Esthetic knowledge in family-centered nursing care of hospitalized children

This article provides an analysis of esthetics, one type of nursing knowledge, in the context of the role of the nurse in family-centered nursing care of hospitalized children. Esthetic knowledge is explained through the analysis of vignettes from a clinical article. The components of the creative and expressive dimensions of esthetic knowledge are illustrated as are processes for assessing credibility or forming understanding. Finally, implications for nursing practice, education, and knowledge development are presented. Key words: child hospitalized, epistemology, esthetics, family centered care, nursing knowledge, nursing practice, nursing theory

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IN RECENT YEARS, increasing attention has been given to the position that the knowledge needed for quality nursing practice includes more than empirical (science) knowledge. Empirics, though essential and the dominant mode of formalized knowledge development, is insufficient to provide the fullness of knowledge needed for nursing care that includes aspects of the human interaction and that addresses the unique particularity of individuals or groups. Authors such as Paterson and Zderad[1] and Benner[2] have demonstrated that expert nursing practice involves the use of knowledge of different types. However, unlike scientific knowledge, the communication of some types of knowledge may be through behaviors or actions arising in actual clinical nursing experiences rather than through

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the traditional discursive (written or spoken) form that is characteristic of science.

Carper's[3] epistemological inquiry led to the identification of a typology of patterns of knowing in nursing knowledge. These types include empirics, the science of nursing; esthetics, the art of nursing that attends to the unique particulars in the contextual wholeness of specific situations of nursing care; personal knowledge of the self and the other; and ethics, the moral component of nursing. Carper's[3] analysis included nursing textbooks and journals published from 1964 to 1975. However, clinical articles, case studies, and the raw data of many qualitative studies before and since Carper's review have included these four types or patterns of nursing knowledge to varying degrees. Empirical knowledge is usually presented in organized form in journals or books as is descriptive and other forms of ethical knowledge. In contrast, esthetics and personal knowledge are nondiscursive; they are communicated in the moment or the here and now through behaviors or actions, and can be communicated in words only retrospectively. Components of esthetic and personal knowledge such as empathic behavior, active listening, and supportive touch have been studied empirically and can be discursively communicated.[4]

In works by Chinn and Jacobs,[5] Jacobs-Kramer and Chinn,[6] Wheeler and Chinn,[7] and Chinn and Kramer,[4] Carper's contribution was expanded by further clarifying the four patterns of knowing and providing criteria for assessing the credibility of each type of knowledge. In the 1991 work, Chinn and Kramer introduced the metaphor of a telescope in which each distinct type of knowledge is brought into prominence depending on the needs of the unique, particular patient/client/family in the wholeness of a nursing situation. Thus no fixed hierarchy of knowledge types is posited, but rather, there is a focused shifting of dominance of any type relative to the nursing needs in each changing situation. Each knowledge type or pattern cannot be separated from the whole except for the conduct of inquiry such as this effort that has the purpose of enhancing understanding.

ESTHETIC KNOWLEDGE

Nursing's art form, the art/act, includes aspects of direct nursing care delivery such as interactions with people, the performance of technical and manual tasks, and the coordination of care components. According to Chinn and Kramer,[4] each art/act is unique. Because esthetic knowledge is knowledge "gained by subjective acquaintance, the direct feeling of the experience,"[3(p16)] it is not replicable, but it can be recalled and examined retrospectively. The retrospective sharing of this knowledge in words adds to the collective repertoire of possibilities or options for future clinical situations.

In this article, a clinical article of 2 decades ago[8] that is rich in personal and esthetic knowledge and that includes empirics and ethics as well is analyzed only with regard to esthetic knowledge and the assessment of its credibility. Although earlier or more contemporary works could have been selected for analysis, this article was chosen because of our early fascination with Eyres' emphasis on empathy, commitment, and the differences between being a nurse and playing the nurse's role. However, it was not until the article was revisited recently that the dimensions of esthetic knowledge and its assessment were identified and more

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fully understood. Through examination of vignettes from the article, retrospective esthetic knowledge is explicated as are processes for forming understanding (formerly assessing for credibility)[6] using the criteria of Chinn and Kramer.[4]

Each knowledge form has a creative and expressive dimension. The creative dimension of esthetics, according to Chinn and Kramer,[4] involves "drawing on experience and making sense of that experience to move toward what can be or might be in the future,"[4(p6)] or as presented by Carper,[3] "the subjective expression of imagined possibilities."[3(p16)] Thus esthetics enables the nurse to perceive the significance or meaning of a situation and to envision the results or the endpoint of her selected actions.

The creative dimension of esthetics includes such actions as engaging, interpreting, and envisioning. The fullness of the nurse's knowledge and her professional and life experiences is brought to bear on the direct involvement of herself within a situation (*engaging*). *Interpreting* the meaning of the situation leads to creative actions artistically expressed, and to the *envisioning* of new creative possibilities. The creative dimension leads to the expressive dimension, in which actions, behaviors, and/or words are communicated. The expression of esthetic knowledge is the art/act of nursing.

The evaluation of each type of knowledge involves a critical perspective that includes questions and examination of social/political processes.[4] The critical question for esthetic knowledge is "What does this mean?" and the social/political processes are criticism and consensus. These are also the processes for extending knowledge in this pattern.[9] Criticism for esthetics involves an intuitive reflection on the subjective experience of nursing actions (the art/act of nursing) in order to create insights and interpretations that promote understanding. In the process of consensus, the widest possible awareness and diversity of perspectives about the meaning of the nursing art/act is sought in order to increase understanding and the shared repertoire of artful nursing behaviors.

ANALYSIS

The creative and expressive dimensions of esthetic knowledge will be illustrated in the following vignette:

> . . . if a mother sees her child spit his medication at the nurse, she would expect the nurse to be aggravated. If the nurse recognizes that this is an unpleasant, frustrating experience for herself, then she is able to handle the situation constructively . . . . The nurse need not approve or sanction behavior with which she disagrees, but it is essential that she allows family members to be themselves, and not demand that they live up to her expectations. Again, the child who spits out his medication must be reassured that he will not be rejected or punished . . . the nurse may tell the mother that this is the child's way of expressing his frustration, that this is not unusual, and that the nurse understands the child's reaction. The mother then is reassured that her child will receive the medication that he needs to get well and that the nurse will continue to care for her child no matter how he behaves.[8(pp32,33)*]

The creative dimension

Engaging

As illustrated, the nurse immerses herself in the situation. In order to grasp the meaning of the moment, she must be able to observe and listen. In the vignette, the nurse has observed the child and the mother's reactions to the child's behavior.

Interpreting

The nurse ponders the meaning and significance of the situation. By calling on her assessment data and her stored knowledge and experiences she is able to say in the moment, or the here and now, "This means that . . . . " Because families vary by race, ethnicity, culture (including language, health beliefs, and practices), perceptions of the sickness event, and the actual disease state of the child, the meaning of each child/family situation is unique and needs to be explored.

Eyres[8] provided her interpretation (although not the only interpretation) of the meaning of the situation. She suggested that when the child spits his medication at the nurse that the nurse should "take a moment to understand that the child may be feeling trapped or punished by his illness and resulting hospitalization and forced into an unpleasant experience over which he has no control."[8(p33)*]

Envisioning

According to Chinn and Kramer[4] envisioning is the final phase of the creative dimension of esthetics. It allows for creative possibilities and can be viewed as the prelude to the art/act. Eyres' interpretation created the possibility of an interaction: " . . . when the child spits his medication, the nurse may tell the mother that this is the child's way of expressing his frustration, that this is not unusual, and that the nurse understands the child's reaction."[8(p33)*] Eyres envisioned that

> The mother then is reassured that her child will receive the medication that he needs to get well and that the nurse will continue to care for her child no matter how he behaves. The child must also understand that his behavior is not acceptable, but that he remains an important person in whom the nurse is interested, and that she will not punish him for his "acting out" behavior.[8(p33)*]

The ability to relate to the child and mother and to perceive cues in such a manner that the nurse can understand their meaning suggests the presence of an intuitive and empathic process as well as empirical, personal, and less evidently, ethical knowledge. In using intuition, the nurse knows something about the child and the mother that could not be verbalized.[10] Empathy aids the nurse in understanding the meaning of the situation. Empathy, "that is, the capacity for participation in or vicariously experiencing another's feelings—is an important mode in the esthetic pattern of knowing."[3(p17)] This has been addressed by Eyres:

> Some nurses seem to be naturally empathetic, others must develop this quality. Developing empathy takes practice—practice in observing and listening. All family members are revealing their inner worlds to us at all times through what they say and do, or what they do not do.[8(p33)*]

The interpretation of the child's behavior and the mother's feelings will be reflected in the actions or interventions taken by the nurse (the eventual art/act), which can in-

clude, according to Eyres,[8] "clarifying, explaining, and teaching."[8(p34)*]

The expressive dimension

Emerging from the creative dimension, the expressive dimension or communication of knowledge takes place in the art/act of nursing. The knowledge is expressed first in the moment but later discursively, in order to convey to others what has been understood. Eyres[8] explained that when the nurse trusts her or his own experiencing of the situation, her or his manner conveys to family members that she or he is a real and consistent individual worthy of their trust. This process involves the nurse's acknowledging her or his personal feelings (which is personal knowledge) before being able to engage in the moment in the experience of others. And although "the nurse's acceptance of the family can also be communicated by her manner and approach, . . . she must verbalize her acceptance."[8(p33)*] This will help the family "see that the nurse understands their world, and that she can interpret some of their experiences in an enlightening context that facilitates their growth and understanding of a difficult situation."[8(p33)*] If the nurse can accurately observe, listen to, and interpret the meaning of the child's and family's needs, she or he can more readily identify appropriate interventions and envision positive changes in their behavior patterns.

Esthetic creativity is evidenced " . . . through the actions, bearing, conduct, attitudes, and interactions taken by the nurse in response to others."[4(p10)] Thus the creative blending of intuition, empathy, empirical, and personal and ethical knowledge allows for envisioning "what might be" to take place, which in turn, will promote the child's and family's growth. Through this integration, including the actual helping intervention, the nurse transcends her or his own existing esthetic knowledge, and new knowledge emerges in the art/act. Thus each art/act may appear simple, but in its integrative wholeness, it is complex and unique.

The creative and expressive dimensions comprise the esthetic experience of the art/act of nursing.

As illustrated, the creative and expressive dimensions comprise the esthetic experience of the art/act of nursing. What the philosopher John Dewey wrote about art can be applied to the nursing art/act as well:

> The act of expression that constitutes a work of art is a construction in time, not an instantaneous emission . . . . (This) means that the expression of the self in and through a medium, constituting the work of art, is itself a prolonged interaction of something issuing from the self with objective conditions, a process in which both of them acquire a form and order they did not at first possess.[11(p65)]

PROCESSES FOR FORMING UNDERSTANDING (ASSESSING CREDIBILITY)

Critical question

Once expressed in the nursing art/act, esthetic knowledge can enter the consciousness of others in the nursing situation, and once the situation is left behind, it can be retrospectively communicated to others in words in order to enhance understanding of and appreciation for the nursing art/act. But how is the esthetic knowledge generation of

the nurse artist to be critiqued? One critical question that can be posed of the art/act is "What does this mean?"[4(p13)]

Sociopolitical processes: Consensus and criticism

Both consensus and criticism (exposing meaning) are invaluable in forming a comprehensive understanding of a situation. The critique of esthetic knowledge generated in an art/act of nursing seeks consensus on meaning by bringing to awareness the diverse perspectives of the members of an interested group.[4]

For example, in Eyres'[8] vignette, the interpretations of the nurse, child, and parents as well as interested co-workers (who are motivated to increase their own knowledge and who can empathically put themselves in the situation of the nurse/artist) can be obtained. The critique does not take the form of the usual clinical evaluation of the nurse's performance but rather has been compared by Wheeler and Chinn[7] to the method of the art critic who brings to a group a well-informed, knowledgeable, interpretation of a work of art so that others can appreciate more fully what the artist has done and what the art means for the culture as a whole. One critiquer of the nursing art/act might raise the question, "Did the nurse's actions/interactions based on her interpretation of the meaning of the situation to the child and parents result in a less fearful child?" and another might ask, "What other interpretations of meaning are there?" Still another might offer a recollected similar experience. Each participant would arrive at a new level of esthetic knowledge. Some might be motivated to share their insights in written or oral form with members of the nursing culture who have similar clinical interests.

Extending the art critic analogy a bit further, one might expect that the art/act of the individual nurse, after critique, can be judged as more or less artistic in response to the question of whether the needs of the patient/family were sufficiently taken into account. Hence, the art/act of a novice nurse might be appropriately judged closer to a paint-by-numbers offering, whereas that of the expert nurse would be closer to that of a masterpiece. As each nurse/artist participates in the critique of nursing performance, esthetic knowledge expands. (See the box titled "Further Expressions of Esthetic Knowledge.")

IMPLICATIONS FOR NURSING

The analysis of Eyres'[8] article allows for a better understanding of what esthetic knowledge is and its potential for improving the quality of nursing practice. Esthetic knowledge necessitates an understanding of the uniqueness of individuals in their clinical complexity, the significance of context, the value and use of creativity, interpretive ability, and the integration of other types of knowledge.

Teaching strategies that could enhance esthetic knowledge generation include role modeling by pairing the relative novice with the expert clinician. Smith[12] has described how analysis by nursing students of their own caring clinical encounters with clients can be a useful teaching strategy in helping nursing students understand the dimensions of esthetic knowledge. Additionally, basic and continuing education could include analysis for consensual meaning of actual

Further Expressions of Esthetic Knowledge

Creative Dimension	*Narrative I*
Engaging Immersing oneself in the situation	. . . parents may angrily relate a number of problems surrounding their child's hospitalization and complain about the people who are caring for him. If the nurse is able to empathize, and to view *this experience as the parents view it*, she may become aware that the verbalization and reality are quite different.
Interpreting Explanation of "what is"	*What may really be going on* is that the parents are fearful that their child is not getting good care while they are away from the hospital, or that they are afraid that their child's condition is not improving, or that they feel guilty about leaving their child alone in the hospital.
Envisioning Meaning of "what can or might be"	If the nurse is aware of these possibilities, and if she is establishing a trusting relationship with the family, *she may suggest* any or all of these possibilities to the parents in a nonthreatening manner. That is, *she may indicate what she perceives about the situation* in a statement of how she would feel "If I were in your position."(p34)*
Creative Dimension	*Narrative II*
Engaging	Consider the nurse who enters a patient's room and *sees* the patient, alone in a crib with side rails up and no toys in bed with him, *looking* very small and very frightened. The empathetic nurse *has a feeling for what it would be like* to be "caged" and to look through the bars or at a dull ceiling, with no concept of time, no understanding of where mommy and daddy are or when the nurse will
Interpreting	arrive with a shot to give. *The nurse allows herself to experience the child's feelings*, yet is aware of her distinction as an adult who is a separate entity in this experience.
Continued engagement	This nurse *makes herself known* to the child by giving her name, and *recognizes the child as a worthwhile person* by using his name. She tells the child *why she is there* so that he doesn't need to fear his imaginings of the unknown. She does not talk through the crib bars, puts one side down, and perhaps picks up the child. Her *tone of voice* is *calm* and *reassuring*. She is not in a hurry.
Envisioning	Her *attention* belongs to the child and to their experience together. . . . *In return, the child will learn* to know that his nurse *cares* about him; and that he is *safe* because she *understands* how frightened it is to be alone, and to wait for mommy for such a long time.(p34)*

Note: This last example illustrates that the phases of the creative dimension are not in a fixed sequence. The creative nurse moves back and forth among them.

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Esthetic knowledge necessitates an understanding of the uniqueness of individuals.

clinical situations (art/acts) as well as films and popular literature that depict nursing acts.

Support is needed for additional analyses of esthetic knowledge in clinical articles as well as for qualitative research approaches that can capture the nursing art/act in an evocative way, even though something may be lost in the move to discursive formulation.

IMPLICATIONS FOR NURSING KNOWLEDGE DEVELOPMENT

This exercise has led us to a renewed appreciation of the seminal works of Carper,[3] Chinn and Jacobs,[5] Jacobs-Kramer and Chinn,[6] and Chinn and Kramer.[4] However, not being privy to the thought processes that preceded the refinements between revisions has resulted in some questions.

The first question concerns the scope of esthetic knowledge. In their 1988 publication, Jacobs-Kramer and Chinn[6] identified esthetic knowledge not only as a distinct type but also as the integration of all types. However, in their 1991 edition, Chinn and Kramer[4] dropped the explicit idea of esthetic knowledge as possessing an additional integrating dimension. This important issue needs further discussion.

Second, in the 1991 work,[4] the art/act is singularly regarded as the expressive dimension of esthetic knowledge, but at the same time, the art/act is implied to be the integration of the four patterns, especially given the example provided about the "patterns gone wild,"[4(pp15,16)] the situation in which the patterns are used in isolation from one another. This needs further clarification.

The third matter relates to the use of the terms "knowing" and "knowledge." According to Chinn and Kramer, knowing refers to the "individual human processes of experiencing and comprehending the self and the world in ways that can be brought to some level of conscious awareness,"[4(p5)] whereas knowledge refers to "knowing that can be shared or communicated with others."[4(p5)] Thus knowing is a process, whereas knowledge is the expression or end product. This distinction needs to be made consistently.

The fourth matter is the notion of the "whole of knowing." In Chinn and Kramer,[4] the whole of knowing is used to mean the integration of the four types of knowing in any nursing art/act as illustrated in their example of patterns gone wild. However, the whole of knowing is also implied to be the collective knowledge of the discipline of nursing. This requires clarification, as does a fifth matter, the change from the notion of assessing credibility[6] to the process for forming understanding[4] for each type of knowledge.

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In using Chinn and Kramer's[4] framework and criteria for the analysis of esthetic knowledge, a type of knowledge largely unexplored in nursing, we have moved the exploratory process along but recognize that many questions remain unanswered. Perhaps the lack of published analyses and other work on esthetic knowledge has been due to the priority need to develop nursing's

scientific base. But without due recognition that esthetic knowledge is essential for nursing practice, a significant path to the improvement of quality of nursing care is neglected. Although esthetic knowledge is implicit in the nursing literature such as in Eyres'[8] article, making such knowledge explicit and disseminating it may add to its clarity and thus may increase its value. All types of knowledge are empowering and necessary for the advancement of the discipline of nursing.

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