



Care, Compassion, and Communication in Professional Nursing: Art, Science, or Both

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Debate continues as to whether nursing is a science, art, or a combination of the two. Given the recent growing emphasis in the current healthcare environment to deliver patient-centered care, the art of nursing and its impact on patient outcomes is being re-examined. The current article discusses a case narrative to provide a venue for self-reflection in nursing practice.

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Professional nursing is more multifaceted and stimulating than ever. Uncertainties and changes in the healthcare system contribute to the complexity of the scientific knowledge and technical expertise required of modern nurses. Nurses are expected to provide competent evidence-based, patient-centered care. These expectations require that nurses have “up-to-date knowledge, clinical, technical, and communication skills, and the ability to problem solve through the use of clinical judgment” (Schroeter, 2008, p. 9). However, patients and their families also expect nurses and other healthcare providers to give compassionate care that maintains patients’ dignity and humanity.

The American Nurses Association ([ANA], 2010) defined professional nursing as “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (p. 8). Embedded in this definition is the need to regard nursing as a science and an art, which is

a source of ongoing debate among nurses who may stress one attribute over another (e.g., a nurse who emphasizes the role of technology and minimizes the role of emotional support in caring for a patient).

The Science of Nursing

The science of nursing is a combination of performance, skills, knowledge, and attitudes. Current models of nursing focus on the rapid expansion of scientific discoveries being made in medicine and technology. A broad range of academic and clinical experience is required to become a competent nurse. In addition, nurses are responsible for having knowledge and skills in critical thinking, clinical decision making, and evidence-based practice. Nurses must understand how to use these skills to achieve optimal outcomes. To maintain clinical competency and stay current with the scientific advances being made across the cancer continuum, nurses must engage in lifelong learning and continuing competency. According to the Oncology Nursing Society ([ONS], 2013), lifelong learning to achieve continuing competency is a fundamental tenet of pro-

fessional oncology nursing. ONS’s commitment to these core concepts is reflected by the educational initiatives offered to oncology nurses around the world. The commitment to lifelong learning also is supported in other areas of professional nursing. The tools to handle the science of nursing are readily available.

The Art of Nursing

In the contemporary healthcare environment, the public recognizes that competent nursing requires a strong knowledge base and technical skills. However, patients and their families also expect nurses to be caring, compassionate, and communicative. These qualities often are referred to as the art of nursing and are highly valued by patients and essential to providing patient-centered care. Few tools are available to teach nurses and guide healthcare systems on how to acquire those qualities. Nurses often are overwhelmed by competing demands and have limited time to practice the art of nursing, but taking the time to demonstrate caring, compassion, and effective communication along with clinical competence can contribute to patient safety and satisfaction. According to recent studies (Dempsey, Reilly, & Buhlman, 2014; Lusk & Fater, 2013), the concepts of care and compassion are difficult to define and measure, but they are driving forces in nursing, and they can enhance the quality of the patient experience. Achieving a balance between the science and art of nursing can make a difference in people’s lives.

Case Narrative

A 32-year-old man named J.P. was hospitalized for a bowel obstruction in a

local community hospital. As in any situation when someone is hospitalized, his family was filled with fear. However, their apprehension was linked to a question: How would the nurses care for J.P., who was severely physically and mentally challenged since birth? J.P. could not speak, walk, or see well, which meant he could not verbally convey his pain or other needs to the healthcare team caring for him. Everyone in J.P.'s family was extremely protective of him. The family worried about how his needs would be addressed and how the staff would react and deal with his severe challenges.

Much to the family's relief, the staff handled his admission to the inpatient area with professionalism, compassion, and respect. The family expressed great appreciation with how quickly the healthcare team determined his medical needs and accepted his physical, mental, and social challenges. The admitting nurse asked them about J.P.'s preferences for communication. She also asked if a nickname was used at home and if it would be acceptable to address him with that name. Next, the nurses asked the family for tips on how to communicate with J.P. about his pain and other needs. The names and telephone numbers of the nursing staff assigned to the patient were listed on a whiteboard, giving the family easy access to J.P.'s healthcare team. A message also was written on the white board with large letters that said "nonverbal pain assessment needed." Every staff member who entered the room said hello to J.P. first and then greeted the entire family. The family was pleased with the excellent personal care provided by the staff. J.P. received therapeutic massages on his feet and hands, which had contractures, and thorough head-to-toe bed baths. The family spoke of the gentleness used by the staff during J.P.'s care, the ongoing communication with the patient of what they were doing, and their concern not to frighten or hurt him during the delivery of their nursing care. The family came to trust and believe that the team

would provide safe and high-quality care to their loved one.

The use of new technology, medical advances, and expert clinicians led to a good recovery for J.P. However, his family's memories focused on the compassionate patient-centered care and communication delivered by his entire healthcare team. The family was particularly grateful for the competent skills and knowledge demonstrated by the nurses to communicate and care for an individual with so many unique and challenging needs, and they greatly valued the compassion, sensitivity, and respect extended to him.

Implications for Nursing

The nurses in this narrative were able to synthesize the art and science of nursing to meet the complicated medical, physical, and psychological needs of J.P. The nursing and medical staff demonstrated compassion by treating the patient with dignity and respect, maintained communication by listening and responding to his verbal and nonverbal needs, and delivered personalized care by finding ways to address his challenges. They adeptly focused the various components contained in the ANA's definition of professional nursing.

Although this narrative did not focus on a patient with cancer, it reflected the importance of adapting professional nursing care to the individual needs of the patient. For some patients, the science and timeliness of care is more important. For others, the creativity, flexibility, and humanistic care that nurses provide is the valued outcome. Nurses should strive to achieve a

balance between delivering care based on the science and art of professional nursing.

The key message of this narrative was to remind nurses that the art of nursing must not be forgotten or considered less valuable than the science of nursing. The most competent nurses are those who can appreciate the value of achieving a balance between the science and art of nursing. The most treasured nurses are those who remember the three C's—caring, compassion, and communication.

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