Perception of care from the perspective of nursing students: A study using photovoice, storytelling and poetry

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ABSTRACT

Background: The Higher Education in Nursing requires providing students with skills such as critical and reflective thinking about the actions to be carried out so that they are capable of providing humanised and quality care in an increasingly complex and technified society. Participatory teaching methodologies promote the development of these skills.

Objectives: to explore the potential of photovoice, storytelling and poetry as instruments capable of encouraging reflection. To identify through images (photovoice) and poetic narratives (storytelling and poetry) the perception that students of the nursing degree express about nursing care.

Design: qualitative study in the framework of the socio-critical paradigm, using photovoice, storytelling and poetry in the field of care.

Participants: first-year undergraduate nursing students at two Spanish universities in the academic year 2021–2022.

Methodology: 48 images were shown and students were asked to select one, write a narrative and generate a short poem connected to the image. Subsequently, a content analysis was conducted of those poems evoked by the five photographs most chosen by the students. The analysis was supported by qualitative data analysis software. A total of 67 contributions from 67 students were analysed.

Results: the concepts addressed in the poems and the compositions generated reveal how critical humanist thinking and reflection on the subject of care developed. The topics identified were care, accompaniment throughout the life cycle, working on the basis of values and caring for small details as subcategories of nursing care.

Conclusion: The combination of different tools in university education has encouraged reflection and enabled students to identify for themselves the importance of humanised care. Working on the theoretical foundation in an active way can reduce the gap between theory and practice and foster the empowerment of the nursing identity.

1. Introduction

Throughout history, there have been different theorists who have defined the health care of people as the main object of study of our nursing discipline. A care which should be focused on facilitating and assisting help, in a compassionate, respectful and appropriate way, to improve people's lifestyle, to help them achieve partial or total independence (Henderson, 2021), or to help them cope with illness, death or

disability (Leininger and McFarland, 2002). The nurse, beyond caring for physical health, will also care for the psychosocial and spiritual spheres. All of this, seeking to ensure human rights, to reduce inequalities, and to empower individuals and communities (International Council of Nurses, 2019).

It therefore seems essential to redefine the human, spiritual and cultural values of nursing care when dealing with increasingly complex communities (The World Economic Forum report, 2016). Heidegger (2000) asserts that the meanings and practices of care are influenced by the social context, political, ideological, religious and scientific context in which it takes place. In nursing education it is fundamental to transmit to students the essential values of the discipline (Begum and Slavin, 2012). In this sense, nursing competencies will involve, in addition to technical skills, the development of subtle skills such as moral reasoning, ethical decision making, communication or relational skills (Kérouack et al., 1996; Timmins, 2015).

The ability to think critically is essential in nursing professionals in order to develop sensitive and essential health care which is both complex and endowed with quality. Thus, several authors justify the promotion of critical thinking among nursing students in the university context (El Hussein et al., 2022; Siles-González and Solano-Ruiz, 2016) for example through reflective journals (Oliver et al., 2021). The use of active learning methodologies fosters the process of reflection and enquiry, while placing students at the centre of the teaching-learning process (Educause Learning Initiative, 2017).

However, historically, it has been difficult to reach a consensus on a definition of critical thinking, which leads to certain problems in the training context of the health professions (Kahlke and Eva, 2018). Beyond reducing critical thinking to logical and deliberate reasoning, several studies incorporate into this definition the need to take into account subjectivity, time and place. It implies a way of thinking that goes beyond mere objective, standard and technical procedures (Kahlke and Eva, 2018; Kahlke and White, 2013).

Among the different strategies which have become more popular in recent years are those such as photovoice, storytelling and poetry, which are presented as facilitators of such reflection, based on the subjectivity of care. All three are framed within the socio-critical paradigm (Bourdieu and Wacquant, 2006), which bet on the collective production of knowledge by the researchers and the subjects investigated, facilitating holism in the research process in which globality is maintained by attending to the intellectual, sensitive, emotional, intuitive, theoretical, practical and sensorimotor dimensions (Siles González, 2014). Photovoice makes it possible to identify, represent and improve aspects of reality through photographs (Wang and Burris, 1997). It is based on participatory pedagogy, which states that communication and understanding of reality involves and empowers students in a context of responsible and active learning (Freire, 2005). We found several studies using photovoice in the academic context to raise awareness and reflect on aspects related to social determinants of health, health inequalities or gender-based violence (Andina-Díaz, 2020; Andina-Díaz et al., 2022; Solano-Ruiz et al., 2021). Storytelling and poetry, framed in reflexive anthropology (Bordieu, 2019), are facilitators of students' self-knowledge, awareness of experiences, and feelings. Storytelling involves the generation of stories from the experience, values and attitudes of the storyteller (Haigh and Hardy, 2011). Studies such as those by Attenborough and Abbott (2020), or Di Napoli et al. (2021) show its usefulness in future health professionals when it comes to establishing professional identity. Finally, there are several studies revealing poetry as a reflective and emotion-generating tool associated with health care in nursing students (Jack and Illingworth, 2019; Siles et al., 2022).

There is no known research which has worked together with these three instruments to promote critical thinking about essential aspects of nursing care. Therefore, the objectives of this work are focused on:

- explore the potential of photovoice, storytelling and poetry as tools to foster reflection and critical thinking.

- identify through images (photovoice) and poetic narratives (storytelling and poetry) students' perceptions of nursing care.

2. Methodology

2.1. Design

A qualitative study was undertaken within the framework of the socio-critical paradigm (Bourdieu and Wacquant, 2006). For this purpose, reflective instruments such as photovoice (Wang and Burris, 1997), storytelling (Haigh and Hardy, 2011), and poetry of care (Siles and Solano, 2019) were used, adapting some of their phases to the university context and the objectives of the study.

2.2. Participants and setting

The participants were nursing students at the universities of XX and XX (academic year 2021–22). These students have not performed any rotations in a clinical setting. The sample was included by convenience among first-year students (Elfil and Negida, 2017). Therefore, the inclusion criteria were course membership and willingness to participate.

2.3. Data collection

Data were collected independently at both universities. The collection consisted of three phases, lasting 2.5 h. As in each classroom session there were 10–15 students approx., a total of 18 sessions were taken, to allow the participation of all the nursing students.

In a first phase, inspired by the basics of photovoice, the students were shown 48 images (supplementary information) previously selected by the research team from different clinical contexts and/or the internet, placed randomly and without any thematic grouping. Some images were related to technological contexts (a nurse and a patient, surrounded by machines, for instance) and others visualised more humanising health care contexts (for example, a nurse holding a patient's hand). Each student had to select one, and write a narrative -storytelling- describing what it suggested to them, with a length between 3 and 6 lines.

In a second phase, the students had to write a short poem, between 4 and 8 verses long, based on their storytelling, without adhering to literary conventions or specific rules.

In a third phase, students voluntarily read out their storytelling and poem, generating discussion about the different perceptions they had about nursing care.

2.4. Data analysis

The collected data (images, storytelling and poems) were analysed using content analysis, as it allows to analyse written or visual data to their context, search for repetitive patterns of meaning, and attain a broad description that provides insights of facts (Elo and Kynga, 2008). The key feature is that there are no systematic rules for the analysis, and that the many words of the text are clarified into much smaller context categories.

The phases proposed by Elo and Kynga (2008) were followed, and as there was not enough former knowledge about the theme, the inductive approach was used, moving data from the specific to the general. The phases are described below:

i) Preparation: the phase starts with selecting the unit of analysis, so two of the members of the research team (EAD, AGG) counted how many times each of the 48 images was selected by the students, in order to obtain meaning from the data as a group. The images nº 1, nº 42, nº 22, nº 18 and nº 48 were chosen by, at least, 14 students or more. Each one of the rest of the 43 images were chosen for 6 students or less. We considered that the marked difference in the number of students who had chosen these five photographs as opposed to the others 43 justified analysing these data as the most representative, following the idea that

the sample must be representative of the universe from which it is drawn. The data prepared to analyse was 5 images selected by 67 students (with the corresponding 67 storytelling and 67 poems).

ii) Organisation: the 67 storytelling and 67 poems were selected and subjected to a coding process, grouping the data into open codes, creating categories, subcategories and abstracting (EAD, AGG).

iii) Reporting, with the categories, subcategories and codes (EAD, AGG, MCSR, JSG).

Following the considerations of Elo and Kynga (2008) in relation to trustworthiness, such as a broad description of the sample and an intelligent use of quotations and description of the interpretation of each category. Likewise, the characteristics of the research team (PhD teachers with different training, experience in data analysis, age, gender.) favoured inter-observer triangulation. A qualitative data management package (MAXQDA2020®) was used to organise the analysis process. In addition, the indications of Younas et al. (2023) were assessed for the proper presentation of the results.

2.5. Ethical considerations

The images provided from the different clinical settings complied with ethical issues (the individuals in the images were provided with relevant information and gave their consent). Any personally identifiable information was removed (pixelating faces). Images obtained from the internet were freely accessible and not copyrighted.

The students were informed of their participation on a voluntary basis and could refuse or drop out without any negative consequences (having the possibility to participate in another parallel academic activity). They received the information related to the study and gave their consent.

The study was approved by the Ethics Committees of the two universities (ETICA-ULE-052–2021, UA-2021–11–24).

3. Results

3.1. Demographic data

A total of 241 students participated in the study (100% participation of nursing students), 201 female and 40 male. 213 students had an average between 18 and 24 years old.

As we selected the 5 most repeated images, finally we analysed the storytelling and the poems of 67 students. Table 1 shows their sociodemographic characteristics.

3.2. Photovoice, storytelling and poetry as tools to promote reflection and critical thinking

The students show signs of reflection and humanistic critical thinking in the context of this joint activity when they contribute poetic creations that express concepts linked to the health context without forgetting the importance of attending to subjectivity, the individual and the singular:

"I was very nervous

Table 1
Students' socio-demographic characteristics.

Variables		n	%
Gender	Female	201	83.4
	Male	40	16.6
Age	18–24	213	88.4
	25–34	15	6.2
	35–44	6	2.5
	45–54	7	2.9

when the doctors told me that I would have to have an emergency caesarean section.

emergency caesarean section, the doctor pulled the sheet down so that I could observe that miracle clearly.

that miracle with clarity."(S209)

In this way, they have expressed biomedical concepts - logical and rational - and concepts related to the humanisation of health care in an interspersed manner, using lyrical language. The following quotation is an example of this, dealing with themes such as the chronodependence of ICTUS, its main characteristics and the need for immediate attention:

"Time runs, eats, wearies and sentences;

pressure invades, oppresses the entrails, silences;

stress felt to perpetuate survival;

hearts beat fast by inertia."(S213)

Or in recounting a birth from the mother's excited perspective, considering her thoughts, feelings and experiences when a difficulty arises, quickly resolved by the professionals:

"(the) professional looks at you and says:

stop pushing.

There is only silence, you don't know what is happening.

The umbilical cord is around the neck of your other half;

fear, anguish, silence.

Time, the world stops and suddenly. crying.

And the world goes back to work."(S27)

3.3. Students´ perceptions of nursing care

In the process of this reflection and in the effort to express in writing what the image evokes for them, they themselves have emphasised concepts essence of care. From the content analysis of these 67 storytelling/poems, one central category stands out: "**Caring in nursing**" (Table 2), and three subcategories: "**accompanying throughout the life cycle**", "**supporting the work on skills**", and "**taking care of the small details**".

3.4. Accompanying throughout the life cycle

The students assume the accompaniment of people by nursing professionals in all spheres of the "*life cycle*" (S113). For example, in the following poem where the different stages of the life cycle are expressed in poetic form: birth - where you see the light, infancy - where you cry and begin to babble, adolescence - with physical and personal growth, adulthood - where you live, laugh, learn - and old age - which involves a decline in faculties.

Table 2
Categories and Subcategories identified in the data in relation to nursing care.

Categories	Subcategories	Codes
Caring in nursing	Accompanying throughout the life cycle	
	Supporting the work on skills	Mastery
		Professional commitment and teamwork
		Courage
		Empathy
	Taking care of small details	

"Light, do you live? You scream, you cry, you cry but you live, and you live.

You laugh, you cry, you babble, and you scream, you scream but you live, and you live.

You grow, you grow and you laugh, you cry, you talk, you talk and you scream, but you live, and you live.

You live and grow, you learn, you cry and laugh, you laugh but you live, and live.

You live, and you live, you no longer shout, but you talk, and you live.

You live, and you live, you no longer talk, but you laugh, and you live.

You live, and you live, you no longer laugh but you cry, and you live.

You do NOT talk, you do NOT babble, you do NOT laugh, you do NOT cry, you do NOT scream, light do you live?" (S51)

Accompanying, caring, both in situations of health (at a birth (Picture 1 (image nº 1)) and illness (when people go to an emergency department or are admitted to a critical care unit (Picture 2 (image nº 18)).

In this regard, some of the poems written by the students emphasise that help is an essential part of care:

"of the health professionals who were around me,

of all those hands which had helped my daughter to be born" (S41).

"She comforts and guides me, helps me to go on and takes care of me" (S13).

Different passages of the poems show the figure of a professional as a

Picture 2. (Image nº 18).

person close to the patient during a difficult time as a distinctive feature of the discipline:

"Come to me when you need me

Come to me when you need me

Because I set no limits to your worries" (S91)

"Accompanied by the angel who guided me in this race

Your arrival could not have been better, nor in the best company" (S9)

They even equate the importance of accompaniment to the well-being or vital actions such as preventing the death of patients:

"In this bitter room,

While my inner voices fight between living

Or dying.

Surrounded by wires and noises, medicines and lights,

Only one person opens the door.

She comforts me and guides me, she helps me go on while caring for me,

The room grows warmer with her voice,

I feel better, but don't go" (S16)

"People who keep panic from setting in,

May souls slip away when smiles flee,

May death come in loneliness leaving everything pale" (S227)

3.5. Supporting the work on skills

Several skills were highlighted by the students when describing nursing care. For them, qualities such as commitment to their profession, diligence and mastery are essential, in conjunction with teamwork, as they understand that the object of the profession lies in their confluence:

"Nurses, all together doing the same work,

speed and good sense, essential qualities" (S63)

"Speed is essential.

with my colleagues to cooperate

we all have to cooperate

Picture 1. (Image nº 1).

or the situation could come to a bad end" (S38).

"They run because they know it is in their hands,

We can see the responsibility, the concentration

of the health workers in such critical moments" (S53).

The courage, or ability to save lives, leads to professionals being seen as heroes or angels who undertake risky tasks, despite the danger:

"Angels don't just wear white.

They wear blue dressing gowns and uniforms.

They don't just fly.

Oh Nurse! How brave you are!

You save lives! You are an angel! (S229)

"It is too much demand and too much courage

that is nourished by the people

who prevent others from panicking" (S200)

The observation of people's scenarios and experiences through photographs and images helped students to empathise with the different actors.

Writing poems helped them, as the data show, to put themselves in the place of other people, such as patients, relatives, the professionals themselves.

The following poem, as an example, captures the anguish, tenderness, and bonding that a mother who has just given birth can experience:

"And it is now, when at last, my eyes can see yours.

And it is now, when my trembling hands can caress your skin.

When I feel in my own flesh the greatest emotion I could ever have imagined.

And it is now, when I feel you in my breast, that I would swear on my life that I would give my life for you" (S169).

"You see the meaning of this degree

When you see this kind of images

You feel the joy of the mother and

understand the nurse's work" (S101)

And in the following poem, a family member's melancholy, who has just lost a loved one:

"Calm of the sea,

waves that come and go,

And take me to your arms, steady, safe.

Looking at the sea I remember

every moment by your side,

every smile,

every look.

I miss you.

I wish I could take your hand again,

touch your skin, feel your touch.

I wish I could listen to your voice,

smell your perfume,

reflect myself in your eyes.

To laugh with you.

I wish you could see me achieve it.

I will, don't doubt it.

You keep helping me,

You're my lifesaver in a troubled sea,

the lighthouse that shines a light on my fears,

the calm in the midst of the storm.

And you are always there, even if you are not present.

Going back to the sea is coming back to you.

I love you, grandma" (S140)

3.6. Taking care of the small details

Students are aware of the importance of small details, gestures and actions which add value to the care process. Picture 3 shows a patient who during the pandemic was transferred to the promenade with the hospital bed as part of a therapeutic programme aimed at recovery.

They reflect that these actions become relevant because of what they mean to the patient, who is at a vital moment in their lives:

"In a birthing room, (…)

the human nurse makes her smile

and she forgets the pain she may have felt" (S42)

"The room becomes so much warmer with her voice" (S180)

"Sometimes we need such a simple thing

The sound of the waves or the warmth of the sun," (S44)

4. Discussion

Through this educational activity it has become clear that the combination of these tools (images -photovoice-, narratives -storytelling- and poems) promotes reflection and critical thinking on nursing care and its essential aspects.

The centrality of relationships in nursing practice needs for critical and reflective awareness, emphasised in humanism approach (McCaffrey, 2019). In this sense the activity promoted reflection and critical thinking of a humanist nature that considers that not everything is objective and technical procedures, giving equal importance to intuition, the subjectivity of the other and singularity (Kahlke and Eva, 2018; Kahlke and White, 2013).

The students conceptualised care as the need to accompany people
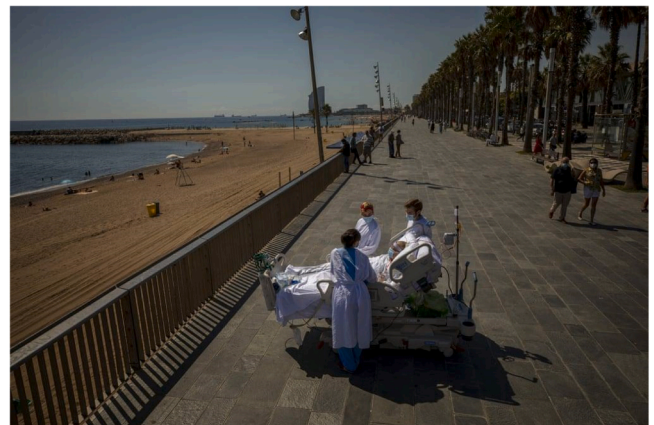
Picture 3. (Image nº 48).

throughout the life cycle, a definition shared by different theorists in the nursing discipline such as Collière (1993), Leininger (2002) and Siles-González (2011).

The students described the main skills that a nurse should have. Several studies agree on the need to train future nurses in certain skills or values (Paşalak et al., 2021) in order to prepare them for today's complex healthcare context (Poorchangizi et al., 2019).

Some of the skills described by the students were mastery, professional commitment and teamwork, in line with those reported in the literature as important to be promoted in the university context (Fernández-Feito et al., 2019; International Council of Nurses, 2021).

Students considered courage as a fundamental trait, which is in agreement with many authors (Khodaveisi et al., 2021; Różyk-Myrta et al., 2021).

Another of the skills highlighted by the students was empathy, which is essential for our profession according to organisations such as the World Health Organisation (2020). Some authors point out that recognising empathy and stimulating it is essential in order to raise awareness among future nurses (Bauchat et al., 2016), as it can bring about therapeutic change (Moudatsou et al., 2020).

As described by our students, the literature mentions concepts such as "the simple" or the "small things" or "details in care", in line with Nightingale's ideas (Nightingale, 1858), and states that these actions are crucial to provide person-centred care and condition the patient's perception of care even though they are not therapeutic care (Beltrán Salazar, 2015; Topor et al., 2018).

As educators we must foster learning environments which promote awareness and critical thinking about nursing care (International Council of Nurses, 2020; Siles-González and Solano-Ruiz, 2017), something that has been worked on with this educational activity. If we compare the combined use of photovoice, storytelling and poetry with other active methodology tools such as the Greek Chorus (Donnelly and Frawley, 2020), service learning (Gresh et al., 2021) or simulation (Campbell et al., 2021), we can affirm that those used in our research become novel, simple and economical.

4.1. Limitations and future lines of research

A feminised sample limits the possibility of using a gender perspective in the interpretation of the results. On the other hand, it must be understood that the first-year students have not yet done clinical practice, thus providing a theoretical view of care.

It would be relevant to replicate the study in the final year of the degree course and compare the results. Furthermore, research in this field should be carried out to elucidate the advisability of incorporating these instruments in nursing curricula when dealing with humanised care or issues whose subjective nature requires a critical and reflective approach on the part of nursing students.

5. Conclusions

Photovoice, storytelling and poetry are presented as tools which promote critical awareness and sensitisation about health care in the classroom. They also help to connect theory with nursing practice. Teachers need to introduce new techniques in active learning such as these in order to provide innovative academic support to nurture and develop the next generation of nurses and to encourage them to reflect on the essence of care. Actively working on basic aspects of our profession can help to build and maintain the identity of future nurses, strengthening their empowerment.

CRediT authorship contribution statement

Elena Andina-Díaz, MCarmen Solano-Ruiz, José Siles-González, Ana Isabel Gutiérrez-García: Conceptualization, Methodology, Software, Validation, Formal analysis, Investigation, Resources, Data curation, Writing – original draft preparation, Writing – review & editing, Visualization, Supervision, Project administration, Funding acquisition. All authors have read and agreed to the published version of the manuscript.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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