



On the humanities of nursing

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ABSTRACT

The author contends that the present state of nursing research, as focused on studies that produce the sort of positivistic evidence espoused by the evidence-based medicine movement, emphasizes something other than the goals of nursing. This emphasis has distorted nursing practice by focusing on the ostensibly quantifiable. Using Virginia Henderson's classic definition of nursing and the work of the philosopher Martha Nussbaum, the author argues for the centrality of the human experience in the practice and the research of nursing.

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When we speak of the humanities in nursing, we often speak of bringing literature and art into the nursing curriculum as a kind of adjunct to necessary clinical and science courses. For instance, we speak of nursing and creative writing or of using art to improve clinical skills. Through looking at art, nurses are able to “itemize” what they see in patients and cluster these observations into differential diagnoses (Pellico, Friedlander, & Fennie, 2009). In addition, through the exercise of creative writing, nursing students and new nurses are able to document their transformation into becoming expert nurses (Brown, 2010; Creative Writing, *Critical Care Nurse*, 2010, 2011).

Yet there is a deeper meaning to the notion of the humanities in nursing than the mere use of the disciplines of the humanities to enhance the clinical training of nurses. This deeper meaning has to do with the very nature of nursing itself. Although there has been much movement to show that the nature of the academic enterprise of nursing is scientific, the very nature of *nursing* (of both its academic and its practice enterprises), rests not on the benches of the clinical, medical, or laboratory sciences. The natural home of

nursing is, rather, in the humanities—in, that is, the lived human experience.

The notion of nursing science arose in a context in which nursing sought to take its place in the academy, including especially the academies of medicine and science. Early on in this endeavor, some split the art from the science of nursing, claiming that the art of nursing is “ritualistic” and “intuitive” whereas the science of nursing is “the discovery of new knowledge” (Abdellah, 1969, p. 392). This new knowledge was for the sake of nursing practice in the early scientific endeavors of nursing. However, the tendency to think of nursing as founded on the investigations of the clinical and laboratory sciences has developed to such an extent that, now, the mission of the National Institutes of Health's (NIH) National Institute of Nursing Research (NINR) focuses on “clinical and basic research” (NINR, 2011). In this move to place nursing on the benches of the clinical and the laboratory sciences I see the separation of nursing from its humanities. Such separation, however, makes nursing into a discipline other than the nursing. Virginia Henderson (1964) famously defined as involving an imaginative exercise in which nurses get

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inside “the skin” of their patients “to know” what their patients need.

Following a novel and compelling argument by Martha Nussbaum (2010) about what the humanities offer a democratic society, I argue that the humanities of nursing enable nurses to think critically, to transcend local loyalties to approach global health problems as world citizens, and to engage in the continuous sympathetic exercise of imaging the health predicaments of other people. My argument is not a refutation of nursing research. My argument is neither a refutation of science, nor a call to a return to the days when nursing research did not engage clinical and basic research. Indeed such research is necessary, because through them nursing can discover the practices that contribute to health or its recovery or that lead to a peaceful death, which were the goals of nursing that Henderson identified in her justly famous 1964 article published in the *American Journal of Nursing*. Yet nursing research cannot be separated from the acts of nurses or from the lives of their patients and families, wherever they dwell. Inasmuch as nursing research investigates the acts of humans, nursing research finds no separation between the art of being human and the acts of discovering which nursing practices serve nursing’s goals. Nursing research investigates the art of nurses being and doing for others what is necessary for better health or a peaceful death. This being and doing—the lived experience of nurses and those whom they care for—are the humanities of nursing. Nursing is not nursing without them.

In this article I first describe the silent crisis of giving a positivistic view of science primacy in nursing. This primacy is evidenced in all domains of nursing: in its educational programs, how it measures quality in practice, and in research. However, here, I focus primarily on the procrustean bed of a positivistic science in which evidence holds pride of place and into which nursing research has been forced. I will argue that the result of such a “scientific” nursing is something other than that which historically we call nursing. I will then offer the remedy Nussbaum (2010) has laid out and end with a suggestion for a way forward that keeps the humanities of nursing in the heart of nursing research.

The Crisis of the Primacy of a Positivistic View of Science in Nursing

Historians of nursing can surely point to Florence Nightingale as among the first nurses who collected data on the environment in which nurses cared for patients and did so with an eye to use those data to improve the care of patients. For example, she invented her own version of the statistical diagram known as the pie chart to illustrate data she collected on the seasonal sources of patient mortality in the field hospital she managed during the Crimean War. She

recognized that data as evidence that the poor living conditions of soldiers significantly contributed to their deaths (Cohen, 1984). After the Crimean War, she—as a nurse—used that evidence to improve sanitation in rural India. Most important, she went on to identify the improvement of the health of people as the fundamental work of nurses and the legitimate domain of nursing knowledge (Hobbs, 1997).

A hundred years passed, however, before nursing research became its own discipline. After the First World War, the Goldmark Report (Committee for the Study of Nursing Education, 1923) recommended university-based training for nurses. After the Second World War, the Brown Report (1948) repeated this recommendation, and with the move of the training of nurses to the academies of higher learning, nursing faculties had the opportunity—and the requirement—to conduct research. In the same year as the Brown Report, the U.S. Public Health Service created a Division of Nursing Research in which nurses were studied—their education, their job satisfaction, and their function (Gortner, 2000, p. 61). In 1955, the Division of Nursing Research offered its first extramural grants to nurses, and through federal legislation in 1985, it became the National Center for Nursing Research (NCNR), though with the status of a center, not a full-fledged institute (Merritt, 1986).

The NCNR fostered the kind of clinical nursing research consonant with Henderson’s definition of nursing. In the days of the NCNR, nursing research, according to its then acting-director, Doris Merritt, included scientific inquiry into “processes relevant to nursing” and “investigations relating to nursing interventions in patient care” (Merritt, 1986, p. 84). The express purposes of nursing research—the outcomes for which nursing research strove within the work of the NCNR—were “improvements in nursing practice” (p. 84). These improvements were consonant with nursing as envisioned by Henderson: improvements Merritt identified as those practices that prevented disease, promoted health, and contributed to health’s recovery. Through the time of the NCNR—and well before it—clinical nursing research, as envisioned by Henderson and presented in its clearest form by Diers (1979), was in the service of and situated within nursing practice.

The crisis in nursing research, however, arose around the same time as the NCNR evolved from a center within the NIH to a stand-alone institute in 1993, thus becoming the National Institute for Nursing Research (NINR). The crisis was the move away from the primacy of nursing practice to the primacy of the notion of evidence.

Around the same time that the NCNR became the NINR, the notion of evidence in medical practice began to surface. Indeed, the first reference using the term “evidence-based medicine” appeared in the *Journal of the American Medical Association* in 1992. In that 1992 article, the Evidenced-Based Medicine Working Group put forward a new model of medical education that deemphasized the authority and tradition it viewed as central

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