The tapestry of care

The analogy of a tapestry is used to explore artistic nursing activities. The warp is composed of acontextual knowledge and skills, available resources, and agency policies. The weft is the creative pattern of care. A sensitive awareness of the total context of the person being cared for enables the nurse to creatively use approaches and activities that match and balance the person's values, needs, and interests. An example of how the weft was developed for one client is described. Key words: *art, caring, education, practice*

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Weft and warp; creativity woven on a structure. Generalized knowledge, such as research findings and standardized care plans, are important to nursing. But personalized care is at the heart of practice. Nursing has sought ways to adequately portray how the general and the specific are meshed in care. A tapestry, used by Denis[1] to explore intuitive learning, is a captivating analogy to describe artistic nursing activities. The warp, a standard element in every tapestry, consists of bare strings set in a loom. As the weft evolves, as threads are woven across the warp strings, an individual image is created. How can the analogy of a tapestry be used to explore the art of nursing?

THE WARP

A background structure is needed in nursing, just as in a tapestry. The warp in the nursing setting consists of acontextual knowledge of scientific facts and concep-

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tual ideas; technical skills; and the assessing, planning, implementing, and evaluating components of the nursing process. These elements are brought to all care situations. The warp structure includes nursing interventions for particular symptoms and disease states, many times based on a taxonomy of nursing diagnoses. A holistic view of Person is another warp string, and this perspective might be integrated within a variety of possible nursing theories or conceptual frameworks. Nursing's professional mandate and role also structure activities. In a particular context, agency policies and available resources are always background structures on which nursing activities are created.

THE WEFT

In the weft of care a creative pattern is woven on the warp strings of constraints, knowledge, and skills. As in other art forms, an initial idea may be used as a guide for care, but art evolves; it is not a calculated construction. In actual interaction with the other person or group, the esthetic pattern of knowing in nursing[2] is paramount. The weft of the art of nursing has esthetic qualities of balance, harmony, rhythm, tone, and unity.[2,3]

Langer's[4] beautiful discussions portray the commonality art has with living things: individuality, vitality, growth, gradations of sensorimotor qualities, a rhythmic pattern of cycles, and a sense of balance and unity. As the nursing tapestry is woven, the qualities of verbal and nonverbal behaviors are dynamic and evolving as the nurse matches his or her approaches and activities to the other person's values, needs, and interests. Nurses' actions have sensorimotor qualities that ebb and flow in interaction.[5] In considering the weft of a tapestry, one would see variation in warmth or coolness of color, in brightness and tone, in roughness or smoothness of the texture of the materials used in the shape of the images created. From an esthetic perspective, these qualities can be seen in nursing activities—for example, quality of tone of voice and touch and the extent to which nursing actions blend with or complement thematic motifs displayed by the cared-for person.

WEAVING THE WEFT: SENSING, MATCHING, BALANCING

To match nursing actions to another person, one needs to attune to and synchronize with the person being cared for, to "follow the lead of the object and respond in concert with it."[6(p21)] To do this, a keen awareness of the total context of the person and the interaction is needed, an "intuitive grasp" or whole understanding.[3(p86)] Figurative expressions, such as line drawings, metaphors, and analogies, can be very beneficial in developing a sense of the overall feeling of nursing situations and creating individualized approaches to care.[7,8]

Simple line drawings can express in a dynamic, organismic way what one is sensing. For example, M was a middle-aged woman with hypertension and diabetes I cared for when she was hospitalized for further investigations. I drew chaotic lines on a page to capture my overall feeling about M's pattern of anxious reactions and questions. Such drawings are one way of enhancing the perceptual abilities Benner[9] highlighted in nursing expertise. Although it is not always necessary to express the sensing of nursing situations in concrete form, kinesthetic perception is very important to de-

velop esthetic attunement. Such perception embodies[10] the way we know others in a very basic way.

Kinesthetic perception is also thought to be at the heart of metaphors and analogies.[11] In the care of M, an analogy about some of her behavior came to mind. She seemed to want to be in the driver's seat of her situation, but it was as if the weather was bad and she unsure of the road. I translated this sense to my approach to care: She needed guidance, but also as much control as she could handle.

Intuitive associations in the form of new ideas can also spring from kinesthetic perception.[12] Over a period of a few days M asked questions about how a number of her new medications might affect her previous health problems. It suddenly occurred to me that instead of answering her questions separately, I could make a visual matrix of all the medications and their effects: I listed the medications vertically and her areas of interest—such as blood pressure and blood sugar level—horizontally across the top of the page; the effects of the medications I wrote in the cells of the matrix. She could then see everything together. This new idea of the integrative format of a matrix seemed to evolve from my subconscious balancing of a quality of unity and control with the disjointed feeling I had sensed about her behavior. The matrix approach was an example of the novel ideas that can emerge from kinesthetic sensing and associative thinking outside conscious awareness.

A TAPESTRY

The weft of care thus has an emergent quality as one senses, matches, balances. Its fluid nature makes the weft somewhat difficult to capture. I will try to show the weft that evolved on the warp strings as I cared for another client, D, over a period of one week.

My interaction with D had been a bit cautious and slow before the dressing change, but I now sense a new feeling of openness and rapport with her. I have a feeling as if we had "baked a cake" together.

Day 1

I am caring for D, a woman in her mid-30s with a 5-year history of lupus and a 10-year history of insulin-dependent diabetes mellitus. She seems very oriented toward her husband and children, making frequent telephone calls to chat and give advice on what to fix for their supper. D is not happy about her hospitalization for infected ulcers on both ankles and prednisone regulation, but she has a positive attitude. I have a solid, stable feeling looking over her vital signs and blood sugar, hearing her many knowledgeable comments about her pathologies and treatments, and reading the dietitian's assessment of her good knowledge of meal planning.

D did urine testing at home. Blood glucose monitoring is being done in hospital, and I register "a problem?" when I see the prick marks on her fingers: I know she has Raynaud's phenomenon. Are any other sites possible? I pursue a vague recollection that another client used her ear lobe and get more information from her about it. The physician and nursing manager are both in the nursing station, and I have a feeling of good fortune to be able to quickly discuss whether it is advisable and allowable to use the ear lobe site with D. They give their okay, but I know that D is in the driver's seat and mention the ear lobe as an alternative site, instead of telling her I would like to use it. She is reluctant to use this site and says the physician may decrease the frequency of fingerpricks. This reinforces my wondering about the necessity of blood glucose monitoring at all.

Such monitoring seems a given on the ward, but in the context of the Raynaud's phenomenon and stable blood sugar pattern, would urine testing do? I have further discussion with the physician, and although he is reluctant to discontinue monitoring, he says he'll try to cut it to a minimum frequency.

I change D's dressing for the first time, and there are many unique aspects in preparing and cutting the dressing supplies to the size of one of the ulcers. D tells me how to do many steps, and we chat back and forth to solve some new problems. The soaks have to stay on the ulcer for 10 minutes, and a saying about waiting I had heard occurs to me: "Three songs on the radio, and I'll be back, D." My interaction with her had been a bit cautious and slow before the dressing change, but I now sense a new feeling of openness and rapport with her. I have a feeling as if we had "baked a cake" together.

Day 2

D feels her prednisone helps her more now that the dose is split between morning and evening, and she is disappointed when she finds the order has been changed to having the full dose in the morning. Her physician talks with her receptively, affectionately calling her "boss" and changing the order back to split doses. D very much wants to have a weekend pass but is pessimistic that this will be allowed. I mention to the physician her strong family orientation: Could she go out? He thinks day passes will be acceptable, and D is thrilled.

Day 3

As I unwrap the dressing of one ulcer that had been dry, I now find it wet. I have a sinking feeling. D feels "activity" in the area. The dermatology service sees her and orders an even more complex dressing procedure for all the ulcers. One of the dermatology residents explains the procedure to D and myself, orienting the conversation primarily to D. It feels great to have the physician recognize that D is in the driver's seat and promote this. The dressings take a long time: cutting material to the exact irregular shapes of all four ulcers, cutting the same shapes in gauzes to make a window, and applying protective ointment around the edges of the ulcers. An hour later, and D and I have a couple of ideas on how to make it easier next time.

Day 4

D seems so knowledgeable about diabetic information that has come up, so I wonder when I see her reading a diabetic booklet. She had not been on mixed insulins at home and was looking for information about this. I get her a more explanatory pamphlet on mixing, and we arrange for her to read it over and mix her own insulin the next morning. I take this opportunity to discuss in more detail her knowledge of injection sites and insulin storage. I also offer her the ward binder of the diabetic association's pamphlets to keep overnight and see if there is anything new she is interested in reading more about. I want to capitalize on her interest in learning, but I let her pick and choose in the context of her knowledge level and self-direction.

Dressing time again. D humorously relates the evening nurse's exasperation with all the "sewing" of cutting dressing materials. I say, "Yes, and putting on the protective ointment is like dipping things in batter; you have to alternate gloved fingers to keep any one from caking up." So we now joke about all the "cooking and sewing." D draws patterns of the ulcers on a piece of paper so I can more easily estimate the shapes when cutting dressing materials.

Day 5

Overnight I keep thinking about all the nursing time each dressing takes and how complex it is, feeling there must be a better way! Then a great insight evolves from D and I talking about sewing: Take a lesson from history; to save time, don't cut a new dress pattern each time, but go into mass production! I then discuss with D whether she is willing to spend some time that afternoon cutting out a 4-day supply of dressing materials and storing them in sterile specimen jars, one for each ulcer pattern. She is quite keen. Since she learned sterile technique previously with some home dressing changes, I just review certain steps and leave her with supplies. That afternoon a fellow patient wants to get a photo of her donned with sterile gloves cutting and storing her patterns.

Day 6

How nice just to open jars and take out the precut dressing materials D prepared. D is getting concerned that her husband wants to coordinate his vacation with her discharge date and needs to know very soon when this might be so he can let his employer know. Yet it is still uncertain when her ulcers will be completely clean; one is being prepared for future grafting.

Day 7

D is ecstatic. She has discussed her dilemma with the physician. He has decided she can go home in two days by having a visiting nurse come to do her dressings in the mornings and she herself doing them in the evenings. After confirming with D that she will have adequate assistance at home to stay off her feet a lot of the time, I have a feeling of closure about working with her.

DISCUSSION

In the care of D, the assessment, planning, implementing, and evaluating process is present only in the background to give some general structure to the nursing activities. Kinesthetic sensing of stability about her initial status, of conflict with finger pricks, and of a sinking feeling with the changing condition of the ulcer weave together information based on more general knowledge of pathology with the nursing role of monitoring and protection in her particular situation. Role and agency constraints keep nursing decision making in certain bounds—for example, vis-à-vis the physician.

Many of the nursing approaches try to match the sensing of D's family orientation and knowledgeable independence, the analogy of her being in the driver's seat shaping the tone of interaction. Nursing actions follow D's lead in the timing of teaching and advocacy role activities. There are cycles of asserting and relinquishing nursing control to balance D's initiations. The association of sewing leads to a novel idea to save nursing time with the dressing changes, and the available resource of sterile specimen jars is adapted to ensure the general principle of asepsis with dressing materials.

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The weft of nursing care for each person is unique, based on a foundational warp of generalized knowledge and skill. As the tapestry of care develops, the weft displays an ever-changing matching of nursing approaches to the person's needs, interests, and values; a sensitive awareness of the total context of care, of normal or abnormal rhythms, and of timing of actions; creative use of resources and materials; and an openness to intuitive feelings and ideas. Although experience certainly facilitates one's ability to practice artfully, is some of the novice rule-governed behavior Benner[9] described partly a result of the past lack of educational emphasis on enhancing students' esthetic sensibilities? What methods can be used in nursing education to develop students' abilities in sensing, matching, timing, balancing, and creating?

An increasing number of nursing educators are now describing ways that esthetic attributes are being fostered in students. Sensing subjective, tacit meanings to attune to one's self and others is being promoted by use of reflective journals and an emphasis on dialogue in the sharing of student experiences through narrative.[13–17] Encouraging students to use figurative expression assists with tuning in to kinesthetic feeling and creative thinking.[7] For example, Baker[18] described having students image being in a sailboat amid high waves to gain insight into the subjective feelings of women in la-

bor. Other educators have asked students to express their experiences with poetry.[8,19] Students immersing themselves in esthetic expressions of others through literature and art is being used to develop esthetic sensibility.[8,13,20,21] Kinesthetic and intuitive sensing are attributes that can be stimulated by students learning holistic approaches such as therapeutic touch.[22]

Conceptualizing nursing care as a tapestry is an addition to this growing repertoire of esthetically oriented approaches that can be used in both nursing education and practice. The analogy of warp and weft can help nurses think about how a structured framework for practice is combined with creative, individualized care for each unique person—the essence of a nursing art.

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