

# Nursing redefined: emergent insights from studying the art and science of nursing in Germany and Switzerland

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*Developments in the Art and Science of Nursing is one module of a Masters degree course organised by Cardiff University, Wales, and taught since the year 2003 in Bavaria, Germany. In an initial intensive two weeks of lectures and other educational activity, the aim of the module is to examine fundamental issues related to the history and development of nursing theory, science and the profession. Pre-conceived ideas are gently challenged. Nursing, knowledge and nursing knowledge is defined and redefined. Insights emerge, lost personal motivations are remembered, potentials for the future appear on near and distant horizons. This paper records some of those issues as recounted by the course participants.*

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## Introduction

The foundation of modern nursing practice is built on an understanding of knowledge from a number of disciplines, including biological sciences, psychology, medicine, pharmacology, social science and so on. Incre-

asingly, this foundational knowledge also includes the study and understanding of the discipline of nursing itself. In recent years, nurses in the fields of practice, education and research have been exploring the potential value of, for example, caring (Watson, 1979), relationships (Bauer, 2004), and nursing theory (Fawcett 1996; 1999) as well as responding to more pragmatic contemporary demands such as the need to plan care and respond to patient needs by using care pathways, nursing diagnosis classifications, primary nursing and the principles of user involvement.

A range of theoretical explorations of nursing, most of which have been imported from North America (Meleis, 1997) compliment a growing body of literature that has emerged in Germany (for example Bauer, 2004). This creates an eclectic mix from which to draw theoretical and practical inspiration. As a result of all this influence, along with other major considerations and societal forces such as economics, globalisation, developments in the educational processes in nursing and changing legislation, nursing would appear to be experiencing great periods of change.

In order to maximise the therapeutic potential of nursing, thus ensuring optimum patient care outcomes, and in order to increase nursing's visibility and to gain acknowledgement that our profession can play a significant role in improving the health care of the nation, nurses in Germany and Switzerland need to begin to construct and use their own, independent and practically relevant definitions of nursing.

At one time, perhaps even currently, nursing responds to the needs of patients and clients that have arisen from prescribed medical diagnoses and subsequent interventions. Nurses, for example, monitor the physical or mental state of patients following surgical, psychotherapeutic or other interventions. They administer medication that has been prescribed for the treatment of a medical disorder, medical diagnosis or medically-defined ill-health condition. They respond to the physical, psychological or socio-spiritual needs of patients and clients whom they have encountered in traditional health care environments. Care may be mechanical, according to patient acuity and situation, or it may be more holistic, according to patient need. But whatever the case, situation, or medical need, the nature of nursing appears to be changing. "Being with" the patient, intentionality, mindful presence, and maximising the potential of the positive the nature of the nurse-patient relationship are activities that take place,

have always taken place, and will always need to take place in the future, in order to maximise that potential.

However, although the practical activity that nurses occupy themselves with is highly visible, it is less easy to identify issues related to the more invisible therapeutic "relationship" activities. Constructing culturally congruent definitions of nursing may help with this.

### *Defining Nursing*

Spontaneously, definitions of nursing might include consideration of a number of issues. For example, nursing may be described as a series of concepts that impact on the way the profession operates, such as political, financial, educational, systematic and process-orientated, and emotional issues. Although these concepts (which would ideally be defined in considerable detail) may describe aspects that impact upon nursing, they also describe the socio-political context in which nursing takes place. Alternatively, the critical and central component of nursing could be considered to be all about relationships. One way to aesthetically represent this would be to visualise a stone falling into a still pool, creating waves and ripples on the surface of the water. The waves may represent the expression of the ever-changing and infinitely variable interaction between the nurse (the stone), impacting on the water (the patient), creating the waves (the manifestation of the impact of the nurse on the patient). Although the stone (the nurse) disappears out of view below the surface of the water (the patient), the stone still exists, unseen, below the water, the effect having passed into history, but remaining in the memory of the water (the patient). More pragmatically perhaps, nursing may also be described in theoretical terms as a series of concepts connected with explanations of the relationships between those concepts, suggesting nurse-patient processes, practice boundaries and variable expressions including the empirical and the aesthetic. Overall, these explorations come close to reflecting knowledge about and defining different perspectives on the process of nursing.

Studying the discipline can remind nurses of the original reasons why they entered the profession, achieving, in one sense, a greater feeling of belonging, individual and group identity, and sovereignty. It also allows nurses to operate from new perspectives, with new, perhaps global and multi-cultural lenses. But it can also create problems, when the true potential of nursing can be acknowledged and "known" but not realised due to organisational and cultural constraints. Such re-conceptualisation can be rea-

lised through the study of the work produced by nursing practitioners, nursing academics, theorists and meta-theorists, who have, over the past fifty years or so, created a specific literature and corpus.

In order to understand current nursing practice and to construct “nursing’s contemporary professional identity and search for social legitimacy” (Nelson and Gordon, 2004, p. 255), the profession has to acknowledge and value its own history. Starting with Florence Nightingale, whose text “Notes on Nursing, What it is and what it is not” should be a standard text in every nursing curricula as it still has contemporary relevance, academic nursing progressed at a significant pace but with limited impact. Situated within the university system in the USA from the early 1900s, nursing education eventually started to gain its own unique identity and maturity as a result of a group of nursing academics (such as Hildegard Peplau, Martha Rogers, Virginia Henderson and Imogene King) concentrating on constructing educational programs specifically for nurses (Meleis, 1997). Educational programs produced nurses well versed in their own profession rather than being dependent on understanding the knowledge from other disciplines. Nurses began to produce advanced and very precise understandings and insights, with, for example, the publication of Carper’s (1978) seminal work on patterns of knowing, and theoretical and practical examination of the subject of “caring” (Watson, 1996), considered by some to be a central concern for the profession.

The publication of Carper’s (1978) paper should be considered to be significant event in the history of the development of nursing science. It legitimised acknowledgement of ways of knowing beyond the empirical, highlighting that nurses need to be aware of the impact of their own actions on others (personal knowing), that nurses are concerned with issues related to ethical and moral knowing (ethical knowing), and that there is a “subjective, individual and unique” (McKenna, 1997; page 41) component of nursing, which involves a “deep appreciation of the meaning of a situation” (aesthetic knowing; Chinn and Kramer, 1999; page 6). Understanding meaning, as exemplified by Parse’s Theory of Human Becoming (Parse, 1998), is where the patient becomes the expert in understanding his own meaning and the nurses role is to respect and understand this meaning and respond in a congruent way.

Meanings can be understood, not only through authentic engagement and “being with”, but also through the

medium of the arts, such as music, drama, painting, poetry, storytelling and literature which can express the invisible.

Emerging from all of these considerations is the increasing realisation that nursing can and does perform a role that is therapeutic in its own right, and, it could be argued, is more than simply caring. Nursing therapeutic interventions can include the use of alternative and complementary therapies such as reflexology, music, therapeutic touch, basal stimulation, validation, humour, bibliotherapy, haiku and the use of colour. But it also extends beyond the adoption of new roles and tasks, realising the potential therapeutic benefits of “being with” the patient in authentic engagement, co-creating meaning, and so on.

Finally, there is the growing acknowledgement that nursing research is not merely research that has been carried out by nurses, or is research that has studied nursing action, but is actually a very specific activity. Nursing research would appear to be becoming increasingly sophisticated, with a greater emphasis on research questions that have emerged from and reframed by nursing theory and that might test the validity of nursing theory. In addition, nursing theory is increasingly using methods that have specifically arisen from nursing’s theoretical perspectives, such as the Unitary Appreciative Inquiry method (Cowling, 2001), and humanistic phenomenology (Parse, 1995).

#### *Emergent Redefinitions*

The textual representation of redefined nursing perspectives that emerged from a consideration of this material can never fully and accurately represent new and rediscovered views of nursing, however an attempt can be made to redefine it. For example, the first representation of nursing as expressed earlier in this paper, changed from one that merely described contextualising concepts to one that placed primary significance on the authentic engagement with self, others and the world, in a unitary, non-divisible way, combined with a need to promote nursing potentials to a wider society. The creative and artistic expression of nursing, which used an abstract stone and water metaphor, became somewhat more pragmatic and practical in its application, identifying a series of wider supportive concepts and influencing characteristics (represented by the wider ripples on the water) such as socio-cultural influences, ethical and economic issues. These surrounded overlapping and more directly influen-

tial activities (smaller ripples on the pool) such as nursing education, reflection and consideration of the science and art of nursing that overall accurately inform nursing practice and the central concept in nursing described as “to be with” (which is the central area where the stone entered the water). Finally, the theoretical conceptualisation of nursing that described a range of broad concepts and their unifying attributes and relationships was modified and refined, with increased specificity and regard for relationships, with the idea that nursing is essentially the art and definitive science of “being with” in an authentic relationship and also considers what constitutes health and ill-health. In this instance, “being with” is more than doing something for someone but is acting intentionally

with the whole person in mind and with the aim of facilitating human development.

### Summary

Studying the art and science of nursing theory development reveals the potential impact that our recent and more distant historical heritage can have on understanding the empirics, aesthetics, and personal and moral knowing can have on nursing practice. It gives the opportunity to reconstruct personal and group definitions of nursing and to make the invisible more visible, particular through aesthetic and artistic expression. New insights emerge, motivations are re-invigorated, inspirations are remembered and revealed.

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