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Rediscovering the Art of Nursing for Nursing Practice

A dissertation

presented to

the faculty of the Department of Nursing

East Tennessee State University

In partial fulfillment

of the requirements for

Doctor of Philosophy in Nursing

by

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Keywords: Art of Nursing, Aesthetic Knowing, Nursing Art

ABSTRACT

Rediscovering the Art of Nursing for Nursing Practice

by

Deborah R. Henry

The art of nursing is discussed throughout nursing literature but research on the topic is lacking. The purpose of this research was to reveal experiences of the art of nursing. Nurses were asked to describe experiences about the art of nursing from their own nursing practice. This study was qualitative in nature and used a phenomenological approach to answer the research question, “What is the experience of the art of nursing in nursing practice?” The study was guided by the philosophical stance of Merleau-Ponty and the research strategies of Thomas and Pollio. Participants included nurses who had experience using the art of nursing to provide patient care and a willingness to articulate these experiences. With IRB approval, eleven nurses participated in the interview process. Participants had between twenty-one and over thirty years of nursing experience and a range of clinical experiences that included hospice, acute care, nurse management, pediatrics, labor and delivery, medical/surgical, mother/baby, intensive care, progressive care, outpatient day surgery, free standing clinic, cardiac surgical step down, outpatient hemodialysis, nursing instructor, neonatal intensive care, prison nurse, telemetry, school nursing, emergency room, hospital nursing education, orthopedics, post-op, chemotherapy, behavioral health, long term care, code team, and one had been a family nurse practitioner in a rural setting. Results demonstrate the art of nursing in nursing practice includes showing up, staying, and helping patients, connecting to patients, intuitive caring, and making a difference in the lives of both patients and nurses. Findings from this study confirm the art of

nursing as an essence of nursing with implications for nursing practice, nursing education, and future research.

DEDICATION

This accomplishment needs to be shared with those who supported me along the way, especially my loving husband who has enough faith in me for the both of us. I would not have completed this without you. To my treasured daughter, Kimberly, thank you for your love and your willingness and expertise in editing many versions of this work. To my sons, Benjamin, Ryan, and Jacob, thank you for your pride in my abilities, and your inspirations to live life fully. To my daughters-in-law, thank you for standing with the men in my life as they grow into caring and capable husbands and fathers. To my five grandsons, thank you for the endless joy you bring into my life. And a special thank you to my dad, the strongest person I know.

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CHAPTER 1

INTRODUCTION

It is widely accepted that nursing practice is a combination of art and science. This study focuses on the art. Beliefs about the art of nursing from the literature include: the art of nursing is supported by the science, art is embedded in the science, the science is embedded in the art, art is the foundation of nursing practice and science allows implementation of that art, science is separate from art and more important than art, the art of nursing is a way of being for the nurse, or a way of caring for patients. When it comes to the balance between art and science in nursing practice the scales are currently tipped in favor of science. This is a problem for nursing.

Part of the problem lies in ontology. What does it mean to be a nurse? If nursing practice is an artful practice with nurses as artful beings, this philosophical standpoint should be evident in the nursing literature. Attempts to explain this way of being do exist in nursing literature. Bailey, Moran, and Graham (2009) concluded the artful nurse comes to know the patient and has a way of being with the patient that promotes the development of reciprocal relationships. Within such relationships, the nurse cares and encourages the patient to see and work towards new health possibilities. From this research, nurses expressed art as caring actions integrated into the total patient situation. Bailey et al. (2009) interviewed twenty-two nurses about their experiences delivering spiritual care in a palliative care setting. Participants reported that providing spiritual care is similar to the art of nursing because both include being with the patient, developing a trusting nurse/patient relationship, and providing holistic, patient-centered care. For these nurses, a therapeutic interpersonal process was created by the artful nurse.

Chinn and Kramer (2011) demonstrated that the art of nursing exists as the nurse's ability to form a sense of any patient situation, understand what needs to be done, and act on the

patient's behalf in that moment. They concluded the art of nursing embodies compassion and holism and is supported by the technical functions of the practice. Gramling (2004) also concluded the art of nursing cannot be separated from nursing practice. She used a phenomenological framework and narrative inquiry to study artful nursing in a critical care setting. From analysis of ten patient narratives, she concluded that the art of nursing is a nurse's way of being. For Gramling (2004), nurses demonstrate artful care when they support patients as they move from illness to health and artful care exists as a quality of nursing rather than specific activities of nursing practice.

Finfgeld-Connett's (2008a) concept analysis of the art of nursing concluded the art of nursing is the way of being a nurse. The qualitative analysis and synthesis of fifty-nine documents provided evidence of nursing as an artful practice grounded in both empirical and metaphysical knowledge. Finfgeld-Connett (2008b) further proposed using three concepts—the art of nursing, presence, and caring—as a framework or theory of nursing practice. It is not clear from this research whether the art of nursing is a cluster of the nurse's attributes, or a blending of nursing activities, or the ontology of the practice

The foundation of nursing as art is evident at the beginning and throughout the history of the nursing profession. Florence Nightingale described the practice of nursing as the art of nursing (Nightingale, 1860/1946). To her, nursing was much more than the administration of technical tasks. She considered providing nursing care with an understanding of individual patient needs her own form of art.

In 1911, a performance in England of the historic play *The Pageant and Masque* (Dock, 1911) included women in costumes representing the evolution of nursing. The demonstration began with Hygeia, the Goddess of Health, carrying a green snake with dark red eyes, the

symbol of wisdom in this healing art. Hygeia was followed by the spirit of nursing, then the science of nursing. It is important to note that the spirit or art of nursing came before the science of nursing, and they were portrayed separately. A few years later, the nurse was described by Stewart as “a socially inspired, scientifically trained expert in her own special art” (Dock & Stewart, 1931, p. 358).

As a means of professional endorsement, nursing practice developed into a medical profession on the heels of scientific advancements (Rose & Parker, 1994), but it has its roots in art. Basic expectations of nursing practice continue to include the art of nursing (American Nurses Association, 2015). It appears the art of nursing is essential to nursing practice, yet examples of it are missing in current nursing research literature.

Over time, language from nursing literature added confusion to discussions about the art of nursing. Smith (2006) sought to describe the nature of nursing practice. She used non-participant observations of nurse/patient interactions in a gerontology setting and follow-up interviews with participants. A content analysis of the interviews revealed the nature of nursing older adults is about promoting their well-being within a caring relationship that includes nurturing, encouraging, and protecting. Her descriptions of *the nature of nursing* are synonymous with descriptions of *the art of nursing*. Her work gives credence to the idea that the essence of nursing is art.

Gaydos (2004) contrasted what she referred to as ordinary nursing with non-ordinary, holistic nursing that she termed *the art of holistic nursing*. She claimed the art of holistic nursing is extraordinary because of the value placed on the uniqueness of each human being and an understanding by the nurse of all aspects of the human health experience. Bailey et al. (2009) used the terms spiritual care, palliative care, and the art of nursing interchangeably. Robinson

(2014) described the art of nursing as a way to be present with patients and use intuition to understand their needs. Other phrases used to describe the art of nursing in the literature include artful nursing, nursing art, aesthetics, and aesthetic knowing. Aesthetic knowing is a type of knowledge that integrates deep meanings of a situation (Gaydos, 2004) while aesthetics is related to experiencing art and beauty (Adajjian, 2016). Nursing literature connects the art of nursing to abstract concepts including intuition, caring, and knowing the patient. Confusion and ambiguities about the art of nursing continue to exist because examples describing experiences of artful nursing from nurses themselves are largely missing from nursing research literature.

Significance to Nursing

The problem is nursing research has not firmly demonstrated the existence or importance of this concept in current nursing practice. Other than Appleton (1993) and more recently Rahim, Ruknuddin, Gramling, and Tharani (2016), researchers have not asked nurses direct questions about their experiences of the art of nursing. The premise that an artful way of being could be the ontology of nursing makes this research even more essential. If artful nursing is the essence of nursing, research should investigate experiences from nursing practice that could illuminate this ontology and bring it to its rightful place as the way to be a nurse. Little knowledge exists about the art of nursing in today's nursing practice.

With the emphasis on the art of nursing in nursing history and the enduring agreement that nursing practice is a combination of art and science, one would expect the art of nursing to hold a prominent place in current nursing research, but this is not the case. A search using CINAHL was completed using the terms *art of nursing*, *aesthetic knowing*, and *nursing art*. The search was limited to peer-reviewed articles written in English between 1990 and 2018 and yielded 267 results. Adding the delimiter term *research* yielded 25 results. Themes of the

articles included empathy, using humanities concepts in clinical nursing education, the usefulness of Carper's patterns of knowing to frame both simulation and patient care, and editorials promoting the significance of the art of nursing.

Lack of research and the resulting lack of knowledge about first-hand experiences with this essential aspect of nursing practice is a problem for professional nursing. The consequences of under-exploring this concept include the growing dominance of science over the artful aspects of nursing practice (Gramling, 2004). Without such aspects, nursing will become mechanistic with the nurse serving as little more than a technician.

Unfortunately, empirical science currently validates nursing practice at the expense of the art (Bender & Elias, 2017; Freed & McLaughlin, 2013; Lazenby, 2013). It is important for nurse researchers to study the art of nursing to validate this vital component of nursing practice. Investigating what the concept looks like in current nursing practice may establish the art of nursing's relevancy and importance. Missing from the literature are clear descriptions from nurses about the art of nursing. This study will investigate how nurses understand and experience the art of nursing in their nursing practice.

Purpose

The goal of this research was to uncover experiences of the art of nursing from nursing practice. The specific purpose was to get direct descriptions of the art of nursing from nurses themselves. Asking nurses direct questions about the art of nursing might lead to new understandings of this important characteristic of nursing practice.

Philosophical Stance

The work of Maurice Merleau-Ponty guides this research study. Merleau-Ponty emphasized the importance of discovering perceptions of the lived experience (Merleau-Ponty,

2014). Merleau-Ponty's philosophy is a good fit for nursing because of his emphasis on embodiment (Thomas, 2005). As with nursing, Merleau-Ponty's body is a body of lived experiences rather than an object. This phenomenological approach asks of us "that we constantly measure our understandings and insights against the lived reality of our concrete experiences (Merleau-Ponty, 2014, p. 326). The phenomenon, *the art of nursing*, cannot be fully understood without learning about the experiences of artful nursing from nurses who practice it.

Research Question

The research question is: "What is the art of nursing, as revealed in descriptions of the lived experiences of practicing nurses?" This study used direct language asking nurses themselves to describe experiences of artful nursing from their nursing practice.

Limitations

This qualitative study uncovered examples of the art of nursing from nursing practice, but did not identify any causal or explanatory findings. Participants in this study spoke only for themselves. Nurses in this study lived and worked in North Carolina. Findings are not generalizable to other groups of nurses.

CHAPTER 2

LITERATURE REVIEW

Nursing literature lacks research on the art of nursing, but philosophical and theoretical discussions validate this concept as an essential component of nursing practice (Carper, 1978; Finfgeld-Connett, 2008a; Johnson, 1994; Kolcaba, 1995; Nightingale, 1860/1946; Rahim et al. 2016; Watson & Smith, 2002). In order to understand current knowledge about the phenomenon called the art of nursing, a thorough review of the literature was necessary (Thomas & Pollio, 2002). The author completed a CINAHL search using the following three search terms: *art of nursing*, *aesthetic knowing*, and *nursing art*. The art of nursing was introduced as a CINAHL subject heading in the early 1990's (Finfgeld-Connett, 2008a), so that was the starting point. The search was limited to peer-reviewed articles published in English between 1990 and 2018, and yielded 267 results. Twenty-seven of these resources were found to be potentially useful research studies, the rest were philosophical discussions about the art of nursing. This chapter discusses the relevant research on the art of nursing including implications for nursing practice, education, and future research.

The first few articles discussed in this chapter reveal information about the art of nursing from nursing practice. The remainder of information gathered from the literature fits into two categories; Carper's patterns of knowing as an epistemology of nursing knowledge and pedagogies related to the art of nursing. Following that discussion, the chapter concludes with identification of recommendations for future research and implications for nursing practice and education.

Appleton (1993) asked about nurses' experiences of the art of nursing from nursing practice. Appleton recruited patients who experienced the art of nursing. She then recruited

nurses of those patients to participate. Six patients and five nurses participated in the study. All participants were asked about their experiences of the art of nursing. Appleton concluded the art of nursing was a way of caring that resulted in a transcendent togetherness between patient and nurse. Appleton's work is an example of an early attempt at phenomenological investigation. No quotes from nurses or discussion on the method of analysis are included, therefore the trustworthiness and confirmability of the work is limited.

Recently, Rahim et al. sought to discover perceptions of the art of nursing from practicing nurses in Pakistan. Nurse interviewees practiced in the areas of intensive care, cardiac care, surgical care and pediatrics. Four themes emerged from the data named by the authors as *artful nursing is embedded in humane responsiveness*, *artful nursing has healing powers*, *artful nursing is a satisfying experience*, and *artful nursing is invisible in nursing practice*. The authors describe their method as qualitative and descriptive. The research appears to follow phenomenological principles, but does not mention phenomenology or a philosophical standpoint. The authors do link findings of the study to Watson's theory of caring. The authors conclude that this group of nurses from Pakistan knows the art of nursing promotes satisfaction in both patients and nurses. Nurses from this study also report challenges exist in their practices that prevent the art of nursing from becoming a prominent feature of their nursing practices.

Makaroff, Shields, and Molzahn (2013) explored how patients with chronic kidney disease expressed their experiences through symbols. The authors concluded that when patients and nurses discussed the symbolic meanings of disease processes from the point of view of the patients, aesthetic knowing increased for the nurses. In this research, nurses experienced many layers of interpretation of patient situations that led to improved delivery of patient care.

LeVasseur (2002) sought to increase understanding of the art of nursing. Using a phenomenological approach, she interviewed twenty nurses and analyzed their individual narratives. The purpose was to focus on the artful act. Nurses were asked to tell about a situation in which they helped a patient ‘turn the corner’. She concluded that the art of nursing happens when nurses gain patient trust in order to help the patient get through a hard time, see new possibilities, change, and take charge. This work focused on a premise that the art of nursing happened when nurses helped patients turn the corner. While adding to our understanding of the art of nursing, LeVasseur’s work only considered this one situation of artful nursing.

Carper’s Epistemology for Knowing

The first group of articles focused on the use of Carper’s (1978) patterns of knowing as a guide to nursing practice, research, and education. From an epistemological standpoint, Carper’s patterns of knowing were meant to serve as the foundation for development of nursing knowledge needed for practice. Carper developed four patterns of knowing for nursing that included empirical, ethical, personal, and aesthetic. Since the art of nursing is also known as aesthetic knowing, this literature is included here.

Authors from this group used Carper’s patterns as a guide to develop nursing knowledge, to plan improvements in patient care, and to evaluate care. The premise is that comprehensive nursing care includes utilizing each pattern of knowing. Carnago and Mast (2015) concluded that providing holistic nursing care to patients in every emergency room situation is possible when Carper’s patterns of knowing are used to plan and deliver nursing care. McGovern, Lapum, Clune, and Martin (2013) demonstrated the usefulness of Carper’s patterns of knowing to form a theoretical framework for simulation use in nursing education.

Three authors called attention to the usefulness of Carper's model as a framework for reflecting on clinical practice with the goal of improving patient care. Bélanger and Ducharme (2012) used the model as a framework to create a pedagogical intervention to use in professional development for nurses. Sherman (1997) used the model to process an intensely memorable nurse/patient situation. Holtslander (2008) used Carper's model to develop research questions to investigate nursing knowledge needed to provide palliative care. Thomason (2010) revealed strengths and weaknesses of her nursing care after a reflection using Carper's framework.

Schaefer (2003) conducted a content analysis of 68 student descriptions of a particular patient caring experience. Her outcomes revealed nursing students gained aesthetic knowledge by doing reflective journaling exercises. The author followed qualitative research principles throughout the analysis. The results appear reliable because she demonstrated trustworthiness and confirmability by including quotes from the narratives.

Each of these authors found the usefulness of using Carper's patterns of knowing as a guide to deliver individualized holistic nursing care. They used reflective narratives and philosophical discussions to demonstrate the value of the art of nursing in nursing practice. They add to the body of nursing knowledge, but do not ask questions about the nurse's experience of the art of nursing, and are not examples of research studies.

Pedagogical Strategies Associated with the Art of Nursing

The second group of authors investigated pedagogical strategies associated with the art of nursing. Two groups of authors used artwork to teach the art of nursing and one used poetry. Price, Arbuthnot, Landry, Landry, and Butler (2007) used introduction to classic artwork as pedagogy for teaching the art of nursing to graduate nursing students. They found gaining an appreciation for art enhances nurses' abilities to communicate with patients. Frie, Alvarez, and

Alexander (2010) integrated art appreciation course objectives into the clinical objectives of a group of nursing students. They determined this increased students' awareness of the human experiences represented in art. Hahessey (2016) used poetry as pedagogy in nursing education. Students reflected on nursing practice using a poem as a framework. The authors concluded using poetry in nursing education improves the reflective environment. These articles support the integration of humanities concepts and coursework into core nursing courses for teaching the art of nursing.

Curl and Koerner (1991) developed a tool to evaluate the art of nursing in student nurses. The authors believed that the art of nursing should be taught explicitly and evaluated specifically. A search of the literature found no further work on this tool including testing for reliability or validity. If the art of nursing is an essential element of nursing practice, it should be taught and evaluated in nursing students.

This literature indicates nurse educators' attempts to teach students about aesthetic knowing helped the students operationalize and further develop this abstract concept of the art of nursing. The results also suggest learning about the art of nursing can occur during times of reflection on providing nursing care or through lessons on art appreciation. Further, there is some limited evidence that enhanced aesthetic knowing in nurses and nursing students could lead to improved patient care.

Implications

Research Implications

Further explication of the art of nursing has implications for research. Both Appleton (1993) and Gramling (2004) concluded the art of nursing is a way of being a nurse. If the art of

nursing is inseparable from the act of nursing, nurse researchers should consider expressing this ontological stance and use it to frame their research.

Future investigators could consider using the conceptual framework offered by Johnson's (1994) work that identified five conceptualizations to identify the art of nursing including: grasping meaning in patient encounters, establishing a meaningful connection with the patient, skillfully performing nursing activities, rationally determining an appropriate course of nursing action, and morally conducting one's nursing practice.

The art of nursing is not operationalized in the literature. Abstract concepts are difficult, but not impossible, to explain and understand. Other abstract and related concepts such as empathy, intuition, and caring exist in nursing research literature. Investigation into the art of nursing might lead to a fuller appreciation of this aspect of nursing practice. Beginning research into the art of nursing should include data in the form of words, narratives, interpretations, and examples of artful experiences from nurses. Future research might lead to additional identification and operationalization of the art of nursing and eventual measurement and evaluation of this important aspect of nursing practice.

The movement toward evidence-based nursing practice occludes exploration of currently unmeasurable ways of being a nurse, but Bender and Elias (2017) build the case that the art of nursing can be considered an object for scientific investigations. The reconceptualization of science from positivism to postpositivism allows for investigation of concepts like the art of nursing. The value of research lies beyond the search for causal relationships between phenomena. The art of nursing, an essence of nursing practice, should be considered a fundamental topic in nursing research.

Practice Implications

Work to illuminate the art of nursing could help redefine nursing practice as an artful profession. Researchers need to investigate the nurse's typical workday to see if examples of artful practice exist. The possibility of adding aesthetic categories to electronic charting exists, but clear language describing actions of artful nursing is needed first.

Journaling and other reflective practice techniques helps nurses identify areas for improvement in their practice. Consideration of aesthetic knowledge when reflecting on nursing practice may increase nurses' intentionality for using multiple ways of knowing as a holistic framework for providing care, which could support improved patient outcomes.

Educational Implications

The literature indicates specific knowledge is needed to become an artful nurse. Research refers to this knowledge as *aesthetic knowledge* with connection to the humanities. Concepts from the humanities facilitate learning the aesthetic knowledge needed for nurses to practice the art of nursing (Lazenby, 2013). Examples include art-based pedagogies such as drawing, writing poetry or music, and watching films. These reflective and narrative pedagogies may help enhance emotional awareness in nursing students which could enhance their aesthetic knowing.

In 2010, nursing education was called on to make radical transformations in the approach to nursing education due to the oversaturation of scientific content in nursing curriculum (Benner, Sutphen, Leonard, & Day, 2010). The overall message emphasized multiple ways of thinking as the path to nursing knowledge, rather than an accumulation of scientific knowledge. An investigation of nursing curricula could determine if the integration of humanities concepts into nursing curricula as a way to teach the art of nursing exists.

Conclusion

This review of literature summarizes information about the art of nursing in nursing literature. It uncovered a substantial amount of professional writing about the art of nursing and at the same time exposed a lack of research on the topic.

Rediscovering the art of nursing has significant implications for nursing research, practice, and education. A nurse who adopts a way of being that honors the art of nursing could promote artful moments where everything comes together for both the patient and the nurse: a time of satisfaction, a turning point, or a moment of agreement/understanding between the patient and nurse. These times of genuinely helpful nurse/patient relationships can make all other work between the nurse and patient worthwhile. The art of nursing could be this essence of nursing that leads to effective nursing actions.

The philosophical implications of this assertion include a way of being that reflects the art of nursing and aesthetic knowing as the type of knowledge needed to practice the art of nursing. Much discussion about the art of nursing is evident in nursing literature, but recent research includes only one example from the nurses who actually practice it. A strong need exists to consider the impact and significance of the art of nursing on current professional practice from the nurse's point of view. Rediscovering a way to frame an artful nursing practice could clarify this essence of nursing practice.

CHAPTER 3

DESIGN

Searching for meaning in human experiences requires a qualitative design (Thomas & Pollio, 2002; Van Manen, 2017). The goal of this research is to reveal experiences of the *art of nursing* from nursing practice. Meanings of the experiences come from nurses' descriptions of this phenomenon. The research requires a phenomenological approach because it aims to identify and interpret understandings and experiences (Creswell, 2013). The study attempts to find an indepth understanding of the phenomenon in nursing practice called *the art of nursing*.

Phenomenology has a strong philosophical component and draws heavily on the writings of Husserl who wrote extensively on a transcendental form of reflection as the way to understand life (Jacobs, 2013). Husserl influenced Merleau-Ponty who developed a unique existential phenomenological philosophy that includes a holistic view of humans connected to and learning from each other (Thomas, 2018). Merleau-Ponty found the notion of perception fascinating. He studied the nature of perception in his post graduate work and has since written extensively on the topic (Merleau-Ponty, 2014; Thomas, 2005). The tenets of Merleau-Ponty's philosophy (Thomas, 2005) frame this research and include perception as the road to insight into meaning, an interconnectedness between people and their world, the import of embodiment, and time as a subjective experience. This research seeks answers to the question, 'what it is like to experience the art of nursing in nursing practice?'

Nursing literature discusses the topic of artful nursing but does not include direct descriptions of the art of nursing from nurses. Here, the researcher investigates this important relational aspect of nursing called the art of nursing from an existential point of view. Participants discuss specific situations of artful nursing. The researcher assumes individual

experiences are meaningful, aspects of human behavior are connected, and multiple interpretations of these connections exist.

Procedural Aspects

Linking the procedural aspects of a study to a philosophical view is important (Thomas, 2005). Merleau-Ponty's ideas about perception match this research because this study seeks perceptions of the art of nursing. Following the teachings of Merleau-Ponty, *figure* and *ground* are emphasized next, and the four existential grounds of time, body, others, and the world are discussed.

Figure and ground. The notions of figure and ground lie central to the notion of perception. Perception occurs when Merleau-Ponty's classic white patch is sensed as a 'figure' on a 'background'. The figure does not join the background, but is placed upon it. For example, a splash of white on a painting is perceived as independent of the background. Without both figure and background, we are unable to perceive the white splash of paint. This awareness guides us to an understanding of our environment.

Time. Individual moments in time become meaningless without the context of what came before and what came after. Time represents a singular phenomenon of flowing, where one moment moves into and becomes the next. For example, the care given to a patient is determined not only by the disease process at hand, but how the patient came to be dealing with the disease, and what the recovery process will look like for the patient. What we think of as past, present, and future can be considered overlapping and connected moments of experiences. In every moment of the day exists a simultaneous past, present, and future.

Body. The mind and body exist as one entity. Movements of the body are not singular events but a coordination of movements seen as a whole. This concept of body is particularly

important to nursing practice because nurses are trained to treat their patients holistically. The medical model dissects bodily function to find the place of disease in order to affect a cure. In contrast, nursing practice focuses on the mind/body in its entirety, meeting it wherever it lies on the health-illness continuum.

Others. Diverse individuals live within a larger society. We can only understand ourselves as individuals when we understand ourselves as part of humanity. This concept of ‘me’ versus ‘others’ allows for development of empathy, an essential characteristic of nurses. Empathy allows the nurse to perceive the patient perspective of illness or health and treat the patient as an important human being, or even as the self.

World. We perceive the world only in relation to our own body. We exist both in the world and as part of it. For example, cancer is a widely known phenomenon in the world. Although we might know much about cancer from a distance, it becomes real when we perceive it up close and personal. Our perception of the world ties us to it.

These holistic philosophical standpoints from Merleau-Ponty are a good fit for this project. Using this phenomenological approach, the researcher learns about participants’ experiences in context. Knowledge gained comes from the voices of the participants (Creswell, 2013). The strategy of phenomenology includes a naturalistic approach, studying real nursing situations with an openness to whatever emerges.

For this study, unstructured interviews were conducted using a few guiding questions. The interview design remained conversational and flexible. Adapting questions during the interviews helped to gain deeper understandings of the phenomenon. The interviewer used empathetic neutrality and mindfulness during the entire interview process, presenting herself as open, respectful, sensitive, and responsive. These interview strategies helped the interviewer create an

environment where participants freely shared experiences of the art of nursing from nursing practice.

This intersubjective process allowed the researcher to come upon understandings of *the art of nursing* through interviews with nurses who experienced and described it. Nurses expressed experiences of the art of nursing from their nursing practice. The researcher searched for commonalities in these experiences. This led to the development of new understandings and descriptions of the art of nursing from nursing practice.

Both inductive and deductive processes occurred. Abstract themes and patterns came from the data in the interviews. The researcher worked back and forth between the patterns and the database until a comprehensive set of themes was established. The researcher also looked backward from the themes into the data to establish the need for further theme development or to gain satisfaction that the discovered themes were complete. As a hermeneutic process (Moustakas, 1994), the researcher interpreted direct descriptions of the experiences and searched for underlying meanings and structures that account for those experiences.

Sample

Research participants were nurses since the research asked about experiences of *the art of nursing* from nursing practice. Participants were over 21, had experience using the art of nursing to provide patient care and the ability to articulate these experiences. Participants had a strong interest in the topic and were willing to give the time required for interviewing. The researcher obtained IRB approval prior to the start of the recruitment process. Recruitment included posting a one page flyer in three community hospitals in the western part of North Carolina and inviting potential recruits using a professional email list. Twelve people responded as interested in participating. One responded after other interviews had been completed, the remaining eleven

participated in the interview process.

Setting

Interviews happened in a naturalistic setting agreed on by both researcher and participant. The researcher traveled to the workplaces of nine interviewees and interviewed the remaining two by phone. With permission of the participants, all interviews were tape recorded.

Research Instruments

Research instruments included interview questions, the researcher, and the participants. Participants are considered the real experts as any new knowledge comes from their experiences, therefore researcher and participants partner in this research process (Creswell, 2013). As a partner in the development of new knowledge and understandings, the researcher needs to reflect on her own perceptions of *the art of nursing*. It is important for the researcher to describe biases and anticipate how these values and beliefs might affect the research.

In an attempt to acknowledge personal biases, values, and experiences, the researcher engaged in a bracketing interview with an expert researcher prior to starting the study. The purpose of such an interview is to make the researcher more fully aware of potential areas of bias related to the research topic (Thomas & Pollio, 2002). Although impossible to set aside all bias, a bracketing interview is one method to illuminate for the researcher specific pre-understandings of the research topic.

The bracketing interview assisted the researcher to elicit personal meanings and connections to the *art of nursing*. In her practice as a school nurse, the researcher drew on the artful side of nursing to develop and give effective nursing care to children and families. The bracketing interview revealed the researcher's assumption that *the art of nursing is likely the foundation of nursing practice. The science of nursing should not be nursing's identity* emerged

as a personal statement of belief. Since passion for a topic often drives research, the researcher acknowledged beliefs about the art of nursing and attempted to bracket these values and assumptions throughout the research.

The interviews were conducted as an ongoing dialogue that consisted of a few guiding questions including, “What does the art of nursing mean to you?” or “Can you tell me about a situation from your nursing practice that stands out for you?” or “What aspects of the art of nursing stand out for you from your nursing practice?” with follow up questions such as “Can you tell me more?” or “Is there anything else you would like to say?” The researcher remained open to whatever emerged as the interviews progressed.

Ethical Considerations

The researcher obtained IRB approval prior to commencing the research. The researcher told participants the true nature of the study and informed them of the option to leave the study at any point in time. Participants signed a consent form to participate, including consent to audiotape the interviews and consent to publish data in a dissertation and other publications. The researcher removed all identifying information from the transcribed interviews. Participants received a copy of the final research paper upon request.

Procedures

Procedures followed qualitative research principles, specifically the phenomenological approach of Thomas and Pollio (2002). The researcher conducted the interviews asking for examples of experiences of the art of nursing from nursing practice. For qualitative research, data collection is iterative and synergistic (Patton, 2015). Immediately following each interview, the researcher made notes of any pertinent details about the interview experience so that a clear audit trail developed. The researcher transcribed the interviews. Analytic memos (Miles, Huberman, &

Saldana, 2014) captured thoughts that occurred during data gathering and analysis. The researcher needed to balance fieldwork with analysis, gathering enough data but not too much (Patton, 2015). The goal was to avoid premature conclusions and prevent the inability to come to any conclusion at all.

Data Analysis Plan

The intent of this research process was to understand experiences of *art of nursing* from the participant's point of view and gain new nursing knowledge from these experiences. Data analysis for this research followed Pollio, Henley, and Thompson's model (as cited in Thomas & Pollio, 2002) for conducting an existential-phenomenological study. This approach is specific and thorough.

Data analysis began after transcription of the first interview. The researcher read the entire transcript at least twice, once to get an overall sense of the whole document and a second time to search for units of meaning. Individual pieces of data came directly from the transcribed interviews and included words, phrases, and direct quotes that captured the personal perspectives of the participants. The researcher searched for themes within each transcript and across multiple transcripts. Repeated patterns of descriptions became themes. Relationships between themes were uncovered. The text of the interview remained the focus.

The University of Tennessee Transdisciplinary Phenomenological Research Group assisted with data analysis. This formal research group meets weekly and includes university faculty and doctoral students with expertise in phenomenology. Prior to each meeting, members of the group sign confidentiality forms. The group reads an entire transcript out loud. Group members pay attention to words and meanings from the voice of the participant. The reading stops any time a group member notices something that stands out; the use of a particular word or

metaphor for example. The benefits of using an interpretive research group for analysis are twofold. The process facilitates bracketing by questioning assumptions the researcher may or may not recognize. Secondly, thematic interpretations are challenged until the group, as a whole, is satisfied. The research group analyzed three of the eleven interview transcripts. The researcher analyzed the remaining transcripts, then brought the overall thematic structure back to the research group for further confirmation of results. The researcher produced the final report. This process enhanced confirmability and transferability of the study.

Throughout the process, the researcher lived with the data, immersed in it to gain a holistic perspective of the reported experiences. Examining emergent patterns and themes led to new knowledge about the *art of nursing* in nursing practice. Data analysis transformed data into the findings reported in chapter five of this document.

Summary

Qualitative research searches for meaning, in this case the meaning of *the art of nursing* evident in the lived experiences of nurses. Using a phenomenological approach fits with the epistemology that knowledge gained comes from lived experiences. The descriptions of these experiences may lead to their essences (Creswell, 2013). This chapter details the research design, sample, setting, instruments, ethical considerations, procedures, and data analysis plan.

The design includes purposeful sampling of nurses with experiences of the art of nursing in their nursing practice. The strategy includes a naturalistic approach, studying real situations with an openness to whatever emerges. The flexible design includes a few guiding questions for use in face to face interviews. The researcher uses empathetic neutrality and mindfulness during the entire interview process. Both researcher and participants are considered research instruments. Participants are protected through IRB approval including the ability to opt out of

the research at any point. Analysis includes reading, note taking, re-reading, writing, organizing and coding data, data checking with phenomenologists, and then development and assimilation of themes into findings.

CHAPTER 4

RESULTS

This study used a phenomenological approach to discover the lived experiences of the art of nursing from nurses. Eleven interviews were completed from September through November of 2017. At the time of the interviews, eight participants worked as nurse educators, one came from a university setting and seven came from community college settings. The three remaining nurses worked in the hospital setting. Participants ranged in age from 41 to over 61. Their years of experience as a nurse ranged from 21 years to over 30 years. Of these nurses, one held the BSN degree, one the PhD degree, and the remaining held the MSN degree. All participants were female. Participants were currently practicing registered nurses. The nursing backgrounds of the participants included a range of experiences: hospice, acute care, nurse management, pediatrics, labor and delivery, medical/surgical, mother/baby, intensive care, progressive care, outpatient day surgery, free standing clinic, cardiac surgical step down, outpatient hemodialysis, nursing instructor, neonatal intensive care, prison nurse, telemetry, school nursing, emergency room, hospital nursing education, orthopedics, post-op, chemotherapy, behavioral health, long term care, code team, and one had been a family nurse practitioner in a rural setting.

After the interviews were completed, the researcher read each transcript once for a sense of the whole, and again to look for meaningful units, using the method of analysis described by Thomas and Pollio (2002). A thematic structure began to develop through the process of dwelling with the data. Next, the transdisciplinary phenomenology research group at the University of Tennessee, including the researcher, reviewed and analyzed three of the transcripts. From those discussions, essential themes about the art of nursing emerged. This chapter

discusses those themes; first within the context of Merleau-Ponty's (2014) existential grounds and then one at a time in detail.

Existential Grounds

The data of this study were examined with regard to the existential grounds described by Merleau-Ponty who said, "But if we rediscover time beneath the subject, and if we relate to the paradox of time, those of the body, the world, the thing and others, we shall understand that beyond these, there is nothing to understand" (Merleau-Ponty, 1945/2014, p. 383). According to Maurice Merleau-Ponty (1945/2005), human beings are imbedded in their world; simultaneously subject and object. People see and are seen, they feel and are felt. Perceptions of this world happen through experiences in it. Human bodies are the vehicles for these perceptions. Merleau-Ponty wrote "To be a consciousness or rather, to be an experience, is to have an inner communication with the world, the body, and others, and to be with them rather than beside them" (p. 99). Thomas and Pollio (2002) also described experiences in terms of existential grounds: "the four major existential grounds of human existence are the contexts against which human life and experience always emerge" (p.4).

Nurses in this study experienced the art of nursing in terms of the four major existential grounds of human experience; time, body, world, and others. These four existential grounds contextualize the figural aspects of this phenomenological study. Both the foreground and the background are considered. Discussion of the four existential grounds serves to contextualize these aspects of the interviewees' experiences.

Time. Time was a background element in the consciousness of these nurses. They experienced time as moving fast or slow, time as a moment of life or death, too much time and not enough time. Nurses told about taking enough time to get to know someone, taking extra

time to give a back rub, not rushing a patient, spending as much time as needed to get the job done. They noted the small amount of time it often took to do something meaningful for the patient, “How much time did it take to ask him to blink once for yes, and twice for no?” and “It doesn’t take a lot of time to sit there and take that patient’s hand for a few moments while they get past their tears and their frustrations”. The interviewees told of times when a patient was most vulnerable, times of life and death, times when patients got bad news. One nurse spoke of time that seemed endless when trying to help a patient who had painful terminal cancer get comfortable. They told stories of caring for patients over long periods of time, “In taking care of that patient for a number of years, in doing a physical, found a lump in her breast. So going through that process with her”. Components of the central theme *showing up, staying and helping* include time spent fully engaged with patients and taking time to stay with patients to help them.

Body. Serious illness changes everything for the body, including the sense of self and the relationship to the body (Van Manen, 2014). I (the researcher) recently fractured a bone in my leg. For the first couple of days, my sense of self was consumed with the accident and ensuing pain. It felt like my whole body was in crisis. After a few days, this relationship with my body changed. It became ‘that leg’ that was broken, not my whole self. The care I needed changed over time as the relationship with my body changed. An intuitive nurse distinguishes what type of relationship the patient has with the body and as a result can deliver care the patient really needs in that moment. In assessing a patient’s body one nurse quickly learned how to care for the patient, “And of course it only took two seconds to see how absolutely painful it had to be.” Other times, the body alone did not give enough information to the nurse, “We had no reason to think she was going to die.” In some situations, the body of the nurse becomes a body for the

patient by doing things the patient would normally do, but cannot because of illness; things like washing a patient's hair, or moving the patient's body from the bed to the chair. Some of these nurses told about caring for patients holistically, caring for every aspect of the patient's body.

World. The world of hospitals, outpatient clinics, and home is a contextual ground within the experiences of the art of nursing in this study. The world of hospitals and outpatient clinics included places of hierarchy, full of activity, demanding, chaotic, and engaging. Nurses in this study experienced the hospital world in layers with the patient's room as the focus. Experiences described for this study also happened in the home. Although it could be sad and difficult, the world at home was caring.

Others. These nurses experienced others through connections and relationships. One nurse experienced herself as a relationship builder. Knowing the 'other' facilitates building the nurse/patient relationship, "I wanted to know who she was as a person". Evidence of the egalitarian principle of 'other' emerges in these interviews, "I do this for all my patients" and "I treated the patient like I would treat anyone else. A few nurses recognized the patient as 'other' when they understood certain situations as intimate and life-changing moments for patients, "and suddenly being hit with a catastrophic knowledge, the knowledge that these injuries were catastrophic and they'd never be the same".

Figural Themes

The researcher asked each participant about experiences of the art of nursing from their nursing practice. Participants told about these experiences and discussed their views of the art of nursing from their experiences in nursing practice. Four essential themes came out of these interviews. The first is a central theme because of its overarching presence in each interview. This theme reveals a deep commitment for patient well-being labeled here as *showing up*,

staying, and helping. Components of *showing up* include being present, and demonstrating empathy. *Staying* means staying with the patient until the job is done and standing against others on behalf of the patient. Exemplars of *helping* include providing compassionate care, and going above and beyond.

The other three themes are connecting, intuitive caring, and making a difference.

Connecting represents relationships between nurses and patients. Interviewees described nursing care that connected them to their patients, and to all of humanity. The theme of intuitive caring includes both the innate and experiential nature of intuition. Intuitive moral principles of some nurses guided them in knowing how to reach out to patients. Connecting and intuitive caring overlap because evidence of intuitive caring could include connections to patients. Making a difference stood out in these interviews. Providing artful care to patients made a difference to patients and families and to the nurses themselves. Table 1 depicts these themes and exemplars.

Table 1

Themes for the Phenomenon: The Art of Nursing

Showing up, staying, and helping	Connecting	Intuitive caring	Making a difference
<p>Showing up: being present, demonstrating empathy</p> <p>Staying: staying with the patient until the job is done, standing against others on behalf of the patient</p> <p>Helping: providing compassionate care, going above and beyond</p>	<p>Connecting to patients and families</p> <p>Connecting to humanity</p>	<p>Knowing how to reach out</p> <p>Caring as a moral imperative</p>	<p>Making a difference to patients and families</p> <p>Making a difference to nurses themselves</p>

Showing Up, Staying, and Helping

The theme *showing up, staying, and helping* emerged as a central theme due to its strong presence in each interview. Participants recounted times when they showed up to care for their patients, stayed with them, and helped them. Figuratively, the nurses said to the patients, “I’m here with you, I’m not leaving, and I’m here to help.” Elements of *showing up* include being present, and demonstrating empathy. Elements of *staying* include staying with the patient until the job is done, and standing against others on behalf of the patient. Elements of *helping* include providing compassionate care, and going above and beyond to care for a patient.

Showing up. Participants described the art of nursing as a type of nursing care that includes being present with the patient: “I just pulled up a stool beside her and we just sat there and talked for a while.” Presence involves noticing, seeing something others did not see: “and nobody was paying any attention to the surgical incision because he was in a psych unit.” Participants described how to demonstrate presence saying, “Watch body language, see what it is they need” and “You’ve got to be on your toes and pay attention. You can’t just try to brush it off. This lady had symptoms for three days which had been just brushed off. And if I had listened and let them, they could have pushed me away from the fact that she was toxic.” Artful caring was not, “going to the bedside, performing those tasks, and walking away.”

Showing up includes demonstrating empathy. The following quote from a participant illustrates empathy:

“Thinking he could not move anything, only his eyes, literally. And I remember thinking what would that feel like. How trapped that would feel. Of course I’ve taken care of many patients since then that have had similar issues of feeling trapped in whatever way. Trapped in a body that’s not doing what it’s supposed to do, or trapped in a mind that’s not doing what it’s supposed to do.”

Staying. Interviewees told about doing everything within their power to give good patient care. They described situations when they stayed with their patients until the job was done even when it meant they got behind on their charting or had to stay late at work. A participant told this story of not leaving a patient:

“But here’s the poor patient, sitting on the john in her house with a bucket in front of her, retching, retching, retching, retching. Terrible pain. And just, you know, so miserable. And again in that situation, she did have an IV pump for pain management, and at that point and what I ended up having to do just to get her comfortable, to get her settled down. Had to work with the family in terms of giving her Ativan rectally to calm her down, and get her pain medicine up so we could get her into some kind of a relaxed state. And ultimately I was successful. I think it took between all the phone calls to the physicians and getting orders changed for the pump, and that kind of thing. I probably was at the house maybe four or five hours. Just, I was not going to leave her until she got settled.”

Stories of staying with patients included times when nurses stood with patients against others.

The following quote from a participant illustrates staying and standing up for a patient when a resident was about to start a procedure in a way the patient had not agreed to:

“And I said, ‘you will leave this room and you will not come back’ and he started arguing with me and I said to go get Dr. _____. I said ‘this is the only way we are agreeing to this’. And that was a time that I had to be the advocate for her.”

Nurses in this study told about doing whatever it took to care for the patient, doing what needed to be done even when others disagreed. A participant described it as ‘turning on her tough’ so she could take control of a situation to advocate for patient care.

Helping. Situations where nurses provided compassionate care or went above and beyond to give patients care demonstrated the exemplar of helping: “but I mean, my first thoughts when I came on that floor was, bless her heart, what can we do to make her feel better. How can we help with this, what she’s going through.” Nurses in this study demonstrated a commitment to help each patient walk through whatever journey they were going through by

providing individualized, holistic nursing care to patients even when it meant going above and beyond their normal duties. The following quote from a participant illustrates going above and beyond to help a patient:

“I did have one lady and I was getting ready to leave my shift one night and there were patients in the hall, you know, chaos. And I saw this one elderly lady that had blood all over her and um, she was just confused. She just didn’t know, she had just gotten lost in the chaos. Yes, she was a patient, she had fallen. And she had black eyes, and she’d had a cut I think somewhere on her head. And she’d just kind of been, yes they had fixed, but nobody had given her an ice pack, nobody had cleaned her up. And she’d had x rays and she’s there in the midst of this chaos. All alone. And I was getting ready to leave. I looked at her and, ‘I can’t leave this lady’, and I just went over to her and I said, “do you need a blanket?” And she just started crying. She was from a retirement home and nobody was with her. So I ended up staying with her for like 2 hours. Got her cleaned up, given her ice pack, just comforting her.”

Participants told of times they helped patients by giving compassionate care.

“I had a lady who was badly burned in a fire. She was intubated and she wasn’t going to make it out of the emergency department. But I felt like I gave her comfort care. I’m a strong believer of comfort care. I made sure she was medicated. And talked to her. Even though some people may say she didn’t know what was going on, I kept her informed in what we were doing. I even told her she was dying. She had injuries that were non-survivable.”

The theme *showing up, staying, and helping* captures participants’ deep commitment to their patients. Participants described being present and fully engaged with their patients. They told about empathy. These nurses gave examples of standing with their patients and providing compassionate care. They told of times when they did not leave their patients until all that could be done, had been done. They told stories about doing everything within their power to help patients. While telling about the art of nursing, these nurses demonstrated a real commitment to helping patients.

Connecting

Stories of nurses connecting to patients and families were expected because therapeutic communication is a basic nursing skill. Nurses in this study described taking time to get to know

their patients and demonstrated the belief that solid nurse-patient relationships lead to improved patient care. This example illustrates that connection:

“In doing her physical, found a lump in her breast. So going through that process with her. Knowing how she would likely react. I had some foreknowledge of her adaptations to stress, and how she could handle things. And so that allowed me, I think, to approach her in the best way. And offer her support that she needed because I knew her.”

When the nurse did not have time to build a solid relationship, she relied on past experiences with other patients in similar situations as a starting point to connect with the next patient, “the initial experience where I had all that information, prepared me for you know, handling it with a person I didn’t know as well.”

Participants interviewed for this study also described times of connecting to humanity. Nurses are professionals, but they are humans first. This type of connection happened at times of major life transitions for patients, specifically at the beginnings of life and at the end. This quote from a participant illustrates the connection to humanity:

“I was working in the ED, and a woman, I think it was her 4th or 5th baby, I can’t remember now. But we didn’t have time to get her anywhere. She went into labor, water broke, went into labor. She was in our ED and the baby was born stillborn. And you still have to do, graphic, I won’t go into the details. But I was there with the baby and the mom. We were sobbing together. Just, I wouldn’t be human if I didn’t in that case. And it was almost a full term baby and so I was holding the baby and we gave the baby to the mom, and the dad was there, and just being a part of that and just embracing all of them, humanity.”

Other connections were described as deeply personal moments in time, “And I got to be there the moment that he closed his eyes and passed away. And he and I, our hearts were just very connected.” This quote illustrates the natural, unexplained aspect of some connections:

“And here, when the patients that have been coming here for the 12 years that I’ve been here, it’s like, ‘I’m so... it’s like you meet somebody on the street, ‘I’m so happy to see you, I’m so glad you’re here today’. I don’t know. It’s hard to explain. It’s like just a natural connection with people.”

When nurses talked about the art of nursing, they told stories of connecting to patients. This theme of connecting includes coming to know patients with the goal of providing good nursing care, unexplained natural connections to patients, personal nurse/patient moments, and feelings of connection to all of humanity.

Intuitive caring. Intuitive caring is linked to nurse/patient connections. Interviewees described situations of instinctively knowing how to reach out to patients. “He reached for my hand, I held his hand. It was a normal situation for me. That’s how patients gravitate toward me. They do, they must sense that with me.” Nurses told of times when intuition led them to a specific path of caring for their patients. Descriptions of intuitive caring included care built on past experiences and care built on moral standards. Intuitive caring was also experienced as an innate characteristic or ability. This quote illustrates the innate nature of intuitive caring:

“I think that’s something that’s inbred in nurses. I think that’s why you go into nursing. That’s just things that come natural to you. You know the reason I wanted to be a nurse was that I took care of my grandfather. I think some of that may be learned, but some of it’s very innate.”

Others described intuitive caring as an experiential way of noticing and caring:

“You know, that day, I just didn’t push through my job. Because I could have easily missed the signs, you know, but instead she just, she just looked emotional, and it was like, ‘she is about to cry’, and I didn’t even know what was going on. But instead of going to another patient needing my attention, I pulled up a stool and stuck with her and everything changed in that moment.”

Participants linked intuitive caring to experience:

“I think the one that probably stands out the most, is when I lost my mom and how I used what I’d learned in nursing to help her. And it probably takes me back, I’m a peds nurse, it takes me back to the children, and how you carry that compassion from one person to another and you use what you’ve always learned.”

Others knew what to do in certain situations because it was the right thing to do for the patient, illustrating intuitive care giving as a moral imperative. A participant described experiences with patients who were dying:

“Nobody died alone. It was my view. Nobody died alone; if they had no family with them, I sat with them. And I continued that in the ED. I don’t care that you’re on a vent, and any minute now your heart could stop, but no, you’re not going to die alone.”

Doing the right thing included providing non-judgmental care to patients:

“It’s the same things we faced at another hospital this summer where I’m telling you almost every mom had done some sort of drug during her pregnancy. So we get the full report, but we care for them with the same compassion that we care for any other mom.”

Nurses told about situations of intuitive care giving from their nursing practice. Some described it as innate, others as an ability learned from experience. Some nurses in this study made intuitive decisions about nursing care by considering the ‘right’ thing to do.

Making a difference. Nurses in this study told of times patients and families exhibited gratefulness for care given by the nurse. The nurses made a difference in the lives of the patients and families. After caring for an injured patient with drug addiction issues, the nurse found this note written on a scrappy piece of paper and pinned to the bulletin board in the patient’s room, “I just want to thank you so much for your interest in me and not judging me.” Sometimes, the nurse felt she did not do nearly enough, but nonetheless, the family was grateful:

“And that mom that lost that baby and I knew, and I handed her that baby and she touched my hand and said, ‘thank you.’ And I thought, ‘why are you thanking me, I’m handing you your dead child. How can you be thanking me for that?’ Something in her touch, let me know that she saw a difference in how I cared for that baby.” (2.33)

A participant told of a family’s gratitude when she cared for a dying family member:

“And her family was so grateful, and again, they thanked me profusely, they invited me back for the celebration of life, for her, her name was ___ but we won’t mention that name. And they invited me back, and they were so grateful for the care and I kept thinking that I couldn’t do anything more than what I did, you know, I couldn’t get her back, it was very hard. I will never forget it.”

Patients also made a difference in the lives of the nurses. Nurses in this study used powerful language to describe their experiences of making a difference in the life of patients and families including: delightful, a blessing, honoring, happiness, joy, satisfying, fulfilling,

gratifying to the soul. Gratitude from patients and families often reflected back to the nurse and made a difference in the life of the nurse:

“I was a pediatric nurse and there was a child who was about 6 with a brain tumor. Established a relationship, you, know, with his mother for several months. And his mother, you know, she was there; she did cross stitching. She cross stitched Christmas ornaments and she gave it to myself and some of the other nurses. And I still have it. It’s been 37 years, 38 this coming Christmas. Still right there on my Christmas tree. I still value that. It’s just a small cross stitched ornament. But it has his name on it. I don’t remember his last name, but I do remember him and his mother when I look at that. Knowing I was able to be there for them.”

In this example, patient satisfaction leads to nurse satisfaction:

“When I went back to work on the med-surg floor, oh, I was behind on those meds, it was hard. They looked at me, ‘you have a master’s degree’. Well, I had done maternal child where I gave 3 pills a day; this was constant. But there was one shift where we were doing bedside report and all the patients were, “thank you so much, you were just what I needed today.” And the other nurse was, “what? She has been late all along.’ But you know what, I touched each and every one of them. And that was OK. I had a good day. I did feel good. They knew that I cared.”

The following quote from a participant illustrates the reward for the nurse when a patient gets relief:

“And of course it only took 2 seconds to see how absolutely painful it had to be, we cleaned her even before we started the foley. We got her, she had ointments that were supposed to be applied, and we did all that and it was just such happiness and joy to know that we helped somebody.”

In discussing the art of nursing, this participant described feelings of self-fulfillment:

“When I did those kinds of things, rather than just focusing on the technical aspect of all those drips, giving that med, I thought I felt whole. I felt whole as a nurse. I was giving nursing to this patient from all aspects. Not just from the brain to hands.”

It is evident that seemingly small acts of kindness or caring from the nurse led to gratefulness from patients and families. Patients and families showed gratitude for caring actions by the nurse when they invited nurses to family gatherings, spoke to others about the care given, came back later to show appreciation, gave the nurses tokens of gratitude, or simply said, ‘thank

you'. In some examples, patient satisfaction lead to nurse satisfaction. In situations where the nurse felt she made a real difference in the life of a patient, the nurse felt rewarded and fulfilled.

Summary

This chapter began with a discussion of Merleau-Ponty's essential grounds as a framework to contextualize this phenomenological study. From eleven interviews, four essential themes developed that describe the lived experiences of the art of nursing. The first essential theme, *showing up, staying, and helping* characterizes a deep commitment to patient care. At first glance, this theme might explain the essence of the art of nursing in its entirety. Looking more closely, three other themes merit consideration. The second theme, *connecting*, illustrates connections between nurses and their patients. This theme includes nursing care that links nurses to all of humanity. The next theme, *intuitive caring*, includes a natural way of caring, a learned way of caring, and personal beliefs that guide nursing actions. The final theme, *making a difference*, illustrates the rewards of artful nursing for both the patient and the nurse. The next chapter will discuss what this all means for the practice of nursing.

CHAPTER 5

DISCUSSION

Art is both created and experienced (Dewey, 2005). It is not linear but directional, as it often ‘speaks’ to a person. It finds creative ways to connect or reach a goal. Art requires an investment of time and effort and a willingness to be present. The art of writing tells stories, the art of acting entertains, the art of nursing expresses care. Conceptually for the nurse, “the body moves through the nursing situation, the mind understands meaning, and the spirit feels all-at-once and artfully acts to transform experience” (Chinn & Kramer, 2008, p.132). Findings from this study inform the reader about both the fusion of art and nursing and the perception of artful acts from nursing practice.

Nursing literature demonstrates the need for and value of artful nursing care, but does not offer perceptions of experiences of the art of nursing from practicing nurses. The purpose of this study was to reveal experiences of the art of nursing from practicing nurses. To acquire increased understanding of this phenomenon, the following research question was developed: How do nurses experience the art of nursing? Findings from this study revealed experiences of the art of nursing in the rich descriptions of participants. Discussion of these findings is presented in the sections below. Strengths and limitations of the study are discussed next. Implications for nursing education, nursing practice, and nursing research conclude the chapter.

Literature and the Themes

Johnson (1994) examined ideas about the art of nursing discussed in nursing literature from 1860 to 1992. Of those works, she chose a representative sample of 41 authors’ writings to analyze with the goal to identify distinct conceptions of the art of nursing. Her dialectical analysis revealed five separate views of the art of nursing: grasping meaning in patient

encounters, establishing a meaningful connection with the patient, skillfully performing nursing activities, rationally determining an appropriate course of nursing action, and morally conducting one's nursing practice. Four of these concepts relate directly to the findings of this study and one is indirectly expressed in the interviews.

The first, 'grasping meaning in patient encounters' relates to the theme from this study named *intuitive caring*. Johnson's (1994) description of this element of the art of nursing includes the perceptual capacity to understand what needs to be done in the immediate situation. The nurse is able to distinguish between general nursing principles and action needed in a specific moment or patient situation. Although Johnson described this skill as tacit in nature, participants in this study spoke of an innate ability to reach out and a learned capacity of caring for others.

The second of Johnson's (1994) conceptualizations 'ability to establish a meaningful connection with the patient' is similar to the theme from this study named *connecting*. Johnson used the word connecting rather than relationship to include the quick meaningful relationships artful nurses make with patients. Nurses in this study used the terms connections and relationships interchangeably, giving examples of both quick connections and long-term relationships in recounting experiences of artful nursing. Participant descriptors of these connections included authentic and meaningful.

The third element of Johnson's (1994) artful nursing 'skillfully performing nursing activities' such as tasks, procedures, and techniques were described as a pre-requisite to artful nursing by participants in this study. The nurse needs to learn the technique of inserting a foley catheter before she can learn to insert it artfully. Once the technique is learned, the art embeds itself into the procedure. Participants in this study did not describe artful experiences as

performances the way Johnson explains, perhaps because that would render the actions inauthentic. Someone outside of the nurse/patient dyad, watching an artful nurse care for a patient, might see a performance of sorts.

The fourth conceptualization ‘rationally determining an appropriate course of nursing action’ most closely aligns with the theme *helping* named in this study. To help the patient, the nurse needs an understanding of disease processes or patient situations based on learned knowledge; the science of nursing. Johnson’s (1994) use of the word ‘determining’ represents the artful process. The artful nurse determines how to help the patient based on the entirety of what she knows.

Johnson’s (1994) final conceptualization ‘morally conducting one’s nursing practice’ closely relates to the subtheme of *caring as a moral imperative* in this study. Johnson emphasizes the professionalism of nursing practice and the necessary moral virtues of the individual nurse as a component of artful nursing. An intuitive approach to caring frames morality in the current study. The results of Johnson’s work and information learned from interviews in this study do agree that effective nursing care is assessed by whether it was the right thing to do in that moment for that particular patient. Additionally, both agree that the ultimate motivation of artful nurses is care and concern for the patient.

The overarching theme in this study of *showing up, staying, helping* describes participants’ perceptions of the nurse who: demonstrates presence and empathy with the patient, stays with the patient until the job is done, advocates for the patient, and provides compassionate care. The artful nurse demonstrates to the patient “I’m here, I’m not leaving, and I’m here to help.” It is an ontology of caring that supports the findings of Appleton (1993) who determined

the art of nursing was a way of caring that included being with patients, connecting with them, and providing a context of caring.

Showing Up, Staying, Helping

Showing up. The first component of showing up is being present. Participants in this study identified ways nurses display presence with their patients including listening to patients and noticing clues. Listening and noticing led nurses to actions that benefitted patients. This finding is consistent with Robinson (2014) who said, “When nurses practice true presence, they can determine what’s most important to patients by listening to what they say, what they don’t say, and how they describe things that were done, and by noting nonverbal feedback such as facial expressions, gestures, and silences.” Watson and Rebar (2014) named these actions *the art of noticing* and reported noticing as the precursor to nursing care. Presence in this study includes seeing, hearing, feeling, touching, and then making a difference. This finding is consistent with Kostovich and Clementi (2014) who described presence as the ‘being with’ and ‘doing for’ patients. When nurses are present with their patients, they are practicing the art of nursing. Artful nurses recognize that being present with a patient leads to providing effective patient care. Figure 1 depicts a model for the noticing aspect of presence in the art of nursing.

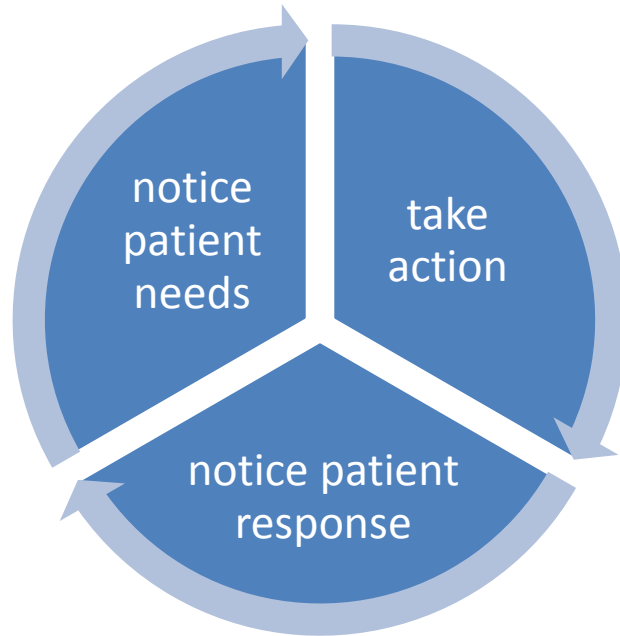


Figure 1. A Model for the Noticing Aspect of Presence in the Art of Nursing

Demonstrating empathy is the second component of showing up. Practicing the art of nursing includes understanding what the patient is going through. Participants in this study discussed how using empathy helped them provide effective patient care. This finding was supported by Marcysiak, Dabrowska, and Marcysiak (2014) who determined empathy was a positive factor in the quality of nursing practice. Imagining themselves or beloved family members in situations similar to the patient helped the nurses care for the patient from the patient's expected point of view.

Staying. The theme of *staying* includes examples of staying with the patient until the job was finished and staying with patients to ensure proper care was given. Nurses stood with patients as their advocates. Patient advocacy is a basic element of nursing practice so it was not surprising to see this theme emerge from the interviews. What was surprising was the persistence of participants advocating on behalf of their patients. They just would not stop until the patient's needs were met or until all possible avenues to help were exhausted. Participants used the chain

of command to advocate for their patients, but when that did not work, they did not hesitate to go further. Descriptions of standing against others on behalf of their patients included stories where the nurse physically placed herself between the patient and the perceived danger. Nurses stayed with patients until the job was done, without regard for time or other concurrent responsibilities. Artful nursing is doing whatever it takes to care for the patient. Taking control of the situation and doing what needs to be done even when others disagree is advocacy in action. Choi's (2015) work on advocacy agrees with this finding.

Helping. Artful nurses provide compassionate care: they show up, they stay, and they help. In telling stories about the art of nursing from their nursing practice, nurses in this study described instances of caring that aligned with Schaefer's (2003) caring themes; providing comfort and support, being present, knowing the patient, giving unconditional acceptance, and providing encouragement. One participant described talking to patients who were dying and staying with them until the end demonstrating Kolcaba's (1995) art of comfort care by promoting the desirable outcome of a peaceful death.

Helping the patient means providing compassionate care. In situations where nothing else can be done, compassion is all that matters. An oral history (Pierre, 1943) from a nurse who served on Bataan during World War II detailed compassionate care given to patient soldiers in the direst of situations. Carrying water, rubbing backs, changing positions, getting to know their patients, was really all the nurse could offer. But the simplest of nursing tasks done with compassion made all the difference. What mattered most to those soldiers was the nurse comforting them, staying with them. "Without technology or even the barest of supplies and accommodations, nursing care is not only important, but thrives" (Henry, 2016). Nurses in this study also told of times when comfort was the last measure of care available. All medical

treatments were exhausted. Yet in every instance, comfort was all that mattered to the patient and family in those moments.

Delivery of compassionate care remains a timeless essence of nursing. Reflections of artful nursing revealed in this study mirror assumptions from Jean Watson's (2008) caring science. When a nurse's way of being is caring, a relational ontology exists. Stories from this study included descriptions of building authentic relationships, descriptions of being human when identifying with patients, and an appreciation for patients as they transitioned from who they were to who they would become. From this study, Watson's view of nursing as the philosophy and science of caring could be renamed the philosophy and art of caring.

The helping theme includes providing holistic individualized care to patients, named in this study as going above and beyond. Participants recognized specific actions led to improved patient outcomes. Actions discussed in the interviews for this study included clarifying misunderstood details in care plans, noticing patient needs that were overlooked by others, listening to patients carefully, making follow up appointments, allowing patient needs to drive nursing care, and taking care of all patient needs, not just the ones they presented with. Peterson-Burch, Reuter-Rice, and Barr (2017), who concluded treating patients holistically promotes the highest level of individual recovery, support these findings. The art of nursing includes provision of personalized, meaningful care driven by patient needs. Artful nurses provide this type of care even when it causes the nurse to go above and beyond normal duties.

Connecting

Nurse theorists Peplau and Watson write about the importance of the nurse/patient relationship in nursing practice. Nurses in this study described relationships with their patients. These relationships were experienced as reciprocal connections; the nurse responded to patient

needs and the patient responded to care given. This finding is supported by Schaefer's (2003) premise that caring occurs within a relationship. The nurse/patient relationships described in this study that developed over time were not surprising. It was surprising to learn that sometimes it took only moments for nurses and patients to connect. Participants described connections to patients with a single touch or compassionate look from the eyes. This finding is important because nurses are very busy. Knowing that meaningful relationships can form quickly may increase the probability of forming such relationships.

Nurses in this study enjoyed connecting to patients and families. The connections were sometimes difficult to put into words, but were evident when a patient response to seeing the nurse was, "I'm so glad you are my nurse today." Perceptions included confidence that solid nurse/patient relationships led to good nursing care. Developing relationships with patients and families stood out as a meaningful and artful aspect of nursing care.

When experiencing situations of birth or death in their nursing practice, participants perceived a connection to all of humanity. Everyone is born and everyone dies. To be present with patients and families during these eventful moments stood out for the nurses in this study. The moments were perceived as periods of transcendence over time and space. This finding supports Parse's work on her theory of humanbecoming (2012). According to Parse, humans co-exist with the universe and evolve in relationship to humanity. The nurses perceived moments of becoming visible with patients and families while coexisting in the larger picture of humanity.

Experiences described in this study included a second aspect of connections to humanity; humanizing the patient. Participants described ways of maintaining the human quality of patient care ensuring patient dignity and respect. These nurses also provided care without bias as one participant explained, "I may not agree with how you've lived your life, but at this point in time

you're my patient and I'm going to give you the same care I give all my patients." The art of nursing includes an openness to and pursuit of these connections.

Intuitive Caring

Stories about the art of nursing from this study included instances of intuitive caring. According to Haidt (2013), "human minds are constantly reacting intuitively to everything they perceive, and basing their responses on those reactions" (p. 69). Participants told about ways of caring for patients that came naturally to them. One nurse knew exactly what had to be done when she heard her patient retching. Intuitive care giving was described as directional, coming from the heart to the hands. A nurse who worked with cancer patients stated she felt 'led' to that group of patients instinctively knowing how to reach out to help them. Artful nurses rely on intuition to care for their patients.

Some of the nurses in this study believed the intuitive ability to care for patients was innate, others felt it could be learned. Participants told of knowing how to care for one patient because they remembered care given to others, "Looking at things my mother went through when she was suffering, and making sure that I carried those things that I learned with her through to other patients." These nurses built a repertoire of caring experiences learning what one patient might need based on care given to another patient from another time, "so those two patients, I learned a lot from those, from those situations. You know, comforting the family, comforting the patient." Artful nursing skills are transferable from one setting to another. Experience matters. This experiential character of intuition describes the ability of artful nurses to act intuitively on behalf of their patients. The evidence suggests the art of nursing includes intuitive care giving that comes from both innate and learned responses.

A link exists between intuitive caring and morality in the art of nursing. One nurse described her moral obligation to ‘step up’ and care for people. Living by the golden rule ‘treat others the way you would like to be treated’ was the norm for participants in this study. This quote from a participant describes a rationale for this behavior “we might not know what that person’s been through, we might not know this patient is the only glue that holds a family together, we might not know what this patient means to his family.” For these nurses, the right thing to do is to treat each patient as a valuable member of society. From this study, we learn artful nurses give compassionate care to every patient without judgment.

Morality is connected to intuition because “intuition is the result of the many effortless moral judgments we make every day.” (Haidt, 2013, p. 53). Emotions rule the mind. When a human reacts intuitively, it is because the mind perceives something and the person reacts based on those perceptions. So when an artful nurse walks into a patient’s room and instantly knows what to do for that patient, her emotions guide her to a specific course of action based on emotional experiences in her past and a perception of the right thing to do. It is difficult to separate the act of nursing from the artful nurse.

Making a Difference

In the theme, *making a difference*, participants told about situations when they believed artful care made a difference in the life of the patient. Findings from this study are consistent with LeVasseur (2002) who concluded the art of nursing happened when nurses helped patients get through a hard time. Her research was action oriented and focused on the transition that the nurse encouraged and witnessed. She considered these moments of transition to be examples of the art of nursing. In describing experiences of the art of nursing for this study, participants became aware that routine nursing care could have profound effects on patients. Families were

grateful for care given, even when death was the outcome. The art of nursing includes the recognition that a small act of kindness might be everything the patient needs in that moment. When nurses practice the art of nursing, patients feel cared for and valued. The artful nursing care makes a difference in the life of the patient.

Based on narratives in this study, the art of nursing makes a difference in the lives of nurses as well as patients. Participants told about experiencing positive effects of the art of nursing either personally, or professionally. One nurse summarized the impact of artful nursing in this way, “When I look at a piece of art on the wall, a painting, even when it is abstract art, which sometimes I don’t exactly get, but many, many times and growing up in New York I spent lots of time in art museums. Sometimes a piece of art speaks to you; it touches your heart. That’s how I feel about those opportunities in nursing. Those patients and those experiences touch me in a way that never goes away. And I got to touch those people.” Artful nursing uncovers the ‘honoring’ part of nursing; the part where the nurse enters the ultimate personal space of a patient, that space where the sorrows, anxieties, pain, and total joy of life lives. Nurses in this study described the privilege of nursing in the sharing of those moments with patients. Artful care given to patients stands out for nurses when they realize the impact of that care on the patient. Nurses themselves find it meaningful, rewarding, and touching when former patients find their way back to the nurse to thank them for caring. Personal and professional fulfillment comes to the nurse who practices the art of nursing.

Patients could thank nurses for many things, but the stories in this study describe patients who were most grateful for compassionate care from the nurse. When patients show gratitude to nurses for caring, it makes a difference to the nurse. Gratification for the nurse comes from being able to help someone get relief. In this example, artful nursing led to patient satisfaction which

led to nurse satisfaction, “I’m helping someone. I feel like they’re getting something. They’re benefitting from my effort. And if they’re not, then that becomes less satisfying to me and to them”. These feelings of satisfaction last long into the future. Nurses have been ‘changed’ by these moments and their thoughts return to these moments as points of extreme satisfaction in their work. These were formative experiences for the nurses in this study, “Those kinds of things shaped who I am as a nurse today.” Artful nursing care can influence patient satisfaction and nurse satisfaction. Figure 2 depicts this relationship.

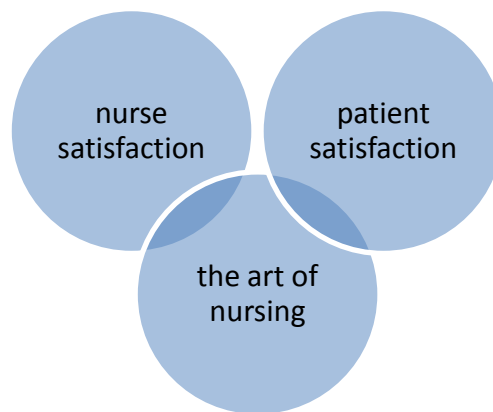


Figure 2. Relationships between the Art of Nursing, Nurse Satisfaction, and Patient Satisfaction

Strengths and Limitations

In qualitative research, the terms credibility and transferability of the project are used in place of the quantitative terms internal and external validity. For this study, credibility is maintained by using the University of Tennessee transdisciplinary phenomenology research group to examine transcripts and validate themes during analysis. Although qualitative findings are not generalizable to other groups or settings, this study did use thick descriptions of the context to support the findings. Those who read the results might consider the findings transferable to other potential participants in other settings.

Dependability and trustworthiness in qualitative research are measures of quality. The results of this study are dependable and trustworthy because the participants' own words confirm the results. To identify personal biases, the researcher participated in a bracketing interview prior to the start of the study. The goal for the researcher was to set aside those biases during the research process. Overall, the strength of this research lies in the interpretation of the data that can be traced back to the original interviews.

IRB approval for this project protected participants. Data saturation was achieved after eleven interviews. Both strengths and limitations exist within the group of participants. Participants represented a wide range of nursing experiences and each participant had many years of nursing experience. All participants were white women and the majority of participants were nurse educators. Repeating the research with younger, less experienced, and a more diverse group of nurses might yield further insight into the art of nursing.

Using Merleau-Ponty's philosophical stance for this phenomenological study enhanced the quality of this study. It provided a foundation and insight into the difficult to grasp ideas related to the art of nursing.

Implications for Nursing Research

Participants in this study described experiences of the art of nursing from nursing practice. They recognized and identified artful acts in nursing practice. From these descriptions of perceptions, the once intangible essence of nursing begins to take form. This is an important beginning trajectory for the art of nursing with relation to future research. Further investigations of the art of nursing in nursing practice are needed to uncover aspects still unknown.

Science no longer equates to positivism. This worldview fosters understandings of phenomena through describable actions within context. As such, the art of nursing should be

considered an essential topic for nursing research (Bender & Elias, 2017). This study begins to name artful nursing acts from descriptions of experiences of the participants. Once named, artful acts could be measured. Measuring the art of nursing would enhance its credibility in the science-laden world of healthcare. The art of nursing remains a critical phenomenon of nursing practice. Moving forward, nursing research can further identify it, describe it, and claim it for nursing.

Implications for Nursing Education

Implications for nursing education include moving away from the nearly pervasive focus of science in nursing education. The education of nurses is currently unbalanced and incomplete because it focuses so strongly on the science of nursing (Duran & Cetinkaya-Uslusoy, 2015; Freed & McLaughlin, 2013). A rebalancing of nursing education could start by using curriculum mapping techniques to assess and update current nursing curricula with respect to knowledge and skills needed to practice the art of nursing. For example, where in the curriculum do students learn to notice patient needs, act on them, then notice patient reactions to care given? Which nursing courses assess caregiving qualities of students? When in the curriculum do students get opportunities to practice embedding artful practice in technical skills? When in the curriculum do students learn to identify tacit knowledge they bring to nursing and transform it to conscious knowledge they will need to care for patients artfully? How do students learn to be intentionally present and reflective? This study illuminates examples and characteristics of artful nursing that can now be purposely included in nursing curricula.

Findings from this research have implications for clinical experiences in nursing education. Clinical experiences can be designed to emphasize listening and noticing skills. Students can practice therapeutic communication. As nursing programs continue to integrate

high-fidelity simulation into the curriculum, opportunities exist to purposely include strategies of artful nursing into clinical scenarios (McGovern et al., 2013). Participants from this study recommend nursing faculty model artful nursing care to demonstrate the process to students. Reflecting on life skills that would enhance artful nursing care can be explored with students.

As a result of this research, faculty can name the skills needed for artful nursing. Table 2 includes instructions for the artful nurse.

Table 2

Instructions on How to Practice the Art of Nursing

- Read the situation
- Notice important clues
- Take action
- Be persistent
- Do everything within your power to help the patient
- Constantly assess
- Take in the total story of the patient
- Look at all the things happening at once
- Practice empathy
- Treat all patients with compassionate care
- Carry knowledge learned from one patient to the next

Artful nursing takes practice. To insert a Foley catheter while keeping the patient comfortable requires the student to both insert the catheter and keep the patient comfortable. Delivering artful care becomes easier when technical skills are second nature. But that does not mean students are incapable of artful care. Artful caregiving skills are learned when students find successful strategies of caring from interactions with patients. Faculty can teach students how to learn artful caring from their patients and apply that learning to caring for other patients.

Implications for Nursing Practice

It is clear from this study that the art of nursing is a path to job satisfaction for nurses. If nurses cannot practice artfully, they will be less satisfied in the nursing role. Current nursing workplace environments threaten the art of nursing because the caring aspects of nursing practice are being pushed out by the technical aspects of nursing care. New nurses are expected to embrace the dehumanizing tools of current practice and an environment with values that conflict with long held essences of nursing practice (Risman & Diefendorff, 2016). Conflict arises for the nurse when the caring contributions to patient wellness get pushed aside for the sake of technology. Since technology is here to stay, implications for nursing practice include efforts to integrate artful care with technology. Simply put, tasks can be done with compassion.

The nurse patient interaction is the central aspect of nursing care and may be the most influential factor shaping the patient care experience (Evans, 2016). As one participant said, “I pulled up a chair and sat down with the patient and everything changed in that moment.” Nurses in this study realized the impact of artful care, yet felt giving this care was often going above and beyond expectations. From this research, implications for nursing practice include bringing the art of nursing back to a central place in nursing care. Nurses should make time in the day for artful interactions with patients since patient satisfaction remains a priority in healthcare. Nursing supervisors (and the healthcare organizations themselves) need to support their nurses in this endeavor. It may require a change in the culture of the organization.

This research demonstrates the rewards of artful nursing are evident to both patient and nurse, but artful acts are generally obscured from view except to the individual patient and nurse. Outside of the nurse-patient relationship, the nurse does not get credit for the delivery of artful nursing care. The purpose of nursing is helping others achieve an improved (or maintained) level

of health. Satisfaction for the nurse comes from realizing what she did made a difference to the patient. It is not so much the amount of time it took to help, it might only take a few moments to make a difference in the life of a patient. But since the nurse does not get acknowledgment for either spending the time or making the difference, artful nursing is at risk of staying in the 'above and beyond' category. Nurses need to be encouraged to take the time to build relationships, encouraged to give care that is satisfying to both patient and nurse. Implications for nursing practice include putting artful nursing actions on the electronic medical record, so nurses get credit for it. Categories of artful care could be labeled 'sat down with patient', 'listened to patient concerns', 'created a plan of care with patient input', 'demonstrated patient advocacy', 'talked with patient', 'met individual patient needs', 'offered reassurance to patient', 'demonstrated empathy', 'demonstrated compassion', provided non-judgmental care. As the saying goes '*if it's not in the chart, it didn't happen*'. Nursing practice needs to chart and get credit for artful care provided to patients.

Summary

Nurses who practice the art of nursing show up, stay with their patients, and help them. The nurse notices patient needs, takes action, and then notices patient responses to the care given. The artful experience includes connecting with patients and intuitive care giving. Artful nursing practice leads to making a difference in the life of the patient, which leads to making a difference in the life of the nurse. Amidst the endless changes in healthcare, the art of nursing endures as an essence of nursing. When medicine no longer works for the patient, artful nursing care becomes everything the patient needs.

Findings from this study confirm information about the art of nursing located in many written works on the topic. As an essence of nursing, the art of nursing consists of personalized,

meaningful care given by the nurse and driven by needs of the patient. What this research adds is specific perceptions of experiences of artful nursing care from nursing practice and examples of its impact on patient care and nursing practice. Implications exist for nursing research, practice, and education.

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