

Article

Ethics, Empirics and Esthetics: The Visibility of Nursing and the Sustainability of Human Health in a Technological World

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Abstract

Ethics, empirics, and esthetics seem to address the essential nature of nursing knowledge within the human health experience. Reality, truth and existence are the empirical elements of the human experience. Reflexivity conveyed in esthetic ways illuminates the nature and context of humanness. Art as experience uncovers meanings and significance of lived situations. Ethical values are dictated by philosophical, theoretical, social and cultural perspectives. Conflicts primarily address the need for ethical solutions stemming from perceived versions of truths. The conditions that engender truthful solutions on questions about health and well-being are highly likely situational dilemmas. Through art as representation of what is real and true, labeled and displayed for sensory appreciation, the ethical and empirical ways of appreciating human health and well-being become foundational realities for nursing practice, sustainable in esthetic ways as integral to human health and well-being.

Keywords: Aesthetics; Empirics; Ethics; Human Health; Technological Competency as Caring in Nursing

Introduction

How do empirics, ethics, and aesthetics influence the foundation of knowing nursing thereby sustaining its value within human health care? Envisaged as answer to this quintessential question is technology, the certain intermediary construct of health and human care within an integrative perspective. Figure 1 illustrates the influence and value of the theory of *Technological Competency as Caring in Nursing*¹ the encompassing factor relating ethics, empirics, and aesthetics in sustaining the

value of nursing within human health care.

Pols² claimed that there are many technologies with their own characters and specificities, and that classifying them as simply 'technology' while expecting the same effect in all of them is difficult. How can technologies enhance the desired outcomes to sustain nursing and health care? The theory of *Technological Competency as Caring in Nursing*^{1,3} is proposed. Technological advancements increase humanity's dependence on them.

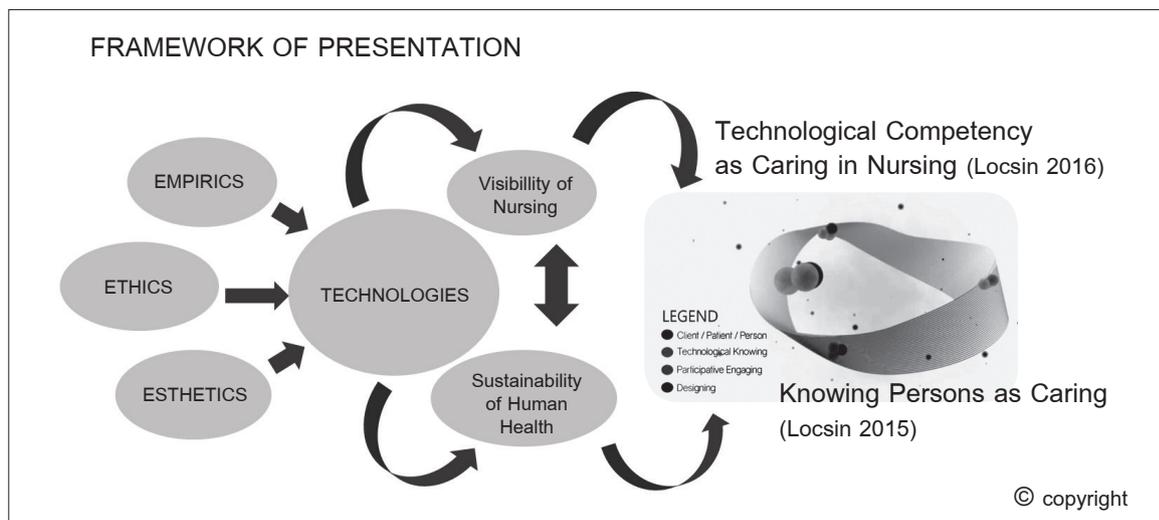


Figure 1. Illustration of the relationships among *Empirics, Ethics, and Esthetics* in visualizing and sustaining nursing in human health care grounded in the theory of *Technological Competency as Caring in Nursing*¹

Human-Robot Technological World of Nursing

In an exciting technological world, the following questions are commonly asked:

- What will happen to human ingenuity, creativity, imagination, and innovation when contentment becomes the ultimate glorification of what intelligent machines can provide?
- Should human beings create intelligent machines?

Ethics in Nursing

Ethics is a branch of philosophy dealing with questions about being right or wrong. The conditions that engender right or wrong responses particularly on questions about health and well-being are highly likely situational dilemmas from which conflicts arise. Why should there be concerns about technologies in human health are? Is it to save lives, to create lives, or to extend lives? What are the consequences? In using technology to create life that is not supposed to exist, or to restore life, what wonderment of technology ultimately rewards efficiency, proficiency, and the triumph and glory of being right?

In visualizing nursing in future health care environments, perhaps in 2050⁴, Tanioka⁵ declare that with artificial superintelligent (ASI) machines, how society (people) see persons with visible artificial limbs or other artificial human parts will continue to be studied to inform to be studied to inform futurist nursing practice. What is it like to *be cared for* with technologies?⁶ and what is it like *caring for* persons with technologies?

Aesthetics in Nursing

Like other health care professions, medicine is studied from the empiricist view of persons as composite parts (e.g., as illustrated by the art of da Vinci visualizing anatomical parts through dissection). Nursing, also, has focused its knowing of persons through sensory data. Chinn and Watson⁷ declared that “art is not something that stands in opposition to science: it is part of science – indeed, it is part of all human experience. Art expresses what words usually fail to express. Art brings wholeness to human consciousness” (p. 20). Art arises from the immediate embodied grasp of the situation, the tools or instruments with which the artist works, and the

intuitive knowing of what is to be created in the act. Original art/act arises from a non-discursive, aesthetic knowing that is unique to the moment Chinn and Watson.⁷ Art provides the opportunity to re-live the experience from an individual perspective.

However, Collingwood⁸ provided the distinction between art as expressing emotion and art as exhibition of emotions. “Expression is lucidity or intelligibility – allowing the audience to discover the emotion in the art for themselves” (p.282). Similarly, Le Vasseur⁹ declared art as expression of emotion. Through art, an artist comes to know both self and world because experiences are clarified by the artful expression of emotions. Eisner¹⁰ however, claimed that all things that are made have form, and when well made, these forms have aesthetic properties. Eisner posited that the common function of the aesthetic is to modulate form so that in turn, it informs one’s experience.

Recently, Wainwright¹¹ addressed the uncertainty of the use of the terms “aesthetics” and “art” as explicated and used by Carper.¹² In her discrimination of aesthetic knowing as a fundamental pattern of knowing in nursing, Art was described as appertaining to aesthetic knowing – as “skills and knowledge.” However, it was Kandinsky¹³ who found that the ‘interior necessity’, which alone could inspire true art, was forcing him to leave behind the representational image.

Aesthetic expressions in Nursing

Aesthetic expressions can be appreciated as giving voice to experiences in order to understand the humanness of persons; visualizing the meaning of the experience (quilting, painting, outcome space, dance), and articulating experiences through stories (poetry, prose, quilt, etc.). “Aesthetic expression results from the carrying forward and development of emotion rather than the discharge or dismissal of it. Dewey¹⁴ believed that expression begins

with turmoil and that it can become a productive ferment when something is at stake for the person. When people are staked in the situation, they are motivated to clarify and deepen their understanding. The successful result is an experience; a deeply felt, conclusive, and integrated whole. Its failure, similarly, would be a failure of experience and understanding”. (as cited by Le Vasseur⁹—art as experience), “Some ideas are so profound, so subtle and exquisite, that words cannot convey them. We need the power of music and ... the visual arts” (Boyer¹⁵ p. 41).

Who are the persons that nurses nurse today?

Underneath the physical likeness of human beings – is the inner workings of the technological ‘self’. The encompassing oneness of human-like external features are displayed through empirical knowing – the science and technology; the correctness and rightness of the artificial machinations of a robot – through ethics, and the esthetic representations of what it is to be human – the likeness of being human. Through all these the foundational grounding of nursing and its sustainability as integral to human health and well-being, humanoid nurse robots and its capabilities may, perhaps enjoy a transactive relationship⁵ with human persons.

The Theory of Technological Competency as Caring in Nursing

In the contemporary world of human caring, the dominance of technology continues to support its advancements providing ways in which human caring can coexist with technology in this high-tech world. The theory of *Technological Competency as Caring in Nursing*¹ provides the fundamental ways through which the transformation of human caring exalts the values of being human regardless of differing perceptions of human wholeness. Caring in Nursing assumes a critical place in the foundational

development of the coexistence between technology and caring in nursing. The Science of Caring supports and celebrates this understanding and in doing so delights at the uniqueness of persons as participants in their care, rather than simply objects of our care.

The following five assumptions describe the elements that structure the theory:

Persons are caring by virtue of their humanness¹⁶

In nursing, caring is understood as the substantive focus of the discipline. It is not simply the act or emotion one may portray toward another person but also the substance of the domain that directs the integral nature of nursing as a discipline of knowledge. In the assumption, “persons are caring” is studied as fundamental to the practice of nursing.

The ideal of wholeness is a perspective of unity^{1,3}

It is derived from the ideal that persons are known as wholes in ways shaped by philosophical truths and realities. The conceptualization of wholeness allows for the recognition of human beings as complete in their being without reference to composition of parts. This ideal allows the nurse to focus on nursing as a shared lived experience between the nurse and the person being nursed Boykin & Schoenhofer¹⁶ rather than focusing on fixing the person or completing the person’s lack or missing “parts.”

Knowing persons is a multidimensional process^{1,3}

The nurse and nursed focus on appreciating, celebrating, supporting, and affirming each other, while allowing for mutual recognition as dynamic participants in human caring.

Technologies of health and nursing are elements for caring^{1,3}

Technologies of health and nursing are

elements for caring through which nurses in practice are able to know human beings more fully as persons who are active contributors in their care, rather than simply as objects of care.

Nursing as a discipline and a professional practice¹⁶

Nursing as a discipline and a professional practice provides the essential opportunity for engagement in the scholarship of practice grounded in caring within the universal technological domain.

The Dynamic Nursing Processes

The dynamic nursing process events in which technological ways are perfected to understand, affirm, celebrate, and support persons as caring individuals in an ever-changing world. These processes occur simultaneously and with equal prominence: technological knowing, mutual designing, and participative engaging.

Technological knowing is using technologies to know persons in a shared relationship expressed as appreciating persons’ humanness, participating in dynamic caring nursing relationships, and extending knowing of persons as participants in their care, instead of being simply objects of care.

Mutual designing is a process in which both the nurse and the one nursed (patient) together, create a plan of care from which an organized and conjointly rewarding nursing practice fosters, affirms, supports, and celebrates the patient’s desire to live and grow in the meaningfulness of one’s own life.

Participative engaging is the simultaneous practice of relating with the other. Its critical feature is evident in the continuous and recursive knowing of persons as caring.

How are we to appreciate the dynamic process event of knowing persons as caring?

The following story told as a poem illustrates the ‘voice’ of the patient who is being cared for with technologies and the evolution of caring as a dynamic, dependent on human caring processes.

Illustrating Mutual Designing:

INTENSIVE CARE

Did you see nurse that you can know me –
The part that is me, my mind and soul is in my eyes.
These tubes that are everywhere – that is not me.

The one in my throat is the worst of all.

Now my whole being, the essence of me

I must reflect through my hands,

but they are tied down

but did you realize that it is uncomfortable for me
or through my eyes and you do not notice them.

You speak to me and look at the tubes –
don’t you know my thoughts are all over my face,
don’t you realize your thoughts are on your face –
in your touch and your tone of voice.

I wrote a request on paper, you said “I’ll take
care of it for you,”

but your tone said “Why can’t this woman do
anything for herself?”

You positioned your hand to count my pulse
but I can’t say you touched me –
you wouldn’t hold my hand that I may touch you.

Don’t you see nurse that you can know me –
I’m not a chart or tubes of medication, monitors
or all the other things you look at so intensely –
I’m more than that, I’m scared – just look in my eyes

By Shiela Carr¹⁸

Illustrating Participative Engaging

A story related by Peter de Marco in his appreciation of the care expressed by the nurses who cared for his late wife, Laura.

“Every single one of you treated Laura with such professionalism, and kindness, and dignity as she lay unconscious. When she needed shots, you apologized that it was going to hurt a little, whether or not she could hear. When you listened to her heart and lungs through your stethoscopes, and her gown began to slip, you pulled it up to respectfully cover her. You spread a blanket, not only when her body temperature needed regulating, but also when the room was just a little cold, and you thought she’d sleep more comfortably that way.

Then, there was how you treated me. How would I have found the strength to have made it through that week without you? How many times did you walk into the room to find me sobbing, my head down, resting on her hand, and quietly go about your task, as if willing yourselves invisible? How many times did you help me set up the recliner as close as possible to her bedside, crawling into the mess of wires and tubes around her bed in order to swing her forward just a few feet?

How many times did you check in on me to see whether I needed anything, from food to drink, fresh clothes to a hot shower, or to see whether I needed a better explanation of a medical procedure, or just someone to talk to? How many times did you hug me and console me when I fell to pieces, or ask about Laura’s life and the person she was, taking the time to look at her photos or read the things I’d written about her? How many times did you deliver bad news with compassionate words, and sadness in your eyes?.....

There is another moment — actually, a single hour — that I will never forget. On the final day, as we waited for Laura’s organ donor surgery, all I wanted was to be alone with her. But family and friends kept coming to say their goodbyes, and the clock ticked away. About 4 p.m., finally, everyone had gone, and I was emotionally and physically exhausted, in need of a nap. So I asked

her nurses, Donna and Jen, if they could help me set up the recliner next to Laura again. They had a better idea. They asked me to leave the room for a moment, and when I returned, they had shifted Laura to the right side of her bed, leaving just enough room for me to crawl in with her one last time. I asked if they could give us one hour without a single interruption, and they nodded, closing the curtains and the doors, and shutting off the lights.

I nestled my body against hers. She looked so beautiful, and I told her so, stroking her hair and face. Pulling her gown down slightly, I kissed her and laid my head on her chest, feeling it rise and fall with each breath, her heartbeat in my ear. It was our last tender moment as a husband and a wife, and it was more natural and pure and comforting than anything I've ever felt.

I will remember that last hour together for the rest of my life. It was a gift beyond gifts, and I have Donna and Jen to thank for it. Really, I have all of you to thank for it. With my eternal gratitude and love.

By DeMarco¹⁷

Summary

How will Ethics, Empirics, and Esthetics sustain the visibility of nursing in a technological world of health care? Contemporary nursing practice is unfolding in myriad ways - towards a new era of nursing. It is the understanding of the person being nursed that substantiates nursing's existence. It behooves nurses to reconsider the appreciation of the art and science of nursing as the mutual knowing of persons as participants in their care, rather than as objects of our care.

Ethics, empirics, and aesthetics engender the understanding of how nursing can be sustained and made visible in contemporary times. Technological advancements rule the health care world. The dependency that these technologies have created in human beings epitomizes the future of nursing care practice. Every technology that health care has come to embrace, possess these three philosophical views: ethics, empirics and esthetics. As critical protagonists in the unfolding humanistic nursing care practice, being human and person is evermore essential.

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