

Nursing Care Aesthetic in Iran: A Phenomenological Study

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Background: Despite the emphasis of contemporary nursing theories on the belief that nursing is a science and an art in care, published studies show that only the nursing science has developed. Many experts believe that by recognizing and perceiving this concept, the clinical field can develop aesthetic knowledge in nursing and education of students.

Objectives: The purpose of this study was to explain clients and nurses perspective of nursing care aesthetics.

Patients and Methods: Using an interpretive phenomenology, 12 clients and 14 nurses were interviewed. Participants in this study were purposefully selected and their experiences were analyzed using Van Manen's hermeneutic phenomenological framework.

Results: Emerged themes were as follows: subjective description, overt spirituality, opening desperate impasse, sense of unity, continue to shine, and painful pass and pleasing. According the participants experiences, nursing care aesthetics includes subjective description of spiritual and desirable caring behaviors combined with sense of unity and sympathy between the nurse and the patients, which leads to opening in desperate impasse with creating the feeling of satisfaction and peace in the patient. It is a shining of clinical capabilities and an action beyond what should be combined with a decorating care that leads to a pleasant ending against the pain and suffering of the others for the nurse.

Conclusions: Many caring behaviors associate with aesthetic experience for both patients and nurses and despite two different views, findings of this study showed that these experiences were similar in most cases. The aesthetics of nursing care was defined as what reflects the holistic nature of nursing with an emphasis on spirituality and skill. Results of this study are effective in identification of the values existed in nurse caring behaviors and developing of profession by instruction, implementation, and evaluation them.

Keywords: Nursing Care; Qualitative Research; Holistic Nursing; Ethics; Nursing

1. Background

First time Carper propounded nursing care aesthetics and defined it synonymous with art. She follows the Dewey's theory that mentions "art as experience" in application of art and aesthetics words. Regarding aesthetics of nursing, Carper describes it as "appreciation of and empathy for patients' experience, the aggregation of the particulars of nursing into a meaningful whole, the capacity to design that holistic care creatively" (1). Many people describe the nursing care aesthetics as combination of scientific facts with creative imagination and simultaneously combine all the knowledge of nursing. Nurse needs specific knowledge about human behavior in health and disease conditions, understanding of aesthetics is an important concept in the experiences of human. The aesthetic in nursing is, in fact, perceptions of care to the individual and distinct from others and nurses' ability to provide care in special opportunities, perhaps experiencing it for the first time (2-7). Chang and Chen described goodness and love in this aspect of caring behaviors. They believe in transferring intuitive knowledge to art performance (8). Although Carper and other researchers after him tried to apply and define "nursing art", "nursing as

an art", or "nursing care aesthetics" as credible, there is still much debate about the definition of the concept and objectivity of this kind of care, especially the word "art" in nursing (9-11). Although nursing art is considered attractive, it has been neglected in the nursing education, research, and application; very few studies have really investigated nursing art characteristics or performance and doing qualitative studies is an effort to clarify this concept (12). Experts believe that it seems there is a consensus about existing of the art of nursing while there is little consensus about its meaning. It means that what activity is a work of art? (1) What makes this perception of beauty and basically, this perception has value or not? (9). It is clear that difference between art and science has never been understood when the nurses do not know how they should act. This is a great challenge between clinical education and management, which increases the need for describing the aesthetic knowledge (13). Edwards writes, "It is very difficult to promote what was initially not explained nor understood" (14). Phenomena like human dimensions and values, culture, and relationships, which have special importance in medical

and clinical sciences, especially in nursing, cannot be describe well and completely by quantitative approach and must be accessed by investigating the individual's lived experiences (15). In this kind of studies and during expressing the experiences, current culture and symbolic interactions have important effect on perception of patients about this concept (16). Michalis says, "In nursing, the attempt to recognize itself as an art is a result of the sense that its humanitarian nature is in danger. Accordingly, it is more important now than ever to define the goals of nursing by using an aesthetic approach" (17). In fact, the lost art of nursing, which has been neglected for many years, is now being revived and contains new pretensions and requests (18, 19). Unfortunately, despite the emphasis of documents and contemporary theories on the belief that nursing is a science and an art in care, a review of published studies shows that only the nursing science has developed. In this study, according to suggestions following the results of previous studies and specialists' opinion, the viewpoint of nurses and clients have been evaluated. In modern nursing, patient's viewpoint has high value (10). Without knowledge about patients' expectations of nurses in taking good care, especially in their direct experience, can disrupt basis of providing care, whether it is scientific or systemic (20). Austgard says, "The primary difficulty is that the nurse's experience can never be a totally inward experience concerning his/her own private feelings, but will always have to occur in the context of the relationship and interaction with the patient" (10). On the other hand, good nursing should be evaluated by the nurses who have complete dominance on science and philosophy of caring; moreover, their experience should be considered (9, 19). Since there are no studies to explain perception of nursing care aesthetics in our nursing culture, we decided to conduct this study to answer this question: which aspects of nursing care do nurses and clients recognize as aesthetics or part of the art of nursing? Identifying these care behaviors can help us to solve many challenges in the clinical fields and nursing services, particularly the patient's complaints and grievance.

2. Objectives

The purpose of this study was to explain clients' and nurses' perspective of nursing care aesthetics. Our objectives for explanation this perception was to provide an operational definition for this concept in nursing to implement this kind of care.

3. Patients and Methods

This study was an interpretive phenomenology type of American or new phenomenology. Although European approach of phenomenology to analysis is valuable, the American approach has been particularly valuable in nursing research in recent years because nurse researchers tend humanitarian situations more (20, 21). We used

this method because of care aesthetics explanation in two perspectives, i.e. the clients and the nurses expressed their lived experiences. Some nursing studies and reports have called this approach only interpretive phenomenology (22). Nevertheless, interpretive phenomenology is an appropriate way to study important phenomena of nursing care and part of its aesthetics (10, 23-25).

3.1. Ethical Considerations

Phenomenological study received approval from the review boards of International Branch of Shahid Beheshti, Dezful, and Jundishapur universities of medical sciences. All participants were informed of the focus of the research, the nature of their involvement, the required time to complete the study, confidentiality of data, and their right to withdraw at any time. They were then asked to provide written informed consent and permission to record the interviews. In order to protect the anonymity of the subjects, numerical codes were assigned to the recorded interviews. All records, tapes, and transcripts were kept confidential.

3.2. Participants

Purposeful sampling was conducted to select the patients and nurses. It was important to interview both patients and nurses to gain dual perspectives of the same encounter. The patients were only included if they aged over 18 years old, were hospitalized for at least three days in complete consciousness, and had no severe mental disorders. Nurse participants had working experience in clinical field of at least two years. In addition, all of the participants were able to sustain a conversation in Farsi language about their experiences of nursing care aesthetics, and willing to share them with the researchers. We selected the participants based on both the inclusion criteria and the diversity of their characteristics, e.g. age, gender, and type of illness. Both groups were enrolled into the study at the same time because our purpose was explaining the common experience of nursing care aesthetic from two different point of views (patients and nurses) in a common culture. A few participants who were familiar with art were also interviewed following the recommendations of some participants. They believed that because the concept is art performance, it might be described better by artist participants. Considering the possible effects of cultural issues on the participants' experiences of nursing care aesthetics, the subjects were selected from six general and specialized hospitals in various cities of Khuzestan Province (southern Iran) and three other cities, namely, Tehran (capital of Iran), Isfahan (central Iran), and Ramsar (northern Iran).

3.3. Data Collection

Unstructured interviews began with a simple question to establish communication. General questions focusing

on specific issues were then gradually raised. The first question, "Have you observed art and aesthetic of nursing care?" was followed by "Can you give an experience and a memory to explain this situation? One that was significant and meaningful to you?" A number of probing questions including "How did you feel in that time?", "What was meaningful and memorable for you about this experience?", "What was it like for you?", and "Can you state the aesthetic of the experience you mentioned?" was then asked. All participants confirmed that they were familiar with the concept of nursing care aesthetics. Because they had faced with this phenomenon, they were able to express their lived experiences. For data collection, one of the researchers at the medical center met the clinical director of nursing. First, eligible individuals were introduced by head nurse because they were more familiar with the patients and nurses who had a greater tendency to participate in the study and had inclusion criteria. This helped researchers to find eligible individuals in a shorter time. Afterward, the researchers and head nurse presented at patients' bedside and verbally invited them to participate in the study. Finally, researcher selected the participants. The first interview session involved an introduction to the study and scheduling the next interview sessions, which lasted for 30 to 60 minutes. While most interviews were performed individually, a family member of the patient participants was also present in two cases. The interviews were stopped when rich information and saturation was obtained.

3.4. Thematic Analysis

Data analysis was performed soon after each interview. In fact, after several times of listening to the recorded interviews, they were transcribed verbatim. The six steps of Van Manen's methodology were used in this research (26). Step one, "Turning to the nature of lived experience", involves formulating a research question. In this step, the question related to the studied phenomenon, i.e. "What is the meaning of the experience of nursing care aesthetics?" was continuously in the researchers' mind.

Step two, "Investigating experience as we live it", concerned the methods employed to investigate the lived experience in question, e.g. using in-depth interviews for data collection. The researchers tried to be in the depth and at the heart of the world related to the life and situation. The experiences were expressed as they were exists and also obvious examples were emphasized. Probing questions such as "How did you feel in that time?" helped to examine the issue.

Step three, "Reflecting on the essential themes", emphasis was on the analysis process itself by reflecting the themes identified from the interviews and attempted to capture the essential meaning or essence of the lived experience in question. The answer to the question of "what does constitute the nature of experience of nursing care aesthetics?" led to clarify the natural contents of the investigated phenomena. Thus, in this step, content

analysis and distinguishing essential themes from clusters was performed.

Step four, "Describing the phenomenon in the art of writing and rewriting", was another important part of the research process, especially the analytic phase. Through the process of writing, our intention was to make the feelings, thoughts, and attitudes of the participants visible. In this step, notes were repeatedly changed in the study along with gaining a deeper insight; researchers adjusted the phenomenological text according to the research findings. This was done by understanding samples of participants' quotes.

When considering step five, "Maintaining a strong and orientated relation to the phenomenon" the researchers strived to remain focused on the research question at hand. In this step, the researchers tried to adhere to the main research question by creating proper depth and richness in the text and not limiting their mind to the apparent meaning of the data.

Finally, in step six, "Balancing the research context by considering the parts and the whole", the researchers tried to constantly bear in mind the overall meaning of the data against the aspects of the phenomenon (i.e. aesthetics of caring) in the total textual structure (15). Researchers provided the ability to produce phenomenological text by maintaining the contact of components with total in their mind in order to be real representation of the data that exists in experience of nursing care aesthetics. While these steps were sequential there was a back and forth movement between the steps throughout the research process. There was neither beginning nor end, neither top nor bottom to this circular process. Findings were presented, described, and interpreted in the forms of themes and clusters.

3.5. Rigor

In order to gain credibility, researchers collected data during a ten-month period to assure deeper and more real data. Several experts in qualitative research controlled the project from the data collection through the final theme extraction. Moreover, the researchers frequently reviewed the interviews for conflicting aspects. If there was any of these cases, interviews were reviewed again until better understanding was obtained and data analyze was conducted accurately. In order to promote audio capabilities, all audio folders, permissions, consents, names, and other documentation at all stages of the investigation were accessible for audit. In an attempt to enhance the transferability of the results, the geographic and demographic characteristics of the study population were described in detail. Researchers focused on clarification, neutrality, and reflexivity in order to gain transferability. They kept a reflective journal to explicate her perceptions throughout the research process. Before and after each interview, the researchers' thoughts about the questions were reviewed and almost written in footnotes. Keeping a reflective account of all stages of the

research, including the interviews, helped to bring these preconceptions into view.

4. Results

Fourteen nurses (age range, 26 - 53 years) and 12 clients (age range, 22 - 60 years) participated in the study. Six clients and ten nurses were female. Clients' stay in hospital was three to 38 days and nine clients were admitted more than once in the hospital. While nine patients had undergraduate level of education, three held a postgraduate degree. Half of patients had chronic lung and kidney diseases, leukemia, myocardial infarction, and diabetes, and the other half had abdominal, throat, and orthopedic surgeries and deep vein thrombosis (DVT). The participating nurses had three to 30 years of clinical experience in different hospital wards. Bachelor's and Master's degrees were held by 12 and two nurses, respectively.

In this study, three participants were nurses whose nursing care was described as aesthetic experience by patients. Initially, themes were derived from each of the 26 individual experiences. Overall, the phenomenon of nursing care aesthetics was described through 46 primary clusters (32 common clusters and 36 and 42 for the patients and nurses, respectively), 15 final clusters (13 common clusters and 13 and 15 for the patients and nurses, respectively), and six main themes. The subjective perceptions of the nursing care aesthetic by both nurses and clients were similar in the majority of cases. Results showed five shared main themes. "Painful pass and pleasing" theme was also extracted from the lived experiences of the nurses to produce six themes. The emerged themes were: 1) subjective description, 2) overt spirituality 3), opening desperate impasse, 4) sense of unity, 5) continue to shine, and 6) painful pass and pleasing.

4.1. Subjective Description

According to data, participant's perception from this theme was defined as internal feeling and difficult to say, which might result from different and dissimilar perception among people. Many participants cited aesthetic perceptions of care in "dissimilar perception" and "understanding beyond words" clusters.

A 30-year-old diabetic patient (#4) with a history of frequent hospitalizations stated, "Of course, it depends on one's perception and what one could understand. For example, I live in Khuzestan [A province in south of Iran] compared the people who live in Tehran [capital of Iran] or I was admitted several time compared to one who was admitted one time, I suffer less pain compared to those suffer from more pain. All of them are important. Yeah, education is important, character is important." A 26-year-old nurse (#12) described her experience of an aesthetic feeling in a situation many people cannot find beauty in; she said, "...Well, that I could do this for a dead person... I could wrap him in a shroud and take care of other things. Although it is

disgusting for many people in my age, it was very interesting for me." A nurse (#11) mentioned in a joyful voice to describe her inability to put the aesthetic feeling into words; she stated, "You know there's a feeling inside me. Lack of audacity you may call it! You feel if you talk about it, you won't be able to pay its Zakat [a part of the wealth and property that Muslims must pay annually to help the poor]."

4.2. Overt Spirituality

Among participant's experiences, obvious spirituality is emerged as expression of pure nature by altruism, attaching importance to patients, pay attention to religious beliefs that is evident in nurses' good behavior, and showing genuine affection. In this theme, the clusters were "clear nature" and "visible beauty". A patient (#3) with DVT stated, "When she came to infuse heparin, saw me and said, 'why are you crying?'...She explained to me a lot... She told about our Iranian religious beliefs that you believe only in God... We should trust in God. When she told me I became very hopeful about life."

A nurse (#11) with 30 years of experience in attention to the spiritual rewards stated, "...The beauty is when, oh my God! I feel I might have failed to serve people well; my son that had severe fever is paying for it. If I did something for people, God made up for it here."

A client with respiratory problems (#3) expressed his desire to stay in the hospital because attaching was importance to him:

"I feel good. I feel others mind me here in the hospital in such a way that if I am required to stay here for a few days, I am ready to accept more time here to receive a perfect medication."

Moreover, a nurse (#10) described her experience of observable affection as a manifestation of spirituality:

"When I stand close to a really disappointed patient, I'd put my hand on her head, call her first name and tell her that she is much better that day. Then I can see beauty in her eyes."

4.3. Opening Desperate Impasse

According to data, perception of the participant about this theme is explained as patient's satisfaction, creating a good and nice feeling by making the patient happy and also accelerating healing and recovery, reinforcing his or her morale, and emotional support to the patient along with creating internal sense of peace in patient for providing his or her easement, security, and avoiding to annoy the patient. This theme revealed its nature by revealing in the final clusters of "patient's pleasure", "inner heart peace of patients", and "healing".

While talking about patients' pleasure, a patient (#10) mentioned, "...She [nurse] always laughed loud. Her laughing affected us and made us happy. Some patients said she was funny and maybe spoiled. However, I disagreed... I said if the nurses were sad like us, this place

would be unbearable... We even teased each other, but no one would get upset. This was beautiful." Providing comfort and a sense of security, i.e. inner peace of patients, was extracted from the experiences of most participants. A patient (#12) with leukemia believed that care aesthetics involved a nurse's ability to prevent annoyance:

"...Blood sampling that nurse done for me in the first hospital was very good. She came with good behavior and took my blood sample, but in hospital this is not the same. I said to the nurse, 'I have thrombocytopenia and my hand is bleeding, don't scamp me please.' They didn't pay attention. If I want to resemble it... She cut a piece of my body to let it grow and give fruit. Another nurse, however, wanted to separate and get rid of a branch of my body." The participants described healing after providing the patients with hope and support that were stated frequently by the participants:

"I don't want to brag, but anyone else would have accelerated the infusion, used TNG, or administer opiates. But I think my words were more effective than medication", averred a nurse (#3).

4.4. Sense of Unity

The sense of unity, i.e. perceiving the patient and the nurse as one existence, was one of the prominent perceptions that emerged when the participants described their experiences of aesthetic nursing care. In participants' experiences, sense of unity is defined as developing interaction by creating of treatment relationship, mutual respect, understanding the patient, sense of closeness and companion with him due to intimacy, decreasing the difference and forgetting oneself for the sake of the others, presence at the bedside, and to feel sympathy in order to help them. This theme appeared in the clusters of "interaction with the patient", "feeling of closeness", and "companionship with patient"

A patient (#11) expressed in tears, "I never felt I was alone... I thought she was the closest person to me. I held her hand and endured the pain."

A nurse (#10) explained, "...But, she had a really hard life. Her husband had remarried and she had been separated from her baby. She was worried about her child. As a mother, I really felt what it felt like. After all, I am now away from my child since she is at home. I can truly understand her."

A patient (#10) with a renal transplant described the sharing of feelings as follow: "One night when everybody was asleep, we read Hafez's [an Iranian poet] poems... It's aesthetic when she allowed me to enter her privacy."

A patient (#7) emphasized the presence of the nurse when required by the patient (companionship with patient) and stated, "If the night shift nurses don't visit a patient within three or four hours, the patient would feel abandoned and depressed... The artistic care involves the laugh, energy, and cooperation in the morning and silence and presence at night."

4.5. Continue to Shine

According to participants' descriptions, this theme appeared as a demonstration of the nurse capabilities at the bedside due to her or his competence and commitment, an action beyond what should be and unexpected care in critical and hard situation, and also a symbol of patience and tolerance along with creative care with special talent. Competence, observed in subtle and professional care, was reported to gradually develop in clinical practice. A patient (#7) with diabetes commented about performing subtle and professional, "Well, for example when she wanted to take my blood pressure, all her attention was on me, my mental state, pulse, temperature, and face color. Anyway, the nurse stares at the patient to find her status to report it to the doctor in such a way to be effective in her treatment. Yeah, they're very careful." Decorating care through taste and creativity was another cluster of this theme. "In my view, they are like actresses. Nurses try to keep the patients satisfied... Actors work hard to open a place in the viewers' hearts... If they don't act well, they would not be a star," mentioned a patient (#5). A nurse (#13) explained, "Once there was a baby girl in the neonatal unit. After I washed her, I noticed the incubator wasn't working properly. I looked for her mother to practice kangaroo care to warm the baby, but I couldn't find her. Then I searched for the special bags, but I couldn't find any. So I put the baby in my blouse (laughing) and kept her head near my neck here, like this [showing the action]."

Some of the participants stated that experience has direct influence on doing such cares and feeling of its aesthetic. One of the nurse participants (#1) who make artworks too, said, "...But I felt this subject from the time that I was student, according to the examples that were in our books, films, etc. ...But actually, I wanted to know whether being at the bedside of patient is really like this? Gradually the feeling of this beauty became clear for me after nursing care various patients."

4.6. Painful Pass and Pleasing

This theme was evident only in the descriptions of nurses. Its clusters were enjoyment in alleviating the patients' suffering and calmness during stress. They repeatedly expressed inner satisfaction after patient recovery. A nurse (#6) stated, "Her bedsore was healed and the skin grew back... It was a real blast. We really enjoyed doing this for a patient whose sore was deep enough to let a hand slide in. No one could even look at it... You could see the bones."

When describing the necessity of remaining calm under very stressful condition, a nurse (#13) mentioned, "I called her quickly... There was no time... She was crying... I asked what had happened... After all, she had come here with thousands of hopes... Although I was worried about her, I didn't want to pass the stress to my patient... Finally, I knew she and her baby were alright and I was relieved."

5. Discussion

The purpose of this study was to explain clients and nurses perspective of nursing care aesthetics. In this study, nurses and clients described art and aesthetics of nursing care in clinical perception without mentioning the differences in the definitions of words in the dictionary and the many discussions on the use of these two terms have been proposed in recent years in nursing. Based on experience mentioned by the participants, nursing care aesthetics includes subjective description of spiritual and desirable caring behaviors combined with sense of unity and sympathy between the nurse and the patients, which leads to opening in desperate impasse with creating the feeling of satisfaction and peace in the patient. It is a shining of the nurses' clinical capabilities and unexpected performance combined with a decorating care that reduces the others pain and suffering and leads them to a pleasant ending. Although description of this beauty was difficult with words and sentences, especially for the patients in this research, they could express it among description of their experiences. It is obvious that understanding this beauty was different, dependent to clinical and personal characteristics, or it could not be understood at all. Wreen believes understanding of aesthetics, in fact, points to the existence of a kind of relationship between the person and the subject, which is usually enjoying. These sentences are of personal and mental priorities (27). Jenner wrote, "Art is subjective; it is a person on the part of the artist and the audience. Each individual may derive a different understanding from a work of art" (28). Nursing care aesthetics is a completely abstract concept, which cannot be easily described. While it may have different meanings to different people, tacit knowledge and clinical judgment about this concept would be essential to proper care provision. The participants in this study experienced the nursing care aesthetic as a particular spirituality and that was observable in the caring behaviors of the nurses. Evidence shows that in all cultures this spirituality is observable in the form of altruism, genuine affection, hopefulness, and attention to religious beliefs, which is always beautiful. Little believes that bio-ethics and aesthetics cannot be separated from the definitions. He writes that this aesthetic can take the form of a specific or general appearance, like a courageous behavior, an inherently beautiful manifestation in all cultures (29). Sustaining the spiritual needs of hospitalized patients requires the formation of trust, honorable behavior, true love, and respecting the patient's dignity and beliefs that all are examples of nursing care aesthetics. In fact, humanitarian actions that performed by the nurses along with their attention to the patients (rather than their diseases) are among of important aspects of spiritual caring. Nurse's ability to open a "desperate impasse" was so frequently mentioned by in the narratives of our participants (especially in clients) that

it seems to be synonymous with aesthetic care. In fact, the patients in the current study were most concerned about their feelings of safety, peace of mind, and happiness, even it was as little as a smile. A nurse's ability to satisfy such needs in clinical settings would lead to the patients' gratitude, presented as thankful words or letters of appreciation. A decent and delightful appearance, regarded as a major criterion for success in nursing profession, was repeatedly mentioned by the patients in our study. While the patients appreciated the pleasure nurses showed in keeping patients satisfied, the nurses also emphasized the significance of patient family. Gramling explains that skilled nurses are able to alleviate their patients' stress, assist their mental health, and create a sense of comfort and security. She reported "intimacy in agony" as one of the main themes in nurses' experiences of the nursing art (12). "Sense of unity" theme includes effective communication, respect, empathy and sympathy, and feeling of closeness and constant presence by patient side, which are regularly highlighted in nursing education. Most of the participants believed that if the nurses just imagine that themselves or one of their relatives were on the bed of the hospital instead of the patient, then their reaction would be consistent with the particular caring behaviors. It is an experience that reminding it always would be pleasant for both the nurse and the patients that stick in their minds forever. Munt and Hargreaves, Lafferty, and many other experts state that empathy and sensitivity to patient care are critical components of aesthetic knowledge (13, 30). Nevertheless, Finfgeld-Connett reported defined the therapeutic patient-nurse relationship and sympathy within relevant borders to maintain professional objectivity without violating these relationships (4). Meanwhile, based on the clinical experiences of the nurses in the current research, rather than disturbing their professional and personal life, sympathy and intimacy with the patients in clinical settings promoted their job satisfaction. Clinical capabilities, such as competence and commitment, constituted another theme (continue to shine) in the present study. This theme covered an important dimension of nursing care when the participants, especially the nurses, described their lived experiences. While professional and efficient performance of one's duties, punctuality, and devotion are required in all professions, their presence along with humanitarian actions in nursing care leads to sense of beauty. Nevertheless, our participants mentioned a combination of these qualities (rather than any of them alone). Austgard states that nursing without love is just a simple job. In fact, turning nursing into an art requires more than mere theoretical knowledge and cleverness (10). Although our participants reported creativity as a component of aesthetic nursing care, such expressions were less frequent than other themes.

Since the subjects were asked to describe their lived experiences, lower attention to creativity in their explanations may reflect the lower frequency of actual creativity in nursing practice. Fingefeld-Cannet reported that artistic nurses are not limited to standard protocols and guidelines of care. They were, in fact, experts in controlling situations and dealing with challenges. They boldly went beyond normal expectations and solved the problems creatively, yet cautiously, in special cases (4).

Our findings about the role of clinical experience in care provision seem to be in contrast with previous studies. Davison and Williams suggested compassion to be obtained following nursing experience. The period of time spent in clinical settings and the level of clinical experience are the key factors in determining the nurses' level of compassion (31). Hence, the fact that some nurses fail to perform aesthetic clinical care even after years of clinical experience cannot underplay the significance of experience in achieving such skills. In other words, such differences can be attributed to personal characteristics and tendencies of the nurses (particularly when choosing their major and workplace) as well as environmental conditions. Nursing care aesthetic was described as a deep joy in the face of hardship and suffering for the patient and an incentive to continue their profession. However, since people generally consider such satisfaction hard to achieve, they mostly avoid this profession. Thus, this pleasing in nursing is a unique property rarely observed in any other profession. Appelton states that in this cases, patients describe feeling emancipated by the nurse's care giving and nurses express joy that they "make a difference" in the lives of patients (25). According to the results of this study, most of caring behavior of the nurses could be along with the aesthetic experience for both nurses and patients. Examination of view of both patients and nursing, with the phenomenological method as well as the diversity and breadth of the clinical characteristics of the participants in this study were the specific trait. Although nursing care aesthetic experience was investigated from two points of view in this study, almost the same perceptions were drawn from both nurses and clients. Findings in the form of living experiences could identify caring behaviors that are along with aesthetic in clinical performance of the nurses. Satisfaction of the nurses and the patients, professional capabilities, and observing signs of spirituality in these behaviors are the cases that should be understood by the nurses as the concept of aesthetics. The results of this study described a structure based on the caring culture of nursing, i.e. clinical care, which is different from medical treatment. These findings can provide a more comprehensive definition of the nursing discipline. These finding also are effective in identification of the values existed in nursing profession and developing of profession by instruction, implementation and evaluation of these care actions. The results obtained from this study can be a motivation and guidance for creation of

the courses about the art concepts and spirituality for nursing students. In the present study, some factors including place and time of interviews might be effective on patients' answers. Therefore, it is recommended to interview the patient in the places out of medical environments due to patients trust about unawareness of their nurses from the subject and its possible effect on relationship or their caring actions.

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References

- Porter S. Fundamental patterns of knowing in nursing: the challenge of evidence-based practice. *ANS Adv Nurs Sci*. 2010;**33**(1):3-14.
- Speed S, Luker KA. Changes in patterns of knowing the patient: the case of British district nurses. *Int J Nurs Stud*. 2004;**41**(8):921-31.
- Bonis SA. Knowing in nursing: a concept analysis. *J Adv Nurs*. 2009;**65**(6):328-41.
- Fingefeld-Connett D. Concept synthesis of the art of nursing. *J Adv Nurs*. 2008;**62**(3):381-8.
- Gaydos HL. The art of nursing. *Explore (NY)*. 2006;**2**(1):70-4.
- Parker ME, Smith MC. *Nursing theories & nursing practice*. 3er ed. Philadelphia: FA Davis; 2010.
- Blondeau D. Nursing art as a practical art: the necessary relationship between nursing art and nursing ethics. *Nurs Philos*. 2002;**3**(3):252-9.
- Chang CH, Chen CH. [A "dialogue" between the aesthetics of nursing and philosophy]. *Hu Li Za Zhi*. 2012;**59**(1):83-90.
- Wainwright P. Towards an aesthetics of nursing. *J Adv Nurs*. 2000;**32**(3):750-6.
- Austgard K. The aesthetic experience of nursing. *Nurs Philos*. 2006;**7**(1):11-9.
- Archibald MM. The holism of aesthetic knowing in nursing. *Nurs Philos*. 2012;**13**(3):179-88.
- Gramling KL. A narrative study of nursing art in critical care. *J Holist Nurs*. 2004;**22**(4):379-98.
- Lafferty PM. Balancing the curriculum: promoting aesthetic knowledge in nursing. *Nurse Educ Today*. 1997;**17**(4):281-6.
- Edwards L. The art of nursing in clinical learning. *Kans Nurse*. 2005;**81**(10):1-2.

15. Speziale HS, Streubert HJ, Carpenter DR. *Qualitative research in nursing: Advancing the humanistic imperative*. Lippincott Williams & Wilkins; 2007.
16. Barkway P. Michael Crotty and nursing phenomenology: criticism or critique? *Nurs Inq*. 2001;**8**(3):191-5.
17. Michalis R. [Nursing as an art]. *Prof Infirm*. 2003;**57**(4):194-201.
18. Donahue MP. *Nursing The Finest Art*. Maryland: Mosby: Inc; 2011.
19. Alverzo J. The use of aesthetic knowledge in the management of brain injury patients. *Rehabil Nurs*. 2004;**29**(3):85-9.
20. Caelli K. The changing face of phenomenological research: traditional and American phenomenology in nursing. *Qual Health Res*. 2000;**10**(3):366-77.
21. Daniels R. *Nursing fundamentals caring and clinical*. NY: Delmar Cengage Learning: Clifton Park; 2003.
22. Norlyk A, Harder I. What makes a phenomenological study phenomenological? An analysis of peer-reviewed empirical nursing studies. *Qual Health Res*. 2010;**20**(3):420-31.
23. Siles Gonzalez J, Ruiz Mdel C. Cultural history and aesthetics of nursing care. *Rev Lat Am Enfermagem*. 2011;**19**(5):1096-105.
24. Hudacek SS. Dimensions of caring: a qualitative analysis of nurses' stories. *J Nurs Educ*. 2008;**47**(3):124-9.
25. Appleton C. The art of nursing: the experience of patients and nurses. *J Adv Nurs*. 1993;**18**(6):892-9.
26. Van Manen M. *Researching lived experience: Human science for an action sensitive pedagogy*. 2th ed, London Sage: Suny Press; 2001.
27. Wreen M. *Beardsley's Aesthetics*. 2005.
28. Jenner CA. *A Nurs Forum*. 4. Vol. 32. Wiley Online Library; 1997. The art of nursing: a concept analysis; pp. 5-11.
29. Little JM. Is there a real nexus between ethics and aesthetics? *J Bioeth Inq*. 2010;**7**(1):91-102.
30. Munt D, Hargreaves J. Aesthetic, emotion and empathetic imagination: beyond innovation to creativity in the health and social care workforce. *Health Care Anal*. 2009;**17**(4):285-95.
31. Davison N, Williams K. Compassion in nursing. 2: Factors that influence compassionate care in clinical practice. *Nurs Times*. 2009;**105**(37):18-9.