</b>	0
<b>\$50,001-\$75,000</b>	0
<b>\$75,001-\$100,000</b>	6
<b>\$100,001-\$200,000</b>	7
<b>Over \$200,000</b>	0

Table 5

*Participants' Religious Affiliation*

<b>Religious Affiliation</b>	<b>Number of Participants</b>
<b>Protestant</b>	3
<b>Roman Catholic</b>	5
<b>Anglican</b>	1
<b>None</b>	4

Table 6

*Participants' Race*

<b>Race</b>	<b>Number of Participants</b>
<b>White</b>	11
<b>Black</b>	2

Table 7

*Participants' Ethno-cultural Heritage*

<b>Ethno-Cultural Heritage</b>	<b>Number of Participants</b>
<b>English/Canadian</b>	9
<b>French Canadian</b>	1
<b>Trinidadian</b>	2
<b>Portugese</b>	1

## Appendix E: Flyer Advertising A/r/tography Research Project

**CALLING  
ALL  
NURSES!**

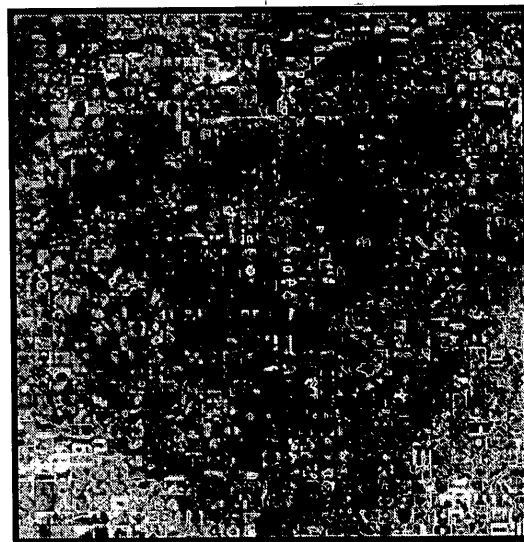


Image used under Creative Commons from <https://www.flickr.com/photos/14824420@N00/10000000000/>

**You are invited to participate in a  
research study!**

This innovative study will use an arts-informed methodology called "a/r/tography" to gain a deeper understanding of the concept of resilience, as described by nurses.

The reflective process includes discussions and art creation that may provide unique insights to benefit nurses and others in their quest for renewal and rejuvenation!

**NO ARTISTIC EXPERIENCE IS NECESSARY!** All supplies will be provided and participants will receive a \$50.00 stipend.

**Please contact BARB ROBINSON, CLINICAL EDUCATION  
COORDINATOR for more details.**

xxxx or email xxxx

This study has been reviewed and approved by the York University Research Ethics Board, and the Queen's University Research Ethics Board.

## Appendix F: Informed Consent Form

**Study name:** The Understanding of Resilience in Nurses through A/r/tography, a Living Inquiry

**Researchers:** Barbara Robinson RN, BScN  
MScN student, York University  
Clinical Education Coordinator, xxxx  
xxxx  
xxxx

**Dear Research Participant:**

You are being invited to participate in a research study directed by Barb Robinson that explores the concept of resilience in nurses through an arts-informed process. This consent form explains the procedures in detail, and Barb Robinson will be available to answer any questions you may have. This study has been reviewed for ethical compliance by the Queen's University Health Sciences and Affiliated Hospitals Research Ethics Board and by the Human Participants Review Sub-Committee, York University's Ethics Review Board. Participants will receive a \$50.00 stipend at the end of the group meetings.

**Purpose of the research:** The purpose of this research is to understand the concept of resilience as described by nurses, through an arts-informed practice of a/r/tography. Findings from this inquiry may enable nurses and other healthcare professionals to develop strategies to enhance resilience and thus improve quality of work life, which positively impacts all patient outcomes including safety. This arts-informed project provides the opportunity to seek meaning and make new connections between thoughts, often enabling ideas to surface that would not be evident in more traditional research methodologies.

**What you will be asked to do in the research, if you choose to participate:** You will be asked to join a group of 12 participants who are artists, researchers, teachers, and/or nurses. The group will meet weekly for 4 sessions that are 3 hours in length. You will be asked to complete a one-page form to collect demographic data. Each session will be tape recorded. On occasion, a video camera may be used to capture some activity or discussion. You will always be able to decline being videotaped and there will be no names or identifying descriptions of participants. During the session, group members will share artistic expressions of resilience (eg. poetry, video, literature) and will be able to discuss their understandings within the group. As well, group members will be provided with art supplies to enable them to create an individual project representing their own concepts of resilience.

**Risks and discomforts:** You may experience various emotions evoked by the reflection, discussions and activities during the group session, including fatigue. You are most welcome to stop at any time, or decide to continue after a break. You will always have

the opportunity to discuss any concerns with support provided by xxxx, but you have no obligation to do so.

**Benefits of the research and benefits to you:** The benefits of participating in this research are related to the community experience that includes discussion and art creation. You may find that the reflective process provides unique insights, and enables you to enhance your own resilience. You may derive satisfaction from completing a research project that can benefit human beings in their quest for renewal and rejuvenation. All art supplies are provided, and you will be offered a \$50.00 stipend on completion for your willingness to participate in the research.

**Voluntary participation:** Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer will not influence the relationship you may have with the researchers, research staff or the nature of your relationship with xxxx either now, or in the future.

**Withdrawal from the study:** This letter is an invitation to participate in the study. You may choose to decline now. You may also stop participating in the study at any time, for any reason, if you so decide. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, xxxx, your health care professionals, or any other group associated with this project. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible at your request.

**Confidentiality:** Confidentiality will be provided to the fullest extent possible by law. Unless you specifically indicate your consent, your name or image (photo) will not appear in any report or publication of the research. The sessions will be tape recorded and you have the right to have your words removed from the study at any time. Should you decide to participate, personal information about you will be kept strictly confidential, although participation in group discussions means that you will see and be seen by persons in your group and by researchers. Before the groups begin, all participants will be asked to respect the confidentiality of all those involved in the session. You will also have access to any written reports or papers that are published about the study, should you wish.

With your separate consent, sections of the group sessions may be videotaped to assist with education or presentations about the study. Your words and phrases may be used in written and spoken reports of the research but all identifying information will be removed. Hard copy data will be kept in the principal investigator's office in a locked cabinet in xxxx for seven years, after which it will be destroyed. Digital data will be kept for seven years on a secure server with password protection and will only be accessible to the research team.

**Questions about the research?** This research has been reviewed and approved by the Human Participants Review Sub-Committee, York University's Ethics Review Board as

well as the Queen's University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, you may contact Dr. Albert Clark, Chair, Queen's University Health Sciences and Affiliated Hospitals Teaching Hospitals Research Ethics Board at 613-533-6081. You may also contact the Nursing Graduate Program Office at York University, telephone 416-736-2100 extension 20362. As the Principal Investigator, you may reach me (Barbara Robinson, Nursing Graduate Student) at xxxx, telephone xxxx or email xxxx

**Legal rights and signatures:**

I, \_\_\_\_\_ consent to participate in

\_\_\_\_\_

conducted by

\_\_\_\_\_.

I have understood the nature of this project and wish to participate. I am not waiving any of my

legal rights by signing this form. My signature below indicates my consent.

**Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_

Participant

**Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_

Principal Investigator

## Appendix G: Sample Questions

### Sample Questions

A/r/tography involves the use of six concepts called “renderings” that are related to each other, and guide participants to express and share ideas throughout the sessions. They are listed as follows with sample questions:

“Contiguity” refers to ideas that are close to one another. Questions may include

- What related ideas about resilience are emerging?
- What thoughts about any aspect of resilience surface in words as your artforms develop?”
- As we think about our conversations and the art we are making, what ideas about resilience seem to come up together, or ideas that lie next to each other in our art?

“Living inquiry” is a concept that describes the commitment of participants to arts and education as a path of scholarly inquiry. Questions may include

- How can this process deepen our understanding of resilience?
- What is there to learn about how nurses experience resilience?
- How can art deepen understanding?

The concepts of “metaphor and metonymy” are a way of making sense of the world as meanings are revealed or concealed. Questions may include

- What are some of the meanings or metaphors of resilience that are being revealed and/or concealed?
- How might you finish this sentence: Feeling resilience is like feeling?
- What metaphors have you hear in our conversations about resilience?

“Openings” can be windows into new understandings, but can also be viewed as tears, cuts or ruptures as people are may struggle when confronted with ideas that are unfamiliar. Questions may include

- What openings or new possibilities about resilience are you noticing?

- What new insight have you considered about resilience?
- What does not make sense to you about resilience?

• The shifting and movements as a result are called “reverberations”. Questions may include

- What is shifting or changing for you about the concept of resilience?
- Based on our conversations and art work, what ideas about resilience resonate for you?
- What story or experience came to mind for you as we were talking about resilience?

• Excess, represents varied possibilities that call us to transformation. Questions may include

- What is surprising about the understanding of resilience for nurses?
- What troubles you about the issue of resilience?
- What questions remain?



**Appendix H: Poem Session #2****A Prayer**

Refuse to fall down.

If you cannot refuse to fall down,  
refuse to stay down.

If you cannot refuse to stay down,  
lift your heart toward heaven,  
and like a hungry beggar,  
ask that it be filled,  
and it will be filled.

You may be pushed down.

You may be kept from rising.

But no one can keep you from lifting your heart  
toward heaven—

only you.

It is in the midst of misery  
that so much becomes clear.

The one who says nothing good came of this,  
is not yet listening.

C. P. Estes