

Nursing: a discipline and science



**ASSIGN
BUSTER**

Nurses come in all shapes and sizes and from all ages and backgrounds. We bring to our nursing care a tapestry of our own personal and professional experiences and beliefs, including religious. Our ultimate goal is to administer nursing care to our patients and their families which include teaching, providing emotional support, and serving as an advocate. Furthermore, the patient brings to the table his/her own educational level, knowledge, and health concerns.

The art of nursing is our ability to connect with our patients and those around us. The word art can be used to describe the results of a particular task as well as the knowledge and skill required to perform that task. Like other more fashionable art forms, nursing can be dramatic, inspirational, comedic, relaxing, comforting, joyful, and even sad. The essence of nursing practice is the nurse-patient relationship, and each relationship is unique. It is the nature of this relationship that unites the practice of nursing. This intangible connection can create an environment of healing that allows for patient participation and consequently, in their own recovery process. The art of nursing is in play when we just ‘know’ what to do to meet a patient’s emotional needs: when to hold a patient’s hand, stroke their brow, crack a joke or even just sit and listen. Most of this is being accomplished simultaneously during each patient interaction. It is only when we begin direct patient care that we become aware of the art of nursing. NMSANE. (Nov 18, '07). Art of Nursing. S

Benner (1984) describes excellence in clinical practice based on perceptual awareness, sensitivity, and cognitive skills. The unique synthesis of the art of

caring and the empiricism of science distinguishes nursing from other health professions.

The science of nursing allows us to care for our patient's bodies. . NMSANE. (Nov 18, '07). Art of Nursing. Doane notes that " science is the technical doing of nursing and that nurses should open up to feeling and the being of nursing" (Doane, 2002). Paterson and Zderad (1976) noted that " science may provide the nurse with knowledge on which to base her (his) decision, but it remains for the arts and humanities to direct the nurse toward examination of value underlying her practice" (3, p. 87). Watson (2001) has stated that nursing is a balance of the masculine and feminine. One might describe the science of objective knowledge as masculine and the feeling and sacred caring in nursing as feminine.

In order to chart a course into the future, a discipline of nursing must encompass a proactive approach to the development of theory but also bridges the worlds of research, theory, and practice. Nursing theory expresses the values and beliefs of the discipline, creating a structure to organize knowledge and illuminate nursing practice. Theory guides and informs the practice experience the research process, and the generation of knowledge. Nursing praxis is not only a pathway to knowledge development, but also the actualization of transformational practice.

Over the past few days while reading the assigned readings, I began to reminisce over the earlier years as a nurse and then as a nurse practitioner. I graduated over twenty years ago so I have definitely seen some major changes in the nursing profession as a whole and its impact on

nursing care. As a student nurse, my primary objective was to focus on the science of nursing. I worked diligently on nursing diagnoses, looking up medications and their side effects, and reviewing SOAP notes. The emphasis was on learning skills such as the correct position for an intramuscular injection, making the bed correctly, inserting a foley, etc. These were concrete duties/responsibilities that were taught by an instructor and perfected with experience. As an eager nursing student, learning and perfecting these skills were rewarding. As a nurse and later a provider, I was formulating my identity as a woman and as a nurse, through life's experiences and through nursing experiences and was unaware of this transformation. My life's experiences and my personal and professional experiences were directly and indirectly affecting my interaction and care of my patients. I was growing as a nurse, and with each subsequent year of experience, the "art" of nursing was evolving and was becoming easier and more productive.

The art and the science of nursing was taking place simultaneously for the betterment of patient care. Moreover, it was becoming apparent that my skills were beginning to take a back seat to a more holistic approach to the patient. This epiphany developed over the years while working as an ICU nurse. Straight out of nursing school to a neuro ICU unit with the responsibility of caring for two critical patients is definitely a "wake-up" call. Giving medications, starting IVs, and suctioning ventilator patients were only one of the multiple tasks required in administering care. Your one and only goal was to be a great ICU nurse, armed with the skills to provide quality

patient care, and to recognize any potential problems before they developed, and to notify the doctor of your findings.

Today, as I walk up and down the halls in the urgent care clinic, my emphasis is totally different from the novice nurse some twenty years ago. Upon entering each room, the art of nursing comes into play. As a provider, interaction and the subsequent treatment is based on the personality and receptiveness of each and every patient. Some patients are friendly, receptive, and easy-going while others are sad, angry, and unreceptive. This realization of the art of nursing along with the knowing is intertwined in the daily care of patients. Not only am I responsible for assessment, diagnosis, and treatment of patients but equally responsible the holistic approach of the patient including present and past medical history/problems, current medications, disease prevention, and treatment. Even though this is an awesome responsibility, this is still not the most important aspect of the care of the patient.

Also, in retrospect, it becomes evident that over the years, treatment modalities were also changing. These changes were a by-product of evidence-based studies/findings performed by nursing researchers. For example, years ago, patients were encouraged to take prempo and premarin for hormone replacement. These changes were based on years of studies and findings that presented evidence to the contrary that hormone replacement was not as beneficial as initially believed; in fact, studies showed that hormone replacement was linked to breast and uterine cancers. Subsequently, the treatment of menopausal women was affected and changed as a result of evidence-based findings.

Still another example of the art and science of nursing is the elderly female with a urinary tract infection. Elderly patients have multiple medications and a slower response time, and a decrease in judgment just to know a few. In administering care to this patient, several factors come into play including the educational and mental status of the patient, whether or not the patient is living alone or with a spouse, the health of the spouse or caretaker, the financial status of the patient, whether the patient has medical coverage including prescription coverage, possible drug interactions with polypharmacy, just to name a few. Communication and teaching of elderly patients is definitely more time-consuming has to be slow, simple, and deliberate. Upon discharge, patients have to know what medications/possible side effects, length of treatment, and other recommendations. If the patient does not understand the treatment plan, the provider has failed.

Administering care to patients throughout the day involves the art and science of nursing with a foundation based on nursing theory and research with the ultimate goal of better, more progressive care in today's evolving healthcare climate.

Surely, the goal of nursing theory is to contribute to the wealth of knowledge required for clinical practice in a variety of settings. Consistency over time regarding the identification of the boundary and domain of nursing is not only strength of the discipline but also a hallmark of success in nursing research and theory development. (Shaw, 1993). In today's healthcare environment, as we gain more knowledge, our goal is to make contributions and effect changes that are socially relevant and financially sustainable. In

order to reach this ultimate goal, each of us shares responsibility in the participation (Litchfield, 2008).

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