

Mapping Our Nursing Essence: A Tattooed Imprint of the Struggle Between Desire and Reality

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A Tattooed Imprint of the Struggle Between Desire and Reality

Truths are subjective and often incomplete when we view the world through the dominant perspective of the mind. Heidegger (2010) suggested we live and experience our world through our bodies, and these experiences leave both visible and invisible impressions. When we interact with others our interpretation of our world is enhanced. However, the capacity to interpret and convey the complexity of our experiences is often constrained by external narratives, and an absence of a space to support exploration. Understanding socio-political processes and structures may assist with navigating and mitigating oppressive influences on practice.

The purpose of this qualitative research study was to convey aesthetically and then interpret the professional world of Registered Nurses (RNs). Specifically, the intersection between *what a nurse desires to do* and *what they are able to do* in their practice. Body mapping as an aesthetic methodology made visible the professional and personal experiences on life-size body drawings, and thus provided a richer illustration than text alone (Gastaldo et al., 2012, 2018; Skop, 2016). Reflexive interpretation, as a community, began the process of deconstructing to reconstruct the individual's narrative to create shared-meaning of the professional intersection.

Literature Review

Theoretical Model

Caring Science, philosophical assumptions and principles, facilitated the development of a relationship between artists and researchers, and guided the creation of questions to inform the inquiry process. The term artists, instead of research participants, was intentionally chosen to

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2
3 ensure congruence between the theoretical model and research design to address colonial
4 practices of power, oppression, and privilege in research (Galvez & Muñoz, 2020).
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8 Many caring theories focus on the patient-nurse relationship, as authors, we believe that
9 the underlying principles to create and sustain these relationships can also be situated in
10 relationship with self and peers. Specifically, Halldórsdóttir's (1991) theory of five basic modes
11 of being; focusing on creating and sustaining true caring behaviours of a "life-giving" or
12 biogenic relationship was chosen to guide this project. This model was chosen because it
13 accounts for the continuously changing relationships that are the essence of nursing, with an
14 objective of promoting healing, grounded in caring. In this model, the nurse has the capacity to
15 display true caring behaviours and engage in a life-giving or biogenic relationship; fostering
16 healing.
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28 **Method**

29 **Plural Research Design**

30 *Critical Hermeneutic Circle*

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33 A critical hermeneutic circle (CHC) approach was adopted, to understand not only the
34 narrative of the artists but the sociopolitical process and structures which influence their world
35 (Heidegger, 2010). This design illuminated both the hermeneutics of faith (what is being said)
36 and suspicion (what is not being said) by creating a space for aesthetic expression and dialogue
37 to foster shared-meaning (Heidegger, 2010; Padgett, 2017). The importance of including the
38 hermeneutic of suspicion enables us to identify how context shapes and reshapes our stories and
39 does not suggest a lack of validity but recognizes our reality is constantly being revisited
40 (Heidegger, 2010; Padgett, 2017). Body mapping turns their experiences into visible and tangible
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3 representations of their worldly experiences (Gastaldo et al., 2018; Skop, 2016) through a
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5 qualitative approach to empower and foster awareness.
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7 ***Body Mapping as Framework***

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10 Body mapping (BMap) is an aesthetic holistic expression of one's worldly interpretation
11
12 contextualized through sociopolitical structures (Gastaldo et al., 2012, 2018; Skop, 2016). This
13
14 framework was chosen intentionally to foster congruence between the theoretical and
15
16 methodological perspectives with the potential for transformation (Gastaldo et al., 2012, 2018;
17
18 Skop, 2016). Matos et al. (2018) supports the development of new methods, "as a possibility of
19
20 paradigmatic rupture aiming at the integration between theory and method" (p. 2). A unique
21
22 outcome of this research is a public display of body maps to foster discussion of sociopolitical
23
24 structures and influences, with artist anonymity (Gastaldo et al., 2012, 2018).
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28 **Ethical Considerations**

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30 Research Ethics Board (REB) approval was received by MacEwan University.
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32 Established protocols for informed consent, securing data, and a public display of artwork
33
34 (including photography of body maps) was adhered to by the research team. Original artwork
35
36 was returned to each of the artists upon completion of the study. Digital representations of
37
38 artwork are securely stored on MacEwan University servers in a shared Google Drive, with
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40 exclusive access by the artists and the study team.
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44 **Artists**

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46 A poster was circulated through social media platforms of the researchers for self-
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48 selection of interested individuals. Eligible criteria included: (1) in good standing as a RN with
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50 their licensing body, (2) practicing as a RN between 2-5 years (two as a minimum to understand
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52 the socio-political influences on their practice and no more than five to decrease risk of burnout),
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3 and (3) deeming themselves fit emotionally, mentally and physically to remain in the study
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5 which may be upwards to four months. Those interested individuals contacted the PI for a pre-
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7 consent interview; questions surrounded time commitment and to mutually assess “emotional
8
9 fitness” to participate. Six individuals, with two to three years clinical practice in cardiovascular
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11 surgery, emergency department, labour and delivery, and/or adult mental health, became artists
12
13 in this study.
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16 17 **Aesthetic Process and Interpretation**

18 19 *Body Mapping Expression*

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21 The first in-person session included an explanation of the project, informed consent
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23 protocol, and chalk tracing their preferred body pose on life-sized canvases (this became their
24
25 individual BMap). Homework consisted of guided questions, to identify and create both a power
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27 symbol and a personal slogan to add to their body map at the next in-person session (Maykut,
28
29 2021). The second in-person session focused on the painting of their narratives on their BM.
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31 Questions for both the homework and the second session were developed by the PI based on
32
33 caring science and body mapping literature (Maykut, 2021). Art supplies and canvases were
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35 provided by the researchers.
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39 40 *CHC Discourse*

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42 The researchers interpreted the BMaps individually and then collectively - focusing first
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44 on head, followed by body, and finally the space outside of their body (power symbol and
45
46 personal slogan) in which to identify overarching themes. Two separate evenings provided an
47
48 interpretive opportunity for the artists to find meaning in their peers’ work as well as to provide
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50 context for their own. This enabled the artists to reconstruct their identity by resisting the
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52 embedded meanings by reimagining new meanings as they move across and through different
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3 ways of interpreting their experiences (BMs). The researchers then grouped the artist's
4 interpretations into five main themes. The themes and interpretations were uploaded onto a
5 shared Google drive, where agreement was obtained for the entire community of artists and
6 researchers.
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12 **Discussion**

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14 The process of establishing a CHC was vital to foster awareness and creation of shared-
15 meaning of the professional intersection between *what a nurse desires to do* and *what they are*
16 *able to do* in their practice. Collaborating and consensus on the five themes reflected congruence
17 between the theoretical model and plurality of methodological design. CHC discussion
18 illuminated hidden themes, hermeneutics of suspicion, which ultimately supported the bridge
19 analogy of Halldórsdóttir and healing amongst the artists. Although there are five themes, figures
20 1-6, are best viewed as an integrative entity named, *A Tattooed Imprint of the Body's Expression*
21 *of Struggling Between Desire and Reality*.
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33 **Themes**

34 ***Duality***

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37 Many of the BMaps revealed duality; good-bad, light-dark, individual-professional,
38 conflict-consistency, desire-reality, and order-chaos. Duality suggests a constant internal struggle
39 for equilibrium to right the uneasiness which rests in our bodies as an expression of external
40 influences. This uneasiness was represented as darkness in choice of colours, heaviness on
41 shoulders, a dying tree of life, and chaotic energy surrounding self as a professional. The
42 bleakness in choice of colours and symbols reflects the struggle of grounding their practice in
43 caring as constrained by structural realities and responsibilities.
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53 This process of struggle may be due to limited resources (human and non-human); lack of
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3 clear communication, expectations, and voice; intrusion of professional life into personal life or
4 blurred boundaries; and ineffective leadership (Boamah et al., 2017). The duality continuum
5
6 imprinted as feelings of exhaustion, helplessness, and voicelessness ultimately affecting their
7
8 quality of life as a professional. The principles of insight, ethics, commitment, and courage
9
10 (Halldórsdóttir, 1991) are valid attributes for engaging in professional self-care to address the
11
12 struggle between desire and reality. Aesthetically presenting and discussing these feelings may
13
14 help with grounding their future practice in an ethos of caring, hope, and bravery as a
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16 professional.
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21 ***Powerlessness***

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24 Lack of control or disempowerment was reflected in images of eyes closed, hands and
25
26 body open in surrender, and putting on their professional face and hiding who they were as an
27
28 individual. This absence of an integrated individual and professional, may have splintered their
29
30 reality and enhanced the duality of their personhood. This splintering left them exposed,
31
32 vulnerable, and ultimately helpless to respond to those external forces which left them struggling
33
34 to do what they desired.
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38 Integration provides a holistic, wholehearted, and rejuvenated approach to grounding
39
40 nursing practice from a caring perspective (Halldórsdóttir, 1991). In Canada, the majority of
41
42 nurses are employees of health authorities and as such public servants. Restrictions on their
43
44 ability to challenge system inequities or systemic discrimination, and provide knowledge for
45
46 decision-making either at a unit/agency or systems level is limited as public servants. The ability
47
48 to navigate complexity and mitigate external influences beyond one's control, identified as
49
50 political acumen, is necessary not only for survival but to thrive as a professional. Mentorship,
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52 professional development, and transformational leadership are necessary interventions to address
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3 this theme of powerlessness (Boamah et al., 2017).
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5 ***Embodiment*** 6

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8 Embodiment is the concrete representation of our ideals made visible. When there is
9
10 conflict between our desires and what we are able to achieve, an internalized weight may reflect
11
12 in what we present to the world. This internalized weight, as noted by heaviness in the shoulders,
13
14 uncontained energy, and choice of dark colours exemplified this internalized weight in many of
15
16 the BMaps. Artists described *seeing and sensing* with more than their eyes which led to feeling it
17
18 all and *clouds of despair*. The concepts of strength and power appear to be derived from the
19
20 participant's individual mental toughness and belief in themselves as *good* and trying to promote
21
22 beneficence while caring for their patients.
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27 Sepasi et al. (2016) discussed the concept of power in nursing as acting with purpose to
28
29 increase quality of life and positive health outcomes for patients. However, nursing practice is
30
31 influenced by internal and external factors which may constrain nurses' attempts to act with
32
33 purpose, thus leading to stress and anguish as weakness or incapacity. These consequences may
34
35 lead to moral distress, but as Barlem et al. (2013) suggests classification of this phenomenon has
36
37 become more difficult to define as the terms *sacrifice* and *suffering* have become commonly
38
39 associated with the nursing profession. The expectation that nurses must sacrifice and suffer as
40
41 part of their practice, was evident by the artist's normalization of this process in their BMaps.
42
43 Power imbalances in the organization's hierarchy with respect to decision-making, and a lack of
44
45 resources, both human and material, appear to compound or accentuate weakness or incapacity
46
47 resulting in ineffective coping strategies (Barlem et al., 2013).
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52 Halldórsdóttir's (1991) original theory focused on the nurse-patient relationship as a
53
54 continuum from biocidal life-destroying to biogenic life-giving, these modes were evident in the
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3 artist's BMaps. The elements of a biocidic relationship as negative energy of *anger and*
4 *resentment and despair and helplessness*, were visible in their embodied aesthetic expression. As
5
6 a result, vulnerability and depersonalizing of self, was their response to external influences of
7
8 power and their incapacity to rectify this energy (Halldórsdóttir). Effective coping strategies for
9
10 life-giving may provide the impetus for reclaiming a biogenic practice for themselves
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15 (Halldórsdóttir, 1991).

16 17 ***Life Force***

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19 Blood, breath, and death are part of the life force that emerged in this theme. The social
20
21 significance of nursing, moves nurses beyond just the purveyors of psychomotor competence to
22
23 being in a relationship. Their relationships with patients and the impacts on all parties have
24
25 enduring meaning over time. Students enter a nursing program of study to eventually become
26
27 nurses perhaps without anticipating the cost to themselves over time. These artists, now nurses,
28
29 expressed a desire to make and find meaning in their daily work and personal lives.
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33 The subtheme of *peace* was significant to the participants and was related to
34
35 connectedness as well. Peace is internal as well as desired as a workplace experience. Thriving is
36
37 typically framed in opposition to surviving and is seen as self-actualization in the workplace and
38
39 aspirational in practice and in life. The desire to see meaning in work is intact despite the 'dark
40
41 side' of nursing being evident. This concept is reflective of Halldórsdóttir's (1991) model
42
43 highlighting the continuum of biogenic and biocidic environments and practices being evident.
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45 The artists strive towards the biogenic aspect on the continuum, but workplace structures and
46
47 influences may shape their practices forcing them towards the biocidic. Nurses may not even be
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49 aware of these biocidic influences, individual and systemic, which are sometimes not seen and
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3 not talked about. Their BMaps reflect that their actions at work and at home are imbued with
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5 meaning.
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7 ***Identity***

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10 Much has been written about professional identity reflective of roles and responsibilities
11
12 shaping nursing practice. Identity must be construed as fluid and non-binary; constant evolving
13
14 and adapting for an expression of shared humanity with others. Maykut (2020) explores the
15
16 concept of being aware of one's identity in practice to be able to create and sustain a healthy
17
18 work environment. Examining what makes oneself unique, social location, is critical to this
19
20 process of sustaining a professional identity (Maykut, 2020).
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24 Many of the artists expressed a significant amount of reflection in their BMaps when it
25
26 came to professional practice and identities. Many of the BMaps illustrated the struggle of not
27
28 being able to find or maintain a professional identity in their current work environment, due to a
29
30 variety of factors, however, still maintaining a strong sense of personal identity. The dismantling
31
32 of one's identity can be an extremely difficult task but as Maykut (2020) suggests, this process
33
34 leads to the understanding of other identities, unique or different, that allow us to see our
35
36 professional shortcomings and become a more well-rounded practitioner. The final product of
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38 which is creating meaningful professional relationships that lead to better outcomes for
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40 patients/clients.
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43 **Limitations**

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46 There are five noted limitations. First, the recruitment and snowballed self-selection of
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48 the artists resulted in a homogenous group of alumni from one educational institution and health
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50 authority. As well the PI teaches at this educational institution and both Co-Is are alumni. Thus, a
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52 lack of diversity of thought in "*understanding what is*" to "*what might be*" may have shaped the
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3 creation of the BMaps as well as the interpretation. Secondly, the CHC discussion was scheduled
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5 on two separate evenings (the three researchers attended both sessions) due to conflicting work
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7 commitments of artists and COVID-19 social distancing restrictions. Therefore, the entire
8
9 community was not present, which resulted in a less robust discussion on the shared meaning to
10
11 inform the overall themes as a community. Third, the findings are not generalizable as this
12
13 research study is about providing an opportunity for aesthetic expression. The value lies in
14
15 fostering a CHC to increase awareness for artists. Fourth, when visual is transposed into the
16
17 written word, thematic analysis, another interpretation of the experience occurs, which may lose
18
19 something in translation (we are changing the experience once again). Finally, familiarity with
20
21 this very novel methodology was moderate. The utilization of new methodologies with respect to
22
23 congruence in research design matures with each iteration as learning from one's misjudgments
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25 informs the next research study.
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30 **Future Recommendations**

31 **Clinical Practice**

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33 Although the themes are not generalizable, they may begin to illuminate the contextual
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35 factors, sociopolitical processes and structures, which influence a RN's professional practice.
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37 Individual awareness of these factors, however, is not sufficient to optimize an environment
38
39 where social justice as an expression of humanistic care is enacted. Professional acumen
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41 including advocacy, reflexivity, and ethics is necessary for all RNs to understand this
42
43 intersection - *what a nurse desires to do* and *what they are able to do* in their practice.
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45 Institutions where RNs practice will also need to respond to this tension articulated by novice
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47 clinicians when it is brought to light.
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53 **Education**

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3 Undergraduate nursing education must not only prepare graduates to perform (cognitive
4 and psychomotor) in a variety of settings, but also develop awareness of sociopolitical influence
5 on their practice (affective and connative). Self-awareness explored with a group of peers guided
6 by faculty, creates a space to appreciate the complexity and ambiguity of their future nursing
7 practice. Teaching and learning strategies incorporating aesthetic expressions to situate
8 understanding of sociopolitical influences is warranted, providing a bodily and holistic
9 interpretation of our world. Engagement in the arts may provide awareness of beliefs, values,
10 relationships and experiences by the student not fully expressed or even realized through other
11 mediums such as the written or spoken word. Privileging of a Eurocentric dominant narrative
12 may render those who are not of the dominant culture voiceless; exploration of multiple
13 modalities in clinical practice and nursing education challenges this status quo.
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28 **Replication Studies**

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30 The first phase of this study, creation of BMaps, was done prior to the advent of COVID-
31 19. In light of the pandemic and noted increased burnout and Post Traumatic Stress Disorder
32 (PTSD) documented in front-line workers (Maben & Bridges, 2020) replication of this study
33 may reveal additional tension and themes of despair. As literature since the advent of COVID-19
34 has focused almost exclusively on front-line workers, understanding the effect on other nursing
35 roles such as nurse educators, managers, and nursing scientists, is also warranted. Congruence of
36 Caring Science perspectives with body mapping and a CHC, as a plural methodological design,
37 may illuminate themes not evident in mainstream research.
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49 **Conclusion**

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51 Habitus is our interpretation of our world and how we live out who we are in this world
52 (Bourdieu, 1989). Hexis is the bodily expression (physical actions) which reflects how we fit or
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3 do not fit with our world (Bourdieu, 1989). Understanding the artist's interpretations of habitus
4 and hexis, through aesthetic expression, provided understanding of their intersecting worlds
5 contextualized through sociopolitical structures. Therefore, the capacity to articulate embodied
6 experiences through our corporeal being may illuminate social practices and structures which the
7 profession and individual nurse must navigate and mitigate to ensure a supportive environment.
8 This knowledge, grounded in caring science, may provide the necessary framework to
9 understand and mitigate future struggles which harmfully imprint harm on our bodies
10 (Halldórsdóttir, 1991).
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21 The methodology of BMap provided another lens for the community to interpret their
22 professional practice, specifically the intersection between *what a nurse desires to do* and *what*
23 *they are able to do* in their practice. When engaging in individual expression, situated in a group,
24 the possibility to “reduce isolation, promote socialisation, and increase self-esteem” may be an
25 outcome (Skop, 2016, p. 32). A group of like-minded individuals, experiencing a similar
26 phenomenon, creates a space where discussions inform knowledge creation and dissemination.
27 Whether individual insights arose through self-introspection and/or situated in group awareness,
28 the community had greater clarity of their world and sociopolitical structures. The use of the
29 professional body to explore the relationship between self and sociopolitical structures, provides
30 clarity and a direction for actualization of future goals (Skop, 2016). A CHC created an ongoing
31 fluid interpretation between artists and the research team, as an ethos of relationality, to create
32 share-meaning of current professional practice in which to inform clinical practice, nursing
33 education, and future research studies to understand the bodily struggle between professional
34 desire and the reality of the current healthcare delivery system.
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NOTE:

The authors would like you to visit the following website to view the images and where you may leave any comments.

<https://sites.google.com/macewan.ca/body-mapping-images/home>

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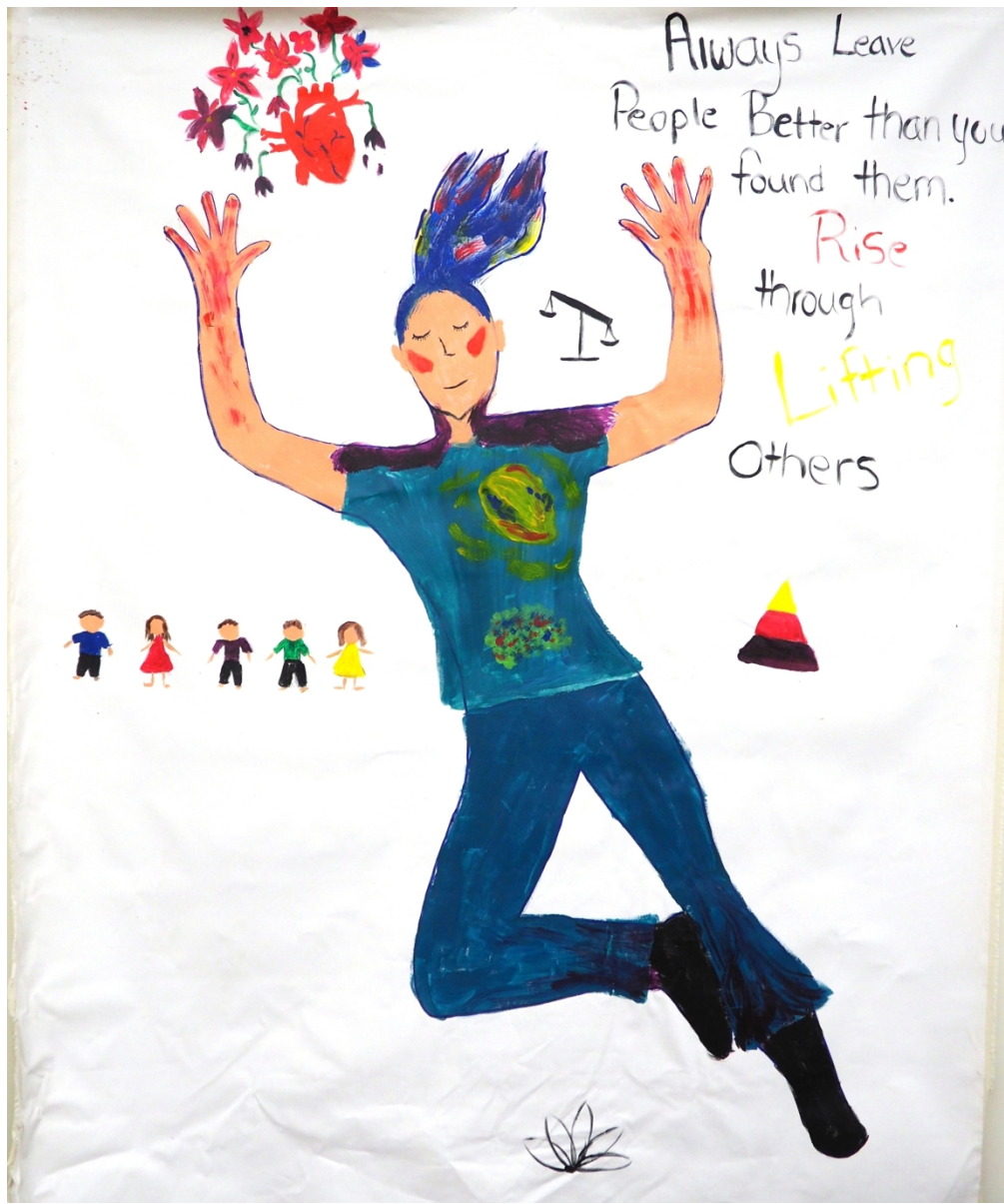
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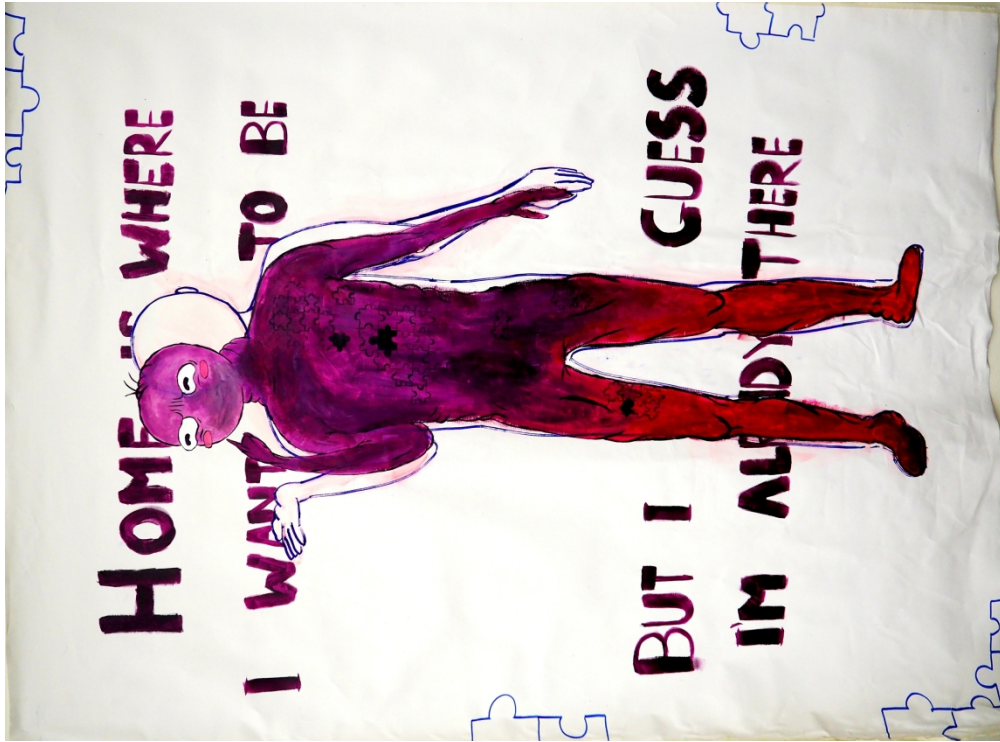
289x237mm (300 x 300 DPI)

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231x276mm (300 x 300 DPI)

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314x232mm (300 x 300 DPI)

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270x235mm (300 x 300 DPI)



305x245mm (300 x 300 DPI)

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226x250mm (300 x 300 DPI)