Poetry and sociopoetics as an instrument forthemanagement of emotions and feelings in clinical nursing practices

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1 Abstract

General objective: to reflect on the feelings that inspire students when read poems focused on experiences of clinical practice. Specific objectives: Identify the feelings and emotions caused by the reading of poems inspired by clinical experiences of the students individually (nursing poetry); To assess intersubjectively the feelings and emerging emotions induced by reading poems related to clinical experiences (sociopoetics) (Cody, 1995; Chocarro, 2013).

The clinical experiences of the nursing students constitute a scenario where emotions and crossed feelings will emerge between patients and nurses during the process of implementation of the care. The experiences of the students in the course of their clinical practices will influence the process of social construction of feelings and emotions in this context. The feelings have a great importance in the generation of behaviors, although this is an aspect that has traditionally been little studied. The aesthetics of care, as a science that studies the feelings involved in health care during the nurse-patient interaction, has, among others, the function of revealing the authentic dimension of emotions and their incidence not only on a purely aesthetic level, but in the generation of attitudes, knowledge and behaviors (Siles & Solano, 2011, 2016). In the words of Velasco, the complex network of meanings that is built during clinical practices: "(...) is actually a whole range of ideas, beliefs, conceptions of the world, society, abstractions, principles of action, biographical itineraries, orientations for everyday or special situations, etc." (Velasco, 2007: 19), feelings being the main source of motivation in the orientation of behaviors and generation of knowledge and attitudes. To understand the incidence of feelings in behavior, it is crucial to define the experience as the way in which the person perceives and understands their experiences, in the most varied situations, attributing to them meanings that are always accompanied by feelings, (Forghieri, 1991). The feelings are derived from emotional responses to situations compromised by various aspects (deteriorated body image, physical or mental disability, dependency situations, etc.). Livneh (1982) argues that feelings provoke aesthetic reactions of rejection or empathy in situations such as bodily deformities, suffering before pain, death, etc.

2 Method

Sociopoetics facilitates the understanding of intersubjective acts between patient and professional, but sociopoetics must be framed within the boundaries of the socio-critical paradigm (Siles, 2010), since it integrates the patient or student in the process of interpreting clinical situations and the feelings. Poems motivated in clinical experiences were used in the context of a nursing poetry workshop and sociopoetics with the purpose of facilitating the individual reflection of feelings and emotions and, subsequently, their intersubjective analysis (sociopoetic) (Santos 2005; Santos & Gauthier 1999; Holmes &
The students when they read the poems remembers similar situations in their clinical practices and then, they make an effort to express the feelings derived from it. To express the feelings recalled, the student reflects and develops a narrative that ends up conferring a meaning to experiences and feelings. The result is the awareness of the feelings and certain objectification (sociopoetic) of the same to be exposed and valued intersubjectively or collectively. Likewise, a questionnaire was elaborated integrated by the category: feelings. This questionnaire was passed to the students after explaining the characteristics of each of the subcategories in which "the feelings" were divided and asking them to identify those that they considered as part of their clinical experience retrospectively. To guarantee the ethical issues, an informative document was sent to them, requiring their signature if they agreed, explaining the characteristics of the study, its purpose and means of dissemination. Likewise, the concept of "habitus" by Bourdieu (1995) was used to promote awareness of the process of social construction of feelings. The theory of feelings was followed for categorization (Heller, 2004; Vigotsky, 2004).

Context and sample: the unit of observation and analysis has been composed by the totality of the students n = 46 of the subject of the nursing degree "Culture of Cares, education for the development and critical thought" (2016/17) of Alicante University.

3 Development of the topic

The confrontation between the "habitus" (personal world) and the prevailing institutional culture in the clinic where the practices (field/social space) are related, provokes the student's need to adapt. The feelings are derived from emotional responses to situations compromised by various aspects (deteriorated body image, physical or mental disability, dependency situations, etc.). Livneh (1982) maintains that feelings provoke aesthetic reactions of rejection or empathy in situations such as bodily deformities, pain, death, etc. On the other hand, clinical practices in the institutional environment must be considered. That responds to a cultural system where criteria that regulate behaviors as well as attitudes and feelings prevail. The primary emotions identified were: sadness (34.6%), fear (14%), anger (9.3%), joy (42.1%) (Figure 1). The secondary emotions identified were: love (45%), surprise (37%), shame (14%), aversion (4%). The feelings are divided into four categories: unpleasant: shyness, insecurity (42%), morals: duty, obligation (30.1%), aesthetics: the beautiful-sublime (7.9%), altruistic: Addiction, empathy, affection (20%) (Figure 3).

Conclusions: Both the field and the habitus affect the construction of emotions and feelings experienced by students during their clinical practices. Habit is generally understood as the acquired predisposition provided by the daily exercise of acting in a certain way, since habit implies the repetitive exercise of a certain behavior. Emotions and feelings, in principle, break with routine and can contribute, through intersubjectivity (sociopoetics) expressed in poetry as an instrument for emotional and aesthetic management. The poetry of the care facilitates the management of emotions and feelings that students experience during their clinical experiences. On the other hand, sociopoetics allows collective reflection on feelings facilitating intersubjective analysis and contributing to the objectification of them. Both the poetry of care and sociopoetics for the emotional management of students and the enhancement of the humanism of care.

Keywords: nursing, emotional anthropology, nursing poetry, nursing aesthetics, sociopoetics
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Figure 1. Primary emotions experienced by students in clinical practices

Figure 2. Secondary emotions experienced by students in clinical practices
Figure 3. Feelings experienced by students in clinical practices

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