

A dialectical examination of nursing art

Literature relevant to the art of nursing is immensely diverse and fragmented. This state is problematic in that progress in understanding nursing art cannot be made until the subject of nursing art is clearly delineated. In light of the need for conceptual clarity regarding nursing art, a dialectical study was undertaken to identify the distinct conceptions of nursing art that are represented in the nursing literature. The examined discourse was that contained in the works of 41 nursing scholars published between 1860 and 1992. The analysis revealed five distinct conceptualizations that can be identified as the art of (1) grasping meaning in patient encounters, (2) establishing a meaningful connection with the patient, (3) skillfully performing nursing activities, (4) rationally determining an appropriate course of nursing action, and (5) morally conducting one's nursing practice. Key words: *nursing art, nursing theory, philosophy*

Joy L. Johnson, RN, PhD
Assistant Professor
School of Nursing
University of British Columbia
Vancouver, British Columbia, Canada

It is often said that nursing is an art and a science. Unfortunately, what is meant by the term "nursing art" is not well delineated or understood. In examining the theoretical issues nurses have concerned themselves with, it is clear that the majority of time and effort has been spent considering the nature of nursing science. Although numerous descriptions and definitions of nursing art have been suggested, little effort has been expended to analyze those definitions or to enter into a dialogue regarding the nature of nursing art.

Science alone will not solve all of the problems of nursing. Nursing is, after all, a practice discipline. Guidance regarding the use or application of scientific findings does not emanate from nursing science itself. As Ellis indicated, nursing is much more than the application of scientific findings. The practitioner cannot just "select from a rack

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of ready-to-wear theories."^{1(p1434)} It is therefore essential that the manner in which knowledge, judgment, and skill are used in the clinical setting be carefully considered. These phenomena fall generally under the rubric of the art of nursing. Ultimately, an understanding of nursing art will further an understanding of how excellence can best be pursued and achieved in nursing practice.

The characterization of nursing as an art is not a recent development, and the literature relevant to the art of nursing is immensely diverse. It includes works such as Nightingale's² *Notes on Nursing* and Benner's³ *From Novice to Expert*. Despite the abundance of writings on the topic of the art of nursing, there have been few instances in which nursing scholars have addressed one another's positions. This failure is due in part to the fact that nursing scholars have tended to pursue their conceptions of nursing art in isolation and have not considered other conceptions. Nursing scholars have not confronted one another in light of their differences, resulting in the current situation in which a plethora of diverse views concerning the art of nursing are relatively unquestioned and unexplored.

Schlotfeldt⁴ pointed out that the future of the nursing profession depends on the ability of its members to identify and resolve issues. Yet nurses will be unable to resolve issues related to the art of nursing unless the subject at issue is clearly set forth. Walker identified the need for such an analysis when she argued that the controversy regarding the art of nursing "has been difficult to resolve for the point of contention has not been clearly set forth."^{5(p118)} The tremendous diversity of ideas regarding the art of nursing expressed in the nursing literature will remain a source of confusion unless the di-

versities are put in order and rendered intelligible. When differences of opinion remain implicit, or even concealed, as in the nursing discourse relevant to the art of nursing, they cannot serve as the basis for the collective effort required to further thought.

In light of the state of fragmentation that characterizes the nursing literature relevant to the subject of nursing art, a philosophic study was undertaken to discover the common ground that underlies the differences of opinion regarding the art of nursing and to transmute the current diversity into rational and intelligible controversy. This study sought to render the existing diversity more intelligible so that a rational debate of fundamental issues can proceed and a better understanding of nursing art can be attained.

METHOD

The approach that was taken for this study was a critical examination and systematic analysis of the nursing discourse concerning the art of nursing. The method is one developed by Adler⁶ and his colleagues at the Institute for Philosophical Research in Chicago to examine the controversies that surround such philosophic ideas as freedom, love, and equality. The aim of this method, which Adler⁶ referred to as a dialectical approach, is to outline and clarify the structure of a controversy, and it involves a process of constructive interpretation. The goal of this philosophic method is to explicitly formulate patterns of agreement and disagreement. The challenge of the dialectical method is to achieve a nonpartisan treatment of positions or views. The dialectical task, therefore, involves rendering an objective, impartial, and neutral report of a many-sided discussion. Using this approach, the

dialectician examines and clarifies what is implicit in the discourse. By way of constructive interpretation, the researcher attempts to find similarities and dissimilarities among the various conceptions.

Although the works examined in this study are historical in the sense that they date to a specific time and place, the intent of this study was to examine the ideas contained in them apart from their historical context. The study was in no way historical in its aim or its method. Therefore, for the purpose of this study, it was assumed that the authors concerned with the art of nursing are engaged in a continuing dialogue, even though they belong to different historical periods.

The point of departure for this study was the manifold and often confusing diversity that exists on the subject of nursing art. The general subject of nursing art includes a broad field of discourse and covers a variety of themes. Rather than seeking to include the work of every nursing author who has written on the subject of nursing art, a sample of works was required that was representative of the existing diversity of views regarding the art of nursing. Literature that was broadly related to the topic of nursing art was included in the study. In total the works of 41 authors composed the examined discourse. The findings reported here are part of a larger study⁷ that examined the issues and controversies that exist regarding nursing art.

DISTINCT CONCEPTUALIZATIONS OF NURSING ART

Based on an examination of the nursing literature related to the art of nursing, it was concluded that there are diverse answers to

the question, What is the art of nursing? The use of the term "art of nursing" in no way ensures that those involved in the discourse refer to the same subject. Part of the dialectical task involved determining whether there are distinct conceptions of the subject within the examined discourse. The questions that guided this determination included, Is "art" being used in the same sense? and, Does the discussion involve one subject or several distinct subjects? To identify the distinct conceptualizations of nursing art, each work was carefully read, and relevant passages believed to be germane to the topic were noted. Ties of relevance that connected the various authors were sought, and points of agreement were established. These points of agreement served to delineate each distinct conceptualization.

In examining the discourse, it was found that there were five separate senses of "nursing art." They can be described as

1. the nurse's ability to grasp meaning in patient encounters,
2. the nurse's ability to establish a meaningful connection with the patient,
3. the nurse's ability to skillfully perform nursing activities,
4. the nurse's ability to rationally determine an appropriate course of nursing action, and
5. the nurse's ability to morally conduct his or her nursing practice.

It should be pointed out that although the authors who have written about nursing art provide evidence for the construction of these conceptions, the identification of these conceptions is not theirs per se. It should also be noted that although these subjects are mutually exclusive, most authors have conceptualized nursing art as consisting of more than one ability; there-

fore, these authors are viewed as addressing more than one conception of nursing art. Finally, it cannot be concluded that an author's apparent silence on a particular conceptualization of nursing art indicates a denial of that conceptualization. The descriptions that follow focus primarily on the similarities of thought regarding each conception, rather than the issues, or points of disagreement, that exist regarding these conceptions.

Ability to grasp meaning in patient encounters

The situations that confront nurses are often characterized by uncertainty, ambiguity, and indeterminacy.⁸ This is due in part to the fact that nursing practice situations are complex. The complexity of a patient's situation can be further compounded when patients are unable to articulate their needs, either because they are unaware of the needs or because they are incapacitated.⁹ Consequently, the nurse must grasp the meaning of each particular patient situation and determine what in the situation is relevant. For select authors,^{3,8-33} nursing art involves the ability to grasp meaning in patient encounters. According to these authors, the artful nurse, as compared to the nurse who lacks art, can grasp what is significant in a particular patient situation. The term "grasping meaning" is used here to describe the process of attaching significance to those things that can be felt, observed, heard, touched,

tasted, smelled, or imagined, including emotions, objects, gestures, and sounds.

Although marked variation can be found among the descriptions of the authors who have been construed to conceptualize nursing art as the grasping of meaning, several points of agreement can be found. First, nursing art is seen as based in an immediate perceptual capacity and is not affected by the intellect. This capacity to grasp meaning is often referred to as intuition. Rather than being based in reflection, or reasoning, the art of nursing according to this view is based in an immediate perceptual capacity that is more integrated than simple sensation and more concrete than intellection; it is based in a capacity that involves the external senses as well as the imagination.

Using this capacity, the artful nurse attributes meaning to things that are felt, observed, or imagined. It is the artful nurse who can "sense" the meaning or significance of a situation, such as when a patient is distraught; "perceive" patterns, such as the set of signs and symptoms that indicate when a patient is going into cardiogenic shock; have a "feel" for what he or she is doing; or "sense" what should be done, such as "knowing" when to use humor to help relieve the tension of a situation. Thus, Chinn and Kramer stated, "Esthetic knowing is what makes possible knowing what to do with the moment, instantly, without conscious deliberation."^{14(p10)} Nursing art is thought to involve the direct apprehension of what is to be done, or what is the case, and is unmediated by concepts. The immediacy of the art of grasping meaning was emphasized by Benner and Wrubel, who argued that "the person does not assign meanings to the situation once it is apprehended because the very act of apprehension is

The artful nurse, as compared to the nurse who lacks art, can grasp what is significant in a particular patient situation.

based on taken-for-granted meanings embedded in skills, practices, and language."⁹(p42)

A second point of agreement is that the art of grasping meaning results in a form of understanding that defies accurate or complete description. The insights gained by this perceptual ability are thought to be tacit, nonpropositional, personal, and as such incommunicable. Carper, for example, argued that esthetic knowing is gained by "subjective acquaintance, the direct feeling of an experience"¹³(p149) and that this knowing defies discursive formulation. The meanings that the artful nurse grasps are concrete and individual, pertaining to a particular patient situation (eg, this particular patient that I am nursing and can observe in front of me who happens to have had an appendectomy), rather than abstract, pertaining to patients in general (eg, appendectomy patients). Orlando emphasized this distinction when she stated that the nurse must distinguish between general principles and "the meanings which she must discover in the immediate nursing situation in order to help the patient."²⁵(p1)

A third point of agreement to be found is that the art of grasping meaning is a perceptual ability that can be honed and developed over time. Rew,³¹ for example, argued that the nurse can learn to become sensitive to the signals and feelings that he or she experiences and, over time, can learn to understand their significance. Similarly, Newman²¹ argued that nurses can learn to attend to and trust their inner experiences. Benner³ contended that perceptual abilities are formed by previous experiences and by immersion in the present perceptual environment. Consequently, the information taken in by the senses is endowed with meaning.

According to Benner,³ it is through experience that the nurse learns to immediately focus on what is relevant in a patient situation and to grasp its meaning. Using past experiences, or foreknowledge, the artful nurse has the ability to recognize patterns and can therefore make sense of ambiguous, unstructured situations. According to Benner, "Past concrete experience . . . guides the expert's perceptions and actions and allows for a rapid perceptual grasp of the situation."³(pp8-9)

Finally, according to those who affirm this first conception of nursing art, the art of nursing is a holistic capacity. The nurse's perceptual ability allows him or her to immediately grasp the meaning of a situation, instead of piecing together an understanding of what is happening. In contrast, the nurse who is not artful must assess every minute detail, breaking down a situation into its component parts to discover what is of significance. Benner and Wrubel described the artful capacity as "a perceptual awareness that singles out relevant information from irrelevant, grasps a situation as a whole rather than as a series of tasks, and accomplishes this rapidly and without incremental deliberative analysis of isolated facts or bits of information."¹⁰(p13)

Ability to establish a meaningful connection with the patient

The connection between the nurse and the patient is considered by many authors* to be of particular importance, particularly in the current era of increasing technology. Many emphasize that it is the artful nurse's interactions that can bridge the gap introduced by technology and that such interactions can

*References 13-18, 21-24, 26-30, 34-43.

promote "wholeness and integrity in the personal encounter, the achievement of engagement rather than detachment, and . . . [denial of] the manipulative impersonal orientation."^{13(p156)} *Connection*, as it is used here, refers to an attachment, or union, that occurs between patients and their nurses. The term "connection" is used because, unlike the term "relationship," it encompasses short-term or fleeting encounters as well as long-term associations. According to these authors, a meaningful connection between the nurse and the patient is central to the provision of nursing care, since it is through this connection that services such as physical and emotional support are offered and accepted. Kim,³⁹ for example, pointed out that the core of nursing resides in human-to-human actions. Similarly, Gadow suggested that the central question in nursing is not, "How can we help them [patients] to recover?" but, instead, "How can we recover them [and] overcome the distance between us?"^{16(p12)}

The second conception of nursing art is distinguished by four major points. First, it is contended that nursing art is nondiscursive; that is, it is expressed in the nurse's actions or behaviors. According to those who hold this second conception of nursing art, the art of nursing is "unmediated by conceptual categories."^{13(p154)} It cannot be expressed through words; instead, it is expressed in the concrete actions and gestures of the artful nurse in response to a particular patient. Paterson and Zderad argued that "nursing is an experience lived between human beings"^{28(p3)} and that nursing art is evident in the synchronicity between the nurse and the patient.

Second, it is contended that its expressive nature constitutes an essential characteristic

of nursing art. Chinn and Kramer maintained that this expression takes the form of "human actions—words, behaviors, and other symbols—that give communicable form to what we know."^{14(p6)} Although it is agreed that nursing art is expressive, there is little agreement regarding what exactly is expressed in nursing art. For some authors, emotions play an important role in the origin of art. For example, Watson⁴¹ argued that through their art, nurses express emotions or feelings. The work of Peplau²⁹ suggested that the expression of nursing art is appropriately limited to the expression of sentiments such as concern, compassion, and caring. Paterson and Zderad,²⁸ on the other hand, suggested that nursing art involves the expression of the nurse's state of being.

Third, it is argued that the art of nursing occurs in relation to another human being. The ideas of philosopher Martin Buber⁴⁴ are echoed frequently in the works of authors who have conceptualized nursing art as the ability to establish a meaningful connection. Buber⁴⁴ posited that relationships are of two kinds. The first is a subject to subject, or "I-Thou," relationship, which is a relationship of connectedness and affirmation of another person's being. The second type of relationship is subject to object, or "I-It," which arises out of a stance of separation and detachment, in which the individual is differentiated over and against a world of objects. Authors who hold that nursing art is establishing a meaningful connection with the patient contend that nursing art can only occur when the nurse stands in a subject-to-subject relationship with the patient. For example, Paterson and Zderad stated, "If she enters into genuine relation with the patient (I-Thou) her effective power (caring, nurs-

The artful nurse must be genuine; any attempt to mask or hide feelings will distance the nurse from the patient, threatening the relationship between them.

ing skills, hope) brings forth the form (well-being, more-being, comfort, growth)."^{28(p92)}

Finally, the authors who support the view that nursing art is the ability to establish a meaningful connection are in agreement regarding the necessity of authenticity on the part of the nurse. Bishop and Scudder argued that "the inauthentic nurse merely plays the role of nurse rather than really *being* a nurse."^{34(p102)} It is held that the artful nurse must be genuine; any attempt to mask or hide feelings will serve only to distance the nurse from the patient, thereby threatening the relationship between the nurse and the patient. Parse²⁶ referred to this authenticity as genuine or true presence. Similarly, Watson asserted that "the degree of transpersonal caring (in this sense of unity of feeling) is increased by the degree of genuineness and sincerity of the nurse."^{41(p69)}

Ability to skillfully perform nursing activities

The conceptualization of nursing art as the skillful performance of nursing activities is one of the earliest conceptions of nursing art found in the nursing discourse.^{2,3,5,9-12,45-59} It is from this view that we see in early nursing curricula the attainment of nursing skills being referred to generally as the "nursing arts." Price contended that nursing art involves the ability to "recognize the nursing needs of the patient and

to develop skill, through practice, in various procedures designed to answer those needs."^{54(p19)} According to the authors who hold the view that nursing art is the ability to skillfully perform nursing activities, the artful nurse is one who has a demonstrable capacity to effectively carry out nursing procedures and techniques. *Skill*, as it is used here, refers to a developed proficiency or dexterity. *Nursing activities* are all those tasks, procedures, and techniques that a nurse carries out in his or her practice.

The focus of these authors' conceptualizations of nursing art is an array of activities both manual and verbal in nature. For example, we see in the work of Nightingale⁵⁰ a list of behaviors that the good nurse must demonstrate. These behaviors include such things as moving silently through the sickroom, keeping constant watch over the sick, and airing out the sickroom on a regular basis. Nightingale⁵⁰ expected the artful nurse to do more than understand these edicts. She expected these behaviors to be instantiated in the nurse's practice; the artful nurse knows more than what is to be done, she knows "how to do it."^{50(p1)} Wiedenbach⁵⁸ numbered among the skills the nurse must possess the ability to perform back rubs, to take a pulse, and to help a patient walk as well as the ability to handle necessary equipment, such as a cardiac pacemaker and the circular-electric bed: "These skills involve manipulations and techniques—executed with finesse to achieve desired results."^{58(p28)}

Those who hold this third conception of nursing art were found to be in agreement regarding three central points. First, according to the authors, the art of nursing is primarily a behavioral ability: that is, it involves observable actions and focuses on

the process of doing, rather than the process of knowing. As such, it is concerned with the nurse's demonstrable ability, not his or her knowledge per se. Heidgerken made this distinction clear when she stated, "The principles, procedures, and technics, or science, of nursing are learned in the classroom. The art, or skill, of nursing is learned on the ward."^{48(p9)} Although there is agreement among the authors who hold this third conception that nursing art is ultimately a behavioral ability, there is no consensus regarding the role that one's intellectual capacity plays in the art of nursing. Some theorists argue that the activities must be intelligently performed. Montag,⁴⁹ for example, contended that skill without understanding is mere imitation. Similarly, Heidgerken⁴⁸ contended that the memorization and demonstration of step-by-step procedures will not produce an artful nurse. Tracy, on the other hand, contended that "the nurse should have so mastered her procedures that the minimum of thought is needed for their use."^{57(p29)} Similarly, Benner and Wrubel⁹ argued that nurses' everyday actions are effective not because they think about them, or base them on theory, but because they have a sophisticated repertoire of reactions.

Second, those who conceptualize nursing art as skillful performance of nursing activities are in agreement about the claim that nursing art can be learned. Key to learning the art of nursing are persistent practice and repetition. Goodrich maintained that practical experience for student nurses should be "sufficiently long to allow of a constant repetition of procedures."^{47(p42)} Heidgerken, however, warned that practice alone is not enough and that "the attitude of the learner, the will to improve, and eradication of mis-

takes are all equally as important as practice."^{48(p54)}

Finally, there is also evidence of agreement regarding the fact that certain criteria can be used to judge the art of nursing. When discussing the art of nursing, these theorists inevitably use descriptors such as fluidity of movement, adroitness, coordination, and efficiency. Stewart indicated that nursing art involves "manual dexterity, lightness, steadiness, quickness of movement, strength, endurance, and that complete coordination of head and muscle which cannot be acquired except by long, directed training."^{55(pp324-325)} Similarly, Heidgerken⁴⁸ argued that the artful nurse's activities must have the appropriate form; elimination of excess movements, appropriate timing, force, and coordination are among the qualities that characterize the activities of the artful nurse.

Ability to rationally determine an appropriate course of nursing action

For those* who support the fourth conception of nursing art, intellectual activity is essential to the performance of nursing care. According to this fourth conception, nursing art refers to the nurse's ability to rationally determine an appropriate course of nursing action. The term *rational ability*, as it is used here, refers to the intellectual ability to effectively draw valid conclusions from existing knowledge.

This fourth conception of nursing art is characterized by five points of agreement. First, it is argued that nursing art is practical in nature. According to these authors, the aim of this ability is the determination of an

*References 2, 4, 5, 25, 39, 40, 45, 46, 48-53, 55, 56, 58-78.

appropriate course of action. Nursing art, it is argued, is action oriented and not simply aimed at understanding. Beckstrand,⁶⁰ for example, contended that the aim of nursing art is the control of practice. Dickoff and James⁶² concluded that nursing art is concerned ultimately with producing nursing situations. Similarly, Orlando contended that nursing art is a rational capacity that is aimed at "helping the patient."^{25(p70)}

Second, it is contended that there is an underlying discipline on which nursing art rests. All of the authors who contend that nursing art is a rational ability emphasize the importance of knowledge, specifically scientific knowledge, to nursing art. Orem stated, "The art of nursing is the nurse's quality or habit of reasoning and judging correctly about the design and production of the kind and amount of nursing needed according to the principles or laws of nursing itself. Science and technique are 'the first necessary conditions for honest art.' The point of view of nursing as art therefore encompasses the point of view of *nursing as knowledge*."^{52(p24)}

Arguments about the importance of knowledge for nursing art are often tied to the claim that nursing is a profession. Abdellah and her colleagues, for example, argued, "Professionalization of nursing requires that nurses identify those nursing problems that depend for their solution upon the nurse's use of her capacities to conceptualize events and make judgments about them. Nurses need to become skilled in recognizing both overt and covert nursing problems, in analyzing them in terms of relevant principles and in working out courses of action by applying nursing principles."^{45(p11)} It was assumed by Abdellah et al,⁴⁵ as it was by all of the authors who sup-

port this fourth conceptualization of nursing art, that the nursing profession possesses a distinct body of knowledge and that this body of knowledge provides the foundation for nursing practice.

Leininger⁷³ also contended that nursing art is based on scientific knowledge. She believed that nurses must, if they are to be effective, "scientifically care" for their patients. *Scientific caring*, according to Leininger, "refers to those judgments and acts of helping others based upon tested or verified knowledge."^{73(p46)} The importance of knowledge to artful practice is echoed by all of the authors. Kim stated, "Knowledge is antecedent to action."^{39(p146)} And Diers contended that "nursing practice is done consciously, if not always with a formal plan, that it is not done mindlessly."^{65(p31)} Finally, Rogers claimed that "the art of nursing develops only as it incorporates more and more of science unto itself. The nature of its art lies in the core of scientific knowledge it embodies."^{75(p32)}

The third point of agreement regarding the art of rationally determining an appropriate course of nursing action is that it presupposes that nurses possess a thorough understanding of what is before them and the actions they should take. According to this perspective, the artful nurse solves problems by selecting the intervention that is best suited to the intended end. This process of instrumental problem solving involves a thorough consideration of the facts of a situation and is made rigorous by the application of scientific theory. For example, Johnson⁷⁰ argued that an artful nurse thinks "logically, soundly, and searchingly" about the causes and effects in a given nursing situation. The key point is that the artful nurse's actions are not "automatic" or

The artful nurse's actions are not "automatic" or "blind" but instead are grounded in an intellectual activity, in which knowledge is considered to determine which actions will result in the best outcome.

"blind" but instead are grounded in an intellectual activity, in which knowledge or information of certain kinds is considered to determine which actions will result in the best possible patient outcome.

Fourth, it is contended that the art of rationally determining an appropriate course of nursing action involves a process of logical reasoning in which scientific principles and theories are applied to problems identified in practice. According to this view, the artful nurse uses evidence to reason through the best course of action to be followed. Beckstrand described this process in the following manner:

Once the conditions requiring changes in the client's situation are determined, a practitioner examines the situation to identify the possibility of making the changes desired. First, a practitioner uses scientific knowledge of necessary and sufficient conditions to determine if desired changes are realizable. Next, a practitioner examines the situation to determine whether conditions for achieving the desired changes exist. . . . As a result, the set of realizable outcomes in practice is determined by what is scientifically possible within the exigencies of the practice situation.^{61(p177)}

The steps of the nursing process (assessment, planning, implementation, and evaluation) are seen as the steps that an artful nurse takes to ensure quality patient care.

The emphasis of this approach is on deliberate, systematic, and scientifically based care.

Finally, it is contended by those who hold the fourth conception of nursing art that the art of nursing can be judged according to certain standards. They agree that the appropriateness of a nursing action can be judged on the basis of whether the identified course of action enabled the practitioner to attain his or her identified goals or standards. For example, Henderson³⁷ contended that a nurse's art can be evaluated according to the degree to which the patient has reestablished independence. Some authors have suggested additional criteria for evaluation. Dickoff, James, and Wiedenbach,⁶³ for example, suggested that nursing art can be evaluated using the criteria of coherency, palatability, and feasibility.

Ability to morally conduct one's nursing practice

For a final group of authors,* nursing art involves the ability of the nurse to practice morally: The nurse is obligated to practice in such a way that seeks to avoid harm and to benefit the patient. The term *moral*, as it is used here, refers to that which is good, or desirable, for human beings. These authors are in agreement regarding four central points. First, it is held that good or excellent nursing practice is, by necessity, moral in that it is directed toward the good of the patient. As Goodrich stated, "So much is nursing of the essence of ethics that it is consistent to assert that the terms good and ethical as applied to nursing practice are synonymous."^{47(p5)} Conversely, the view that nursing art can under any circumstances be amoral

*References 2, 3, 9, 11, 15-18, 34-38, 47, 48, 50-53, 60, 61, 67, 68, 79-81.

or immoral is antithetical to this position. Indeed, for these authors, the moral aspect of nursing cannot be separated from the notion of excellence in nursing, either existentially or analytically. This is the case, it is argued, because unlike the fine arts, nursing is an art that deals directly with human beings. Artful nursing, Curtin⁷⁹ asserted, is inextricably entwined with human life and the achievement of particular human ends.

According to those who hold that nursing is a moral art, a nurse may be technically competent and knowledgeable, yet if he or she does not make moral choices in the performance of patient care, he or she is not artful. Lanara⁸¹ argued that values and ideals must guide the nurse's care. In a similar fashion, Gadow¹⁷ posited that good nursing is more than a cluster of techniques in that it involves a commitment to a moral end and is directed and judged by that end. This position is also supported by Bishop and Scudder, who argued that the artful nurse's ability consists in more than the ability to efficiently complete tasks: "[The] technician uses techniques which are evaluated by efficiency; whereas, the professional makes decisions which are evaluated by the good."^{34(p69)}

Second, it is held that the possession of skill and knowledge are necessary, but not sufficient, conditions for the moral conduct of nursing practice. Indeed, it is presupposed by many of these authors that the artful nurse must be competent in his or her practice. As Curtin⁸⁰ pointed out, the license to practice nursing does not include permission to practice poorly. In stating that one is a professional, one is claiming a certain level of competence.

Third, it is argued by those who hold that nursing art is the ability to morally conduct

one's practice that nursing art involves a commitment to care competently for patients. Curtin stated that "although knowledge and skill are integral to the practice of a profession, the foundation consists of the performative declarations professed by its practitioners and the fidelity of the practitioner to these promises."^{80(pp101-102)} The moral responsibility to nurse well involves a commitment not only to nurse a patient competently, but to "sustain excellent practice in the face of unreasonable demands and lack of appreciation on the part of patients."^{35(p37)} The artful nurse not only must be competent, but must also consistently demonstrate competence in his or her practice, no matter how arduous the circumstances.

Finally, the notion that the artful nurse must possess moral virtues is reiterated in various forms by all of the authors who ascribe to the notion that the art of nursing is of a moral nature. Expressed in all of their works is the belief that the artful nurse must be properly motivated in his or her action. Rather than being motivated by self-aggrandizement or expediency, the artful nurse is motivated by care and concern for others. Benner and Wrubel suggested that the same act done in a caring and uncaring way may have different effects and that only a nurse who cares about his or her patients will notice small differences in their behaviors and create unique solutions to patient problems: "Caring makes the nurse notice which interventions help, and this concern guides subsequent caregiving. Caring causes the nurse to notice subtle signs of improvement or deterioration in the patient. In fact, caring . . . is required for expert human practice."^{9(p4)}

Accordingly, the nurse who does not care about his or her patient cannot nurse well.

Lanara⁸¹ argued that the ability to care about patients rests on the nurse's capacity to love others and that nurses, inspired by the ideal of love, will care not only for, but about, their patients. It is love, according to Lanara,⁸¹ that allows the nurse to transcend obstacles and become heroic in his or her nursing practice.

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Through the identification of these five conceptions of nursing art, nurses can begin to understand the structure of the discourse regarding nursing art. Once one goes beyond the description of the five conceptions identified in this article, differences of opinion can be found among the authors who affirm a particular conception of nursing art. Indeed, each of the five conceptions is a subject of controversy in that each comprises numerous conceptual, existential, and normative issues.

It is evident that although nursing scholars have written about the subject of nursing art, few have acknowledged one another's conceptions. Indeed, to date there has been little recognition that different conceptions of nursing art exist. When one examines the discourse regarding the art of nursing, it is clear that not all of the authors agree about the nature of nursing art. This state of affairs is consistent with the state of the nursing discourse in general. Kikuchi and Simmons

accurately characterized this state of affairs when they stated,

Although nursing scholars are prone to speak or write on the same topic, use the same words, or express a common interest in knowledge development, there is very little in their productions to indicate that they share to any great degree a common understanding, a coming-to-terms, that would allow for the minimal topical agreement required before questions can be commonly interpreted, controversies identified, issues debated, and answers commonly agreed upon.^{82(p3)}

It is hoped that the identification of distinct conceptions of nursing art will facilitate productive debate and analysis among nursing's scholars.

The method employed in this research is limited in that it does not answer the question, What is nursing art? The next step must be taken: to examine each of these conceptualizations in detail to determine which conceptualization or group of conceptualizations is sound. The findings of this study provide the groundwork for future philosophic analyses, thereby bringing nursing one step closer toward a sound conception of nursing art. It is only when a sound conception of nursing art is developed that nursing will be able to answer questions regarding how nursing art should be pursued and developed. It is hoped that nursing scholars in the future will dispute the nature of nursing art more explicitly and extensively.

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