

# Working with Arts in Nurse Education

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*This article outlines ideas and some results of a design-for-learning experiment, involving nurse students working with arts in the nurse education in Denmark. The original purpose of the experiment was to investigate new ways of supporting personal knowledge building and building of professional judgement skills for nurse students, according to a phenomenological and aesthetic approach to learning. However, the results and learning outcome for the students surprisingly showed that working with arts had the effect that the nurse students began acting creatively in their building of personal and professional knowledge. The experiment suggests that working with arts can contribute to building nurse students' building of 'relational creativity' as a basis for professional judgement. Relational creativity is not an established theoretical concept, but the article argues that the term might have significance not only to nurse students, but also to new ways of thinking about knowledge, professional judgement and learning perspectives in relational professions in general.*

## INTRODUCTION AND CONTEXT

The Danish health care system has in the years after the millennium experienced a strong influence from New Public Management ideas. The latest initiative from the Danish government is the so-called Kvalitetsreformen (Quality Reform 2007), a way of making explicit aspects of treatment and care according to centrally defined and evidence-based standards, which are locally managed and implemented (e.g. Lund 2007). Many voices, however, have blended into the discussion of the understanding of the concepts of quality and evidence in the health care system, questioning whether standards are actually raising and improving quality, or if standards rather are a way of controlling and de-professionalising professional workers in the public sector (Hjort 2004, Krejsler 2009, Lund 2007 a.o.). Norwegian nurse and cand.phil., professor in science of nursing care at the Bergen University, Kari Martinsen, has delivered a nursing specific critique of the development, pointing out various consequences for nurses and patients. She claims that health care professionals, under direction of predefined quality standards, are educated and socialised into a practice, where the patient is observed and categorised in a rather technical understanding, where personal involvement is avoided. This can be necessary, raising quality and speed in the treatment of diseases, but if this way of observing patients is extended to nursing care, there is a risk of objectifying the patient by reducing him to a set of fragmented and particular areas of

interest, where the nurse's attention is directed by the mentioned predefined standards. The consequence is that the patient becomes exposed, whereas the nurse can observe the patient without personal involvement, which also makes it difficult for the nurse to build up personally based professional knowledge and judgement (Martinsen 2001:41).

#### BASIS OF THE IDEA OF ARTS AS DESIGN FOR LEARNING

One way to meet this set of problems is according to Martinsen, 'the sensory perceiving encounter' with the patient. In many cases, the patient meets the nurse with 'a significant lack of order' (Ibid:26), which means that it is impossible to set a standard for the encounter – every patient meets the nurse with his or her unique expression of suffering, his or her unique bodily shaped pain, his or her unique tone of voice etc., and therefore every patient must be met in a different manner than comparing to a standard (Ibid:33).

Here, Martinsen stresses the importance of the 'professional eye'. The expression 'professional eye' is a way of conceptualising the phenomenon of nurses' way of using eyes, ears, nose and hands together with professional knowledge in their daily care of the patients (Afdeling T 2006:13, Abben 2008). Martinsen however goes a step further, describing 'the professional eye' as encompassing the patient-nurse-relation as a whole. This idea is based on the phenomenological thinking of Danish philosopher K. E. Løgstrup, here especially his ideas about arts and knowledge (Kunst og Erkendelse (Arts and Knowledge), 1983).

#### NURSING AS ART

With 'the professional eye' Martinsen draws a parallel between nursing care and art, and between the nurse and the artist. In relation with the patient, the skilful nurse, like the artist, relies on two motions or modes of perception: sensory perception on the one hand, and understanding/interpretation on the other. The nurse focuses on the sensory perception (impression) in order to investigate and capture the 'tone' of the situation and the expressions offered by the patient. If the nurse succeeds in understanding, interpreting and articulate this 'tone' to the patient, she has taken care of the unique element in the relation, and she shows that she regards the patient as a fellow human being (Martinsen 1998:154, Løgstrup 1983:13). At the same time, she understands the impression professionally, with professional standards for treatment and care (Martinsen 1998:151/2001:28, 31). The important thing is however that the motion of (professional) understanding often must be separated or delayed from sensory perception in order to capture the 'tone'. The professional eye and its ability of reading the patient's plurality of human bodily and vocal expressions, the 'significant lack of order', and treating the patient professionally, defines the nurse as an artist according to Martinsen. In this notion, 'the professional eye' also embeds an ethical dimension (Martinsen 2001:34, Kierkegaard 1998:191). But how can nurse students learn to see

with ‘the professional eye’? My idea was to let nurse students meet art and music, as artistic expressions in many ways also are ‘significantly lacking order’, or lacking standards. To explain this idea, Løgstrup’s thoughts about the relation between art and knowledge will be briefly outlined in the following.

#### ART AND KNOWLEDGE

Løgstrup describes, how artists are creating works of art/music through a process of comprehending and thoroughly investigating sensory perceptions (sensing), and articulating the ‘tone’ of the impression through the work of art/music (understanding). In the effort to understand the artist’s intention, the observer draws on imagination and empathy, or learns something new about well-known phenomena. Here, the observer uses the same motions-in-process as the artist: investigating the impression in order to grasp and articulate the experience of the work of art/music (Løgstrup 1983:12-13). In this understanding, music and art can be seen as a way of learning, creating new knowledge, and communicating about humanity with a basis in bodily-sensory perception in practical life, which is equally important as information flow, texts in a theory or research texts. With Løgstrup in mind, I saw a possibility of drawing on music and art as a learning tool in a non-instrumental manner – music and art are not seen as a means to obtain better results in other subjects, but as a way of practicing knowledge building, which corresponds in a meaningful manner to learning in practice.

#### ARTS WORK AND SENSORY PERCEPTION

Here, Martinsen’s/Løgstrup’s description of the nurse’s/artist’s way of focusing on sensory perception, delaying ‘understanding’ (=interpretation or categorising) of the impression, are key dimensions in professional knowledge building. In a more pedagogical perspective, Eddy Thomsen’s<sup>1</sup> method of working with art may address these modes of learning, as its three steps of experiencing art aims at separating pure description (what you see with your eyes or hear with your ears) from understanding the seen and heard phenomena. This pedagogical perspective can be defined as an aesthetic approach to learning, where sensory experience in interplay with interpretation and construction of meaning are central (Austring & Sørensen 2006:85). The method consists of three steps:

1. Description: What can the participant nurse students observe (what elements can they identify in the piece of art/music with their eyes and ears)?
2. Interpretation: How do the participants understand the motive (how do they express themselves about the experience of the piece of art/music)?
3. Interaction: What does the artist intend to express with the motive/ piece of music (how do participants comprehend the intention of the artist)? (Jensen 2008:4).

In this way, the assumption was that working with arts and music in three steps would help the students separate sensory perception from understanding and interpretation, so that they would train the skill of meeting 'significant lack of order' both in the arts, and the patients' expressions.

#### DESCRIPTION OF THE PROJECT

The experimental course took place at a University College in Denmark. Three nurse students participated voluntarily after an information meeting, and they were all attending last period of practical training<sup>2</sup>. A teacher from the institution also participated. The course consisted of four four-hour sessions, taking place with an interval of approximately two weeks. The sessions were organised as 'calls'<sup>3</sup>, in order to create immediate relations between content and activities of the sessions and the students' experience in practice, more precisely in order to make it possible for the students to work artistically with patients in the wards. The students were compensated from the wards for the hours spent at the course. In order to make the course applicable as a research method of generating data, the course was gone through with the following two research questions:

1. In what ways can the design for learning promote the students' awareness on sensory perceptions by the means of arts analysis?
2. In what ways can sensory awareness promote personal and professional knowledge building in practice?

The data were generated by the means of log-book writing and audio-recording (verbatim transcription) of the sessions. Paintings, drawings and photos were shown to the participants by the means of powerpoints, and music was presented by playing it on CD-recorder.

#### MODEL AND CONTENT OF THE DESIGN EXPERIMENT

The didactic choices of the course were based on the so-called incubation model for design for learning (Starko 2005). The model is designed to make students relating the content of the sessions ('institutionalised teaching') to the daily learning in practice in the wards ('practical training') (figure 1). The concept of 'incubation' refers to the period of time between a certain educational activity, and students' new construction of meaning/'learning outcome'. According to Starko it is didactically important to acknowledge this time period, in the sense that planning of the sessions must factor in time for the students to combine new construction of meaning in the session with their practical life world, under which their learning in practice in this case is placed (Starko 2001:156). Consequently the sessions with arts were organised as 'calls' with two-weeks-intervals.

The following elements from Starkos incubation model were shaping the sessions:

**1. Heightening anticipations:** The students are preparing for the content of the session by creating clear relations between what they are expected to learn, and meaningful aspects of their lives and practice.

**2. Deepening expectations:** is the core of the session, where the students are working with new knowledge, in this case listening to music or looking at arts following Thomsen's method. The students are supposed to revalue or work with familiar knowledge in new ways. This should be related to the meaningful problems raised in the first phase (heightening anticipations).

**3. Going beyond:** The students are asked to 'do something' with their new knowledge or skill. In this case creating aesthetic thinking concepts for learning in practice (Starko 2001:156-157).

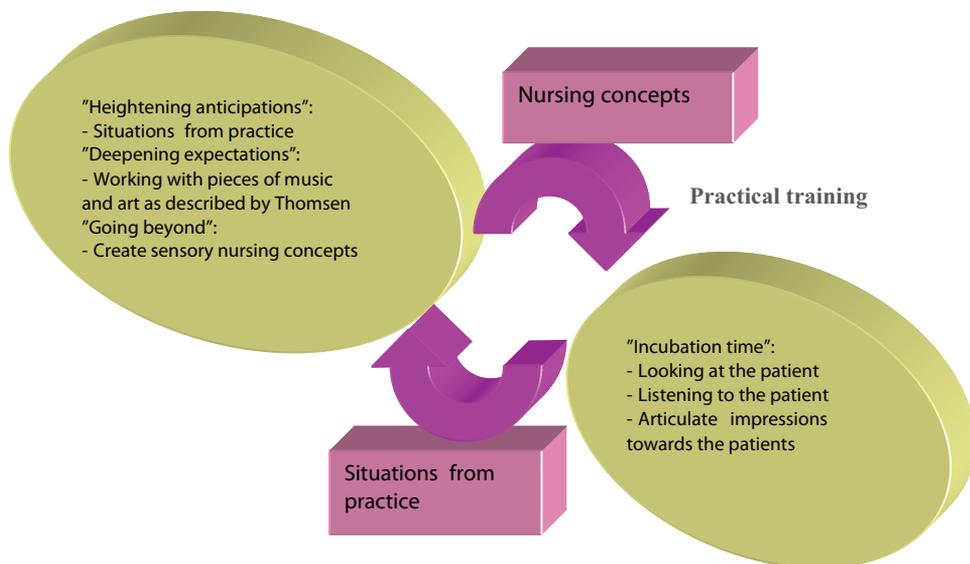


Figure 1. Model of design for learning experiment. Dialogue model, inspired by Starko. Sessions at the institution.

The model illustrates how the dynamics of the session plan was planned. The yellow balloon 'sessions at the institution' illustrates that the students observed arts and listened to music in the way described by Thomsen above, at the institution. In the sessions, the students listened to a piece of music, or had 5 minutes to observe a work of art, while writing down every detail, they could

identify. This was afterwards discussed in plenum. Then they were given time to write down, how they experienced the work, and what they imagined, the artist intended to express, which was likewise discussed in plenum.

Opposite this we find the balloon 'practical training', where the learning environment is a living work place with patients, and where the incubation time was spent. Relations between the two forms of learning environments were primarily sought for with the concept of 'going beyond'. Consequently, working with art should make it possible to create nursing concepts for practice learning, that is, the students' new construction of meaning should be transformed into metaphors and analogies for use in their nursing practice. As an example, one of the going beyond-concepts was named 'taking pictures' (the students wanted to take mental snapshots of situations with patients, and then analyse them in thought, as we did in the classroom). This correspond the arrow at the top of the model. In order to promote transfer to practical learning even more, the students were asked to 'bring' written situations with patients from practice, illustrated by the arrow at the bottom of the figure. The situations were in addition meant to be part of 'heightening anticipations' at the beginning of each session.

#### ANALYTIC APPROACH

Methodologically, the analysis of the transcribed texts from the data material has a discourse analytic approach inspired by Norman Fairclough. Fairclough's understanding of the discourse analysis is meant to uncover the speaker's fundamental assumptions. Fundamental assumptions appear like *generally approved matter of course* in the text, which Fairclough terms naturalisation (Fairclough 1995:28). Naturalisations may accordingly be seen as a cultural phenomenon, where individual expressions naturalise a larger cultural common understanding (Ibid; Bruner 1998:61). In this way, particular statements can be analysed as having power to express more general patterns in the culture. Therefore, naturalisations will be seen as empirical findings and be discussed with relevant theory.

In the following, statements from the three students will be referred to as 'student A, L and S', and the teacher as 'K'. I have assembled the findings in categories derived from the analysis of the text material.

#### FINDINGS: SENSES AND PERSONAL KNOWLEDGE

The following excerpts derive from a final evaluative group interview, which took place at the end of the course:

**Student S:** It (the arts analysis) is a good exercise in not to be ashamed of yourself, and to dare to say what you think. It may well be difficult... daring to trust yourself when you see something particular, and dare to stand by it, because it is not certain that it is the same as others see, but it does not necessarily imply

that it is wrong. But you dare to show who you are, and you show who you are, when you express what you see (in a painting or in patient care).

**Student L:** ... I have learned to trust what I sense.

**Student A:** It has also taught me to sharpen my senses and rely on myself ...

The statements naturalise, in Fairclough's sense, the students' comprehension that professional judgement in patient care requires self-confidence, courage and self-esteem, as well as personal and professional knowledge. The statements may express that working with art may have offered these students a possibility to work explicitly with sensory perception in their nursing care, on which professional judgement according to Martinsen is built. The naturalisations might suggest that the students, by practising separation between sensing and understanding/ interpreting impressions in working with arts, have been able to approach the patients and surroundings in their wards in a new way. This has led to a firmer confidence that they can build their future professional judgements on visual and auditive facts about patients, obtained through their eyes and ears.

#### SENSES AND THINKING

The following excerpt also originates from the evaluative group interview:

**Student S:** ...I think it is something about 'turning on one's senses' - we all have senses, but they are only occasionally 'turned on', so you just become aware again ... when I'm standing in the operating room, where you'd just stand a lot ... such places I just noticed a lot of things I do not think I would have thought about, noticing things and thinking new thoughts - and there are really many things to work on.

This naturalisation suggests that sensory awareness must be intentionally focused on - it is not necessarily there 'by itself'. Student S naturalises accordingly that sensory *unawareness* is generally more common than sensory awareness. Furthermore, she relates sensory awareness to thinking (new ideas, '*noticing things and thinking new thoughts*'). Her statement can be read as implying that her sensory awareness has been awakened by working with arts by training the awareness on what you see and hear in a picture or a piece of music, and relating this to learning in practice.

#### SENSES AND CREATIVITY

The following presentation of empirical data will be focused on two photos, which the students took at the wards. They brought these photos as 'situations' to the sessions. The comments and statements following the students'

work with the photos are seen as naturalisations of the meaning and interpretations of the photographic expressions, possible to analyse discursively.

The following image is a photo that one of the students took of the paintings on her ward after having practiced the mentioned 'taking pictures'-exercise.



Figure 2. Student A: Photo of paintings, decorating the walls of a ward.

After having worked with the photos with step 1, 2 and 3 (pure description, interpretation and interaction), the following discussion was characterised by statements like:

**Teacher K:** I think that if I lay on my side and looked at this picture, I could ... go for a walk, I would say into it...

**Student L:** I think that you go out into the nature.

**Student A:** Yes, and also out of the body and the pain and suffering

**Teacher K:** The difficult situation.

The discussion developed into an investigation of and reflection upon how the patient might experience the situation of being bound to a bed in an intensive ward. As what seemed like a direct answer to this photo, the student L.



Figure 3. Student A's photo.

The photo is taken in an empty patient's ward, where the student angled the camera, as if it was the eyes of a patient in the bed. When the photo was shown to the other students, the spontaneous comment was as follows:

**Teacher K:** ... if you try to imagine, how it must be to lay in that bed and look at this – there is always a watch, and you can see this sweep second, like: tic-tic. That must be nerve-wracking.

The teacher from the institution encouraged the student to show the photo at the ward, where it was taken:

...isn't it something about catching sight of the patient perspective<sup>4</sup> – what are they actually seeing? And the relatives, what are they seeing? Because we, we get a little blind in this respect as time goes by.

I see the photos as a sign of the students' awakened sensory awareness on their surroundings. They have used the photos to separate sensory perception from

immediate understanding, interpretation and categorisation, like Martinsen suggest as a means of building 'the professional eye'. This has given them a possibility of investigating the sensory impression – like working with arts. The investigation has trained their following expression of the 'tone' of the impression, as well as it has made them imagining, what the patient sees. This might imply an example of Løgstrup's thoughts that occupying persons with art as observers, can have an ethical impact in the sense that sensory awareness and empathy work together with imagination in a creative interplay, where the students express the 'tone' of their impression of the situation. This is an example of how working with arts in aesthetic learning processes can promote what I would term relational creativity.

#### LEARNING THEORY: CREATIVITY, PROBLEM FINDING, AND PROFESSIONAL JUDGEMENT

The concept of creativity needs further exploring in this context. By focusing on creativity, the above pure phenomenological approach in connection to learning in practice will shift into a psychological, constructivist and cultural learning perspective, where creativity will be suggested to be potentially important for personal knowledge building, and hereby for professional judgement.

##### *'Problem finding' and creativity*

The students 'find' a professional problem, the blindness towards the patient's perspective, in their wards by means of taking photos. The phenomenon 'problem finding' can be explored more closely in relation to creativity and learning in the light of the empirical findings. Here, American psychologist Stephen Wakefield states that creative persons have the ability of 'inventing problems'. He explains this phenomenon as connected to the individual's ability of raising questions not possible to answer with the knowledge at hand in the immediate situation, questions that no one has asked before in the context (Wakefield 2003:257). What the students are expressing with their photos can in this light be seen as problem finding: There is an embedded problem in the fact that nurses could/should be more aware of the patient's perspective, and imagine how the patients and their relatives actually experience the encounter with the health care system, as the student is pointing out with her photo from the patient's bed. There is no answer to this problem in the immediate surroundings. Returning to Wakefield, he relates problem finding to Piaget's theory of stages. He has observed that children and young adults are using creative thinking, or problem finding, when they accommodate and move from one stage to the next in their cognitive growth. Wakefield equates accommodation with creativity in the sense that both accommodation and creativity require that the individual finds problems, unsolvable at the moment, and with the demand of an explorative investigation of the surroundings (Ibid:257-259).

Consequently, Wakefield points out that accommodation is connected to learning – that the individual learns to ask new questions and find problems – and in this sense learning and creativity are associated (Ibid:255). In the case of the students I will claim that they understand something new by creating a narrative out of photos – they are asking questions they cannot immediately answer, and so they are creative, they accommodate.

The empiric findings however show more than that. In the group interview, the student S states that in situations, where she is aware of her surroundings by being aware of her senses, she is '*noticing things and thinking new thoughts*'. She experiences that the urge to find problems can occur on the basis of being receptive, sensory aware of her surroundings. This statement is supported by the students' photos: By taking photos they are sensory receptive, pay attention to their surroundings and make them special, which leads to problem finding: What is actually the substance of the expression 'patient perspective'? They express the problem through photos, which can be seen as creativity.

This might imply a number of didactic perspectives for practical training. The way of working with art as suggested by Thomsen could be a possibility of building up such sensory awareness in a manner that supports the relational character of creativity embedded in nursing care, or the imaginative encounter in Løgstrup's understanding.

#### *'Problem finding', individual and culture*

However, the above psychology-based analysis is limited to an individual perspective, which only captures small parts of the complexity of the empirical findings. The students' problem finding occurs, when they relate the sensed and perceived phenomena to *something other*. This *other* can be seen as the professional-cultural reality, the students is surrounded by, through their institutional education and learning in practice in the wards. They already know of nursing concepts and actions, they already master a language that conceptualise important aspects of nursing care. On this basis they are capable of rising relevant questions, finding professional problems. Hereby there is a move into a cultural theoretical perspective, investigating the significance of the culture for the way we are creating or constructing meaning of reality. According to American cultural psychologist Jerome Bruner, the *narrative* is a construction by which the students give their educational experiences meaning and significance in relation to their lives in a culture (Bruner 1998:95). Through a photo-mediated narrative, the two students so to speak use cultural tools to generate an understanding of the patient's experience at a hospitalisation, and the photos as a whole create a negotiated meaning between the group of students – in other words a new narrative about the patient's perspective (Ibid:72). This new narrative has two layers in Bruner's frame of reference.

The first layer relates to the fact that the students create an act of fantasy, imagining themselves as future nurses, who are receptive and aware on the patient's perspective. Here the students intend to understand the patient, which

can be related to the concept of inter-subjectivity (Ibid:71), they use their imagination to put themselves in the place of the patient.

The second layer relates to the seed of change that is embedded in the activity of young people learning to master the tools of the culture (Ibid:70), where the photos are a way of using one of those cultural tools. As the photos tell a story which the students identify as unacceptable, I will claim that a seed of changing the culture of nursing care is sowed (Ibid), as the students think that it is bad for the patient to look at bare walls and a watch ticking away, and that nurses eventually are getting blind for the surroundings and forget to imagine, how the encounter with the hospital is experienced by the patients and their relatives. This problem is found on the basis of implicit professional knowledge that aesthetic surroundings contribute to accelerate the patient's recovery (Tallervo 2008, Danske Regioner 2009), as well as an aesthetic awareness traditionally is part of the nurses' self understanding since the works of Florence Nightingale back in the 1800s (Kierkevold 2000:95). Consequently, problem finding must be understood not only as an individual, accommodating process, but also as an interactive negotiation of meaning between the individual and the surrounding culture, as Bruner describes it. To make this clearer, a sensory perceptive experience (meeting the photo of the patient's view from the bed) made the students cognitively aware of professional-cultural expressions like 'the patient's perspective'. This made it possible to perceive and reconstruct this 'cultural matter of course' in a new way, and possible to create a new narrative understanding of how to practice and work professionally with the patient's perspective. I would term this finding 'relational creativity', which might be embedded in the concept of empathy.

#### PERSPECTIVES: CONS AND PROS

A design experiment as outlined above might, in spite of some positive results, suffer from certain problems that can challenge its suitability in the present educational and professional thinking. First of all, there is as mentioned a strong movement towards evidence-based standardisation, which is widely seen as an improvement. Here, an emphasis on personal knowledge and professional judgement can be looked upon as a back-wash that can endanger scientification of the nursing profession. There can also be identified issues concerning the ethics in seeing art as a means by which one obtains certain intended results in other areas of learning processes, which might violate the intentions of the artist. Questions can be raised about balancing between personal and private dimensions of learning processes and professionalism, as art and music have strong emotional dimensions. These issues are important to discuss and clarify, as they represent important cons of the idea of drawing in arts in the nurse education.

On the other hand, based on the empirical findings it can be claimed that in the process of creating personal knowledge in nursing care, a phenomenon emerged that I would term relational creativity. Relational creativity relates

to the ability to imagine how the patient is experiencing the situation, 'the patient's perspective', or to empathy. Furthermore, the dialogue between the individual learning processes and the surrounding culture has the potential not only to innovating cultural understandings of reality through problem finding, but also to put in words the kind of professional knowledge, which tends to be tacit and implicit. I will argue that this potential could be referred to as relational creativity, as this way of imagining the patients' experience of the situation could have the potential to train professionals' empathy. This widens the scope, as it would be relevant not only to nurses, but also to other professions working with human relations, such as teachers, educators, social workers etc. Therefore I see it as relevant to repeat the design experiment in other settings to investigate its eventual potentials as a method of creative professional knowledge building, based on individuals' sensory awareness in dialogue with existing professional cultural values and ethics.

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<sup>1</sup> PhD in dramaturgy and history of ideas.

<sup>2</sup> The 6th semester, whereas the 7th semester is a Bachelor project (UCN 2007:15).

<sup>3</sup> Calls mean that the students, while attending clinical training, are 'called in' in order to participate in institutionalised, formal training or education at the institution; in other words, they are called to the institution from their respective clinical wards with certain intervals.

<sup>4</sup> 'the patient's perspective' is a common phrase in nursing care, originally used to emphasise empathy, now discursively used in terms of developing quality in the health care system (parallel to 'user satisfaction') for example: <http://www.regionsyddanmark.dk/wm215142> .

## References

- Afdeling T (2006), Århus Universitetshospital: Klinisk Uddannelsesplan 1.-3. Semesterstuderende. Retrieved on url 04.07.2011: [http://www2.viauc.dk/sygeplejerske/aarhus/Documents/Til%20klinikken/Kliniske%20Studieplaner/6.semesterkirurgi/6\\_sem\\_studieplan\\_afd\\_T\\_kirurgisk.pdf](http://www2.viauc.dk/sygeplejerske/aarhus/Documents/Til%20klinikken/Kliniske%20Studieplaner/6.semesterkirurgi/6_sem_studieplan_afd_T_kirurgisk.pdf)
- Austring, B. D. og Sørensen, M. (2006): *Æstetik og Læring. En grundbog om æstetiske læreprocesser*. Socialpædagogisk Bibliotek. Hans Reitzels Forlag, København.
- Bruner, J. (1998 [1996]): *Uddannelseskulturen*. 1. ed, 5. printing. Hans Reitzels Forlag, København.
- Danske Regioner (2009): *Æstetik – helbredende design*: retrieved on <http://www.godtsygehusbyggeri.dk/Inspiration/Design%20og%20arkitektur/-AE-stetik%20-%20helbredende%20design.aspx> 27.06.2009
- Fairclough, N. (1995): *Critical Discourse Analysis*. Longman Group Limited, London.
- Hjort, K. (2004): *Kompetente professioner. Om kompetenceudvikling og professionalisering*. RUC.
- Jensen, J.B., (2008): *Kunst og Forandring i Sygepleje*. 9. semesters projekt, modulet Læring og Forandring i Praksis. Aalborg Universitet. (Unpublished).
- Jørgensen, M. W. og Phillips, L. (1999): *Diskursanalyse som teori og metode*. Samfundslitteratur. København.
- Kierkegaard, M. (2000): *Sygeplejeteorier*. Munksgaard, København.

- Krejsler, J. (2009): Epistemologi, evidensbevægelse og folkesundhed. I: Glasdam, S. ed. (2009): *Folkesundhed i et kritisk perspektiv*. 1. ed. Dansk Sygeplejeråd. København.
- Lindermann, G. (2008): Man taber pusten og gejsten. I: *Sygeplejersken* 2008, blad nr. 8.
- Lund, H.H: (2007): *Nyliberalismen, velfærden og kvalitetsreformen*. Forlaget Alternativ. 2. rev. Ed. [www.henrikherloevlund.dk](http://www.henrikherloevlund.dk)
- Løgstrup, K.E. (1983): *Kunst og erkendelse. Metafysik II*. 1. edition. Gyldendal, Haslev.
- Mark, E. (2009): Ph. D.afhandling: Restiktiv spisning i narrativ belysning. I: *Sygeplejersken* nr. 1, 2009.
- Martinsen, K (1998): *Fra Marx til Løgstrup*. 1. edition, 2. printing, Munksgaard, København.
- Martinsen, K. (2001): *Øjet og kaldet*. 1. edition. Munksgaard, København.
- Starko, A (2005): *Creativity in the classroom. Schools of Curious Delight*. New Jersey: Lawrence Erlbaum Associates Publishers. Mahwah. New Jersey.
- Tallervo, J. (2008): Flere fagfolks fælles flotte anstrengelser. In *Sygeplejersken*. Issue no. 6, March 2008.
- Wakefield, J.F. (2004): *The Development of Creative Thinking and Critical Reflection. Lessons from everyday Problem Finding*. I. Runco, M.: Critical Creative Processes. Hampton Press Inc. Cresskill, New Jersey.