

The Theory of the Art of Nursing and the Practice of Human Care Quality

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Adapted from a presentation at the International Association for Human Caring/Society of Rogerian Scholars Conference, “Advancing Unitary and Caring Science for Nursing Praxis.” Boston, MA. June 8, 2016.

### Abstract

High quality nursing practice continues to be a national goal and a prominent theme in the nursing literature. Research findings indicate that practicing nurses recognize the importance of an authentic nurse-patient relationship based on values that align with the art of nursing. In this paper, we discuss further development of a theory of the art of nursing, which is based in Rogers' Science of Unitary Human Beings. Using rational hermeneutic interpretation, we explain how the three concepts of the theory—respect, responsibility, and empathy--which are consistent with the three Rogerian homeodynamic principles of resonancy, helicy, and integrality--are embedded in Barrett's and Cowling's approaches to Rogerian nursing practice.

Key words: Science of Unitary Human Beings, art of nursing, respect, responsibility, empathy, rational hermeneutic interpretation

High quality nursing practice has been a national goal and a prominent theme in the nursing literature for many years. For example, the Quality and Safety Education for Nurses (QSEN) initiative was developed to address the quality of nursing care through emphasis on six competencies required for students enrolled in undergraduate and graduate nursing programs. The six competencies are patient-centered care, teamwork and collaboration, quality improvement, informatics, evidence-based practice, and safety (Cronenwett et al., 2007, 2009). In addition, the quality of nursing care is one of 14 standards, called Forces for Magnetism, of the American Nurses Credentialing Center Magnet® Recognition Program (see [http://www.nursecredentialing.org/Magnet/Program Overview](http://www.nursecredentialing.org/Magnet/Program%20Overview)).

In keeping with the national agenda for the quality of care, studies of nursing care quality continue. Research findings indicate that practicing nurses recognize the importance of an authentic nurse-patient relationship based in values that align with the art of nursing. Burhans (2007) compared and contrasted quality care definitions in the literature of nursing and three other health related disciplines (medicine, pharmacy, and physical therapy). Burhans observed that the voice of practicing nurses was conspicuously absent from the nursing quality care literature. Therefore, she interviewed practicing nurses about their ideas of quality nursing care (Burhans & Alligood, 2010). The nurses reported that the nurse-patient relationship and having time to deliver high quality care were vital. More specifically, their findings indicated that “The revealed lived meaning of [high] quality nursing care for practicing nurses

was meeting human needs through caring, empathetic, respectful interactions with which responsibility, intentionality, and advocacy form an essential foundation” (p. 1695).

### **Background**

Gunther and Alligood (2002); Grace, Willis, Roy, and Jones (2015); McCrae (2012); Fawcett and DeSanto-Madeya (2013); and Alligood (2014) are among the many nurses who have maintained that high quality nursing care is nursing discipline-specific and, therefore, must be based on nursing knowledge as formalized in nursing conceptual models and theories. Gunther and Alligood (2002) emphasized the social and moral obligations of nurses to deliver high quality care. They found that the perception of high quality care by both patients and nurses was linked to care based on nursing knowledge. Grace et al. (2015) pointed out that because nurse educators teaching in terminal degree nursing programs produce the scholars and stewards of the discipline, they must seek a balance among philosophical, conceptual, theoretical, and empirical inquiry, to support the social obligation of the nursing profession for high quality care. McCrae (2012), Fawcett and DeSanto-Madeya (2013), and Alligood (2014) all proposed that nursing conceptual models are important for the discipline of nursing to advance evidence-based practice and progress to multidisciplinary healthcare. McCrae (2012) asserted that nursing theoretical approaches are essential for the patient, the nurse, and most of all for the continuation of positive development of the nursing profession. He maintained that “The legitimacy of any profession is built on its ability to generate and apply theory” (p.

222).

The purpose of this paper is to present a discussion of further development of Alligood's (2002) theory of the art of nursing with a focus on high quality nursing care. Our ultimate goal is to extend Alligood's (2002) theory of the art of nursing by exploring how the concepts of the theory are reflected in selected approaches to nursing practice that have been derived from Rogers' conceptual system (1970, 1986, 1992) now known as the Science of Unitary Human Beings (SUHB).

### **The Theory of the Art of Nursing**

The art of nursing is one of Carper's (1978) four fundamental patterns of knowing (the other patterns are empirics, ethics, and personal knowing). Carper (1978) referred to the art of nursing as aesthetic knowing, which she described as expressions of the nurse's perception of what is significant in the *individual* patient's behavior, as well as performance of nursing actions in an artful manner. We contend that values consistent with the art of nursing are the basis for an authentic nurse-patient relationship, which is the hallmark of high quality nursing care.

The theory of the art of nursing includes three concepts—respect, responsibility, and empathy that are defined within the context of the theory.

**Respect** is defined as “an emergent manifestation of the sensing of pattern frequency in human and environmental fields.”

**Responsibility** is defined as “a moral action inherent in the profession of nursing.”

**Empathy** is defined as “a feeling attribute of the continuous person-environment process.”  
(Alligood, 2002, p. 58)

The development of these definitions was guided by Rogers' (1970, 1986, 1992) conceptual system, using hermeneutic interpretation of nursing science text as a research methodology. Alligood (2002) uncovered three human values in Rogers' publications--human freedom and individual rights, human concern for the welfare of others, and human knowing in the nurse-patient relationship. These three values align with the three concepts of the theory of the art of nursing. Human freedom and individual rights aligns with respect, human concern for the welfare of others aligns with responsibility, and human knowing in the nurse-patient relationships aligns with empathy.

Alligood (2002) went on to align the three SUHB homeodynamic principles--resonancy, helicy, and integrality—with the three concepts of the theory of the art of nursing. The principle of resonancy is the continuous change from lower to higher frequency wave patterns in human and environmental fields, delineating the direction of evolutionary change in energy field pattern; this principle aligns with respect. Alligood (2002) explained that “respect is an emergent manifestation of the sensing of pattern frequency in human and environmental fields ... rooted in the value of human freedom and individual rights ... as described in the principle of resonancy” (p. 58).

The principle of helicy is the continuous, innovative, unpredictable, increasing diversity of human and environmental field patterns, addressing the continuous change that characterizes human and environmental field patterns; this principle aligns with responsibility. Alligood (2002) stated that responsibility “is a moral action inherent in the profession of nursing ... rooted in the value of human concern for

the welfare of others ... as described in the principle of helicy” (p. 58).

The principle of integrality is the continuous mutual human field and environmental field process, emphasizing the nature of the relationship between the human and environmental fields; this principle aligns with empathy. Alligood (2002) noted that empathy "is a feeling attribute of the continuous person-environment process ... rooted in the value of human knowing from the field pattern process of the nurse-patient relationship ... for knowing participation in the process of change as set forth in integrality” (p. 58). The linkages from the values found in Rogers’ publications and the homeodynamic principles to the three concepts of the theory of the art of nursing are displayed in Figure 1.

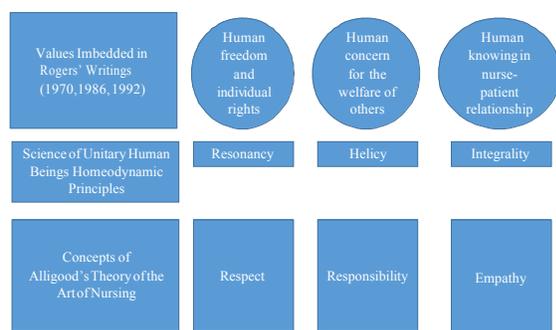


Figure 1. Alligood's Theory of the Art of Nursing: Values, Homeodynamic Principles, and Theory Concepts

One proposition of the theory of the art of nursing links the three concepts, asserting that an **empathic** nurse-patient relationship is evident in **responsible** professional nursing that is associated with increased nurse **respect** for patients (Alligood, 2002). Another proposition of the theory links the three SUHB values. This proposition asserts that “The art of

professional nursing [is] the ability to balance **respect** for human freedom and individual rights with **responsibility** for the welfare of others through knowing from the feeling attribute of **empathy** in the moral action that is nursing practice” (Alligood, 2002, p. 58; bold font added). Actualization of these values clearly is essential for high quality nursing care.

### Further Development of the Theory of the Art of Nursing

Inasmuch as the concepts of the theory of the art of nursing have been identified and defined, we decided that further development of the theory should focus on determining whether and how the theory of the art of nursing is implemented and tested in SUHB-guided practice. We located and purposefully selected three descriptions of SUHB-guided nursing practice methodologies by Rogerian scholars in the literature. Barrett (1988, 1990, 1998) and Cowling (1990) described an approach called health patterning, and Cowling (1997; Cowling & Repede, 2010) described an approach initially called pattern appreciation and later called unitary appreciative inquiry.

### Research Question and Approach

Our research question was: Do descriptions of Rogerian nursing practice methodologies found in the nursing literature reflect the three concepts of the theory of the art of nursing? We used rational hermeneutic interpretation of nursing science text to explore the published literature descriptive of Rogerian nursing practice to address this question. Briefly, rational hermeneutic interpretation is a research approach developed from Allen's (1995) discussion of hermeneutics for nursing practice, which focuses on interpretation of textual material. Specifically, hermeneutic interpretation is “an interaction between a historically

produced text and a historically produced reader” (Allen, 1995, p. 175), with criteria for the process and consistency (Allgood, 2002). Thus, hermeneutic interpretation involves a process of interacting with written words by reading and re-reading the published texts to uncover the essence of

those texts (Allen, 1995; Allgood & Fawcett, 1999, 2004).

In an earlier paper, we explained that rational hermeneutic interpretation of nursing science text is a research approach that is consistent with the SUHB (Allgood & Fawcett, 1999). Later, we utilized rational hermeneutic interpretation of nursing science text to uncover Rogers’ conceptualization of the SUHB concept of pattern (Allgood & Fawcett, 2004). We concluded that rational hermeneutic interpretation was the appropriate approach for this extension of the theory, inasmuch as it was the research methodology that had been used in the development of the original version of the theory (Allen, 1995; Allgood, 2002), and was used for subsequent studies based in Rogers’ SUHB (Allgood & Fawcett, 1999, 2004).

**Findings**

The hermeneutic interpretation of published descriptions of nursing practice methodologies by Barrett, Cowling, and Cowling and Repede revealed that the concepts of the theory of the art of nursing were evident in these practice methodologies. The linkages between the three concepts of the theory of the art of nursing and statements from these scholars are seen in the Table.

Table Linkage of Comments about SUHB-Based Nursing Practice Methodologies with the Three Concepts of the Theory of the Art of Nursing		
Theorists	Comments from the Theorists	Linkages to the Theory
Barrett	“Meaningful dialogue and centering are integral to many of these approaches as well as paradigmatic authenticity which is characterized by genuineness, trustworthiness, acceptance and knowledgeable care” (Barrett, 1998, p. 138).	Integral meaningful dialogue is <b>empathy</b> Genuineness, trustworthiness, and acceptance are <b>respect</b> Knowledgeable caring is <b>responsibility</b>
Cowling	“Pattern appreciation as a process of science and practice accepts the centrality of pattern as the distinguishing characteristic of an energy field. To appreciate pattern one is required to be sensitive to and sensitive of the distinction of a human energy field. This involves accepting the uniqueness of each human field pattern and its own unique integral environmental field/pattern” (Cowling, 1997, 131).	Accepting the uniqueness of each human field pattern is <b>respect</b> Accepting pattern as an energy field characteristic to which one responds is <b>responsibility</b> To be sensitive is <b>empathy</b>
Cowling & Repede	“Appreciative knowing incorporates perceiving, being aware of sensitive to and expressing the full force and delicate distinctions of life patterning through an attitude of gratefulness. Appreciation implies an empathy or resonance of the perceiver with the pattern perceived as it manifests in its entirety” (Cowling & Repede, 2010, p. 70).  The practice/research process is “a mutual relationship, an openness to discovery without preconceptions, negotiations of process and the release of predicted or prescribed outcomes” (Cowling & Repede, 2010, p. 71).	Appreciative knowing, perceiving, awareness and sensitivity and expressing the delicate distinctions of life patterning describes the <b>responsibility</b> inherent in nursing practice. Appreciation implies an <b>empathy</b> Resonance of the perceiver with the pattern perceived as it manifests is <b>respect</b>  A mutual relationship is <b>empathy</b> An openness to discovery without preconceptions, is <b>respect</b> Negotiations of process, and the release of predicted or prescribed outcomes is <b>responsibility</b>

As part of our extension of the theory of the art of nursing, we constructed a conceptual-theoretical-empirical structure linking the SUHB homeodynamic principles with the concepts of the theory of the art of nursing, and the three theory concepts with Barrett’s, Cowling’s, and Cowling and Repede’s practice methodologies (see Figure 2).

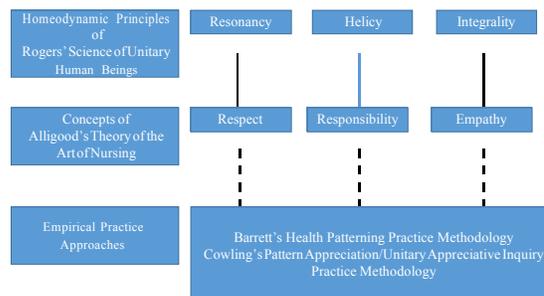


Figure 2. Conceptual-Theoretical-Empirical Structure for Further Development of the Theory of the Art of Nursing

**Discussion**

We concluded that the nursing practice methodologies developed by Barrett, Cowling, and Cowling and Repede express an artistic process consistent with the three concepts of the theory of the art of nursing, which emanate from Rogers’ publications. Our findings do not negate the importance of the practice methodologies, per se, but rather clarify that the focus of the theory of the art of nursing is on the artistic delivery of SUHB-guided practice.

Inasmuch as the purpose of this paper was to explain how we have extended the theory of the art of nursing by linking the three concepts to descriptions of actual nursing practice, the sample was limited to explicit SUHB-based descriptions of nursing practice methodologies. The linkage to quality in our extension of the theory is somewhat limited. However, it is noteworthy that the nursing practice methodologies have been successfully used for several years as ways to enhance the quality of nursing care (Fawcett & DeSanto-Madaya, 2013). We believe that the strengths of our work to extend the theory of the art of nursing include the demonstration of the application of an aesthetic theory in nursing practice, the inclusion of propositions, and a conceptual-theoretical-empirical structure that can be used for future testing of the theory of the art of nursing.

This paper focused on our exploration of whether there is alignment of the essence of the artistic practice process with the three concepts of the theory of the art of nursing in the published descriptions of practice by outstanding Rogerian scholars. We concluded that Barrett, Cowling, and Cowling and Repede each described a SUHB-based practice methodology that indeed aligns with the three concepts of the theory of the art of nursing. We propose that practice within the context of this alignment will foster a high quality of nursing care that goes beyond the science of nursing (Carper's (1978) empirical knowing) to include the art of nursing (Carper's (1978) aesthetic knowing).

The content of this paper is consistent with the call to extend theory development from its almost exclusive focus on empirics to aesthetic and other types of

theories (Fawcett et al., 2001). We invite scholars and colleagues to extend our work on the theory of the art of nursing and to consider development of ethical and personal knowing theories derived from the SUHB, as well as continued development of SUHB-guided empirical theories.

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