



Golden Threads

Women Creating Community

**Faculty Women's Club
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Creative Caring Practices of Nurses

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Introduction

I began my career in the Faculty of Nursing at the University of Calgary in 1981 after working as a public health nurse associated with a large psychiatric hospital near Toronto. It was likely this past work experience that influenced me to explore the research literature to identify approaches that might be effective both in promoting health prior to any illness condition, or as a mode of *creating health* in situations or contexts of chronic illness (which in that particular case involved individuals with a serious mental illness). Furthermore, I came to value the use of the creative arts in health care through my doctoral study of families caring at home for a relative with Alzheimer's disease or a related dementia. As outlined in the book about these findings (see Le Navenec & Vonhof, 1996), many of the older people and their families used music or singing to help manage the stress they experienced. The findings of members of our Creative Arts/Integrative Therapies in Health Care Research Group (the CAIT group: www.cait.fr.nf) will show how these approaches helped to promote health and well-being for individuals and their families in both health and chronic illness contexts.

Music, Reminiscence and Humor

As we noted in our article entitled, "Laughter can be the best medicine" (Le Navenec & Slaughter, 2001), caring practices that include the use of music, reminiscence and humor have been found by many researchers to create a healing environment:

- they strengthen the whole person (Le Navenec & Vonhof, 1996)
- the people involved find them meaningful (Dossey, 1998)
- they foster an environmental tone characterized by [what some people refer to as the big 3] hope, happiness (for example, a sense of inner joy, peace, security, or comfort) and humor (Bruce & Cumming, 1997; Forbes, 1994; Herth, 1993). [downloaded May 3, 2006 from www.nursingtimes.net/nav?page=nt.print&resource=213246]

In her discussion entitled, "Unleashing the positive through music" (see Le Navenec & Bridges, 2005, pp. 136-166), CAIT member Jennifer Buchanan, a Calgary-based music therapist, has indicated examples of how music therapy has helped people of all ages address "personal goals such as creativity, self-exploration, enhanced quality of life, memory performance, stress reduction, motivation, accessing feelings, empowerment, and communication" (p. 165). She concurs with George Eliot's perspective of the power of music for promoting health and well-being, which she expressed this way: "I think I

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should have no other mortal wants, if I could always have plenty of music. It seems to infuse strength into my limbs and ideas into my brain. Life seems to go on without effort, when I am filled with music" (p. 165).

In that spirit, in addition to collaborating on the book chapter mentioned above, and working on presentations and projects together, Le Navenec and Buchanan, along with help of two colleagues (Dr. Marcia Epstein and the late music therapist, Gaile Hayes), developed a senior level undergraduate course entitled, "Nursing 511: An Introduction to Music and Sound for the Helping Professions" in 1996 (see Le Navenec, McEachern, & Epstein, 2003). Similarly, Buchanan was one of the two music therapists involved in Le Navenec's (2002) research project entitled, "The Responses of Older People with Dementia to Small Group Music Therapy Sessions." The findings of that six-week study, involving thirty-minute group sessions held three times a week in two different nursing homes, were not statistically significant. However, qualitative analyses revealed that both alertness and smiling were more frequent over that time span, which may indicate the participants' greater sense of well-being and connectedness with others.

Reminiscence and Humor

Two other commonly used creative caring practices include the use of reminiscence and humor. Le Navenec and Slaughter view reminiscence as a process and/or practice of thinking about and/or telling past experiences (2001). Contrary to the societal notion that reminiscence is a classic sign of "old age," Snyder (cited in Le Navenec and Slaughter, 2001) has emphasized that it "begins at about age ten and continues throughout life" (p. 43). In many reminiscence group sessions, the group leader(s) assist the participants in discussing memorable events of the past, such as one's school years, how holidays were spent, and so on. As Gillies and James (cited in Le Navenec & Slaughter, 2001) have indicated, "older people have a wealth of memories but few friends left to share with them" (p. 43). Hence, it is important that the relatives of older people, and/or the staff of long term care centres in which they live, listen to their stories. Past research has indicated that reminiscence can have a number of positive outcomes for an individual including: (1) an enhanced ability to cope with or adapt to change, (2) increased opportunities for integration by offering participants a chance "to be given voice (to be heard)" and/or to have their stories acknowledged positively by others, and (3) enhanced knowledge of one's "lived experience" with both relatives and/or staff of long-term care centres. In turn, the latter may help better understand the participant's beliefs, values, or practices which may influence current behavior (Le Navenec & Vonhof, 1993).

According to McCloskey and Bulechek (cited in Le Navenec & Slaughter, 2001), humor refers to being able to perceive, appreciate, and express what is funny, amazing or ludicrous in order to establish relationships, relieve ten-

sion, release anger, facilitate learning or cope with painful feelings (p. 43). The following statement illustrates those types of positive outcomes – in this case, the relief of tension and coping mechanisms: “If I could not have these good laughs, I would spend my time crying.” Staff and families wanting to increase their use of humor with others must first determine the other person’s typical responses to humor, what is or is not culturally acceptable, and what time of the day he or she is most perceptive to humor. To evaluate another person’s response to humor, you might observe for increase in smiles, laughter, as well as verbal reports of “feeling good after such a good laugh.” Once that assessment information has been compiled, one can assemble what some of us call a *humor first aid kit*. Such a kit might contain humorous games, jokes, cartoons, and any number of DVDs. One might also use a formal evaluation tool, such as Snyder’s *Situational Humor Response Questionnaire* (cited in Le Navenec & Slaughter, 2001, p. 43).

Other Creative Arts Approaches to Create Connections or Rapport with People

Contributors of the recently completed book edited by Le Navenec and Bridges (2005), entitled *Creating Connections between Nursing Care and the Creative Arts Therapies*, include professionals with various backgrounds such as nursing, (social) psychology-sociology, social work, music and art therapy, therapeutic recreation, music psychology, education, and dance/movement therapy and hailing from Canada, United States, England, and Ireland. With two exceptions (Allan Brisk and Jon Parr Vijinsky), they are all women, intent on providing clinical and research evidence of the various ways such art forms can help create harmony, happiness, and enhanced quality of life in both health and illness contexts, using the entire life-span for their case study (newborns to persons who are at the end-of-life), as well as persons who are both in good health (e.g., mothers during childbirth) and/or experiencing an illness condition (e.g., childhood cancer, dementia, depression, abuse and/or self-harm, traumatic brain injury). The use of the following art forms: visual art, crafts, music and sound, creative writing, dance and movement, and drama (or what some refer to as performance creation), yielded outcomes similar to the findings of Jonas-Simpson (2001), a nurse-researcher in Toronto. She used the title, “Feeling Understood: A Melody of Human Becoming,” to convey the positive outcomes associated with the creation of a musical expression of feeling understood among a group of women experiencing an enduring condition.

As a founding member and Director of the CAIT research group, I am pleased to realize that during my twenty-six years as a university professor here at the University of Calgary, an increasing number of women are using these creative caring practices, in both their clinical practice, and in their research programs. And perhaps more importantly, they are using one or more of these modes (especially humor and reminiscence, as well as music)

with their colleagues at work, in order to create a caring community in the workplace; that is, they are contributing to the creation of another Fifty Golden Years of Women Creating Community at our University.

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