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BEYOND "HOT LIPS" AND "BIG NURSE": CREATIVE WRITING AND NURSING

Fiction has had a checkered history when depicting the roles nurses play. *M*A*S*H*, Richard Hooker's black comedy about the antics of doctors and nurses during the Korean War, gave us "Hot Lips" Houlihan. Ken Kesey's novel, *One Flew Over the Cuckoo's Nest*, and the film version of the book, offered homage to the human spirit and also gave us "Big Nurse" Ratchet. "Hot Lips" Houlihan and "Big Nurse" Ratchet have two things in common: they represent the stereotypical character of the rigid, rule- and role-bound nurse, and they are well-trained professionals.

Real nurses play an integral part in an increasingly complex and fragmented health care environment. But like "Hot Lips" and "Big Nurse," they also tend to follow rigid rules and are often role-bound because of these rules. Many rules that "Hot Lips" and "Big Nurse" learned, such as those that dictated that nurses were the "handmaids" of physicians, are happily archaic. Other rules remain embedded in nursing lore, such as those that sustain the notion that since nurses write only for other nurses, their writing skills aren't overtly important. Not surprisingly, nurses (and nursing students) learn these rules from each other. Nursing schools have done their part in preparing nurses for the clinical roles they will assume by providing instruction in all aspects of nursing care except for one area: writing. This essay describes and analyzes the results of a creative writing class offered as a special topics course at a university nursing school. In addition to examples of student creative writing, this essay discusses the practice of offering creative writing instruction in medical schools and summarizes nursing research that recommends the use of creativity in nursing.

Nursing researchers Gavin J. Fairbairn and Alex M. Carson tackle the poor and sometimes tortured writing skills of nurses when they state that "count-

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less academics write in the obfuscatory and opaque style . . . and unfortunately nursing researchers are not totally blameless.” Their solution—storytelling. Nurses have stories to tell, and those stories shouldn’t be disguised by giving them more scientific names, such as “case studies” or “nurses’ notes.” In telling stories, nurses “share information about how they came to their conclusions, about their methods and hypotheses, about the genealogy into which their work slots, its parentage and forebears and the quarrels it might have with alternative views” (Fairbairn and Carson). Ideally, the nurse should be well trained in the sciences *and* the arts. In reality, nurses understand the language of nursing and medicine but are reluctant to use it.

Medical schools, however, recognized that for physicians to become better communicators they need students to become better humanists. To aid in this twofold process, medical schools are encouraging their students to study the humanities, especially creative writing. This commitment to engender physicians tempered by the influences of the humanities as a means of understanding both their patients and themselves is explored by researcher Edmund D. Pellegrino in his article “The Humanities in Medical Education.” As Pellegrino says, “To heal another person we must understand how illness wounds his or her humanity, what values are at stake, what this illness means, and how this illness expresses the whole life of this patient. The physician who does not understand his own humanity can hardly heal another’s” (135). In short, medical schools understand the need for their students to be more effective communicators. So, too, should nursing schools.

In nursing schools, one way to find connections and to increase the use of language would be to introduce a creative writing course (poetry, fiction, drama) into the nursing curriculum. As a writing teacher, I have taught both composition and creative writing courses designed especially for nursing students. In the creative writing courses, my primary pedagogical aim is the instruction and practice of creative writing techniques (narration, description, and character development, for example) that would strengthen students’ use of language and encourage them to tell stories about their patients and their hospital experiences. I knew from experience that if students could learn these techniques, they could more effectively communicate with their patients and co-workers. Effective communication skills could help nurses understand, appreciate, and reflect upon the complexities of a given health care situation.

Most nursing schools do not include creative writing instruction in their curricula. Increasingly, though, many medical schools do. Time is the issue. One can argue that nurses must receive their entire education in the years of college, and as a result, writing instruction is limited to what students learn in English composition classes. Nursing writing instruction is based on the presumption that writing must be clear, coherent, and concise. Nursing

instructors tell nursing students to read other nurses' writing and then to model their writing based on these patterns of on-the-job writing "how-to's"—how to write a report, a nursing note, a care or teaching plan—the genres of nursing writing. This type of writing instruction is the same today, as evidenced by Lois White's 2002 *Documentation and the Nursing Process*, as it was two decades ago in such texts as Anita Gandolfo's and Judy Romano's 1984 *The Nurses' Writing Handbook*. There are lots of other texts like White's and Gandolfo and Romano's that encourage a similar pedagogy—teach students to write like nurses by linking the process of nursing to the process of writing. For example, nurses learn that when they begin work with a patient, they must follow the paradigm of plan, assess, intervene, and evaluate. Writing students learn to follow a prewrite, outline, write, and revise pattern. These texts also remind nursing students, fresh from the composition classroom, that the rhetorical triangle of subject, writer, and audience can be recast to resemble the nursing triangle of health care, nurse, and patients. However, once in the hospital, students observe that writing is often the last activity a nurse performs during a hectic shift. Students are also warned that nurses' notes can be cited in lawsuits. Consequently, many students develop a fear and dislike of writing and realize that it is seen as a mechanistic activity for reporting information and not an integral part of their roles in a developing health care situation. When the art of communication is lost, so is creative thinking.

Nursing scholar Patricia Benner notes in her book *From Novice to Expert*, "there is much to learn and appreciate as practicing nurses uncover common meaning acquired as a result of helping, coaching, and intervening in the significantly human events that comprise the art and science of nursing" (12). This "common meaning," or connection shared by nurses, requires effective communication, a concept too often lost when reading nursing pedagogy. Indeed, research by Myra E. Levine ("Ethics of Nursing Rhetoric") and others points to current nursing pedagogy that overemphasizes science courses and undercuts the liberal arts, especially writing and the humanities. In nursing programs, students are taught to write like nurses by adhering to the time-honored rigid rules that even fictional "Hot Lips" and "Big Nurse" followed.

To move beyond rigid rules and roles, the twenty-first century nurse must not only understand nursing and medical language, but use it confidently. Nurses need to develop skills and strategies to increase their comprehensive use of language—that is, their ability to exploit the full range of language, including metaphor and rhetoric, as tools to convey social, cultural, and ethical meaning and to express emotion. These skills and strategies accomplish two goals: first, they demonstrate that language establishes human contact, interaction, and relationships between caregiver and patient in order to aid in the healing process; and second, they illustrate that language develops the expository practices to

allow effective communication with other medical personnel. “Hot Lips” and “Big Nurse” were good nurses, but they were terrible communicators.

NOT EXACTLY “HOT LIPS”—OR , WHY SOME RULES ARE MEANT TO BE BROKEN

Creative writing and nursing students? On the one hand, writing creatively may not seem consistent with the goals of medical education and the practice of the nursing profession. When nursing scholars refer to creativity, they differentiate creative writing from creative thinking. On the other hand, if creative writing encourages creative thinking, there is a rationale for introducing creative writing into the curriculum. Both creative acts involve a willingness to be critical, original thinkers. In her article, “Contexts for Scientific Creativity: Applications to Nursing,” Susan O. Murphy comes close to advocating a program in creative writing when she says, “creativity is associated with independent, and sometimes nonconformist individuals who demonstrate openness to new ideas, and ability and willingness to see things less from conventional perspectives, and a tolerance for ambiguity and uncertainty” (105). To this end, nursing faculty often design curricular objectives that appear to place a high value on independent thinking (Murphy 105). Yet, the reality of nursing pedagogy illustrates a powerful, though often unspoken, double standard that nursing students learn well: “be creative, questioning and innovative but only within certain strictly prescribed guidelines” (Murphy 106). In short, be rigid and rule-bound like “Hot Lips” and “Big Nurse,” but try to be creative, too.

This powerful double standard of advocating creativity but only within well-defined boundaries illustrates the misunderstanding of the role “creativity” has in nursing education. Creative research is championed, but creative writing is best considered an avocation. The confusion between the terms “creative” in research and in writing also illuminates the seemingly differing natures of nursing education and creative writing education. Yet, the connection between the disciplines of nursing and creative writing is not as unusual as one might think. Nursing faculty promote creativity in research; they encourage a willingness to take calculated risks, to be experimental, to look at situations from different angles, and to be flexible. Nursing faculty also advise students to avoid becoming too complacent or uncompromising. Creative writing faculty echo this same philosophy.

Though nursing school faculty stress the need for good writing skills and effective communication, some nurses may not have developed the language skills necessary to communicate effectively. This is indeed troubling because nurses are on the front lines of patient care, the ones who must communicate with all other health care professionals and the ones patients rely on to decipher “medicalese” by using symbolic and metaphoric language. To counter “medicalese,” to produce more caring and communicative physicians, and to

foster humanitarian practices, medical schools offer humanities classes in their curricula.

In fact, medical students are increasingly expected to be able to ferret out fact from fiction during case studies and to make meaning from the stories their patients tell. Karl E. Sheibe's "Self-Narratives and Adventure," Donald E. Polkinghorne's *Narrative Knowing and the Human Sciences*, Stephen Crites's "Storytime: Recollecting the Past and Projecting the Future," and Jerome Bruner's *Actual Minds, Possible Worlds*, all posit the same premise: a person has stories to tell and must tell them; knowing what to listen for in the stories may help the physician understand the person, his or her life and values, and the cause of the illness, and may offer insights in how to remedy the situation.

When medical schools embraced the importance of storytelling in patients' lives, they sought ways to incorporate the instruction of narrative technique (ways to interpret the meanings of stories) into their curricula and hired English and comparative literature faculty to teach special topics courses. The task of the English faculty to persuade objective-principled medical students to learn and embrace humanist ideals by studying subjective-principled literature proved successful because not only did medical school faculty and students "discover" their own voices, they began publishing literary criticism, and even their own creative writing. One such journal is called, simply, *Literature and Medicine*.

Nursing schools, however, have been slow to adopt this trend. Though articles in nursing journals are beginning to address the need to understand patients' lives outside of the hospital, nursing writing remains first and foremost a tool for reporting information and, second, a way of learning. There is, however, a growing movement to incorporate into nursing pedagogy the awareness of how both the patients' and nurses' humanity impacts the nursing situation. Rene Geanello's "Storytelling: A Teaching-learning Technique" speaks frankly of the importance of listening to patients. But Margarete Sandelowski's "Telling Stories: Narrative Approaches in Qualitative Research," goes one better when she writes that "scholars across the disciplines have (re)discovered the narrative nature of human beings," and she reports that even scientists have developed a "literary consciousness" (161). The rediscovery of narrative, Sandelowski explains, promotes listening, appreciating, and understanding the stories people tell, and makes clear that the stories are the ways people make meaning in their lives (162).

To this end, Carola Skott's *Nursing Ethics* article, "Storied Ethics: Conversations in Nursing Care," examines how the use of "narrative communication"—or "dialogue[s] of events, emotions and experiences" or simply talking to each other, is necessary in our "striv[ing] for meaning, coherence and

narrative unity . . . [because] [w]ithin a narrative context we begin to understand our moral personality and its actions” (368-69). While her position stresses the importance of conversations among nursing colleagues about the right care for patients and how best to contend with their own emotions, Skott also argues that it is an “absolute necessity” for nursing programs to “make legitimate space in nursing practice for narrative communication” (376). This “space” would involve the creation of time in the academic calendar for reflective dialogue and for courses, like creative writing, designed for nursing students to write about these reflections. In “Exploring Caring Using Narrative Methodology: An Analysis of the Approach,” Tanya V. McCance, Hugh P. McKenna, and Jennifer R. P. Boore write that “the use of stories as a primary way of making sense of an experience . . . and the narrative method is being seen increasingly as a valid means of tapping into the patient experience” (350). Responsible nurses will take information learned from talking with patients and incorporate it into the decision-making process for developing patient care and teaching plans.

In keeping with the trends to humanize medical personnel and to listen to patients, creative writing instruction in schools of nursing would work to free nursing students from the often excessive demands of privileging the objective over the subjective. Judith C. Hays’s *Image* article “Voices in the Record” speaks directly on this point when she says that care is physical and psychological but also “social, political and ethical,” and the process of care is “fluid, intuitive and subjective” (203). She contends that nursing students must learn how to write about care, and faculty must provide examples of how to describe patient care. Hays’s most radical suggestion is that the patient’s voice must also be heard in the record (203), though for some nursing instructors, such non-scientific writing often smacks too much of the excesses of the humanities.

BEYOND “HOT LIPS”—OR, HOW NURSING STUDENTS LEARN METAPHORS

When I designed a creative writing class especially for nursing students the major difference between this class and other creative writing classes was that the exercises and assignments were concerned with the students’ experiences as student nurses both in and out of the hospital environment. Otherwise, the format of the course followed a pattern of other creative writing courses, consisting of an introduction to the conventions of literary language (metaphor, symbolism, character analysis, plot development, and others); instruction on how to critique and analyze writing through lectures and studying professional writers; and lots of exercises practicing writing poetry, fiction, and drama. The primary mode of instruction, the creative writing workshop, a collaborative activity where writers read their works, and peers and the instructor offer sugges-

tions for improvement, is similar to the model used in composition classrooms. This creative writing workshop experience reminds students of the connections between creative writing and the other critical modes of writing.

I began introducing nursing students to the techniques of creative writing by starting with non-fictional accounts of patients and illnesses documented by Howard Brody in *Stories of Sickness* and Arthur Kleinman in *The Illness Narratives*. This pedagogical strategy allowed students to tell stories of their own experiences with patients and the stories that patients told them, and to reflect on how those stories had an impact on their lives. It also helped students to see or re-see patients as people and to recognize why storytelling was important. Throughout these discussions, I gradually acquainted my students with literary language.

As students' familiarity with literary language increased, I introduced the writing exercises.¹ In an assignment early in the semester, I asked students to remember one detail of a patient's case history that did not seem to further the medical history or an aside a patient might have slipped into conversation and then write a poem, short story, or drama from this detail. This exercise is one that Rita Charon acknowledges in her article, "To Render the Lives of Patients." She says that when students listen to patients and then re-imagine their stories as fiction, students begin a needful process and powerful skill of "simultaneous identification and distance" (65).

The following poem was written after a student spoke to his first AIDS patient. Even after two decades of research on AIDS, there is still apprehension when caring for AIDS patients. Students must learn to come to terms with their own prejudices, not an easy task for some.

Terrible Canvas

Now I can rest, have peace,
not worry, not grieve.
I can finally sleep.
My skin, stretched over my bones
like a terrible canvas,
a canvas that now won't hold paint.
All the colors run.
In sleeping suffering is gone,
the virus is winning;
another victim.
Awake, I have no energy to paint or talk.
Now when coping is lost, friends are there.
They will replenish and renew,
and maybe they can paint my life again.

In the next example, a student wrote a dramatic monologue of an elderly woman who was hospitalized for the first time in her life:

Attachment

They laugh at me sometimes, they think of leukemia as a child's disease, not something that an 82 year old woman would get, but here I am with leukemia. And this pain. Just don't seem to want to go away. What is that that hurts? Oh, my spleen, here on my side, yes, that's where it hurts alright. The pain just won't go away. And when I laugh or cough it gets much worse you know. I miss laughing. Used to laugh with my husband all the time. He's gone now. You know what he used to laugh at me for? The way I sewed on buttons.

This student caught both the fear and bewilderment of the patient in just a few lines. And the student's effective use of the patient's language conveys a growing understanding of how patients frame medical experiences with memories.

In addition to learning how to express patients' stories of sadness, horror, and frustration, students learned to write about these patients as people. In doing so, students come close to experiencing Charon's concept of "simultaneous identification and distance" (65). In-class discussion of these examples highlighted the effective use of metaphor in "Terrible Canvas" and the powerful ways that memories can help a patient work through pain in "Attachment." In workshops, students emphasized how the effective use of language in each example allowed readers to identify the character traits of the patients, and they observed how they could relate to the experiences of their classmates. Each of the writers came away from the workshop armed with suggestions for improvement.

While learning to take case histories, students discovered, sometimes to their dismay if they were feeling rushed, that patients often digress into storytelling. And just as often the patient will be cut off by the history-taker in order to get back to the point of the hospital visit. The phenomenon of digressing is described by Katherine Young in her article "Narrative Embodiments: Enclaves of the Self in the Realm of Medicine." She explains that when the body becomes an object, as during a case history or physical, for example, the patient experiences a "loss of self" (153). To regain a sense of self, the patient may try to disrupt the procedure by "disattending, misunderstanding or flouting its conventions" or by telling stories (153). Storytelling is a way patients cover their embarrassment. As often as possible, I tied assignments to the

students' clinical experiences. During their lessons on learning to take patient case histories, I asked students to remember the digressions of patients and to write one digression into a monologue. So instead of cutting off patients in order to complete the questionnaire, the students listened and learned. One student heard the patient's story about a lifetime of alcohol abuse and wrote the following monologue:

A Little Bud Wiser

Yeah, I've been in and out of this hospital for the past six months, but they tell me that I may not go home this time without a liver transplant. Ya see, they tell me that because of the beer and the whisky that I've drunk for the past 35 years that I've damaged my liver to where it don't work right. . . . Now I'm just layin' here in this bed waitin' for that liver transplant. Doctor says that if I want it, I've got to stop drinkin' and be good to my new liver. Tell me, why do I need a liver anyway?

As students continued to write, I brought to the classroom fictional accounts of illness. We studied the use of setting in Brian Clark's *Whose Life is it Anyway?*, a drama about a quadriplegic man who sues the hospital to be allowed to die. The play takes place in the man's hospital room, and all the theatrical images—the “props”—of the hospital room (bed, machines, equipment), serve to increase tension in the plot. We discussed how to intertwine the past and present through flashbacks to express despair and strength while reading Adrienne Rich's poem, “A Woman Mourned by Daughters.” The use of metaphor, analogy, and symbolism cause many students difficulty. Yet when they read a passage from Sylvia Plath's *The Bell Jar*, a novel about a young woman's descent into madness, they pointed out how Plath's use of common language and images—especially the bell jar—allowed readers to identify with what the young woman was feeling.

We studied examples of other authors writing about medical issues, including poetry by Anne Sexton, Robert Lowell, Gwendolyn Brooks, and Gary Snyder; and fiction by Ernest Hemingway, Katherine Anne Porter, and Leslie Marmon Silko. Peter Shaffer's drama, *Equus*, about a boy's mental breakdown and his psychiatrist's personal issues, resonated strongly with students struggling to separate their hearts and minds while conversely offering humanistic care, and Margaret Edson's drama *W;t*, the story of a dying English professor, proved a powerful demonstration of the unique connection between literature and medicine. Yet, a small volume of poetry written by nurses in Vietnam, *Visions of War, Dreams of Peace*, reminded students that ordinary people write

poetry. The editors of the text commented that “some of the works contained in this anthology may not be what is referred to as great literature, but first writings rarely are . . . the poems help people to understand the reality of war from a perspective rarely seen” (xxiii).

By far, though, the best examples of fictional nurses were “Hot Lips” and “Big Nurse.” Students read excerpts from Kesey’s novel as models of how to write a one-dimensional stereotyped character (“Big Nurse”), for example, by never allowing your character to change in any way. “Big Nurse” remained inflexible, mean, and rule-bound even in the face of calamity. In contrast, Hooker’s novel taught students ways to write a fully-realized, complex character (“Hot Lips”) by demonstrating not only the character’s capacity to change, but the result of her development. Slowly, as “Hot Lips” learned to communicate and compromise, showed her emotional side, and broke the rules when necessary, the other characters responded to this change and began calling her by her first name, “Margaret,” and not her derogatory nickname “Hot Lips.”

As students studied these characters, they learned lessons both in writing fiction and in the practice of nursing. “Big Nurse” became an anti-role model and offered a tacit warning—don’t become “Big Nurse”! And as students studied character development in the creative writing class and practiced their nursing skills in the clinical areas, they realized how “Hot Lips” had changed from a rule-bound, rigid stereotypic “Big Nurse” to a more human and caring nurse. As such, “Hot Lips” became the role model of the good nurse—flexible, creative, and humanistic.

As the semester progressed, it became clear that many of my students’ clinical experiences were being transformed into creative works. Their case histories became question/answer poems and dramatic monologues. A slice-of-life fiction exercise (an exercise used in composition and creative writing classes because it calls for close observation, critical analysis, and specific recollections) asked students to observe and record an episode in the emergency room, resulting in the following poem. When the student read the poem in class, the hamster metaphor was instantly understood.

Perpetual Hamster Trails

You walk into this center
and what you see is perpetual, sequential,
chaotic and methodical.
7 hamsters turning 22 wheels.
It’s an assortment of squeaks, shuffles,
buzzers, bells, beeps, blips, barks,
sighs, moans, cries, and screams.

The inhabitants speak in a fragmented language
yelping for CBCs, EKGs, Pts, PTTs,
KUBs, Cts,
and asking "Where's the MD?"
The patronage arrives frustrated, agitated,
nauseated, constipated, intoxicated, traumatized,
palpating, herniating, hemorrhaging, wheezing
or just bitching.
They walk, wheel, shuffle, hobble or ride into the
gigantic Habitrail
to be evaluated, medicated, treated,
committed or admitted down
their appropriate tube.
The hamsters change wheels,
the patronage heals,
lives pass on,
the motion continues.

In the following poem, the result of a character sketch exercise imagining a patient's fears, loves, and hates, the student anthropomorphizes the patient's illness:

Silent Invasion

He was once
so independent
strong-willed
and
stubborn.
You silenced his body
You took from him his strength and security
You gave him no warning signs, symptoms, or pain.
You inhabit his body leaving him
so helpless
dependent
and
so unsure of his future

Students wrote about the sights, sounds, and smells of the hospital; the lives of their patients; and their treatments. Students also wrote about their own fears, anxieties, successes, mishaps, and confusion. They found humor and

horror lurking in unexpected places in the classroom, laboratory, or hospital, and they chronicled, fictionally, the everyday dramas of patients and nurses.

In the following poem, a student who witnessed a dissection experiment on an animal comes to terms with both her conflicted emotions and steadfast desire to remain objective when she addresses the poem to the rabbit:

Vital Signs

Fluffy white rabbit
what do you feel today?
Lying on a shiny metal
slab, anesthetized
to the pokes and prodding,
electrodes and hook ups.

Pure emptiness is your rest
while she
surgically opens your chest
monitoring your vital signs.

Medically kept alive
for the duration
of this intrusive procedure,
your soft, clean
fur is forever
blood stained.

A new drug must be tested
to discover
any adverse side effects
or possible human benefits.
The lungs are exposed
the spinal chord severed
the liver is punctured.
Is she practicing a new surgical
technique or observing a new
artificial heart valve?

Now the life signs
are fleeting.
Vital signs are gone.
For today, the experiment
is finished.

She doesn't flinch.
She doesn't cry.
Euthanasia
she explains, "We're not really killing them."
A smear of bright red fluid
brings life to her drab
white
lab coat.

As the semester progressed, I invited my students to write about non-nursing topics as well. To some, the expansion into other areas was a welcome change. Most students began to branch into diverse areas of their lives. One young student used this opportunity to write a bildungsroman in an effort to understand his career choice. Written toward the end of the semester, this short story describes how his life changed when he chose to become a nurse. Like the "clean notebooks" he carries, his new life waits "to be filled with notes." Yet, in the library, he inhales the scents of tradition and history. Though his previous ambitions ended when he chose nursing, he welcomes the challenge.

Ambitions Shattered

October is a fine and dangerous season. It is dry and cold and the land is wild with red and gold and crimson, and all the heat of August has seeped out of my blood, and I'm filled with ambition. It is a great time to start anything at all. I just started college, and every course in the catalogue looks exciting. The names of the subjects all seem to lay open the way to new worlds. My arms and backpack are filled with new, clean notebooks, waiting to be filled with the notes I can sometimes read after a fast paced hours of lecture. I pass through the doors of the library, and the smell of thousands of well-kept books makes my head swim with a clean and subtle pleasure. I have new jeans, new sweaters, new loafers, and pressed white shirts to match the crisp and clean effect of fall air.

In this class, students who had no experience with creative writing welcomed the opportunity to become more effective communicators by learning the language of poetry, fiction, and drama. As the examples presented here demonstrate, these students also grew to recognize and appreciate the connections and meanings afforded to them with the blending of the arts and sciences of nursing.

CONNECTIONS—OR, WHEN ART MET SCIENCE

A common phenomenon of medical and nursing students (in addition to coming down with the diseases they're studying!) is to develop a veneer of objectivity. In "Faculty and Student Dialogue Through Journal Writing," Mary Ann Ritchie recounts one of her student's journal entries: "As the car pulled closer to the parking lot, my anxiety level sky rocketed and I could feel myself going into a quiet place where all my fears and worries were sheltered. . . . Thank God for the full-face mask, because my tears and expressions were hidden" (5). Students imagine that allowing their experiences in the clinical areas to affect them, to feel for their patients, to allow this feeling to be observed by others, may have the consequence of clouding their objective positions and compromising their judgments. Writing imaginatively about their patients and about their feelings as nursing students provided an outlet for these feelings and allowed nursing students the opportunity to discover the importance of both objective and subjective components of nursing—how to use both their heads and their hearts. In fact, nurse educator Sandelowski, in her article "Aesthetics of Qualitative Research," advocates the importance of qualitative research that places an "emphasis on story, holism, the particular case, the incomparability of the individual, the vicarious experience" (205). Likening the science of nursing to the arts, Sandelowski maintains that scholars sensitive to the aesthetic draw attention to "such features as modes of expression, sense making and stimulation of experience, in addition to style, originality, and beauty" and "make work that stimulates the senses and emotions and enlarges our understanding and experiences of the human condition" (206). In short, Sandelowski advocates that nursing writing employ both rhetorical and poetic skills. A true blending of the arts and sciences.

What did nursing students gain from learning to write creatively? As I said earlier, many students reported that the pattern they followed in learning how to write like a nurse was to study patient charts and consciously model the style, language, and content of nurses' notes, care, and teaching plans. This rote learning champions a conditioned and formulated way of thinking. While taking the creative writing class, however, students said that they experienced a growing confidence in their use of language; they expressed a willingness to share with other health care professionals strategies for improving patient care derived from conversations with patients; and they described how they realized that they were less focused on the instructor-as-audience dynamic and more aware of their patients as both audience and, well, as people—an indication that students were becoming less like the stereotyped, rigid, rule-bound "Big Nurse" and more like the evolving "Hot Lips."

Many students delighted in discovering that their voices were important, and they gradually became more aware of their roles in the nursing

process as they negotiated their ways through the conventions of nursing discourse. This discovery of personal voice is examined in the *Voices on Voice* essay, "Technical Texts/Personal Voice: Intersections and Crossed Purposes," by Nancy Allen and Deborah S. Bosley. They write that "[f]or writers new to a discourse community, personal voice becomes difficult to achieve. Personal voice may involve taking a stance on a subject Novices are unsure of what sort of stance is expected; consequently, they may feel that they can exert no personal voice in this context" (91). Happily, most of my students found that uncovering their creativity enabled them to construct and reconstruct their ways of understanding and making meaning. They also learned (or re-learned) to question choices and then question the questioning process.

Creative writing instruction and practice taught students to generate materials, to discover directions, and to shape and structure their own fiction, poetry, and drama. Writing creative narrative accounts of themselves, their patients, and their experiences in illness and hospital-related environments, encouraged nursing students to realize and then to value the connections that nurses and health care professionals share with those in non-medical fields. Also, fictionally sharing patients' stories helped students, by their own testimony, foster a sense of empathy for their patients and worked to lessen the often numbing effects of technology, which can impede patient-nurse interaction. Creative writing instruction, therefore, functioned to encourage nursing students to be creative in thought and expression. Furthermore, creative writing instruction blended the arts and sciences in ways that required students to evaluate their new experiences through the scrims of their pasts, to articulate their values and morals, to practice their ethics.

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NOTES

¹ All of the following examples are from nursing students who took the creative writing class. All of the students' writing presented here is done so with their expressed permission. All of the student writing is also the product of many revisions.

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