



**Aesthetics in Nursing Practice as Experienced by Nepalese Nurses  
and Patients with Cancer**

**Pratiksha Dahal**

**A Thesis Submitted in Partial Fulfillment of the Requirements for the  
Degree of Master of Nursing Science in Adult and Gerontological  
Nursing (International Program)**

**Prince of Songkla University**

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**Thesis Title**           Aesthetics in Nursing Practice as Experienced by Nepalese  
Nurses and Patients with Cancer

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I hereby certify that this work has not been accepted in substance for any degree, and is not being currently submitted in candidature for any degree.

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### ABSTRACT

Nursing practice is mutually experienced by the nurse and the person being nursed (the patient). However, not much is known about the meanings that these mutual experiences may have, therefore, hermeneutic phenomenology underpinned by Gadamerian philosophy was used to describe the meanings of aesthetics in nursing practice by Nepalese nurses and patients with cancer. Sixteen Nepalese nurses and 11 patients met the inclusion criteria. Data consisted of graphic illustrations followed by in-depth interviews. The transcriptions and graphic illustrations were analyzed and interpreted using van Manen's phenomenological approach. Trustworthiness was established following Lincoln and Guba's criteria. The findings involving nurses as study participants revealed five major thematic categories reflecting the five lived worlds of *lived self-others*, the 'mutual understanding of the whole suffering', *lived body*, declaring the 'sense of accomplishment', *lived space* is the 'creation of close space of caring-healing', while *lived time* is 'transforming into brighter living' and *lived things* are the ways of 'utilization of resources for appropriate care'. Similarly, the findings from the patient participants revealed five thematic categories - *lived self-others* 'appreciation of gentle caring as family', *lived body* 'having a new life', *lived space* 'in the midst of clean and friendly space', lived time 'hopeful moment to

moment' and *lived things* 'acknowledging medicines as necessity for comfort'. The understandings of the meanings of aesthetics in nursing practice by nurses and patients would help nurses to engage in appropriate nursing care practice, and more importantly, benefit from the patients experiences as these are lived. With these understandings, nursing can be practiced as mutual engagement, thereby promoting knowledge-based practice. The knowledge obtained from this study will further inform nursing practice, nursing research and nursing education, thereby promoting and enhancing the appreciation of aesthetics in nursing as grounded in disciplinary knowledge for professional practice.

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## **Chapter 1**

### **Introduction**

This chapter presents the background and significance of the problem, the research objective, research question, conceptual framework, scope and significance of the study.

#### **Background and Significance of the Problem**

Nurse's knowledge defines nursing profession and supports nursing practice (Carnago & Mast, 2015). In order to classify diverse sources of knowledge to guide and influence professional nursing practice a classification known as four fundamental patterns of knowing was developed by Carper (1978). Each of the pattern of knowing has different functions where empirics means the science of nursing; ethics consists to be the moral part; personal is focused on self-knowing, confronting and realizing; whereas aesthetics includes the 'art' of nursing (Carper, 1978).

There are limited published articles, which describe some concept of aesthetics in nursing practice (Bergdahl, Wikstrom, & Andershed, 2007; Oliveira, Garcia, & Toledo, 2017; Radhmer, Ashktorab, & Abedasaeedi, 2015). Some of these studies related to aesthetics in nursing practice were conducted among nurses working in palliative home care, psychiatry department, emergency department and also from different general and specialized hospitals (Bergdahl, Wikstrom, & Andershed, 2007; Oliveira, Garcia, & Toledo, 2017; Carnago & Mast, 2015; Radhmer, Ashktorab, &

Abedasaeedi, 2015). The study conducted by Radhmer, Ashktorab, and Abedasaeedi (2015) included patients who had diagnosis like chronic lung and kidney diseases, leukemia, myocardial infarction, and diabetes, abdominal, throat, and orthopedic surgeries and deep vein thrombosis. Whereas, Alverzo (2004) described the application of aesthetic knowledge in brain injury patient. Therefore, studies conducted among only cancer patients and nurses caring for cancer patients were not evident.

Majority of these studies were found to be focused on descriptions of applications of aesthetic knowing in nursing practice and it reflects importance of use aesthetics in nursing practice (Alvezro, 2004; Carnago & Mast, 2015; Oliveira, Garcia, & Toledo, 2017). Like, Alverzo concluded that integrating scientific knowledge with aesthetic knowledge on patients with brain injury promoted more positive patient outcomes, and supported effective interactions between the clinical team, the family, and the recovering brain injury patients. Whereas, Carnago and Mast (2015) and Oliveira, Garcia, and Toledo (2017) mentioned that applying aesthetic knowledge in nursing practice involved empathy. While, a study by Bergdahl, Wikstrom, and Andershed (2007) described the aesthetic abilities of nurses in the category of 'perceptiveness' as the ability to see the patient, empathy, the ability to closeness and distance.

Whereas, Radhmer, Ashktorab, and Abedasaeedi (2015) described nursing care aesthetics from the perspective of nurses and patients as "the subjective description of spiritual and desirable caring behaviors combined with the sense of unity and sympathy between the nurse and client that led to opening of desperate

impasse which created feelings of satisfaction and peace in the patient” (p. 1). Further, it is also referred as the shining clinical capabilities and actions of the nurses that is combined with a decorating care that leads to pleasant ending against the pain and suffering of others for the nurse (Radhmer, Ashktorab, & Abedasaeedi, 2015). Even though these studies provide some insights into aesthetics in nursing practice, however they did not describe the meanings of aesthetics in nursing practice as experienced particularly by nurses and patients with cancer.

In Nepal, cancer is identified as one of the major non-communicable disease and oncology is in primitive stage of development (Piya & Acharya, 2012). The incidence of cancer is increasing in Nepal (Poudel, 2017; Pun et al., 2015). Majority of the patients come to hospital at advanced stages of cancers and there is increasing mortality and morbidity rate. Also, the patients do not receive adequate treatment because the existing hospitals lack sufficiently qualified technical man power, advanced technology and other facilities to provide a full-ranged multi-disciplinary quality treatment (Sharma Subedi & Sharma, 2012). There are limited hospital-based studies and reports that consists of only preliminary data of cancer incidence from some selected general hospitals, teaching hospitals of some medical colleges and few cancer hospitals in different regions of the country (Sharma Subedi & Sharma, 2012). Therefore, the status of cancer patients and their needs are yet to be explored by the health care professionals through research (Sharma Subedi & Sharma, 2012). Similarly, published research study that describe the aesthetics in nursing practice for patients with cancer was found to be lacking in the context of Nepal. Therefore, this

study would provide an insight into Nepalese context into aesthetic way of nursing practice in relation to other parts of the world.

Aesthetics in nursing practice brings the desired, meaningful, and beautiful in practice for the nurses and the patients (Kim, 1993). The beautiful moments reflect the effects of a well-performed nursing art/act and give rise to beautiful feelings as a result (Siles-Gonzalez & Solano-Ruiz, 2016). Hence, describing the meaning of aesthetics in nursing practice as experienced by nurses and patients with cancer can also refer to the beautiful moments and beautiful feelings as experienced by the nurses and patients with cancer.

Aesthetics in nursing is beneficial to understand phenomenon and appears harmonious with the unified and holistic values of the nursing profession (Archibald, 2012). Moreover, Lauro, Dancil, and Arguel-Belza (2017), have mentioned that nurses are obliged to face the challenge of developing and delivering effective interventions for cancer patients, focusing mainly for health promotion, end-of-life care and most of all domains of health related quality of life, which are physical, psychological, emotional and spiritual functioning. Also, it has been found that patients with cancer have physical needs (Nayak et al., 2015; Tiwari, 2017), psychosocial needs (Bhandari, Sriyuktasuth, & Pongthavornkamol, 2017; Gautam & Poudel, 2016; Hong et al., 2014; Shrestha et al., 2017) and spiritual needs (Hamatipour, 2015; Mesquita, Chaves, & Barros, 2017; Ripamonti et al., 2018; Vilalta et al., 2017). Therefore, it is essential to understand the phenomenon of aesthetics in nursing practice from the experiences of patients with cancer and nurses caring for cancer patient because the findings of this study would be beneficial for the

nurses to develop effective nursing interventions to promote the health related quality of life of patients with cancer by applying aesthetics in nursing practice to fulfill these holistic needs of patients with cancer.

Therefore, describing the meaning of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer will be beneficial for the Nepalese nurses in areas of clinical practice, education and research. In addition, the patient's expectations, feelings and thoughts related to aesthetics in nursing practice can be understood. Moreover, Nepalese nurses can utilize the findings of this study to promote aesthetics in nursing practice to create the nursing care experience beautiful for patients with cancer.

In addition, it is known that Gadamerian philosophy of hermeneutics reveals the meaning and understanding between texts and the researcher who is interpreting it (Dowling, 2004). Therefore, hermeneutic phenomenology underpinned Gadamerian philosophy was used to describe the meanings of experiences of the phenomenon of aesthetics in nursing practice. Gadamer (1976) states that the work of art discloses to us the hidden meanings of the phenomenon, which had been previously enclosed. Hence, graphic illustrations used as a technique of data collection along with interview helped to describe the hidden meanings of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer.

### **Research Objective of the Study**

The objective of this study was to describe the meanings of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer.

### **Research Question of the Study**

What are the meanings of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer?

### **Conceptual Framework of the Study**

In this study, Gadamer's philosophy of hermeneutics, van Manen (1990 and 2014) hermeneutical approach and concept of aesthetics in nursing practice was used as conceptual framework.

**Hermeneutic phenomenology.** Hermeneutic phenomenology underpinned by Gadamerian philosophy was used to guide the research study. Hans Georg Gadamer was a German philosopher and was one of the foremost representatives of hermeneutic philosophy (van Manen, 2014). Gadamer philosophy of hermeneutics is focused on uncovering the meaning and understanding between texts and the researcher who is interpreting it (Dowling, 2004). Since this study was aimed to describe meanings of aesthetics in nursing practice therefore it was suitable to adapt the Gadamer's philosophical hermeneutics.

Gadamer emphasizes that hermeneutics includes two central positions which are prejudgement and universality (Dowling, 2004). Pre judgement means the ones preconceptions or prejudices or horizon of meaning that are part of our linguistic experience and make understanding possible. This prejudgement helps in interpretation to the researcher. As Gadamer believed that bracketing was impossible because researchers are always interpreting through their experiences. Therefore, the

researcher in this study did not follow the concept of bracketing. Universality means the person who expresses and the person who understands and connected by a common human consciousness to make understanding possible. In understanding the meaning one must open and accept the meaning expressed by the other person or the text. Hence, the researcher was not influenced by her own fore meanings but remained open through attentive listening.

Gadamer believed that art provides us with experiences that are formative of new ways of understanding the world and ultimately provides us with experience of truth (van Manen, 2014). The work of art discloses us the hidden meanings into the phenomenon which had been previously enclosed (Gadamer, 1976). Art is believed to be source of lived experience while the objects of art are visual, tactile, auditory and kinetic texts, which has its own grammar (van Manen, 1990). These works of art can be poetry, novels, stories, play, paintings, sculptures or music. Drawing which is an artwork has been used previously in research studies to understand the meaning of the particular phenomenon (Betriana & Kongsuwan, 2019; Kongsuwan & Locsin, 2010). Therefore, in this study drawing was used to illustrate the meaning of aesthetics in nursing practice, which was followed by indepth interview.

van Manen (1990 & 2014) steps of phenomenological analysis was utilized for exploring the themes and further the thematic categories were reflected within van Manen's (2014) five lived worlds. Furthermore, van Manen (1990) also describes hermeneutic phenomenology as lived experience, which focuses on understanding the meaning of the human experience in the life world existential. van Manen (2014) described about five life worlds which are existentials since they belong to everyone's



life world. These existential are helpful universal themes because they explore meaning of the aspects of our life world and the phenomenon under study (van Manen, 2014). These five life worlds are lived relation (relationality), lived body (corporeality), lived space (spatiality), lived time (temporality) and lived things and technology (materiality).

**Aesthetics in nursing practice.** Aesthetics in nursing practice is the creative presentation of the self in consideration to what is desired, meaningful and beautiful in practice and felt by both the nurse and patient (Kim, 1993). Self presentation and creativity has been found to be important. Self presentation is made by the nurses through their physical, behavioral and discursive actions with clients/families in the specific clinical situation. The relation of the nurse, client and situation becomes satisfactory, fulfilling and pleasant. Empathy enables the nurse to create nursing care that is appropriate to the situation (Carper, 1978). And this nursing care is considered to be aesthetic if it is controlled by the perception of balance, rhythm, proportion and unity of what is done in relation to the dynamic integration and articulation of whole (Carper, 1978). Aesthetic knowing helps to understand the meaning of the moment and connect with human experiences, which are unique to the patient (Chinn & Kramer, 2015). It expressed through the actions, bearing, conduct, attitudes, narrative and interactions of nurses in relation to others. It can also be expressed in art forms like poetry, drawings, stories and music that reflect meaning deeply rooted in nursing practice (Chinn & Kramer, 2015).

**Scope of the Study**

This study was conducted in cancer hospital of Bhaktapur, Nepal and describe the meanings of aesthetics in nursing practice as experienced by nurses and patients with cancer. The data was collected from the last week of February 2019 until the mid of May 2019.

**Significance of the Study**

This study provided the understandings of the meanings of the experiences of aesthetics in nursing practice from nurses and patients with cancer. Through the graphic illustrations, they were able to illuminate their understanding of the meaning of aesthetics in nursing practice. The knowledge obtained from this study could be used in nursing practice, research and education in order to promote aesthetics in nursing practice for patients with cancer for fulfilling the holistic needs and maintaining quality of life.

## **Chapter 2**

### **Literature Review**

In this chapter, existing knowledge regarding this study reviewed consists of:

1. Aesthetics in Nursing Practice
  - 1.1 Definition of Aesthetics
  - 1.2 Four Fundamental Patterns of Knowing
  - 1.3 Aesthetic Knowing
  - 1.4 Co-creative Aesthetic Process
  - 1.5 Aesthetic Experience
  - 1.6 Aesthetic Expressions
  - 1.7 Relevant Studies on Aesthetics in Nursing Practice
2. Cancer Patients and Nursing Practice
  - 2.1 Situation of Cancer in Nepal
  - 2.2 Needs of Cancer Patients
  - 2.3 Nurses' Roles in Nursing Practice for Patients with Cancer
3. Hermeneutics
  - 3.1 Gadamer's Hermeneutics
  - 3.2 van Manen's Hermeneutic Phenomenology

## **Aesthetics in Nursing Practice**

In this section of literature review, various concepts linked with aesthetics in nursing practice is presented. It consists of definition of aesthetics followed by patterns of knowing in nursing focusing on aesthetic knowing and its dimensions, cocreative aesthetic process, aesthetic experiences, aesthetic expressions and existing studies on aesthetics in nursing practice.

### **Definition of Aesthetics**

Aesthetics is also spelled as esthetics where aesthetics is British English and esthetics is United States English (Merriam-Webster, 2018).

Aesthetics is a noun that is derived from the Latin and Greek words that refer to perception (Chinn & Kramer, 2015). It addresses the theoretic and philosophic views about its artistic validity. For example, when we look at some painting we describe the meaning it is trying to convey from our perception and feelings by analyzing the contents within the painting. Hence, painting is art and the aesthetics is the perception and feelings involved in it.

The term aesthetics has been considered a branch of philosophy, which explores the nature of art, beauty and taste, with creation and appreciation (Merriam-Webster, 2018).

In addition, aesthetics is referred as the act of perceptions and feelings arising (Silez-Gonzalez & Solano-Ruiz, 2016).

Therefore, from the above definitions it can be resolved that aesthetics is an act of perceiving and feeling arising from explorations of the nature of art, beauty and “good” taste, creation and appreciation. Carper (1978) has described aesthetics as one of the four fundamental patterns of knowing in nursing.

### **Four Fundamental Patterns of Knowing in Nursing**

Four fundamental patterns of knowing include empirics, ethics, esthetics, and personal knowledge (Carper, 1978). The four fundamental patterns of knowing in nursing is based on her doctoral dissertation “analysis of the conceptual and syntactical structure of nursing knowledge” (Carper, 1978, p. 23). This pattern of knowing was published when nursing profession was struggling to maintain its own identity of unique discipline of knowledge hence it is revolutionary, motivating and stimulates visions in nursing profession (Boykin, Parker, & Schoenhofer, 1994). The four fundamental patterns of knowing by Carper (1978) are briefly described:

**Empirics.** It is the science of nursing. This fundamental pattern of knowing in nursing is empirical, factual, descriptive, and aimed at developing abstract and theoretical abstractions. Here, knowledge is systematically organized into general laws and theories for the reason of describing, explaining and predicting phenomena of particular concern to the discipline of nursing.

**Ethics.** It means moral component of nursing. It requires an understanding of different philosophical positions regarding what is good, desired and right. Moral choices are decided when specific actions are to be taken in specific concrete situations. It protects and respect human life.

**Personal knowledge.** Personal knowledge is related with knowing, encountering, actualizing of the concrete, individual self. It includes understanding other selves and one's self. It promotes wholeness and integrity in knowing oneself.

**Esthetics.** Carper (1978) defined "the esthetic pattern of knowing in nursing involves the perception of abstracted particulars as distinguished from the recognition of abstracted universals" (p. 18). It means aesthetic knowing helps the nurse to interpret the patient's behavior in relationship to situation around him/ her treating as a whole being instead into several parts. Aesthetic knowing also helps to develop future creative actions to be taken to resolve it from an evaluative standpoint. Caring and empathy are considered as either of the intrinsic feature of aesthetic nursing (Appleton, 1993; Carper, 1978). A nurse is believed to be more skilled at perceiving the needs of others and can have a greater range of choices for designing and providing nursing care, which is effective, and satisfying (Carper, 1978).

Each pattern of knowing has their own significance but they are interrelated and interdependent (Carper, 1978). Much emphasis has been given to describe and elaborate other pattern of knowing except aesthetic knowing. However, after the development of the concept of aesthetic knowing by Carper (1978) other experts also defined the aesthetic knowing which has been presented in the following segment.

### **Aesthetic Knowing**

A number of nursing scholars (Boykin, Parker, & Schoenhofer, 1994; Chinn & Kramer, 2015) were interested in this concept of aesthetic knowing in nursing. Chinn and Kramer (2015) described that aesthetic knowing creates understanding of those

particular features of a situation that comes from direct understanding of what is significant and meaningful in the moment. Here, the nurse's sense meaning in the situation and reflect it through action. These nursing actions create unique, meaningful and often deep moving interactions with others that touch the common chords of human understanding (Chinn & Kramer, 2015). The human experiences which are unique for each person as mentioned by Chinn and Kramer (2015) included those with sickness, suffering, recovery, birth and death. Aesthetic knowing in nursing practice can be expressed through the action, bearings, conduct, attitudes, narrative and interaction of the nurse with other. Also, it can be formally expressed through art like poetry, drawings, music and stories that can reflect and communicate their meanings into nursing practice (Chinn & Kramer, 2015). Aesthetic knowing requires the nurses to have knowledge of the experience of nursing (art form) and the experience of health and illness. These two aspects grow as nurses become educated and have work experience or learn from other nurses' experience (Chinn & Kramer, 2015).

While, Boykin, Parker, and Schoenhofer (1994) considered aesthetic knowing in nursing practice as creating experience in the nursing situation, expression of the experience, and appreciation of it through encounter (Boykin, Parker, & Schoenhofer, 1994). These expression and appreciation are uniquely related to the experience itself, which cannot be predicted by others. Here, the nursing situation is known to be lived experience in which caring between the nurse and the nursed enhances the process of living and growing in caring (Boykin & Schoenhofer, 2013).

Therefore, aesthetic knowing in nursing practice is one of the aspects of knowing where nurses develop a deeper understanding of the situation and interprets its meaning which helps nurse in creating nursing actions which are unique, desired and meaningful. It can be influenced by nurse's previous knowledge and experience. And, expressed formally through art. Aesthetic knowing creates experiences in the nursing situation where patients are considered as whole and caring being. Aesthetic pattern of knowing includes a process through which knowledge is developed and integrated into nursing practice and this process has been described by Chinn and Kramer (2015) as dimensions of aesthetic knowing presented below.

**Dimensions of aesthetic knowing.** The dimensions of aesthetic knowing as described by Chinn and Kramer (2015) begins with critical questions, creative processes, formal expressions of aesthetic knowing, authentication processes and integrated expressions in practice. Each of these dimensions has been described below:

***Critical questions.*** Nurses start with questions like what does this mean and how is it significant when encountering a nursing situation. Usually, nurses ask these questions often not consciously at that moment of care but often apart from the moment of practice to gain better understanding of what happened at that situation. These critical questions lead to creative process that helps to envision a desired outcome from the selected possibilities and rehearsed possibilities all at once. Nurse's previous experience in that situation and their education and experience shared from other nurses can influence the process of critical questioning. This process of



questioning and seeking answers can improve the practice and knowledge on which practice is founded.

***Creative processes.*** It consists of envisioning and rehearsing which are interrelated processes. Envisioning will involve the nurse to imagine the results after the nursing care. For nurses the envisioned results are which represents health and well-being that includes calm, relaxation, comfort and the ability to navigate the certain health related situation. The rehearsing is the practice of physical or a mental skill, which the nurses do before implementing on the patient (Chinn & Kramer, 2015).

***Formal expressions of aesthetic knowing: Criticism and works of art.*** From the creative processes the formal expressions are developed. It consists of work of art and aesthetic criticism. Works of art consist of different forms like visual form, which are paintings, drawings, or photographs, a literary form such as poetry or fiction while physical form involves dance or music. Those who hear, view or read what is expressed in the work of art engage in the aesthetic experience of perceiving meaning in the art. Aesthetic criticism is formal written account of aesthetic knowledge, which can be shared with others. It provides insight into the art forms interprets the work of the nurse artist and deepens the appreciation of the nurse's art (Chinn & Kramer, 2015).

***Integrated expression in practice: The transformative art/act.*** The transformative art/act is in the moment expressions of the art of nursing. It requires a certain quality of being and doing and of synchronous narrative and movement. Synchrony refers to the coordination and rhythm. The narrative consists of words,

gestures and intonations of speech of the nurses whereas movement provides a means for the nurse to identify and define herself in the time-space within which the nursing care is going to be taken. Movement creates both physical and symbolic touch possible. How the nurses move in and around the situation may invite or disinvite engagement with the situation. During transformative art/act, everything comes together in synchrony like a dance, which is beneficial for everyone in that situation. It is sensed as being right for that moment (Chinn & Kramer, 2015).

*Authentication processes: Appreciation and inspiration.* Authentication process of aesthetic knowledge includes appreciation and inspiration. Appreciation means that others affirm that there is meaning in the art/ act of the nurses, which is appropriate and important for the nursing discipline. Inspiration means new meanings and possibilities are brought for understanding the experience it is representing or the observers (other nurses) can draw insights from the nurse's act/ art who performed it into their own practices. Hence, expression of esthetic knowing in nursing is authenticated if the nurse herself and others appreciate something about nursing which is previously not appreciated and it also inspires to create new possibilities for our nursing practice and for the nursing discipline (Chinn & Kramer, 2015).

To summarize, when entering a clinical situation nurses begin with asking of critical questions, which engages nurse into creative process of envisioning and rehearsing possibilities. From these creative processes, knowledge in the form of work of art and aesthetic criticism arises. Then, authentication processes of inspiration and appreciation takes place, which examines whether they are aesthetic in nature or not. Hence, aesthetic knowing is expressed through the transformative art/act, which

changes the situation that is uncomfortable or undesirable into desirable and comfortable where healing can occur.

### **Co-creative Aesthetic Process**

Another, concept found in the literature review related to aesthetics in nursing practice is co-creative aesthetic process in nursing. Gaydos (2003) developed a model to examine aesthetic knowing as a co-creative process and to response when should the nursing to be considered art. This co-creative aesthetic process was used by Gaydos to reveal self-defining memories of her client's individual life journey. It consists of four aspects, which are briefly described below:

**Engagement.** The first aspect engagement means development of relationship between the co-creators. The co-creators are the nurses and client. Even if there has been prior relationship, engagement signals the beginning of something new in the relationship between the person and the nurse or of the relationship of the co-creators to that which is being created. The foundation of engagement is valuing other person and process (Gaydos, 2003).

**Mutuality.** In mutuality, both the person and the nurse are open to the co-creative aesthetic process. Here both empathy and caring is involved. In mutuality, there is increased sense of others whereas in engagement there used to be sense of oneself only. The characteristics of healing relationship are present in mutuality, which consists of warmth, trust, confidence, credibility, honesty, expectation, courtesy and respect (Gaydos, 2003).

**Movement within and through.** There are two approaches of movement; one is movement within and another is movement through. Both the rhythm and pattern are unique to the relationship and the moment. Movement within creates rhythm and movement through creates pattern (Gaydos, 2003).

***Movement within (rhythm).*** The synchronous going back and forth between the nurse and the patient and between the certain experiences creates the movement within. The whole person experiences rhythm physically within the processes like touching and non- touching; psycho-social-linguistically through speaking and silence; intellectually between analysis and synthesis and transpersonally between moments of transcendence and stillness (Gaydos, 2003).

***Movement through (pattern).*** Movement through (pattern) possesses the temporality characteristics of human experience. The pattern also refers to the repetitive nature of the co-creative aesthetic process as the person and nurse move through the whole experience from engagement through new form repeatedly, creating a unique pattern of relating. Here the movement is seen through unknowing to knowing and from unforming to forming. Unknowing creates the freedom necessary for exploration while confident knowing by the nurse of what something means before it has been thoroughly explored stops the process, while staying in the moment promotes it (Gaydos, 2003).

**New forms.** The new forms are identified to have relief, gratitude and awe. Both the person and nurse may recognize the whole process as a healing experience. New forms become the evidence of experience and reopen the path for co-creative experience through reengagement (Gaydos, 2003).

Therefore, Gaydos (2003) concludes that aesthetics in cocreative aesthetic process refers to the wholeness of experience and beauty. The different views that arise during the process are brought together in outcomes, which are mutually satisfying as the nurses, and patients create new forms together. The cocreative aesthetic process is a holistic relatedness, which produces feelings of pleasure and love, and a desire for more such experiences.

### **Aesthetic Experience**

From reviewing literature regarding aesthetics in nursing practice, aesthetic experience is another significant concept. Some relevant articles that describe the aesthetic experience in nursing were originated (Austgard 2006; Katims, 1993). Hence, the description of aesthetic experience from the viewpoints of Katims (1993) and Austgard (2006) will be presented below:

Katims (1993) published an article “Nursing as Aesthetic Experience and the Notion of Practice” where discussion is held on nursing care giving as lived aesthetic experience and about the philosophical connection between practice and aesthetic experience in terms of professional values of care and excellence. Nursing care giving which is observed as aesthetic experience is a lived experience since it is evident as one's action and one's interaction with the world, and always lived by the actor in its totality (Katims, 1993, p. 270). Nursing experience is formed of combination of the practical performance of activities, the construction of knowledge, the connections with other human beings, the subjective feel of the nursing work, and the vivid

awareness of values, means, and ends of one's action, which occur together, and at once (Katims, 1993).

Further, Katims (1993) explain that nurses' personal experiences are logically connected to their interpretation of a client's particular situation, theoretical knowledge of principles of the human sciences, and practical knowledge gained from years of practice. All of these influences nurse to participate in a client's lived experience in a definite manner, when their client are fighting to become well, and facing pain, loss, and death. Nurses carry skillful and relationship-nurturing activities through their hands, words, and the expressive body (Katims, 1993). Nursing leads to the care of another based on the inter relational, caring, and giving meaning of the nursing work, also exemplifies the values and meanings that are proficient to enhance the probability and vitality of personal and professional life (Katims, 1993).

The two professional values that produce strong aesthetic or felt qualities in nursing are the values of care and excellence (Katims, 1993). Caring value is foundational to the nurse and patient relationship through which the nurses' action are created. The caring intention and actions are important to the nurse because they bring about genuine satisfaction in engaging with and helping another person. Hence, the lived experience of care giving is felt to be meaningful and worthwhile. Whereas, the value of excellence deal with skills, moral and professional position and standards which can be observed in the nurse's actions. Nursing activities rising from the intent and attitude of care and excellence are appropriate to the patients need at the moment of care. In addition, these nursing actions performed with care and excellence result in

health and well-being of the patients and fundamental respect for people's humanness (Katims, 1993)

In another article, "The Aesthetic Experience of Nursing" by Austgard (2006) focuses on aesthetic experience and describes in a hermeneutic way through the classical sources and philosophy of nursing and from Art. Austgard (2006) emphasized that "the term aesthetic in relation to nursing should not be connected to the aesthetic of modern art, but instead to a broader and more general meaning of the word" (p. 11). Aesthetic experience has characteristics such as movement, withdraw, sense or perception, event and emotion or interest (Austgard, 2006). Martisen (2000) explains to become professional means that nurse should be open for emotions, which pushes into a state of withdrawal (as cited in Austgard, 2006). The nurse's perception and emotions for the patient are of no value if nurses do not lead to some sort of articulation. Withdrawal is an essential concept of Martinsen's philosophy, which points out presence of care, and respect, which will avoid damage, and harm of fundamental values. Further, Martisen also refers the event is where the nurse becomes aware of the relationship between her and patient (as cited in Austgard, 2006). This arise the ethical responsibility towards the patient which has been denoted as ethical meeting, where the life values like hope, trust, dignity, and compassion will be discovered and experienced.

Hence, aesthetic experience in nursing can be considered as a lived experience in nursing practice. Professional values of care and excellence important to bring the aesthetic quality in nursing practice. The aesthetic experience has characteristics such as movement, withdraw, sense or perception, event and emotion. These experiences

create the nursing actions to be meaningful, worthwhile and appropriate. The concept of Katims (1993) that nursing practice as aesthetic experience has been included by Kim (1993) as one of her perspective to describe aesthetic dimension of nursing practice.

### **Aesthetic Expressions**

According to Locsin (2012), “Aesthetic expressions can be understood in three ways: (a) Giving voice to experiences in order to understand the humanness of persons; (b) Visualizing the meaning of the experience; and (c) Articulating experiences through stories” (p. 43). Giving voice to experiences may mean that the patients lived experiences of their health and illness situation could be reflected through artful expressions allowing for visualizing meanings so that the nurse and patient may understand what the situation means to them through these aesthetic expressions. Further, the nurse and patient can reflect the meaning through words in the form of stories and this can provide deeper understanding. For example, photographs may be one of the medium as meanings are captured that induces emotions, thoughts, and imagination before being expressed through spoken or written language (Schick, Makaroff, Sheilds, & Molzahn, 2013).

Wikstorm (2002) mentioned that Florence Nightingale is also one of them who visualized aesthetic expressions as a significant part in the nurse’s care of the patient. Moreover, Nightingale has brought aesthetic expressions into reality by raising questions about a beautiful view from the window, flowers on the table, a



work of art to contemplate from the hospital bed, and music to listen to (Wikstorm, 2002).

There are different types of aesthetic means of expressions utilized for well-being and recovery of health of the patients (Wikstorm, 2002). Accordingly, the types of aesthetic means or expressions can be categorized and described below:

**Music.** Wikstorm (2002) described how and why nurses provide for patients' aesthetic need. In this study, the data were collected by face-to-face interview with 165 nurses in five hospitals in Sweden. The nurse participants were asked about their opinions of aesthetic means of expression in nursing care. (Wikstorm, 2002) found that some of the nurses use aesthetic means of expression that is music to distract the patient from pain. Nurses offered the patient to listen music from the radio connected to the patient's bed. In addition, in another study by Wikstorm (2004) group of elderly people preferred music as a source of gratification and gave sense of timelessness and spacelessness.

**Literature.** Wikstorm (2002) mentioned that nurses facilitated the patient for reading by arranging librarian visits in the ward once a week and bringing books that the patients could borrow while some of the patients even had brought their own books. The exact effect of reading had not been mentioned but it specified that these kinds of aesthetic expressions could be important in nursing because of the positive effects on patients' well-being and recovery to health. Likewise, in the another study by Wikstorm (2004) the statement made by elderly people about reading resulted in a sub theme like versatile intellect, sense of timelessness and spacelessness, source of gratification and interaction with other people.

**Dance.** Further a study by Wikstorm (2004) among 65 to 89 years old Swedish populations examined the importance of aesthetic forms of expressions where the older adults reported that dance promoted physical mobility in them. In addition, music and dance widened the social network and gave a sense of community.

**Humor.** Wikstorm (2002) stated that humor was used as aesthetic means of expression. The study reported, “It helps the patients to relax.” However, nurses need to know the patient before you use humor in a nursing situation.

**Painting.** A study by Eggenberger et al. (2014) used paintings to illuminate family caring. In this study, they interviewed seven families along with patients of chemotherapy-induced neutropenia. The researcher read the meaningful texts of the interview and the artist created the visual work from the common understanding between researcher and artist. The visual art illuminated cancer as a family experience, including family vulnerability, family waiting, and degrees of connections. Hence, aesthetic expression can contribute to holistic understanding among nurses about the family experience of an illness and nursing practice to include caring for a family in the illness experience rather than a focus mainly on the ill member of the family also emerges through aesthetic knowing (Eggenberger et al., 2014)

**Photographs.** Makaroff, Shields, and Molzahn (2013) used photographs in their study to describe stories of symbols that represent the experiences of individuals living with chronic kidney disease among thirteen participants with chronic kidney disease. The themes of the symbols consisted of hopes and inspirations, reflections on

“who I am,” and confrontations of illness. Participants’ expressions through symbols were further described with stories of memories, emotions, and poetic devices. Hence, symbols and visual images deliver experience that cannot easily be translated into oral expression (Makaroff, Sheilds, & Molzahn, 2013)

**Poetry.** A review paper by Hunter (2002) entitled “Poetry as an aesthetic expression for nursing: A review” included nursing literature from 1960 to 2001. The objective of this study was to provide the reader with a basic understanding of the elements of poetry and to review poetry’s contribution to nursing. The review paper concluded that poetry in the nursing profession provided opportunity to gain new meaning and understanding about the profession and service provided to the patient. It also illuminated nurse’s core belief about the uniqueness of the nurse patient relationship, and enhance the art of nursing and ways of knowing. The use of metaphor and emotive language provided the opportunity to gain new meaning and truth about lived experiences and the nurse–patient relationships. Poetry has been found to be therapeutic and a way to increase communication. A poem also provided an opportunity to look at the unique relationships between the poet, the poem, the reader, and the world through interpretation (Hunter, 2002).

Hence, from the studies above different forms of art like paintings, drawings, music, dance, humor, poetry, reading books also the pleasing aesthetic environment were described to be aesthetic expressions in nursing practice that was beneficial to the patients. These forms of art provide insight into the patients’ situations making it unique at the moment, involves creativity, and makes the nursing cares be meaningful by fulfilling the patients’ needs.

### **Relevant Studies on Aesthetics in Nursing Practice**

Few published studies were found which discussed some of the concepts linked to aesthetics in nursing practice.

Kim (1993) published an article entitled "Response to nursing as aesthetic experience and the notion of practice". This paper also includes the Katims (1993) viewpoint of nursing as aesthetic experience. However, it includes description of aesthetic dimension of nursing practice. Aesthetic nursing practice is referred to the aspects of nursing practice that are involved in "careful" individuation of actions and the harmony with the acting on object (i.e., the client), the world in which the actions take place, and the acting self (i.e., the nurse) (Kim, 1993, p. 281). Here the harmony was produced through creative presentation of the self in consideration with what is desired, meaningful, and beautiful in practice. Kim (1993) described below three perspectives regarding the nature of aesthetic nursing practice:

According to the first perspective, the certain aspects of nursing practice might be considered "art" as far as they communicate aesthetic ideas to perceivers, especially clients. Nurses' actions as art become the objects for aesthetic experiences to the extent that such actions satisfy judgments of taste regarding the beauty and felt pleasures by both nurses as the creators, and clients as the observers.

The second perspective proposed by Kim (1993) was oriented to viewing the totality of nursing practice as aesthetic experience. This perspective proposed aesthetic nursing practice not as one dimension of practice as specified in the proposed model but as the totalizing process of nursing practice, that unifies the knowledge, thoughts, feelings, meanings, connections, and performances involved in

nursing experience. In contrast to the first perspective, aesthetic experience is not in the judgments of actions as products but in the experience itself. Therefore, the nurse is obligated to engage in the experience with care, and with the integrated points of view of the nurse and the patient.

The third perspective has been emerged from critical philosophy and the emancipatory theory of aesthetics. Kim (1993) emphasized self-reflection and realization of human freedom. The nurses' performances as art are considered vehicles by which they express personal meanings and values in actions and secure personal identity and mutual understanding. Hence, nurses as actors through self-presentation of self-reflection and creativity helps to exclude meaningless routinely practice through aesthetic practice. Therefore, in this study Kim (1993) described the aesthetic dimension of nursing practice.

Whereas, Alvezro (2004) proposed that use of aesthetic knowledge in the management of brain injury patients promoted better patients outcomes. In this article, Alvezro (2004) listed nursing intervention in aesthetic approach for patients in three levels from ten levels of recovery based on Rancho Scale, which are level 2- coma, level 3 -localized response, and level 4-confused-agitated along with the empirical knowledge. For example, in level 2-coma, from empirical perspective, nursing care was directed towards meticulous attention to all body systems and the overall prevention of complication. Whereas from aesthetic approach, nursing care was directed not only to manage the patient, but also the family and visitors who are trying to cope with the situation. Nurses are expected to use intuition to decide where to focus attention and how to intervene.

In addition, Oliveira, Garcia, and Toledo (2017) conducted a qualitative study in four Psychosocial Care Centers and in a psychiatric ward of a university hospital of Brazil among ten nurses. The objective of this study was to know how the nurse provides care in the first psychotic outbreak of patients and to identify the Barbara Carper patterns of knowing used for this action. The findings for aesthetic pattern of knowing showed that nurses adapted features such as empathy and the creation of bonds and care strictly focusing on healing actions.

Likewise, Carnago and Mast (2015) presented a case example to examine how emergency nurses use multiple forms of knowledge to ensure that their nursing care is safe, high quality, and patient centered. The forms of knowledge include (1) empirical or factual knowing, (2) aesthetic knowing, (3) personal knowing, (4) ethical knowing, and (5) sociopolitical knowing. Through the utilization of aesthetic knowledge, engagement with patient in conversation in a nonjudgmental way could be possible. Empathy and previous knowledge of the patient was used to determine when and how to question the patient. This approach built trust between the patient and the researcher. Patient was helped to verbalize his personal struggles and his desires to change and improve his family's life, while simultaneously providing encouragement and education to help him detect his goals.

While, Archibald (2012) explored the meaning of aesthetics knowing in nursing. The understanding of aesthetics was affirmed from Carper (1978) work about fundamental pattern of knowing in nursing. Aesthetic way of knowing involves the art of nursing and has been used as the basis for discussing the artful practice of nursing and to examine the aesthetics of nursing. In this study, aesthetic of nursing was

differentiated from aesthetic in nursing. According to Archibald (2012), aesthetics of nursing practice represents artistry over aesthetic experience while aesthetics in nursing practice refers to a process of aesthetic knowing through aesthetic experience, a knowing that is independent of the design and act of nursing care. Aesthetics in nursing might be beneficial to understanding phenomenon and appears congruent with the unified and holistic values of the nursing profession (Archibald, 2012).

Moreover, Appleton (1993) had conducted a qualitative study entitled “The Art of Nursing: The experience of Patients and Nurses” among five nurses and six nurses. The objective of this study was to explore the experiences of nurse and patient of art of nursing by using a hermeneutic phenomenological approach. This study expressed art of nursing from nurses and patients experiences in five metathemes: (a) the way of being there in caring, (b) the way of being-with in understanding caring, (c) the way of creating opportunities for fullness of being through caring, (d) a transcendent togetherness, and (e) the context of caring (Appleton 1993).

In addition, Chinn, Maeve, & Bostick (1997) described aesthetic inquiry, which is a method that was designed to produce aesthetic knowing, which appreciated and comprehended the elements of a specific art form. Chin observed nurses in their practice, reflected on and journaled about the experience, and met with nurses to share narratives of their experiences (both those observed and not observed). Sixteen nurses were involved in this study for a period of four years. Photographs of nurses caring were utilized for reflections. Narrative stories were created from the reflections. Two elements were merged to form nursing as art, which are movement and narrative. Movement some forms of touch and narrative included linguistic and cognitive

relationship. Further, rhythmic flow was described based upon the movement experiences of nurses. Verbal communication, touch and eye contact and body posture created rhythmic feeling. There was a harmonious connection between body, mind and spirit.

Timmermann et al. (2015) conducted a qualitative study among 12 patients in at a teaching hospital in Denmark to explore patient experience of being in the hospital environment and the meaning they assign to the environment during serious illness. Individuals diagnosed with such potentially life threatening illnesses as cancer, liver cirrhosis, severe lung disease, and cardiac embolisms were the participants in this study. In this study, it had been revealed that hospital environment had a strong impact on patients' emotions and well-being. Further, the aesthetic decorations and small cozy spots for conversation and relaxation, which reinforced positive mood and personal strength of the patients, created a sense of homeliness. Additionally, when patients were surrounded by their personal items and were able to perform their familiar daily rhythm then patients were able to maintain their sense of well-being and positive emotions.

Furthermore, Alligood (2014) had illustrated 13 canons of Nightingales theory. These canons included ventilation and warmth, light, cleanliness of rooms and walls, health of houses, noise, bed and bedding, personal cleanliness, variety, chattering hopes and advices, taking food, what food, petty management and observation of the sick.

Whereas, an study entitled "Esthetic abilities: A way to describe abilities of expert nurses in palliative home care" aimed to focus on the abilities needed to create



the caring relation in palliative home care and to find ways to describe these abilities and skills from an esthetic perspective was conducted by Bergdahl, Wikstrom, and Andershed (2007). In this study, they interviewed eight expert nurses working in palliative care home in Sweden. The inclusion criteria of the study participants were nurses who had work experience for five years or more and at least three years in palliative home-care. The eight nurses chosen were female and between 35 to 48 years of age. Their professional experience varied from 8–26 years while the experience in palliative home care was three to eight years. The six out of eight nurses had received postgraduate education. The results were illustrated in three main categories: (a) will to do good; (b) knowledge; and (c) perceptiveness. Perceptiveness category is found to be connected with esthetic perspective. The ability to see the patient, empathy, the ability to closeness and distance included in this category of ‘perceptiveness’, are understood as esthetic abilities (Bergdahl, Wikstrom, & Andershed, 2007).

In addition, an interpretive phenomenology was found to be conducted in Iran among twelve clients and fourteen nurses to explain the perspective of clients and nurses on nursing care aesthetics by Radhmer, Ashktorab, and Abedasaeedi in 2015. The inclusion criteria was nurses who had at least years of work experience in clinical field whereas for aged over 18 years old, hospitalized for at least three days in complete consciousness, and had no severe mental disorders. In addition, all of the study participants were able to communicate in Farsi language and willing to share their experiences with the researchers. The half of the patients study participants had chronic lung and kidney diseases, leukemia, myocardial infarction, and diabetes,

while the other half had abdominal, throat, and orthopedic surgeries and deep vein thrombosis (DVT). The participating nurses had three to thirty years of clinical experience in different hospital wards. Twelve nurses had Bachelor's and two nurses had Master's degrees.

Furthermore, Radhmer, Ashktorab, and Abedasaeedi (2015) concluded that subjective description, overt spirituality, opening desperate impasse, sense of unity, continue to shine, and painful pass and pleasing were the themes related to nursing care aesthetics. The participant's experience of nursing care aesthetic consists of subjective description of spiritual and desirable caring behaviors combined with the sense of unity and sympathy between the nurse and client this led to opening desperate impasse, which create feelings of satisfaction and peace in the patient. It is the shining clinical capabilities and action of the nurse that is combined with a decorating care that leads to pleasant ending against the pain and suffering of others for the nurse (Radhmer, Ashktorab, & Abedasaeedi, 2015)

Additionally, Radmher, and Ashktorab (2017) developed a tool known as esthetics of nursing care scale based upon the findings of previous study. The tools consisted of four components: the first one is admirable and compassionate commitment and competence, second is patient satisfaction and comfort, third one is humanistic attention to patients and the fourth and the last one is Stress free care. It is a six point likert scale consisting of 38 items. The Cronbach's alpha of the scale was 0.96 and intraclass correlation coefficient for test-retest stability with a 2-week interval was 0.93.

Therefore, most of the studies were found to have been focused on utilization of Barabara carper four fundamental pattern of knowing and it reflected that nurses utilized aesthetic knowledge in their practice (Alvezro, 2004; Archibald, 2012; Carnago & Mast, 2015; Oliveira, Garcia, & Toledo, 2017). While a study by Bergdahl, Wikstrom, and Andershed (2007) described the aesthetic abilities of nurses. Whereas one study was by Radhmer, Ashktorab, and Abedasaeedi (2015) described the perspective of nurses and patients aesthetic in nursing care and further aesthetic in nursing care tool was developed based upon the findings from this study by Radmher and Ashktorab (2017). In addition, Kim (1993) described the aesthetic dimension of nursing practice. In Nepal, the experiences of nurses and patients related to aesthetic nursing practice remains to be explored and could be further shared through the findings of this study.

### **Cancer Patients and Nursing Practice**

Cancer patients require long-term care by nurses from diagnosis until the post treatment phase. In this section of literature review the situation of cancer in Nepal, needs of cancer patients and nursing practice for cancer patients will be explained.

#### **Situation of Cancer in Nepal**

Nepal being a developing country is lagging behind in almost all its healthcare services and hence Oncology is also in its primitive stages even though cancer is identified as one of the major non-communicable disease (Piya & Acharya, 2012).

**Incidence and prevalence of cancer in Nepal.** There is increasing incidence of cancer in Nepal. Poudel et al. (2017) study estimated the increasing rate of cancer incidence in males and females from 2013 to 2020 while comparing to former studies by Pradhananga et al. (2009) and Pun et al. (2015) which also showed the increasing number of cancer cases in males and females in 2006 and 2012 respectively. In 2020, the highest incidence rate will be for males 38.5 per 100,000 and for females, 41.4 (Poudel et al., 2017). Based upon the hospital based cancer registries from 2010 to 2013 the major cancer in males was identified as follows: lung cancer (17.5%) followed by stomach cancer (7.6 %) and larynx cancer (5.4%). While for females, in the same four-year period, the three common cancers were identified as cervix (18.9 %) followed by breast (15.6 %) and lung (10.2%) (Poudel et al., 2017).

**Status of cancer care in Nepal.** Cancer management including treatment, prevention and control is slowly improving in Nepal (Sharma Subedi & Sharma, 2012). Although cancer services have been started in seven major hospitals of the country, only five of them have radiotherapy facilities (Bhatt et al., 2009). Recently, some private hospitals have also started radiotherapy and some are planning to start with one or more treatment modalities. Sharma Subedi and Sharma (2012) stated that to raise the public awareness and encourage for prevention, early detection and treatment of cancer the Government of Nepal and NGOs regularly conducted public awareness programs by radio, television, public lectures and printed materials. Many national NGOs including Nepal Cancer Relief Society and Cancer Society Nepal as well as international NGOs e.g. WHO, Rotary International and Lions Clubs

International cooperate the Government of Nepal in the prevention and control of cancer diseases (Sharma Subedi & Sharma, 2012).

Even though, there are sophisticated technology along with range of the targeted therapies and newer molecules for cancer treatment in the developed parts of the world but Nepal has just began its struggle against cancer and in distant from recent advancements (Piya & Acharya, 2012). According to Piya and Acharya (2012) the major challenge observed in oncology service in Nepal is the high cost of the treatment and because of the lack of insurance, and a proper health policy, people have to bear all burden by themselves. Another major challenge is the lack of awareness about the prognosis of disease as most of the patients, their family, and even a lot of physicians and health care professionals consider cancer as an incurable in its any stage (Piya & Acharya, 2012). This leads to delay in presentation of patients to hospital and thus increasing the number of advanced stages cancers and thus the morbidity and mortality. Also, cancer centers are unable to treat all patients visiting these centers due to the existing hospitals lack sufficiently qualified technical man power, advanced technology and other facilities to provide a full-ranged multi-disciplinary quality treatment (Sharma Subedi & Sharma, 2012).

There are limited hospital-based studies and reports and consists of only preliminary data of cancer incidence from some selected general hospitals, teaching hospitals of some medical colleges and few cancer hospitals in different regions of the country (Sharma Subedi & Sharma, 2012). Hence, the status of cancer patients and their needs are yet to be explored by the health care professionals through research.

## Needs of Cancer Patients

The needs of cancer patients found through literature review are described as physical needs, psychosocial needs and spiritual needs.

**Physical needs.** Patients with cancer experience multiple symptoms caused by multiple factors, including progression of the cancer, acute physiological changes associated with treatment, delayed side effects of treatment and long-term consequences of the disease (Karabulu et al., 2010). Karabulu et al. (2010) conducted a study to characterize the prevalence and severity of symptoms in patients with cancer and describing the clustering of symptoms among 287 patients with cancer at a Turkish university hospital. The most common symptoms experienced were fatigue, difficulty remembering, sadness, loss of appetite, lack of enjoyment of life, pain, distress, difficulty walking and dry mouth. The least experienced symptoms were shortness of breath and vomiting. Overall, 37.5% of the patients experienced moderate symptoms and 12.5% experienced severe symptoms. Age, educational level, treatment characteristics, stage of cancer and cancer site were statistically significant predictors for the symptoms experienced by patients with cancer and its specified dimensions.

Likewise, a cross sectional descriptive survey of 768 patients entitled “Symptoms Experienced by Cancer Patients and Barriers to Symptom Management” conducted in Karnataka, India have reported that self-reported symptoms were pain, lack of energy (tiredness), disturbed sleep, weight loss, feeling sad, feeling irritable, nervous, worrying, depression, anxiety and lack of appetite (Nayak et al., 2015)

Furthermore, a retrospective study by Tiwari (2017) of symptom patterns of 668 terminal cancer patients (median age: 51 years; 58% female), admitted to the Palliative Care Unit of Nepal Cancer hospital, Kathmandu Nepal from Jan 1<sup>st</sup> 2015 to Dec 31<sup>st</sup> 2016 revealed that the most common primary cancer sites in these patients were lung (41%), gastrointestinal (28%), ovarian (20%) and liver (10%) (Tiwari, 2017). The median number of symptoms was 13.5 (range: 9-18) on admission, among which pain, nausea, vomiting, dyspnea, fatigue and depression were the most common. There was 23% mortality during palliative care ward stay. Anorexia-cachexia and dyspnea symptoms were the highest mortality association with in ward mortality.

Hence, most of the physical needs of cancer patients are found to be related with physical symptoms like fatigue, loss of appetite, pain, distress, difficulty walking, dry mouth, nausea, vomiting, dyspnea, lack of energy (tiredness), disturbed sleep, weight loss, feeling irritable, nervous, worrying, depression, anxiety, difficulty remembering, sadness and lack of enjoyment of life.

**Psychosocial needs.** Cancer treatment should not only focus on illness control but it should also include mental health and general well being of the patients (Shrestha et al., 2017). A cross sectional study conducted at Nepal Cancer Hospital and Research Center by Shrestha et al. (2017) among 149 patients found that the prevalence of undiagnosed depression and anxiety was high in breast cancer patients 40.93% and 52.34% respectively. The findings also concluded that good social support, better quality of life and absence of anxiety had significant association with the better mental health status (Shrestha et al., 2017). Another study also

identified the level of quality of life and its predictors in Nepalese women with breast cancer while receiving chemotherapy where the study participants reported moderate to poor quality of life (Bhandari, Sriyuktasuth, & Pongthavornkamol, 2017). Here, symptom severity and social support were the important predictors. Also the symptom scales/items reported fatigue, appetite loss, and insomnia with moderate severity.

Social support is one of the main factors promoting the physical and psychological rehabilitation of cancer patients (Hong et al., 2014). From the perspective of health care personnel, cancer patients have several types of nursing professional social support needs, such as informational, emotional/psychological, and technical support needs, including mobilization of social resources and palliative care assistance during certain stages (Hong et al., 2014).

Gautam and Poudel (2016) in stoma clinic of B.P. Koirala Memorial Cancer Hospital, Nepal among 122 patients with ostomy to determine effect of gender on psychosocial adjustment of colorectal cancer survivors with ostomy carried out a descriptive cross sectional study. Here, the findings revealed that both men and women had significant impairment in the psychosocial adjustment, however, men had significantly lower psychosocial adjustment score as compared to women and they reported more negative emotions. Men's lower psychosocial adjustment included perceived lack of family support, total dependence on other for care of ostomy and to lesser extent by employment status. However, as the time since ostomy surgery increased, men's adjustment to ostomy also increased. Whereas, women experienced lower psychosocial adjustment was due to total dependence on other for care of ostomy and to lesser extent by presence of comorbidity, treatment and perceived lack



of family support. However, as women age increased, their psychosocial adjustment also increased. The employment status however showed no significant role in women compared with that of men.

Therefore, depression, anxiety, difficulty in psychosocial adjustment was found in patients with cancer. Also good social support, better quality of life and absence of anxiety had significant association with the better mental health status. Moreover, symptom severity and social support influenced the quality of life of cancer patient.

**Spiritual needs.** Caring for the spiritual dimension can help patients to find a meaning in what life or fate has reserved for them (Ripamonti et al., 2018). Spiritual well-being and its dimensions of faith, meaning, and peace is a central component for the overall quality of life. A strong spiritual well-being will decrease symptom severity, the level of hopelessness and the desire for hastened death in cancer patients (Ripamonti et al., 2018).

An integrated review of sixteen primary studies by Mesquita, Chaves, and Barros (2017) that consisted of 1469 patients with cancer have identified eight groups of spiritual needs. The eight groups of spiritual needs are (a) finding the meaning and purpose of life; (b) finding the meaning in experiencing the disease; (c) being connected to other people, God and nature; (d) having access to religious/spiritual practices; (e) physical, psychological, social and spiritual wellbeing; (f) talking about death and the experience of dying; (g) making the best out of their time; and (h) being independent and being treated like a normal person (Mesquita, Chaves, & Barros, 2017).

Also a qualitative study conducted to explain spiritual needs of cancer patients in Iran among eighteen patient revealed four themes (connection, peace, meaning and purpose, and transcendence) which contained categories of social support, normal behavior, inner peace, seeking forgiveness, hope, acceptance of reality, seeking meaning, ending well, change of life meaning, strengthening spiritual belief, communication with God, and prayer (Hamatipour, 2015).

While, an observational study was conducted that involved fifty patients diagnosed with advanced and terminal cancer by the palliative care unit of a hospital in Barcelona, Spain to evaluate the spiritual needs by Vilalta et al. (2017). Two spiritual needs were found to be relevant for the patients: their need to be recognized as a person until the end of their life and their need to know the truth about their illness. Whereas, the least important spiritual needs were identified as those: for continuity and an afterlife; to get rid of obsessions; to achieve freedom from blame and to be able to forgive others; and the need for reconciliation and to feel forgiven by others (Vilalta et al., 2017).

Thus, it can be concluded that patient with cancer has several physical, psychological, social and spiritual needs. As aesthetics in nursing practice involves deeper understanding of the phenomenon identification of these needs will help nurses to plan creative nursing actions, which can be beneficial to the patient.

### **Nurses' Roles in Nursing Practice for Patients with Cancer**

The above-mentioned needs of cancer patients that are physical, psychosocial and spiritual needs would be fulfilled by the nurses working in cancer in a meaningful and beautiful way by including aesthetics in nursing practice that could further enhance health and well-being of the patients with cancer. Studies that directly explain how nurses include aesthetics in caring for cancer patient remains further to be explored but there are studies which describe how the nursing care should be in cancer care from the perspectives of nurses and patients.

Nurses are obliged to face the challenge of developing and delivering effective interventions for cancer patients, focusing mainly for health promotion, end of life care and most of all domains of health related quality of life, which are physical, psychological, emotional and spiritual functioning (Lauro, Dancil, & Arguel-Belza, 2017). The study conducted by Lauro, Dancil, and Arguel-Belza (2017) in Philippines entitled "Wading through Misery, Hope and Beauty in Caring for Cancer Patients: Experiences of Oncology Nurses" aimed to describe and understand the lived experiences of oncology nurses in providing health-related quality of life interventions among cancer patients. The study was conducted using descriptive phenomenological method by interviewing ten oncology nurses. The nurses participants of this study were of age 28 to 57 years and their work experience as an oncology nurse was maximum of 10 years and the minimum was three years.

Lauro, Dancil, and Arguel-Belza (2017) reported three themes and fourteen subthemes. The first theme is "Drowning the demons of misery", which includes five sub-themes: (1) Downcasted from trying to be stronger than they feel, (2) This is not

how my story will end, (3) The thing about pain, you'll never know how much it hurts (4) No one is rich enough to buy back his health, and (5) Acceptance is the road to all change.

The second theme is “When there's life, there's hope”, which includes five sub-themes: (1) Building bridges beyond walls, (2) From the heart through the hands, (3) Worry ends when faith in God begins, (4) Seeing life sideways, and (5) We rise by lifting others. In addition, oncology nurses empower the patients to establish hope and reconciliation through rapport and communication, touch intervention, enhancing faith, inserting humor during interactions, and helping the patients develop a positive outlook in life despite their condition (Lauro, Dancil, & Arguel-Belza, 2017).

The third theme is “Finding beauty in the ugliest days” which includes four sub-themes: (1) The more you care the more you have to lose, (2) Anticipate the difficult by managing the easy, (3) When the pressure is too much to handle, and (4) Finding the calm in the chaos. Hence, the findings of this study demonstrate importance of nursing interventions for health related quality of life of cancer patients (Lauro, Dancil, & Arguel-Belza, 2017).

Whereas, a descriptive study was conducted among 200 patients with cancer from a cancer center in Iran to assess what are important for patient centered care in cancer wards by Azimzadeh et al. (2013). The data were collected using Care-Questionnaire that is developed by Larson. The Caring behaviors were ordered in six dimensions: “Being accessible”, “Explains and facilitates”, “Comforts”, “Anticipates”, “Trusting relationship”, “Monitors and follows through” and ordered on a 5-point Likert-type scale. The results showed that patients with cancer evaluated

most of nurses caring behaviors with higher scores (moderate to high) and assigned the “Monitors and follows through” and “Being accessible” as patients’ higher priorities while the "Comforts" and "Trusting Relationships" as lower priorities. However, patients with cancer evaluated most caring behaviors with higher scores (mean scores of dimensions were more than 3.5 or in moderate to high level). Hence, this indicates that patients with cancer have enormous expectations from their nurses to do provide nursing care at their best (Azimzadeh et al., 2013).

Similarly, previously Zamanzadeh et al. (2010) conducted a comparative descriptive design in an Iranian oncology center among 200 patients and 40 nurses to determine the caring behaviors, which oncology patients and oncology nurses perceive to be the most important,. The Caring Assessment Questionnaire, developed by Larson was utilized. Caring behaviors were ranked on a 5-point Likert-type scale and ordered in six subscales: "Being accessible", "Explains and facilitates", "Comforts", "Anticipates", "Trusting relationship", "Monitors and follows through". The findings revealed that both nurses and patients with cancer consider the same order of importance of caring, the high ranking of "Monitors and Follows through” and "Being Accessible" and the low ranking of "Comforts" and "Trusting Relationships". In addition, patients only ranked "Being accessible" ( $p = 0.04$ ) and "Explains and facilitates" ( $p = 0.03$ ) higher than nurses. Hence, nurses needs to consider this issue in their practice. Both the oncology patients and nurses perceived highly physical aspects of caring however, for delivering holistic care, oncology nurses must value affective/emotional aspect of caring, too (Zamanzadeh et al., 2010)

Nurses are key professionals in the delivery of expert care to people with cancer (Charalambous, Papadopoulos, & Beadsmoore, 2009). According to Charalambous, Papadopoulos, & Beadsmoore (2009) they described the attributes of quality nursing care based upon the narration of lived experiences of receiving and providing quality nursing care from 25 patients with cancer, six advocates and twenty cancer nurses in Cyprus. The following six main themes emerged: (1) being valued; (2) being respected; (3) being cared for by communicative and supportive nurses; (4) being confirmed; (5) being cared for religiously and spiritually and; (6) belonging.

While, Radwin et al. (2005) had reported cancer patients' descriptions of nurses and nursing care. Qualitative data from an instrument development study "Oncology Patients' Perceptions of the Quality of Nursing Care Scale" were analyzed from 461 patients. The data were analyzed through constant comparative method and grounded theory-coding techniques that reflected four concepts from cancer patients' descriptions of nursing care. The concepts were: (1) laudable; (2) caring; (3) professional; and (4) outcomes. The concept laudable was referred to commendable qualities of the nurse and nursing care. While, the concept of caring is referred to the nurse showing compassion, concern and kindness. The professional concept had been referred to the nurses meeting expected standards of knowledge, skill and demeanor and outcomes refer to the affective, cognitive, or physical effects attributed to nursing care.

Previously, a study conducted by Radwin (2000) also described eight attributes of high quality nursing care in cancer and its contribution to two general outcomes: a sense of wellbeing and fortitude. The eight attributes were professional

knowledge, continuity, attentiveness, coordination, partnership, individualisation, rapport and caring.

A literature review on cancer patients' perceptions of good nurse by Rchaidia et al. (2009) revealed that good nurses showed to have specific characteristics, but inter-related attitudes, skills and knowledge; they engage in person-to person relationships, respect the uniqueness of patients, and provide support. The analysis revealed that these characteristics were nurtured patient well-being, which manifests optimism, trust, hope, support, confirmation, safety and comfort. The perceptions of cancer patients' perceptions on good nurse represent an important source of knowledge that will help to develop more comprehensive and practice-based views on good nursing care especially for cancer patients (Rchaidia et al., 2009).

Nurses in cancer care need to focus on the patients' fundamental care needs to optimize their patients' recovery (Athlin et al., 2017). These fundamental cares needs consist of safety, prevention and medication, communication and education, respiration, eating and drinking, elimination, personal cleansing and dressing, temperature control, rest and sleep, comfort (including pain management) dignity, privacy, respecting choice, mobility, and expressing sexuality.

A study entitled "Effectiveness, structure, and content of nurse counseling in gynecologic oncology: a systematic review" by Raphaelis et al. (2017) with aim to systematically review the effectiveness of nurse counseling on any patient outcomes tested so far in gynecologic oncology before, during and after treatment and to explore structure and content components. In this study seven experimental and three pre-experimental studies were reviewed with reporting the effects of eleven

interventions on a total of 588 participants were considered eligible. Positive effects were found on quality of life, symptoms, and healthcare utilization. Nevertheless, the results suggest that nurse counseling improve symptom distress in the patients with gynecologic cancer.

Furthermore, Meulen et al. (2013) investigated the effect of the nurse counseling and after intervention (NUCAI) on the health-related quality of life and depressive symptoms of head and neck cancer patients between 12 and 24 months after cancer treatment. Here, the findings showed that the nurse counseling and after intervention effectively improved several domains of health-related quality of life and depressive symptoms in patients with head and neck cancer at different intervals of time. At 12 months, the intervention group had significant improvement in emotional and physical functioning, pain, swallowing, social contact, mouth opening and depressive symptoms. Whereas, at eighteen months, global quality of life, role and emotional functioning, pain, swallowing, mouth opening and depressive symptoms were significantly better in the intervention group than in the control group, and at 24 months emotional functioning and fatigue were significantly improved in the intervention group.

Therefore, the findings of these studies might support some of the meanings of aesthetics in nursing practice like the nurses caring behavior and patient experiences and expectations from their nurses. Also nurses role in managing the needs of the patient have been described.



## **Hermeneutics**

Hermeneutics is derived from the Greek word 'hermenia' that means interpret. Phenomenology is mainly a philosophic method for questioning and in these questioning there is presence of potentialities and possibilities for experiencing openings, understandings, insights which produces cognitive and non-cognitive perceptions for providing meaning to the phenomenon (van Manen, 2014). In this study, Gadamer's Hermeneutics guided the study and van Manen phenomenological approach was followed.

### **Gadamer's Hermeneutics**

Hermeneutics was originally developed as a method for interpretation of religious texts (Converse, 2012). Heidegger focused on the 'being' of the phenomenon. Heidegger believed that world was an essential part of our understanding of the meaning of being and hence it is not separate (Converse, 2012). Gadamer continued the work of Heidegger and his book Truth and Method is one of his significant works (van Manen, 2014). Gadamer further developed Heidegger's hermeneutic circle, emphasizing text and conversation as media of interpretation. Gadamer has been the most influential in developing a way of interpreting text (Converse, 2012).

Gadamer emphasizes that hermeneutics includes of two central positions which are prejudgement and universality (Dowling, 2004). Pre judgement means the ones preconceptions or prejudices or horizon of meaning that are part of our linguistic

experience and make understanding possible. Universality means the person who express themselves and person who understand are connected by a common human consciousness making understanding possible. Gadamer believed that bracketing was impossible because researchers are always interpreting through their own experiences (Converse, 2012).

### **van Manen's Hermeneutic Phenomenology**

van Manen (1990 & 2014) has described hermeneutic phenomenology as lived experience, which focuses on understanding the meaning of the human experience in the life world existential. There are six steps of van Manen (1990 & 2014) approach, which are described below:

**Turning to the nature of lived experience.** The phenomenological inquiry is carried out by commitment to an enduring concern. It represents the totality of thinking and comes through deep questioning about that phenomenon. It helps to make out some meaning to a certain aspect of the phenomenon.

**Investigating experience as living it rather than conceptualizing it.** The phenomenological research helps to develop a renewed contact with original experience. It helps in understanding the nature of lived experience. The researcher needs to stand in the fullness of life world of living relations and shared situations. In addition, the researcher needs to explore those lived experiences.

**Reflecting on essential themes which characterize the phenomenon.** The understanding of phenomenon is a true reflection of the lived experience and should be thoughtful and which is of special significance. The phenomenology also

distinguishes between appearance and essences between the things that one individual experiences and things that grounds our experience. Hence, phenomenology tends to reflect our natural attitude of everyday life experience.

van Manen (1990) has mentioned about three approaches to isolate the thematic statements: 1) the holistic or sententious approach; 2) the selective or highlighting approach. The significant statements should be highlighted in the transcription; and 3) the detailed or line-by-line approach. After these themes are gathered a main theme would be formulated which would describe the other themes included in it.

Each main theme would be described in terms of five life worlds as described by van Manen (2014) which are lived relation (relationality), lived body (corporeality), lived space (spatiality), lived time (temporality), and lived things and technology (materiality).

***Relationality- lived others.*** The existential theme of relationality guides the reflection of how self and others are experienced in the phenomenon being studied, which is aesthetics in nursing practice. Lived others is the lived relation with the other in the personal space that is shared with them.

***Corporeality-lived body.*** The existential theme of lived body guides our reflection to ask how the body is experienced with respect of the phenomenon being study.

***Spatiality-lived space.*** It is the felt space. This existential theme guides our reflection towards how space is experienced to the phenomenon.

***Temporality-lived time.*** Lived time and lived space are found to come together. Space is an aspect of time and time can be experienced as space. The time could be present, past or future of that time which is lived by them.

***Materiality-lived things.*** The existential materiality guides our reflection to how things are experienced with respect to phenomenon of study. It describes how we see and recognize ourselves in the things of our world.

**Describing the phenomenon through the art of writing and rewriting.**

Phenomenology consists of application of language and thoughtfulness to the aspect of lived experience as it exactly shows itself. Constantly thoughts should be revised and refined by moving back and forth between the parts and the whole in the transcription, which should be made clearer through writing, rewriting and reading.

**Maintaining a strong and oriented pedagogical relation to the**

**phenomenon.** In the phenomenology research, the researcher should be strongly oriented to the phenomenon of the interest and should not be distracted away.

Orientation means being animated by the object in a full human sense and being strong to the orientation means not patching up for things which are not actual and not true. The focus should be maintained on the research question of the study and not diverted oneself in other direction.

**Balancing the research context by considering parts and whole.** It means

to constantly measure the significance of the parts in relation to the total context whether they give the whole meaning or not to the question being examined. The researcher needs to go back and look at the data and related statements into a meaningful whole.

### **Summary of the Literature Review**

Aesthetics in nursing practice involves the perception, creation, appreciation and expression of the nursing situation where the interaction takes place between the nurse and the client. It consists of caring and empathy. It includes intuition. Nurses use their aesthetic knowing while caring for their patient and this help to connect with the experiences of their patient. Aesthetic nursing practice helps to provide holistic nursing care to the patients. Hence, the nurse plans appropriate care that fit into that particular situation. It is unique in the situation and meaningful, desired and involves satisfaction of the nurses and patients. These experiences of nursing care consist of beautiful moments, which arises beautiful feelings, which are special to both the nurse and patient. This makes the nursing care more meaningful. Art is used to express these beautiful moments like in the form of poems, stories, paintings, drawings, photographs and so on. These expressions can be shared which assists other nurses to provide best nursing intervention to their patients too.

Nurses should identify and care for the cancer patients physical, psychological, social and spiritual needs. They are considered key professionals in caring for the cancer patients. Therefore, cancer patients have several needs by and aesthetics being an essential part of nursing practice can be evaluated together as there is lack of literature, which provides direction to the nurses to provide aesthetic nursing care to patient with cancer. However, from the literature review, there is no study focused on aesthetics in nursing practice for cancer patients. To understand this phenomenon, Gadamer's hermeneutics could be a philosophy underpinning the

researcher's perspective on seeking the meaning of this phenomenon. van Manen's hermeneutic phenomenology provides the steps to reveal and reflect the meaning of this phenomenon.

## **Chapter 3**

### **Research Methodology**

This chapter presents the research methodology which consists of the research design, setting of the study, participants of the study, researcher's background, ethical considerations, data collection procedure, translation process, data analysis and trustworthiness of the qualitative study and preliminary study.

#### **Research Design**

Hermeneutic phenomenological approach based on the philosophy of Gadamer was used in this study. The purpose of this study was to describe the meaning of the phenomenon as experienced by the study participants. Hence, hermeneutic phenomenology was used to find the meanings of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer through graphic illustrations and individual face-to-face interviews.

#### **Setting of the Study**

This study was conducted at Bhaktapur Cancer Hospital located in Bhaktapur district of Province 3 in Nepal. It is the second largest national level cancer hospital in the country. Bhaktapur Cancer Care Centre was established in 1992 A.D., which was later changed to Bhaktapur Cancer Hospital under the Nepal Cancer Relief Society. This hospital collaborates with the Government of Nepal, Rotary International and local communities of Bhaktapur.

Bhaktapur Cancer Hospital has 153 beds with 100 registered nurses. It provides services such as chemotherapy, radiotherapy, and surgery including palliative care. The hospital has different wards. These wards consist of emergency, supportive, palliative, in-patient chemotherapy, day care chemotherapy, post-operative unit, intensive care units, surgical unit, private and cabin rooms, haematology ward, annex ward (radio oncology) and operating rooms. Even though there are different wards for admitting patients with different diagnosis and undergoing treatment but sometimes if the bed are not enough in the ward then patients are admitted in another ward. For example, if there are no vacant beds in chemotherapy then that patient might be admitted to radio oncology unit if there are vacant beds there but under the care of doctor providing him chemotherapy.

The hospital also has outpatient departments, which are open six days a week from morning 9:00 a.m. until 3:00 p.m. The registered nurse in this hospital are who have passed the Nursing Licensure Examination for Nurses (NLEN) of Nepal Nursing Council (NNC) and who have obtained a three year Diploma in nursing or four year Bachelor of Science in Nursing (Bsc.N).The registered nurses in this hospital have three shift duties and day duty from 9:00 a.m. to 3:00p.m. The morning shift starts from 7:00 a.m. to 1:00 p.m. and evening shift begins from 1:00 p.m. until 6:00 p.m. whereas night shift is from 6:00 p.m. until 7:00 a.m. of the next day. In the Intensive Care Units (ICU), the patient to nurse ratio is 5:1 where as in the general wards the nurse to patient ratio is around 8 to 10 for one nurse. For private cabins, there are one nurse for five patients. The nurses are provided with frequent clinical nursing education about cancer and care of cancer patients on various topics like counseling,



chemotherapy drug preparations and safe handling, nursing management of side effects of treatment like chemotherapy and radiation therapy, care of stoma, palliative care and pain management.

The nurses who are trained in palliative care have been provided authority to provide medicines for pain and constipation in case of emergency and when needed for the patients if doctor is unavailable. However, they also have their own guidelines which they follow and these medicines are also prescribed by the doctors on patient cardex as stat (to be provided immediately) medicines. Also in case of emergency tumor bleeding, they provide sucralfate dressing to the patients. One nurse also attends the palliative care outpatient department with the doctor and assists the doctor in counselling the patient and patient family members, providing wound dressing, pain medicines and providing enema for constipation.

The hospital also runs several camps in the community for the diagnosis of cancer and runs awareness programs for the prevention of cancer. The hospital also provides financial support for treatment to the patients with cancer who have poor economic conditions. Certain medicines are provided free of charge. According to hospital regulations one family member must stay with the patient. If in case of postoperative ward or intensive care units the family members stay in the waiting area and are called when necessary by the nurses. The family members are allowed to perform basic routine care of the patient like maintaining personal hygiene, oral or nasogastric tube feeding, palliative wound dressing, ambulation and range of motion exercises under the supervision of the assigned nurses.

There are hospital guidelines, which the nurses follow while providing care to the patient like pain management, infection prevention, chemotherapy drug preparation and administration. The nurses provide holistic nursing care to the patient depending upon the needs of the patient. The nurses working here take the role of care provider, manager, health educator, and counselor. Routine nursing care may include vital signs, medications, intake output chart, nasogastric tube feeding, oral care, back care, body bath, hair wash, positioning, wound dressing, colostomy or urostomy care, postoperative nursing care, admission and discharge, recording and reporting, counseling to patient and family members, collection of laboratory investigations and sending samples to the laboratory and providing health education.

All of the nursing cares are planned by the nurses depending upon the needs of the patient, a doctor's order and discussion of the nurses during hand-over. They attend doctor's round every time and inform doctors about recent condition of the patient. If patient needs to discuss anything with the doctor then they communicate for the patient with the doctor. The nurses have their own nursing activities record book where they keep records of all the care they provided to their patients and continue it if necessary through hand-over. They work in co-ordination with the medical officer, oncologists, physicians and surgeons for planning nursing care like postoperative care, palliative care, and management of side effects of treatments like chemotherapy and radiotherapy, counseling about the disease and its prognosis and according to the needs of the patients. Nurses also participate in various training and courses along with doctors as organized by the hospital. One medical officer also take care of each unit in one shift duty along with the nurse. The hospital also conduct frequent

meetings in between the nursing incharge, registered nurses, doctors and administrative staff of the hospital at least every month or as required regarding the health care service of the hospital.

### **Participants of the Study**

In this study, there were two groups of participants. These two groups included:

1. nurses caring for adults and elderly patients with cancer and
2. patients with cancer.

The inclusion criteria and the recruitment process of the participants of the study are described below.

**Inclusion criteria for participant selection.** The inclusion criteria for the nurses and the patient with cancer were as listed:

#### ***For Nurses.***

1. registered Nurses working in this cancer hospital,
2. having more than one year of work experience in this cancer hospital,
3. having experience of providing beautiful /appreciative /inspirational / satisfying nursing care to the patients admitted with cancer at this hospital and
4. willing to participate and share her experience.

#### ***For Patients.***

1. patient with any cancer diagnosis and at any stage,
2. age more than 18 years,

3. patient admitted and discharged from this cancer hospital,
4. having experience of receiving beautiful/admirable/satisfying nursing care from the nurses in this cancer hospital and
5. willing to participate and share his/her experiences.

**Recruitment of the participants of the study.** The process of recruitment for the nurses and patients with cancer is described separately in the subheadings below:

*For nurses.* The potential participant nurses in this study were recruited through various strategies, which are described below:

1. One of the techniques adapted was purposive sampling. Advertisement through pamphlets (sample is in Appendix I) was one of the media adapted for doing sampling. The pamphlets were distributed after receiving permission from the hospital authority. The advertisement pamphlets were given to the Nursing In-charge of different wards who helped the researcher in distribution of the pamphlets to the registered nurses. The advertisement pamphlets consisted of title, purpose, inclusion criteria of the study participants and researcher contact details. The study participants who were interested provided their name and phone number to the Nursing In-charge. The nursing in-charge of different wards offered the list of name of participants who were interested to participate in the study. Further, the researcher reconfirmed the inclusion criteria with the interested study participants by meeting them.
2. Another, techniques used was snowball sampling. The list of registered nurses who meet the inclusion criteria was obtained with request from the

Nursing In-charge of all the wards of the hospital. Then, the researcher contacted those nurses and assessed their eligibility. Further, these few participants of the study were asked to suggest other nurses who might meet the inclusion criteria of the research.

*For patients.* The patients with cancer were recruited by purposive sampling through advertisement (Appendix J). At first, advertisement about the research was done through pamphlets after receiving permission from the hospital. The pamphlets consisted of title and purpose of advertisement, inclusion criteria for the study participants, and contact details of the researcher.

Second, the researcher contacted the Nursing In-charge and registered nurses of each ward to provide the list of prospective patient study participants currently admitted at the hospital and who might meet the inclusion criteria.

Third, the researcher herself distributed the advertisement pamphlets to the prospective study participants. On the first meeting, the researcher tried to maintain a good relationship with the patient and their family members by greeting them and introducing herself. Then, the inclusion criteria of the research study were confirmed by asking the prospective study participants. The researcher asked for their willingness to participate in the study. During their period of hospitalization good rapport was established through good communication with the patients by making 2-3 visits at the bedside.

Finally, when the patient study participants were discharged from the hospital, the researcher then obtained informed consent from the participants who were willing to share their experiences. Data collection from eight of the study participants were

conducted on the same day of discharge as the patient participants mentioned they are happy and have no hesitation in sharing their experience with the researcher in the hospital. The data collection of the remaining three patient participants was done the next day after discharge when patients came for follow-up because the patient participants were not feeling well due to the side effects of chemotherapy. They reported to researcher about symptoms like nausea, dizziness and weakness.

The number of study participants was based on the informational needs and guided by the principle of data saturation in qualitative studies (Streubert, 2011). Data saturation is established when the information is sufficiently complete to reproduce a study with two conditions: (1) the ability to obtain new information and (2) further coding is no longer possible (Fusch & Ness, 2015). Thus the researcher determined the point at which the repetitive nature of data occurred which was the saturation for this study. Therefore, in this study 16 nurse study participants and 11 patient participants were recruited.

### **Researcher's Background**

The researcher's background is significant for a hermeneutic phenomenological study in order to discover and interpret the meanings of the lived experiences under the study. Thus, the researcher would like to share her background and knowledge with respect to aesthetics in nursing practice. The researcher is a registered nurse in Nepal. She has had five years of working experience in an adult health nursing department as a nursing instructor in a nursing college of Kathmandu, Nepal. The researcher has had the experience of caring for patients with cancer while

supervising the undergraduate nursing students at the Bhaktapur Cancer Hospital, Kathmandu, Nepal. In addition, the researcher had a one-month practicum course during her bachelor training in nursing in this cancer hospital.

The researcher also conducted a literature review in her independent study course to obtain the background knowledge related to aesthetics in nursing practice as a partial requirement of master's degree fulfillment. This literature review increased the knowledge and interest of the researcher and her belief that aesthetics is important in nursing practice. Aesthetics in nursing practice helps to understand the patient as a unique individual where we design holistic care creatively to fit into the situation of the patient and promote health and well-being of the patient. It makes the nursing care meaningful and increase patient comfort and satisfaction. Therefore, the researcher further wanted to explore the meaning of aesthetics in nursing practice experienced by the nurses and the patients who have cancer.

### **Ethical Considerations**

To increase the competency of the researcher in maintaining ethical issues in research, a basic online training course was taken by the researcher from the Collaborative Institutional Training Initiative (CITI) program, which is valid for two years. The researcher also obtained permission from the Social and Behavioral Science – Institutional Review Board of the Prince of Songkla University, Thailand and the Nepal Health Research Council, Nepal in order to protect human rights. The researcher started the data collection after obtaining consent and explaining the purpose, procedure, time, risk and benefit of the study. All information given by the

subjects was kept confidential. They were assured that even if they rejected or withdraw from the study, they would not be charged with any penalty. The data obtained through the interviews were kept secured in a locked cabinet and a personal computer accessed through a password, which was utilized only by the researcher and researcher thesis advisor. According to the Institutional Review Board for Social and Behavioral sciences [IRB-SBS] (2012), the data would be destroyed after five years.

### **Data Collection Procedures**

The data collection began after receiving ethical approval and the recruitment process. The data in this study were graphic illustrations of aesthetics in nursing practice and the interview data as reflections of aesthetics in nursing practice from the experiences of the participants. Also, the demographic data were obtained from both the nurses and patients (demographic forms are attached in Appendix A and Appendix C). The data collection procedure was described separately for the nurse and patient study participants.

**For Nurses Participants.** The phase of data collection included graphic illustrations and interviews.

***Graphic illustration.*** The procedures for collecting graphic illustration data were:

1. The researcher introduced herself and explained the objectives of the study to the nurse participants of the study who were willing to participate. The researcher established rapport with the nurse participants by beginning with



some informal conversation outside the topic of the interview like “*How was your day today? How do you feel? Ask if thirsty or hungry?*”

2. Then the informed consent form was read and explained to the study participants and the witness. The informed consent was signed by the researcher, study participants and the witness. A copy of the informed consent form was also given to all participants of the study. All components of the ethical considerations were strictly followed.
3. The data collection was held in a nurses meeting room and consultation rooms which were booked by permission from the nurse in charge before the interview began. The room for the interviews was well ventilated, had adequate lighting, comfortable sitting arrangement with table and desk, closed door to maintain privacy and confidentiality of the participants.
4. The researcher asked the participants of the study to reflect their experiences of providing aesthetics in nursing practice through a graphic illustration

*“Would you please draw the reflection of beautiful/appreciative/inspirational nursing care for your patient with cancer?”*

*“What is it like?”*

The participants were provided a blank piece of A4 paper, color pencils, sharpener, and eraser. They were provided the required time to draw as they wished and then submit to the researcher on the date and time that was feasible for the nurse study participants. The nurse study participants were also advised that they need to draw by themselves and cannot request somebody else to draw for them. If the study

participants were not willing to draw but willing to share their experience verbally then a further interview was conducted with the help of a semi-structured interview guide.

**Interview.** The researcher utilized the graphic illustration (drawing) and the semi-structured interview guide (Appendix B) to describe their experiences of providing aesthetics in nursing practice. The researcher asked more questions from the symbols of the drawing and the colors they had used in the drawings. Some of the few questions of the semi-structured interview guide are listed below:

1. *“Please describe me the meaning of the picture you have drawn?”* If no drawing is present then ask to share experience by asking the participants:
2. *“Can you please tell me your experience of providing beautiful/appreciative/inspirational nursing care to your patient with cancer?”*
3. *“What made you think it is beautiful/appreciative/inspirational nursing care?”* *“What made you do the nursing care in this way?”*
4. *“How did you feel after that?”*
5. *“What were the reactions of the patient/family members and other health professionals?”*

Further probing questions were used in between the interview to encourage the participants to share their experiences such as *“Can you please explain to me more about....? What did you mean by ....?”* The semi-structured interview guide for nurses is attached in Appendix B.

**For patients participants.** The data collection was done through the following steps.

1. The researcher conducted the data collection procedure after the patient got discharged from the hospital. The researcher maintained good rapport with the patient and family members for around two to three times by making frequent bedside visits and maintaining good communication during hospitalization.
2. The researcher introduced herself and explained the objective of the study and the method of data collection.
3. The researcher also read and explained the contents of informed consent to the participants and the witness. The study participants, witness and the researcher signed the informed consent. A copy of the informed consent form was also given to all participants of the study.
4. The data collection was done after the patient got discharged from the hospital while for some patients data collection was done on the first follow-up visit based on the convenience of the study participants. The researcher interviewed the patient participants at the nurses meeting room and consultation room, which was booked before data collection with permission from the concerned authority. The room was well ventilated and had adequate lighting and had table and desk for a comfortable sitting arrangement and closed door to maintain the privacy of the patient participants.
5. The data were collected through graphic illustrations and the interviews which are further described below:

**Graphic illustration.** The patient study participants were asked to reflect through graphic illustration their experience of receiving aesthetic nursing practice through graphic illustration from their nurses in this hospital during the time of hospitalization.

*“Would you please draw the reflection of beautiful/admirable /satisfying nursing care that you received from your nurse?”*

*“What is it like?”*

The participants were provided a blank piece of A4 paper, color pencils, sharpener and eraser for drawing. They were provided the required time to draw as they wished. The patient study participants were also advised that they need to draw by themselves and cannot request somebody else to draw for them. Some of the patient study participants who were not willing to draw shared their experience verbally through an interview.

**Interview.** The interview was conducted with the help of a semi-structured interview guide. If the patient study participants had made a graphic illustration then the researcher utilized it in sharing their experience of receiving aesthetics nursing practice from their nurses. Some of the questions of the semi-structured interview guide are listed below:

1. *“Please describe to me the meaning of the picture you have drawn?”* If no picture was drawn then ask the patient to share their experience by asking:  
*“Can you please tell me your experience of receiving beautiful /admirable /satisfying nursing care?”*
2. *“What made you think it was beautiful/admirable/satisfying nursing care?”*

3. *“What were your feelings after receiving this nursing care?”*

Further probing questions were used to encourage the participants to share their experiences such as *“Can you explain to me more about...? What did you mean by...?”* The semi-structured interview guide for patients is attached in Appendix D.

The researcher followed some principles during the interview for both the nurses and patients with cancer, which are listed below:

1. The date and time of the interview was decided based on the convenience of the participants. The length of each interview was 45-60 minutes. For two of the patient study participants, the researcher stopped the interview as they became emotional. Further, the researcher helped the participants become comfortable by providing psychological support.
2. The interview was recorded with two audio recorders and the researcher maintained field notes. The field notes included the researcher's interpretations of the participant responses, environmental contexts, behaviors of the participants like body movements and nonverbal cues like smiling, talking with joy and expressions of sadness. The format of the field notes is in Appendix H.

Three experts reviewed the semi-structured interview guide and demographic form. One of the experts was an Assistant Professor from the Faculty of Nursing, Prince of Songkla University, Thailand, who has expertise in aesthetics in nursing practice and qualitative study. The second expert was a Professor from Tokushima University, Japan and who has expertise in aesthetics in nursing practice and phenomenological study. The third expert was a Lecturer from Everest Nursing

Campus, Purbanchal University, Nepal who has expertise in qualitative study. The list of experts is provided in Appendix G.

### **Translation Process**

All of the interview transcripts were translated from the Nepalese language into English by the researcher with the help of an expert from the nursing field who is proficient in both the English and Nepalese languages. The expert was a lecturer in a Nursing college and had knowledge on qualitative research. Then, the researcher and the expert highlighted the significant thematic statements in Nepalese language. As translation is also an interpretive act, meaning may get lost in the translation process (van Nes, 2014). Further, the researcher and the research advisor together analyzed the data in English language to maintain the consistency and stability of the findings.

### **Data Analysis**

The interview transcripts and the graphic illustrations were analyzed through the following steps. The steps of analysis were adapted from van Manen's (1990 & 2014) hermeneutic phenomenological approach, which is described below:

1. The researcher maintained openness with the participants and shared lived experience regarding aesthetics in nursing practice (van Manens, 1990 & 2014). The researcher explored the graphic illustrations, interview audio recordings, transcriptions and field notes of the participants of the study to find meanings of their experiences. Each of the graphic illustrations were described based upon the interview transcripts of the participants.

2. The meanings described by the study participants during the interview were isolated using thematic statement (van Manen, 1990). The essential themes were identified from the interview transcriptions and graphic illustrations descriptions to include with the meanings of aesthetics in nursing practice by interpreting them from the researcher's pre-understanding of aesthetics in nursing practice.

van Manen (1990) mentioned three approaches to isolate the thematic statements. First is the holistic or sententious approach where the whole text was read and the meaning is kept into a phrase. Second was the selective or highlighting approach where the researcher read the text many times, observed the graphic illustration, and asked for an explanation of the symbols if the researcher found they had not been mentioned in the text. The significant statements were highlighted in the transcription. Third was the detailed or line-by-line approach where the researcher read and understood every single sentence and the hidden meanings in them.

After these themes were gathered a main theme was formulated which described the other themes included in it. Each main theme was described in terms of five life worlds as described by van Manen (2014) which are lived others, lived body, lived time, lived space and lived things.

The themes obtained from this study were categorized into existential themes which consisted of existential of lived relation (relationality), lived body (corporeality), lived space (spatiality), lived time (temporality), and lived things and technology (materiality) (van Manen, 2014).

**Relationality or lived self-others.** Lived other was the lived relation with others in the personal space shared by the study participants. Hence, in this study it

was related with the meaning of the lived experience in terms of relationship between the nurse, the patient, the family and other health care professionals.

**Corporeality or lived body.** The existential theme of lived body guided our reflection to ask what the body experienced with respect to the aesthetics in nursing practice. The participants' embodiment had responses to the experiences of aesthetics between the nurse-patient, nurse-family members, and nurse-other health care professionals. For example, the psychological or the physical changes they went through during their experiences of aesthetics in nursing practice.

**Spatiality or lived space.** This existential theme guided the reflection towards how space was experienced regarding aesthetics in nursing practice. It was related to the meaning of the experiences of the nurses and patients in the space between them while providing and receiving aesthetic nursing care. It was related to the hospital environment and the distance between the nurse-patient or family members during the nursing practice.

**Temporality or lived time.** Lived time guided the reflection towards how time was experienced with respect to aesthetics in nursing practice. It also illuminated on the meaning of experiences of the lived time, which was related to the nurses and patients present and past experiences of receiving, and providing aesthetics in nursing practice.

**Materiality or lived things.** The existential materiality guided the reflection to how things are experienced with respect to aesthetics in nursing practice. Hence, the meanings of those experiences of the nurses and patients who lived through the use or without the use of technology, materials or resources were described.



3. The findings of the study were written down then interpreted through the details of the text. Revision and refinement of thoughts was done by moving back and forth between the parts and the whole in the transcriptions and graphic illustrations (van Manen, 1990). Thus, writing, rewriting and reading made it much clearer and meaningful. The thematic category and themes were checked and compared with the meanings provided in relation to aesthetics in nursing practice. In addition, the graphic illustrations were used to support the themes.
4. During the analysis the researcher remained oriented to the phenomenon of interest and the research question (van Manen, 1990). Therefore, consultation was done with the research advisor and experts so that the researcher remained focused on the phenomenon of the study.

### **Trustworthiness of the Qualitative Study**

The trustworthiness for this qualitative study was established by following Lincoln and Guba's (1985) criteria of credibility, transferability, dependability and confirmability.

**Credibility.** Lincoln and Guba (1985) referred credibility as truthfulness in the findings of the participants' answers and interpretations. The credibility was maintained by including only those participants who had experience in receiving and providing aesthetics in nursing practice. A trusting relationship was developed between the researcher and the study participants to create a feeling of comfort in sharing their experiences. The researcher met the patients with cancer during their hospitalization for two to three times by making bedside visits to communicate with

them. The data were collected after the patient was discharged. Triangulation between the graphic illustration, interview data and the field notes of the researcher was done. In addition, member checking was done by summarizing the answers to the participants and asking them to further validate the researcher understanding during the interview.

**Transferability.** Lincoln and Guba (1985) stated that findings of a study have meaning or applicability in similar situations. The researcher provided thick descriptions of the background of the study participants and the setting of the study.

**Dependability.** Lincoln and Guba (1985) defined dependability as consistency and stability of the findings of the study and the collected data. An external audit was done by consultation with the thesis advisor. The objective of the study, method of selection of study participants, data collection procedure and its analysis were thoroughly discussed. The collected data were evaluated for accuracy and consistency with the findings, discussion and conclusion. All themes were supported with quotations from the participants.

**Confirmability.** Lincoln and Guba (1985) mentioned confirmability as the objectivity of the data. It means the findings were formed through the study participants and not by researcher bias, motivation or interest. To maintain confirmability the researcher kept a daily journal to reflect the researcher's feelings and thoughts according to the collected data and analyzed data. The researcher managed all data systematically by filing and using tables. Hence, the others can confirm the collected data and the analyzed data.

### **Preliminary Study**

As a starting point, the researcher conducted a preliminary study by interviewing three nurses in a cancer hospital who had the experience of this type of study and had used graphic illustrations. The preliminary study was done through telephone interviews due to the limitation of traveling back to Nepal to collect the data. The patients with cancer could not be interviewed in the preliminary study because telephone interviews were not comfortable for them to express their experiences. However, the nurses agreed to the individual telephone interviews and the graphic illustrations were sent through a Viber messaging (a kind of social media). The researcher learned how to interview and analyze data with the thesis advisor.

After conducting the preliminary study, the researcher developed the knowledge and skills in data collection, data analysis and development of the semi-structured interview guide. The researcher learned how to interview the participants of the study with the semi-structured interview guide. During the interview, the researcher maintained active listening and used probing questions to encourage the participants to share their experiences. After the interview, the researcher translated the interviews from the Nepalese language into the English language. Further, the analysis was done along with the researcher thesis advisor. During the analysis, the significant verbatim transcripts were interpreted with the concept of aesthetics by following some of the steps of van Manen's (1990 & 2014) phenomenological approach and each of the five life worlds. In addition, the semi-structured interview guide was also revised to make it appropriate to conduct the interview

## **Chapter 4**

### **Findings and Discussion**

This study used van Manen's hermeneutic phenomenological approach underpinned by Gadamerian philosophy to describe the meanings of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer through graphic illustrations and interview transcriptions. This chapter presents the findings of the study and discussion of the findings.

### **Findings**

The findings of the study consist of two major sections: (1) Findings of the nurses (2) Findings of the patients with cancer.

### **Findings of Nurses**

This section presents and describes the characteristics of the nurse participants, the graphic illustrations of the nurses, and the meanings of aesthetics in nursing practice as experienced by nurses.

### **Characteristics of Nurse Participants**

Sixteen Nepalese nurses working in a cancer hospital were the participants of this study. All of the nurse participants were female and Hindu. Eight of the

participants were married while the other eight were single. Their ages ranged from 22 years to 35 years. The length of working experience in the cancer hospital ranged from 1.25 years to 10 years. Out of 16 participants, 11 participants had received at least one training session related to cancer such as palliative care training for two weeks, chemotherapy infusion, brachytherapy and oncology training, pain assessment, colostomy care, gastrointestinal endoscopy training, cardiopulmonary resuscitation, and infection prevention. The majority of the nurses (10 out of 16 nurses) had a diploma degree in nursing while six of them had a bachelor degree in nursing. There five nurses from radio oncology, three from palliative, three from surgical, one from medical ICU, one from haematology and three from supportive units respectively. The data showing the characteristics of the participants are illustrated in Table 1.

Table 1.

*Characteristics of Nurse Participants*

Participant number	Age	Marital status	Educational level	Years of work experience	Training or academic courses	Currently working unit
1	31	Married	Diploma	4	None	Supportive
2	25	Unmarried	Diploma	3	Palliative care and Pain assessment	Supportive
3	30	Married	Bachelor	10	Palliative care	Palliative
4	23	Unmarried	Diploma	1.25	None	Medical ICU
5	22	Unmarried	Diploma	1.25	None	Haematology
6	25	Unmarried	Diploma	5	Palliative care	Palliative

Table 1

*Characteristics of Nurse Participants (Continued)*

Participant number	Age	Marital status	Educational level	Years of work experience in cancer	Training or academic courses	Working unit
7	23	Unmarried	Diploma	3	Training of CPR and chemotherapy infusion	Supportive
8	23	Married	Diploma	3	Gastrointestinal endoscopy training	Radio-oncology
9	35	Married	Bachelor	10	Brachytherapy and oncology training	Radio-oncology
10	24	Unmarried	Bachelor	5	Palliative care and colostomy care	Surgical
11	27	Married	Diploma	4	Palliative care and stoma care	Surgical
12	26	Unmarried	Bachelor	2.5	Stoma care and infection prevention	Surgical
13	27	Married	Bachelor	3	Palliative care	Radio-oncology
14	28	Married	Diploma	6.5	Palliative care, Pediatric hematology oncology care and Chemotherapy care	Radio-oncology
15	26	Married	Bachelor	1.25	None	Radio oncology
16	25	Unmarried	Diploma	3	None	Palliative

*Note:* CPR (Cardio Pulmonary Resuscitation); Radio (Radiology)

### **Thematic Categories, Themes and Graphic Illustrations in the Five Life Worlds Experiences of Aesthetics in Nursing Practice of Nurse Participants**

This study disclosed five thematic categories and ten themes of aesthetics in nursing practice in the lived experience of 16 nurse participants through their graphic illustrations and interview transcriptions. These were reflected within van Manen's (2014) five lived worlds which include lived self-others or relationality, lived body or corporeality, lived space or spatiality, lived time or temporality, and lived things or materiality. Fourteen nurse participants prepared graphic illustrations to reflect the meanings of aesthetics in nursing practice from their experiences. The other two participants (participant number 3 and 12) were not willing to reflect their experiences through graphic illustrations due to their limited capability in drawing and preferred the interview only. The graphic illustrations were blossoming flower, mountain, tree, birds, heart, nurse and patient images, holding hands, pleasant environment, candle, happy faces, and hands of the patient. Each of the graphic illustrations of the nurse participants and descriptions are presented in Appendix K. The thematic categories and themes in the five lived worlds along with the graphic illustrations that supports the theme are illustrated in Table 2.

Table 2

*Thematic Categories, Themes, and Graphic Illustrations in the Five Life Worlds Experiences of Aesthetics in Nursing Practice of Nurse Participants*




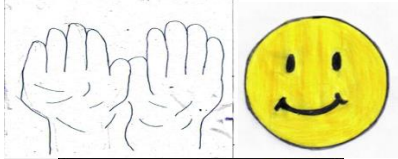


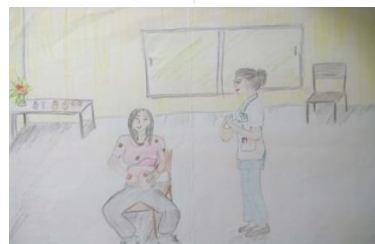
Five lived worlds	Thematic categories	Themes	Graphic Illustrations
Lived self-other	Mutual understanding of the whole suffering	<ol style="list-style-type: none"> <li>Valuing the understanding of the patient's whole suffering</li> <li>Politely shared knowing and thoughts as family</li> </ol>	 
Lived body	Sense of accomplishment	<ol style="list-style-type: none"> <li>Happiness</li> <li>Rise in confidence and satisfaction</li> </ol>	  
Lived Space	Creation of close space of caring-healing	<ol style="list-style-type: none"> <li>Being genuinely accessible</li> <li>Pleasant healing environment</li> </ol>	 



Table 2

*Thematic Categories, Themes, and Graphic Illustrations in the Five Life Worlds of Experiences of Aesthetics in Nursing Practice of Nurse Participants (Continued)*

Five lived world	Thematic categories	Themes	Graphic Illustrations
Lived time	Transforming into brighter living	1. Inspiring hope	 
		2. Changing to better life	   
Lived things	Utilization of resources for appropriate care	1. Creative suitable care	-
		2. Best use of the resources	-

*Note.* – means no graphic illustration to support the themes

**Lived self-others: Mutual understanding of the whole suffering.** Lived self-others is also termed as relationality. This existential theme guides the reflection of the relation between the nurse participants and the patient/patient's family members/other healthcare providers in the phenomenon of aesthetics in nursing practice. This thematic category of 'mutual understanding of the whole suffering' means that the nurse participants understood the patient's sufferings by creating a mutual relationship between the nurse and the patient. In this relationship, the nurse participants and patients shared their knowing and thoughts about the patient's sufferings in which the nurse participants gained a full and correct understanding of the whole suffering of the patients. Under this thematic category, there are two themes: (1) valuing the understanding of the patient's whole suffering, and (2) politely shared knowing and thoughts as family. These two themes are presented in the following.

***Valuing the understanding of the patient's whole suffering.*** It means that the nurse participants were able to recognize the sufferings of the cancer patients to be solved in a particular situation. Nurse participants understood their patient sufferings by utilizing their empirical knowledge, work experience, and empathy to identify the patient sufferings. The sufferings included patient physical and psychological needs to be fulfilled in a particular situation. For example, some of the physical sufferings of the patient as stated by the nurse participants were pain, unable to eat, shortness of breath, bleeding from tumor, cancer wound infection with foul smell and whole body swelling. Furthermore, these physical sufferings induced psychological sufferings like irritation, anger, disturbance in body image, and discouraging thoughts due to the fear

of death. For example, some of the nurses' experiences of understanding the patient sufferings are mentioned below.

Some of the participants also expressed their understanding of the patient's physical and psychological needs by applying their empirical knowledge regarding the pathology and physiology of cancer and the side effects from cancer treatment.

*"Patient was admitted for cancer of supraglottis and was in palliative care. He had come with excessive bleeding. In addition, due to that his tumor compressed his trachea having shortness of breath. Furthermore..ahh.. Lot of bleeding was there. It was bleeding from tumor. Moreover, due to that bleeding, patient was very much frightened thinking, "I might expire". His pulse rate also became very high. (P6L49-53)*

*"Main thing is she (patient) stops eating. Once after radiotherapy is received, it is difficult for her (patient) to eat as cells are being damaged that is why she does not like to eat. It makes difficult after radiotherapy. Patient also says it is difficult to swallow." (P1L212-213)*

*"As, her (patient) whole body was swollen. Now in this, young age how she (patient) might have felt bad about the body image. She did not remove her blanket in any condition. She used to say "No! No!" even when someone came to visit her she was such conscious.....We (Nurses) used to say her "You look stunning" and now after giving complement like "You are looking beautiful today, looking fresh today", ...then she used to give smile and that one thing used to happen.....She used to say "No I am already like a frog. I am not beautiful" but she used to give one smile."(P4160-174)*

In addition, nurse participants also employed their experiences in caring for cancer patients to understand the reaction stages of the patients with cancer such as denial, discouragement, and acceptance. Some of the participants stated:

*“At the beginning they (patients) will be in denial stage and later on they accept. I (nurse) have experienced that the patient who comes for chemotherapy will be very irritated and angry but later on may be after 5-6 doses of chemotherapy they will accept their disease.” (P4L356-358)*

*“Nursing care has big importance to patient and patient caregivers especially in cancer patient because they are discouraged themselves and have thinking that “Ultimately at last I will expire.” Much commonly happens because the patient nearby your bedside (patients) is being expired and after that happens she (patient) has mentally something happening. That is why nurses mainly need to provide motivation for patient especially cancer patient. Motivation should be continually done.” (P1L204-208)*

Furthermore, nurse participants experienced “empathy” and used it to appreciate the patient’s sufferings. They felt the suffering of the patient as though they were the one suffering and related the suffering to their own family to feel the suffering of the patients. Here, one of the nurse participants put herself in the patient’s situation because they were the same age.

*“Now how much is the age? It is just 28 years. Now in life she (patient) may have thoughts of doing many things. Now it is such a very young age. We (nurse) are also like that, we are of similar age. Now, she may also have thoughts to do something and she may not have achieved anything such*

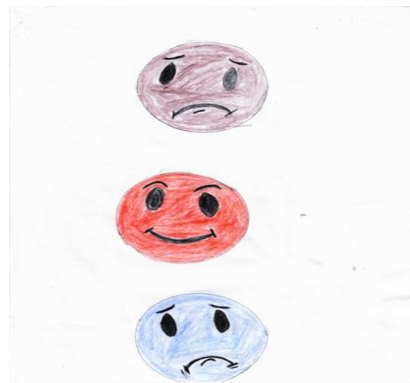
*feelings come. When I see young patient then I feel very much like myself.”*

(P4L57-61)

On the other hand, some of the participant nurses compared the patient to one of the family members of their family.

*“Their (patient) life for their family and even for themselves is meant to be very much precious. When I sit at their (patient) place and think, then I (nurse) will have this feeling “Okay! Now if someone had taken good care for my daddy like this”. By keeping own self (nurse) at that condition helps us (nurses) to motivate that we have to provide care.”* (P6L73-77)

Another nurse participant through the graphic illustration (Figure 1) expressed that she feels sad when seeing the newly diagnosed patient with cancer being hospitalized for the first time and have cried upon the patient’s death when she saw the family members crying.



*Figure 1. Being empathetic*

***Politely shared knowing and thoughts as family.*** This theme means that nurse participants connected with the patient as one of the family members where they could share thoughts, and share knowledge regarding their needs and problems through clear and polite communication, which also developed a relationship of trust.

One of the participants stated how there was a sharing of thoughts between the nurse and patient:

*“While doing dressing we (nurses) asked her (patient) history, we just did sharing, where she (patient) shared her thoughts and we (nurse) also shared our thoughts like “This disease can happen to anyone but you (patient) should learn how to fight with it”. That also from time to time we (nurse) were instructing her. While doing dressing we (nurse) were able to maintain good interpersonal relationship with her then she became close with us afterwards she (patient) started to share thoughts like “I can also defense”.” (P1L47-70)*

Additionally, trust was developed through clear and polite communication, which assisted the nurse to maintain a good interpersonal relationship with the patient.

One participant shared her experience through a graphic illustration (Figure 2) and stated that when the curiosity of the patient was solved by giving a good explanation to the patient that depended upon the level of understanding of the patient, she could gain the patient’s trust. She stated that:

*“Moreover, he (patient) had very much curiosity related to the medicines so it is made...I (nurse) explained to patients in a simple and clear way about medicines mechanism, side effects in the terms which they (patient) normally could understand.. Moreover, they will think that “Ohh! Good kinds of medicines are used for me”. Hence, the patient will believe and be assured.” (P5L44-51)*



*Figure 2. Mutual relationship*

Other participants stated that when nurses speak politely with the patients, trust would develop between the nurses and patients. Also, the patients are able to freely ask about their disease and treatment. As one participant related:

*“Now ahh...If some nurse speak rudely while some may speak politely then now obviously patient will be comfortable with the nurse who speaks politely. Due to this trust develops with them also. And then they will also have psychological support and feel relief when they are able to ask freely that is in their heart about the disease condition and treatment like “What it is? How is it?” (P9L105-109)*

Furthermore, other participants stated that having communication with the patient as though you were communicating with your own family helped to gain the patient’s trust.

*“At that time, the father developed good interpersonal relationship with me. I talked with that father like talking with my grandfather. When the doctor went away then I did dressing by communicating with him. He (patient) developed trust on me as I talked with him as if he is my grandfather also I talked with him about his work. (P12L123-129)*

*“Before, we start to provide care for the patient, at first we should maintain relation saying “Father” and then further ask him “You have this wound. How are you cleaning this wound at home? Whether you have been doing in right way or not? Now, we will clean this for you” is said by us....When we talk with them very politely then they feel like someone is going to do something good for me.”(P16 L84-87, L91-92)*

**Lived body: Sense of accomplishment.** Lived body is also termed as corporeality. It refers to the nurse’s feelings and perceptions of their body while being present in the phenomenon of aesthetics in nursing practice. In this study, the thematic category of ‘sense of accomplishment’ is reflected within the lived body. A sense of accomplishment means that the nurses experienced feelings of happiness and had increased confidence and satisfaction when they were able to witness improvement in the patients’ conditions as consequences of their dedication to nursing care. There are two themes in this thematic category: (1) Happiness and (2) Rise in confidence and satisfaction.

**Happiness.** In this study, happiness means that nurses were joyful while providing nursing care to the patients and always felt a desire to care for patients. Although, the cancer patients had a poor prognosis, they could appreciate their successful care to improve some of the patient’s physical conditions and they could motivate the patients to live a better life.

For example, one of the nurse participants reflected her experience through a graphic illustration (Figure 3) which demonstrated that she was happy to care for the patient since there was improvement and then she had an increased desire to continue



the nursing care she provided for the patient. Finally, her devotion to care became as though it was a regulation.

*“When her (patient) wound went on healing, and then I (nurse) got the desire to do her dressing morning and evening. Her dressing was twice a day also. And I also felt happy. And further later on her dressing became as a rule and I also did very well.” (P8L39-42)*



*Figure 3. Happiness in successful caring*

Another participant stated that even though it was cancer, she could see some progress in the patient, which made her feel happy.

*“Felt happy at least after seeing the wound being healed. Improvement can happen now in cancer patient was felt.” (P2L107-109)*

Similarly, another nurse participant related this experience of happiness through a graphic illustration (Figure 4) because she found improvement and recovery in the patient due to the nursing care provided by her. She stated that:

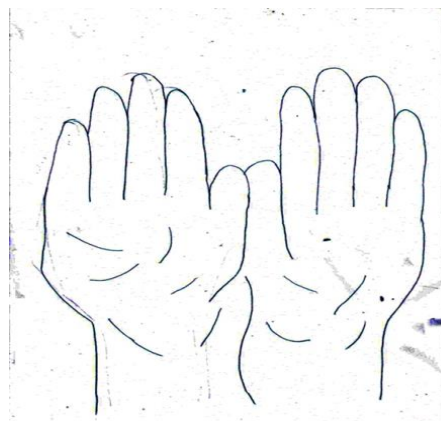
*“While remembering that patient, I (nurse) have happy emotions. By doing nursing care I am happy I am satisfied hence I made happy picture....I had provided lymphedema care to that patient when she (patient) was hospitalized. At that time, both of her hands and legs were swollen due to which she was*

*unable to walk. Later, when she came for follow up she was able to walk very well.” (PIL14-21)*



*Figure 4. Happiness*

Another, nurse participant has reflected her happiness through the graphic illustration (Figure 5), which consists of the hands of the patient with cancer doing “Namaste” (Joining two hands together to pay respect to others in Nepalese culture). The nurse felt as if the patient hands were giving her blessings when she could provide comfort and satisfaction to the patient. Further, she felt happy to care for the patients with the cancer.



*Figure 5. Being blessed*

Also one of the nurse through her graphic illustration (Figure 6) expressed her happiness with the nursing care provided for the patient when the patient reported being comfortable due to the wound dressing done by her.

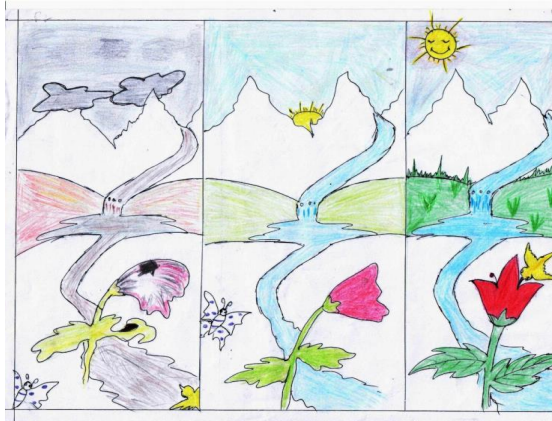


*Figure 6. Happiness in patient comfort*

***Rise in confidence and satisfaction.*** The nurse participants became more self-confident and satisfied with the care provided for the patients when they were able to witness progress in the patients.

One of nurse participants experienced a rise in satisfaction and self-confidence when there was good progress in patients through the nursing care. She reflected her experience through a graphic illustration (Figure 7) where the peaks of a mountain in the illustration determined her confidence and satisfaction.

*“And in this part 2 (showing the second part of the graphic illustration) it is like after providing nursing care “I (nurse) am happy I (nurse) am satisfied a little bit more”. When patient condition is improving as seen by her increased social interaction with relatives then I have little bit more satisfaction. And in this third part these peaks determine that “I am fully satisfied” and my confidence level has been raised I am happy says it.” (P2L14-19)*



*Figure 7. Rise in nurse's confidence and satisfaction*

Furthermore, one of the participants experienced work satisfaction when she saw her patient improving through the care that was provided for the patient. The participant stated:

*“At least the nursing care that I (nurse) did was good. I did something for the patient that helped him to improve up to some extent, which will make me satisfied and work satisfaction will happen to me. Also will have satisfaction with the care provided.” (P6L202-204)*

Furthermore, another nurse participant stated that experiencing the improvement in the patient's overall health made her feel satisfied.

*“We (nurse) were able to improve the patient who had already deteriorated by providing nursing care. Her (patient) mental, physical, psychological, spiritual and overall health was improved. The patient who had reached to that level of deterioration later on improved very much. Having seen this made us (nurse) feel very much satisfied. One person (patient) who had deteriorated when made better then positive feelings of satisfaction come to us (nurse).” (P11L189-194)*

Additionally, another nurse participant also reflected her experience of being satisfied through a graphic illustration (Figure 8) with the nursing care she provided when she found that her patient was comfortable with the nursing care and felt relief from the sufferings.

*“Now if patient is feeling very difficult due to pain but if we provide medicine on time then he will be relieved from suffering and can sleep peacefully.*

*Having seen this then we will also have feelings of satisfaction thinking that this patient was able to sleep being comfortable after I provided nursing care.*

*It feels like that.” (P8L279-282)*



*Figure 8. Freedom from sufferings*

**Lived space: Creation of close space of caring-healing.** Lived space is also known as spatiality. Space in this study is the cancer hospital where the nurses care for patients with cancer. This thematic category of creation of close space of caring-healing means that nurses were always genuinely present by the patient’s side and the nurses also created a pleasant healing environment for the patients. Here, the nurses felt they could not cure the cancer; however, the nurse participants knew how to integrate the patients into the caring-healing space to palliate their whole suffering. It has two themes: (1) Being genuinely accessible and (2) Pleasant healing environment

***Being genuinely accessible.*** It means nurse participants made themselves available for the patients by making frequent appearances near the patients to help the patients feel happy and comfortable and decrease the feelings of loneliness even when the nurses were busy with many tasks. Some of the experiences of the nurse participants are presented below:

One of the nurse participants expressed her experience through a graphic illustration (Figure 9) that showed going near the patient and talking by holding hands to develop emotional attachment between the nurse and the patient and the patient does not feel neglected. She stated:

*“Okay! In any condition they (patient) through touch will also be emotionally connected. Now, by sitting nearby and talking by holding hand will help in sharing thoughts. But, if we talk from away then they will have feelings like “I am not taken care of and I am not being heard”. After talking by holding hands and sitting nearby while talking with them then they will be emotionally attached and will be more emotionally attached.” (P11L32-37)*



*Figure 9. Being genuinely accessible*

Another participant added that being near the patient could make the patient feel happy, safe, and comfortable.

*“If talking with the patient by being on his bed side makes him feel happy and even for a while if he feels safe or comfortable then it is okay for me”*

(P5L123-124)

Smiling and greeting were often used as expressions in being with their patients. One of the nurse participants conveyed that even in her busy schedule, she tried to smile and ask about the patient’s condition, which made the patient feel less lonely, and the patient was able to talk with the nurse about the current problems.

*“Ahh..Like now I (Nurse) keep on doing follow up. It is very much busy schedule in emergency as many emergency cases are coming. There is lot of rush and we (Nurses) do not have time to sit for a while also. ...While we go to the bedside we ask the patients “How are you? Are you fine?” .We will be doing follow up like this and patient will have feelings like “Okay! There is someone to ask also”. Even if I (Nurse) have some work in another patient bed then I will just make a smiling face for the other patients on other beds. And if they are having any difficulty then they can come to the place where I am working and they will be able to say to me whatever difficulty they are having.” (P7L220-226)*

***Pleasant healing environment.*** This theme described the environment in the caring-healing space, which focused on the external and internal environment. The external environment refers to the area and objects in the unit that can be seen by the eye and touched by the hand, while the internal environment is the feeling, memory,

and value that occurs in the space of caring-healing. The nurse participants created the external caring-healing environment by maintaining cleanliness and being peaceful. This environment was significant in comforting the patients. The internal environment was created by building a pleasant, friendly, and respectful atmosphere for patients that could comfort the patients. The patients did not feel discriminated against and were able to share their thoughts openly with the nurses and be happy in the hospital.

For example, one nurse participant observed that a clean environment was comfortable for the patients. She stated that:

*“If the environment is made clean by us (nurses) then patient will be able to feel comfortable. He (patient) will feel relaxed and be refreshed thinking that the place I am staying is clean..... If his wrappers are dirty, lockers are dirty, his syringes and medicines vial are left open then sometimes houseflies might also come and patient might feel bad like they may not be able to eat food and feel themselves as dirty. But if we take care of these things then patient will be able to feel some freshness.” (P5L338-344)*

Further, another nurse participant shared her experience through a graphic illustration (Figure 10) that presented a pleasant environment that helped the patient share his or her thoughts and deep feelings. She said that the yellow color and flowers in the graphic illustration were added to create a pleasant environment. Here, the nurse was a colostomy nurse who was helping a patient in a friendly way to take care of the colostomy bag.

*“Therefore, pleasant environment should be like clean and hygienic, colorful, happening then they (patient) will not feel like isolated and discriminated then*



*they will feel the environment to be friendly where they can also learn and share whatever they want. If the outpatient department is very noisy, black and white type color then it will not be pleasant and they will not able share and ask their thoughts. If is peaceful and clean then they may also have the desire to share their deep feelings like “Let me ask them question they might give me the answer”. I think that will happen.” (P11L286-29)*



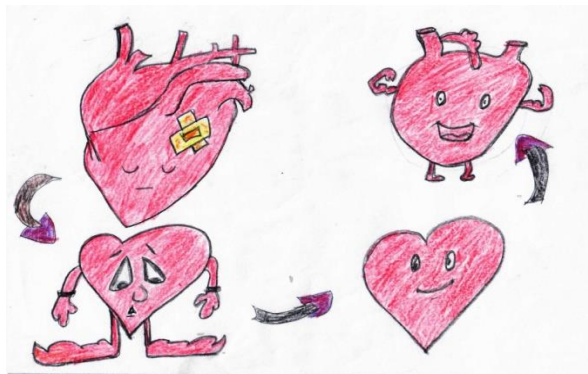
*Figure 10. Creation of pleasant healing space*

**Lived time: Transforming into brighter living.** Lived time is also known as temporality. Nurse participants recollected their experiences of aesthetics in nursing practice that reflects the temporal way of being in the world. In this thematic category of transforming into a brighter living, nurses felt that patients with cancer became hopeful and were able to have a better life as they could see changes in the behaviors and attitudes of the patients from the day of admission until the time of discharge. It has two themes: (1) Inspiring hope and (2) Changing to a better life.

***Inspiring hope.*** It means that nurses were able to provide hope for the patients who were hopeless at the beginning. In addition, nursing care helps patients develop feelings of recovery.

One of the participants reflected feelings of hope of the patient while providing nursing care to the patient through a graphic illustration (Figure 11). She drew the heart of a patient, which was hopeless at the beginning of admission, and slowly the heart became hopeful while receiving nursing care. The participant stated that:

*“Before the patient said, “No, I don’t have any desire to live”. Later on she (patient) started to say with me (nurse) after coming here (hospital), being admitted and staying here like “My daughter needs to further have her bachelor degree also. I do not want anything to happen to me for 2 years until her higher secondary school is completed”. Before that feeling was not there isn’t it.. ....Now her inner feeling was “I can live for 2 more years if I will get nursing care like this” and used to say, “I want to live more for 2 years. This is to be done. That is to be done”. That happiness and those emotions were expressed with me.” (P7L205-213)*



*Figure 11. Inspiring Hope*

Another, nurse participant stated that as a patient gains physical improvement there will also be positive psychological changes in the patient such as feelings of recovery that will develop in the patient.

*“Now after wound healing was there then patient had psychological satisfaction was also. He started to feel “My wound is improving. I will be recovered very soon now” also the patient got encouragement for ambulation due to the good perception of wound healing. Therefore, his food intake also later on became good and was recovered very soon.” (P10L157-162)*

Here, one of the nurse participants through a graphic illustration (Figure 12) reflected the feelings of hope of a longer life of a patient when providing nursing care to that patient who had metastasis to the brain, liver, and bone. The candle is the patient. After coming to the hospital, the patient had relief from pain and became oriented. The black scar in the candle means that even though patient had relief, the cancer is still there. When the patient improved after some time, everyone became hopeful.

*“From first stage (Showing the first part of drawing) to second stage (second part of drawing) patient became hopeful as the patient condition improves. The family members also became hopeful as patient had improved and was discharged to home hence they felt that patient would live for some more time. Also I had felt that may be he could live longer for some time but he came back being deteriorated and then he passed away within few days.” (P9309-313)*

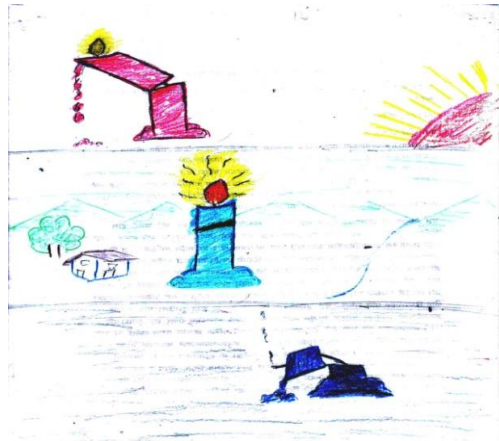


Figure 12. Hope for longer life

**Changing to a better life.** This theme described the nurse participants who focused their nursing care on the patients' well-being and quality of life. The nurse participants provided nursing care, which moved patients forward from the state of helplessness and hopelessness to positive attitudes. Therefore, the patients could live a better life.

One of the participants reflected her experience through a graphic illustration (Figure 13) where she imagined the patient as a flower that after receiving nursing care is now about to bloom which previously had withered. The participant stated:

*“For this at first I (nurse) draw a flower which is blooming type. Like a flower which is blooming. Previously, She was almost hopeless and felt like “Like nobody comes near me” but now she is very good..... When the patient came, she was like of very much withered type. She even herself did not move here and there; did not do anything but just sat down or neither tried to smile but now she smiles completely like a flower smiles similarly which is blooming type blooming type now she is at least good now... Moreover, she is active now and walks around. She goes up to the canteen by herself to eat.*

*Previously, she used to say, “Bring here I cannot”... She looks fresh a little young than before she came.” (P1L39-45, 102-104,212)*



*Figure 13. Changing to a better life*

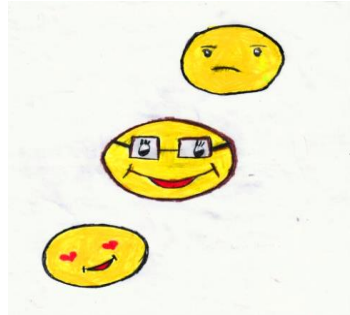
Further, one of the participants perceived that the patient was able to develop positive feelings in maintaining quality of life.

*“Yes at the beginning that patient came with very much anxiety helpless and being hopeless. Now after providing our nursing care, support and providing education, she (patient) developed positive thinking of how to move forward in life. They (patient) will be able to develop capability to maintain quality of life that that is why this nursing care done by us is beautiful.” (P14L139-143)*

In addition, another participant reflected her experience through a graphic illustration (Figure 14) where she found a change in the patient’s mood from being an irritable person to becoming a happy person.

*“Her (patient) change from now irritating mood to all was avoided. She did not want to eat and used to avoid food due to that smell from the wound. Afterwards she slowly started to eat, sang song at the nighttime while at that time mostly all patients had undergone Modified Radical Mastectomy. She usually sang at the night like “Tujhse Naraz” (song that means I am not angry*

*with you my life). She used to say, “I used to sing before but I stopped singing after being like this but now I am getting well” such type response was given by her.” (P8L315-319)*



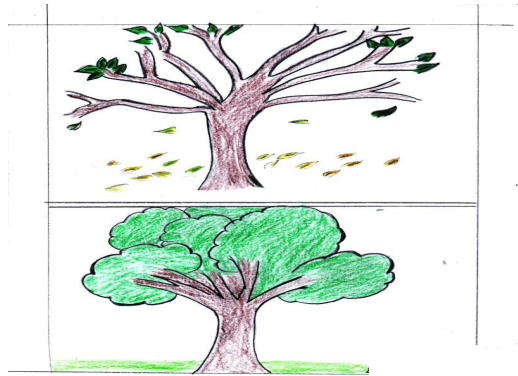
*Figure 14. Journey of sadness to happiness*

Furthermore, one of the nurse participants expressed her experience through a graphic illustration (Figure 15) where she felt that the nursing care being provided brought about improvement in the patient’s condition and compared the experience to a tree that was revived from a withered state. She had this to say when she provided total care for the patients:

*“Even though medical condition (cancer) does not improve but when we (nurses) look after them as we (nurses) provide hair care, oral care, back care... We do total care. In ICU, we do whole body care then after doing that some improvements come to patient and patient looks fresh too... This is (showing the figure 15 below the first tree with less leaves) like when patients’ comes at first time in distress with some difficulty like a withered tree. Now by giving medicine, doing nursing care, giving love we make them like this greenery (showing the second tree with more leaves)... Here, now the patient improves I mean life comes in patient body. Now the patient improves, as all his problems will be solved. Like, patient revives again after we provide*

*nursing care....Now from physical to mental status all will be improved.”*

(P4L4-12, 287-290, 312-313)



*Figure 15. Bringing the life back*

**Lived things: Utilization of resources for appropriate care.** Lived things are also termed as materiality. It is the reflection of how things were experienced by nurses with respect to aesthetics in nursing practice. This thematic category ‘utilization of resources for appropriate care’ means that the nurses utilized different materials and technology that were available to provide proper nursing care to the patient. It has two themes: (1) Creative suitable caring and (2) Best use of the resources.

***Creative suitable caring.*** It means nurses used the things available to support and enhance the caring of the patient. They used their imagination and creative skills to make use of the available resources.

One participant shared her experience of wound dressing in a cancer patient. Since the cancer wound would never heal, it is not effective to perform a dressing with a sterile dressing set. The purpose of the dressing was to clean the wound and remove the foul smell. Hence, the patient and visitors were instructed to use muslin cloth for cleaning and covering the cancer wound. She stated that:

*“Therefore, in our homes we do not have gauze piece and gauze pad as it is also not feasible to buy and is also expensive to buy. We (nurse) tell them to use small pieces of muslin cloth. No need to use the cotton but can use the clothes and clean with Normal Saline and tablet Metronidazole ... and if it is necessary to cover the wound then muslin cloth is used to cover the wound and these muslin cloth pieces do not need to be new each and every time. Like if they (patient and family members) use one time then they can wash it properly and dry it in sun but cannot use the wet ones and the cloth can be use repeatedly.” (P3L280-291)*

Another, nurse participant shared her experience of how she creatively maintained patient privacy even when there was lack of screens in the ward while doing a procedure. She stated that:

*“Our ward is very open and it is very difficult to maintain privacy of the patient and we have very few screens available in the ward. The patient bed had a big window glass where everyone could see the patient hence during dressing we covered that window by covering with bed sheets and coversheets or her shawls by using whatever that was available to maintain privacy during dressing.” (P8L154-156)*

**Best use of the resources.** This theme means that nurse participants made the best utilization out of the resources they had to relieve the patients of all of their sufferings. For example, they helped the patient who had a poor economic condition by utilizing some free stock of medicines in their wards and they used technology like social media to find blood donors and utilized audio music players to relieve the pain.



One of the nurse participants shared her experiences of preventing the waste of medicines and helping the patients decrease their economic burden. She said that:

*“Like when we (nurses) prick the intravenous fluids bag then there might be leakage and instead of throwing that we try to prick from another side of the bag or anyhow we try to utilize in some way without wasting it. Another thing is some patients cannot afford the medicines hence we utilize medicines from our stock. Moreover, sometimes for preparing chemotherapy we only need 250 ml of Normal Saline hence we keep the remaining Normal Saline in another sterile empty container that can be used for diluting other medicines. In this way, we can save the medicines from being wasted. This can help patient to decrease their economic burden.” (P5L347-353)*

Furthermore, another participant added that for the needy patients they used free medicines available from the stock of their own ward. She stated that:

*“Sometimes we(nurses) provided the medicines by ourselves if it is in our stock and sometimes we didn't take the replace medicines because some medicines come from donation also and sometimes some of the patients leave their medicines when the doctor stops those medicines for them and then we used those medicines again for other patients who are needy.” (P4L253-269)*

Another participant realized that the use of technology like social media was easier in finding blood donors for the patient. She stated that:

*“Now sometimes of the blood groups may not be available for transfusion then at that time we keep like an announcement in social media like Facebook. In addition, we can find some people willing to donate blood for the patients the*

*easily and quickly when there is scarcity. In this way also we tried to help the patient.” (P5L144-146)*

Moreover, one of the nurse participants also stated that one of the resources in the palliative ward was a music player that was used to play songs to help divert the patient’s mind from pain:

*“In our palliative ward, we keep on playing some music for patients to divert the patient mind from pain as most of the patients here come with chief complain of pain. We usually play the music of religious songs in a low volume which can be soothing for the patients through a stereo system.”*

(P6L235-238)

### **Findings of Patients with Cancer**

This section presents and describes the characteristics of the patient participants, the graphic illustrations of the patients, and the meanings of aesthetics in nursing practice as experienced by the patients with cancer.

#### **Characteristics of Patient Participants**

Eleven patients with cancer were the participants of this study. All of the participants were Hindu. There were eight females and three males in this study. Only two of the participants were not married while the remaining eight of the participants were married. Out of 11 participants nine were literate (able to read and write) and two were illiterate (unable to read and write). Out of the nine literate patients, one of

them had completed bachelor level and one had completed diploma level of education while the remaining were high school dropouts. The ages ranged from 27 years to 63 years. Out of the 11 participants, five of them were unemployed, four were farmers, one owned a business, and one was a priest.

There were patients with various cancer which included of three female patient's with breast cancer; two females with cancer of the ovary; one male and one female patient participant with cancer of the stomach; one female patient with cancer of the cervix; one male and one female patient with non-hodgkins lymphoma, and one male patient with malignant spindle cell neoplasm of the right orbital area respectively. Only three of the patient participant's stage could be known from the patient record book where two of the patient were in stage III and one in stage IV. The duration of cancer ranged from one month to six years. At the time of the study, eight patients were receiving chemotherapy, two of the patients had undergone surgery, and one patient was receiving radiotherapy. Previously five patients had undergone surgery and one patient had received chemotherapy while others had not received any treatment. The data of the characteristics of the patient participants are shown in Table 3.

Table 3

*Characteristics of Patient Participants*

Participant number	Age	Gender	Educational level	Marital status	Occupational status	Diagnosis of cancer	Duration of cancer	Stage of cancer	Treatment of cancer	
									Past	Present
1	33	Female	Literate	Married	Unemployed	Ovarian cancer	11 months	N.A	Surgery	Chemotherapy
2	63	Male	Literate	Married	Farmer	Stomach	6 months	N.A	Surgery	Chemotherapy
3	45	Female	Literate	Married	Unemployed	Breast cancer	4 years	Stage IIIB	Surgery of left breast	Surgery of right breast
4	35	Female	Literate	Married	Unemployed	Ovarian cancer	3 months	N.A	None	Chemotherapy
5	45	Female	Literate	Married	Unemployed	Breast cancer	9 months	N.A	None	Chemotherapy

*Notes:* N.A (Data was unavailable in the patient records)

Table 3

*Characteristics of Patient Participants (Continued)*

Participant number	Age	Gender	Educational level	Marital Status	Occupational Status	Diagnosis of cancer	Duration of cancer	Stage of cancer	Treatment of cancer	
									Past	Present
6	31	Female	Literate	Unmarried	Business	Breast cancer	3 months	N.A	Surgery	Chemotherapy
7	55	Female	Illiterate	Married	Farmer	Stomach cancer	3 months	N.A	None	Surgery
8	36	Male	Literate	Married	Farmer	Non hodgkins lymphoma	6 months	N.A	None	Chemotherapy
9	31	Female	Literate	Married	Priest	Non hodgkins lymphoma Relapse	6 years	N.A	Chemotherapy	Chemotherapy
10	27	Male	Literate	Unmarried	Unemployed	Malignant spindle cell neoplasm of right orbital area	1 Month	Stage IV	Surgery	Radiotherapy
11	52	Female	Illiterate	Married	Farmer	Cancer of cervix	3 months	Stage IIIB	None	Chemotherapy

*Notes:* N.A (Data was unavailable in the patient records)

## **Thematic Categories, Themes and Graphic Illustrations in the Five Life Worlds**








### **Experiences of Aesthetics in Nursing Practice of Patient Participants**

This study disclosed five thematic categories and eight themes of aesthetics in nursing practice in the lived experienced of eleven patient participants through graphic illustrations and interview transcriptions. Out of eleven patient participants, seven participants had made graphic illustrations to reflect their experiences of receiving aesthetics in nursing practice from the nurses in this hospital. Most of the patient participants illustrated flowers and birds with various meanings like hope or new body while one participant illustrate birds to give the meaning of being nurtured and another participant drew a moon to reflect nurse's sincerity and softness in caring. The remaining four participants were not willing to illustrate, as two of them were uneducated and could not illustrate while the other two preferred the interview only. The graphic illustrations of the patient participants and descriptions are presented in Appendix L.

These thematic categories were reflected within van Manen's (2014) five lived worlds which include lived self-other or relationality, lived body or corporality, lived space or spatiality, lived time or temporality, and lived things or materiality. The thematic categories, themes and graphic illustrations that support the themes in the five lived worlds are presented in Table 4.

Table 4

*Thematic Categories, Themes, and Graphic Illustrations in the Five Life Worlds Experiences of Aesthetics in Nursing Practice of Patient Participants*

Five Lived worlds	Thematic categories	Themes	Graphic Illustrations
Lived self-others	Appreciation of gentle caring as family	1. Communicating polite caring	
		2. Being nurtured as a family	
Lived body	Having a new life	1. Sense of having been reborn	
		2. Healing of the body	
Lived space	In the midst of clean and friendly space	1. Appreciation of clean space 2. Being in friendly space	
Lived time	Hopeful moment to moment.	1. Being hopeful	
		2. Moment to moment care	
Lived things	Acknowledging medicines as necessity for comfort	-	-

*Notes.* – means no themes and no graphic illustrations

**Lived self-others: Appreciation of gentle caring as family.** Lived self-others is also termed as relationality. This existential theme describes the relationship between the nurse and patient in the phenomenon of aesthetics in nursing practice. This theme ‘appreciation of gentle caring as family’ means that the patient experienced the nurse’s polite communication and behavior as beautiful along with the feelings of being nurtured by the nurses as their own family. This thematic category of ‘appreciation of gentle caring as family’ consists of two themes: (1) communicating polite caring and (2) being nurtured as a family.

*Communicating polite caring.* It means the patient experienced beauty in nursing care when the nurses maintained polite communication and polite behaviors with them, which induced a feeling of happiness, being respected, and having increased will power. The nurse’s behavior of polite communication included talking with a smile and love.

For example, one of the patient participants expressed her thoughts through a graphic illustration (Figure 16) that beautiful nursing care means nursing care done through polite communication. She stated that:

*“Flower that is drawn is meant to be beautiful and the care provided by nurses is also beautiful like this flower. It is like this. When I came here and when I was sick at that time sister (nurses) did good nursing care by maintaining polite communication and that is why I felt it to be good and beautiful” (P3L2-8)*





*Figure 16. Being blossomed*

Furthermore, other patient participants mentioned that polite communication induced feelings of being respected and increased will power.

*“They (Nurses) gave lot of respect. At that time I (patient) felt as if they(nurses) are my daughters ....Like when taking care and providing medications and asking me to do like this and that. When they call in a polite way by saying “Father” then it felt like my own daughter.” (P2L52, 59-60)*

*“Their (nurses) polite behavior and their polite communication with patients help to increase will power of the patient.” (P6L19-20)*

Another patient participant related that she became happy when nurses talked with her politely with a smile and love.

*“Here, one sister (nurse)comes, she talks very well, talks with love, talks by smiling and when that is done then I also feel happy.” (P1L3-L5)*

***Being nurtured as a family.*** This theme means that patient participants felt that nurses took care of them as their own family. When nurses took care of them, they felt as though a family member such as their mother, daughter, and sisters was

caring for them. One of the participants felt as though her own daughter was caring for her when nurses cared for her by calling her “Mother”. She stated:

*“I (patient) already said I lost my elder daughter in accident. I feel that if my daughter were still alive then she would take care of me similarly as one of these nurses. Nurses polite word ahh...even if we (patients) have a big wound inside and we (patients) are clenching our hand with pain then if nurse come and say “Mother! What happened? How are you? Where is the pain? Okay! I will give you medicines” then it feels “I do not have my daughter but Wow! She talked with me like my own daughter. The daughter that I gave birth is just here.” I will feel like this in my heart.” (P5L232-237)*

Other patient participants perceived nursing care as though the patients were sisters of the nurse. For example, one of the patient participants said:

*“Here, sisters (nurses) provide good care to me (patient) like as if I (patient) am her (nurses) own sister.” (P9L10)*

In addition, the patient participants explained that the experience of receiving nursing care from the nurses was like being taken care of by a mother. One of the patient participants expressed his experience through a graphic illustration (Figure 17). He compared nurses to a mother bird and the patients as the baby bird. He stated:

*“This drawing, I (Patient) have made to resemble the nurses (indicating the big bird) in this hospital and the child (indicating the small bird) in this picture is the patient. Now for the patient ahh..Like the mother bird, brings food by searching from far away for her baby. She (nurses) care and nurtures*

*us (patients) like that. Similarly, sisters (nurses) in this hospital provide us care through their love and affection and providing medicines on time. They also nurture us like that mother bird.” (P8L2-5)*



*Figure 17. Being Nurtured*

**Lived body: Having a new life.** This thematic category of lived body reflects the body-mind-spirit experiences of receiving aesthetics in nursing practice. Having a new life means that the patient participants felt as though they were reborn along with feelings that they were being healed of the disease by receiving nursing care with expressions of love, smiling, and a gentle touch from the nurses. There are two themes: (1) Sense of having been reborn and (2) Healing of the body.

***Sense of having been reborn.*** This theme means that the patients felt as though they had received a new life again after receiving the nursing care. They felt that their body was fresh, lighter, and energetic. Some of the participants expressed their experiences as below:

One of the participants stated that it felt like having a rebirth.

*“Now again it felt like having rebirth. Like that at that time.” (P2L117)*

Another participant who felt the sense of having a new body and felt lighter and energetic gave this description of her experience:

*“After operation wound was also improving when sisters did dressing very well. Then I felt I have a new body. Before I was withered but now, the body has revived again and the body feels to be lighter and energetic. I felt like that.”* (P3260-268)

Another participant expressed her experience of having a new life through a graphic illustration (Figure 18) where she compared herself to a beautiful flower.

*“I experienced like a flower that is why I made flower. When I came here for the first time, I was completely like a withered flower and after I came here, I got care from nurses and felt like a flower, like a Rose, which is the most beautiful flower for me. I feel like this rose. Hence, I have selected this flower rose....And green color means after receiving nursing care, now what to say ahh....it is like having greenery in life, feels like having a new life.”* (P4L2-5, L15-17)



Figure 18. Having been reborn

***Healing of the body.*** This theme described the participant's experience of being healed through the nurse's expressions of love, smiling, and touching. The patient participants experienced less pain and felt as though they were being healed of the disease.

For example, one of the participants stated that there was a decrease in pain and healing of the disease when the nurse talked with a smile. The participant stated:

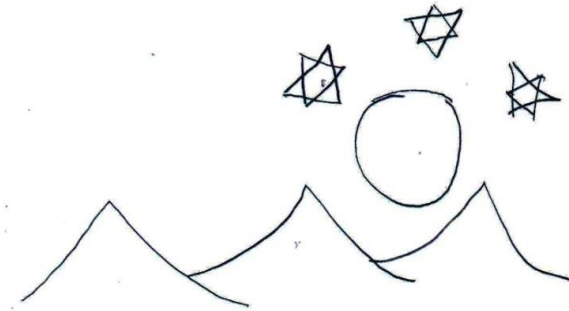
*"I (patient) forgot the pain in my wound when they (nurse) took care of us by coming from time to time and giving medicines and talking with a smile every time and never get angry. When this kind of love is given to us (patients) then I forget the pain in my wound. I felt there is no pain and I am healed by that behavior of the sister towards me."* (P8L53-58)

*"It means that the nurse can give a smile to her patient. Like when I (patient) am, sleeping by feeling sick then if the nurse talks with a smile then it feels very happy. It feels like being relieved from the pain even if there is pain."* (P10L155-157)

Additionally, another participant expressed her experience through a graphic illustration (Figure 19) where she drew a moon to reflect the feelings of being relaxed and refreshed due to the expressions of caring by the nurses through polite communication and gentle touching. She stated:

*"I (patient) have made this moon (showing the moon in the drawing) as the nurse way of communication was very refreshing and soothing type. Like the moon during the night spreads its coolness. I felt as if my disease has slightly*

*decreased. It was like that... There was one sister whose touch was not painful then other nurses. It felt very soothing.” (P6L2-4)*



*Figure 19. Being relaxed and refreshed*

**Lived space: In the midst of clean and friendly space.** In this thematic category, lived space is the cancer hospital where the patient was taken care of by the nurses. ‘In the midst of clean and friendly space’ means that the patient participants felt being cared for in the clean space and friendly space where they are able to share their problems freely with the nurses and the patient participants had feelings of happiness. This thematic category has two themes: (1) Appreciation of clean space (2) Being in friendly space

***Appreciation of clean space.*** This theme means that patient participants appreciated that nurses took care of their personal hygiene and cleanliness, which made the patients, feel happy.

One of the participants related that maintaining personal hygiene and cleanliness helped them decrease their feelings of sickness and, therefore, became happy. The participant stated:

*“I (Patient) have not seen any hospitals where nurses who comb the hair of patient. I did not see this somewhat very much caring nurses. However, here*

*(in this hospital) I saw it (caring nurses). Now with this type of care, we will be able to sit by maintaining hygiene and cleanliness also we patient will not look like very sick.” (P1L171-178)*

Similarly, another patient participant said that the nurses took care of their hygiene and cleanliness, which made the patient feel happy. Moreover, the patient participant admired these nursing actions like bed making, combing hair, brushing teeth that were being done for the patient’s good health.

*“In the morning also sisters (nurses) come and do bed making, comb hair and ask to wash our wash and encourage for brushing teeth. I (patient) feel happy and it feels that sister has done for me. Now hygiene is for own self. When bed making is done and cleanliness is maintained then it will be good for one self. When face is washed then it is for heath. Bed will also be cleaned and one own health will also be good when sisters do like that.” P3 (21-22& 225-229)*

***Being in friendly space.*** In this theme, the patient participants observed that the nurses created a friendly space where they could share freely their problems and queries with the nurses.

One of the participants stated that when the nurses were friendly, the nurses could then know the patient’s problems because the patients were able to share their problems.

*“If they (nurse) speak with patients in a polite way then they (nurses) will also have benefits because they (nurses) can become friendly with patients as they also need to know everything about their patients...The problem of the patient will be solved. If they (nurses) are not friendly with patient, only give*

*medicines to me (patient), and go away without asking me anything but if they ask, "How are you feeling? Is there any difficulty? Is there any problem?" then patient may say to them their problems."* (P4L293-293, L309-312)

Additionally, one of the patient participants experienced the ability to talk freely with the nurses and solve his queries due to the nurses sincere and soft caring. The participant expressed his experience of receiving nursing care through a graphic illustration (Figure 20). The participant stated

*"I (Patient) felt that nurses cared for the patients from deep inside their heart. I felt that they have a nice and pure heart. I felt the nurse's heart is pure without any selfishness. That is why I have drawn this flower. I chose this flower because flower also represents softness. It is soft in itself. As the flower is soft I also found the nurses heart as soft...Now when I (patient) can ask sister (nurse) freely then there will be like peace in my mind. If she answers then I feel relaxed. Moreover, I feel happy. I will be also able to know what is happening with me...As I had asked about morphine and its side effects. Then they told me how to take morphine, what side effects it has and what should not be done after taking like that."* (P10L2-8; 81-87)





*Figure 20. Sincerity and softness of caring*

**Lived time: Hopeful moment to moment.** This theme of lived time reflected the experience of the patient participants of living with the nurse, family members, and other health workers in that hospital during the time of hospitalization. ‘Hopeful moment to moment’ means that the patient participants experienced becoming hopeful for recovery and a longer life because they were being taken care of by nurses frequently and all of the nursing care was provided on time when required. It has two themes: (1) Being hopeful and (2) Moment to moment care.

***Being hopeful.*** It means that the patient participants experienced hope for recovery and a longer life when the nurses frequently cared for them through an increase in will power and development of positive thoughts.

One of the patient participants shared her experience of being hopeful through a graphic illustration (Figure 21). She illustrated a flower, which resembled a longer life in Nepalese culture and used in religious festivals when praying for a longer life. The participant also stated that the nurses provided nursing care and wished her 100 years of life. She stated:

*“Now, this flower (showing graphic illustration of the flower) I (patient) have drawn because it has 100 petals and people worship with this flower with the wish of living for 100 years. Therefore, sisters (nurses) have provided us care wishing us long and 100 years of life. They (Nurses) have looked after us a lot. This flower has 100 petals hence it is called “Sayapatri” (Marigold in English). During the festivals of lights, we wear the garlands of this flower so that we may be able to live for 100 years. That is why I have made this flower wishing 100 years of life. (Participant smiles).” (P9L4-8)*



*Figure 21. Brightness of hope for longer life*

Similarly, other participants also expressed hope for a longer life because of the nursing care was received continuously. One of the participants stated:

*“Later on I (patient) started to understand more like how to take of myself, how to exercise and what kind of food to eat from nurses. These caring behaviors of nurses inspire you to live longer. I felt more relieved as I was*

*able to know how to take care of myself after surgery then I developed positive thoughts.” (P6L115-119)*

Furthermore one of the participants experienced hope when nurses provide care and increase in will power. He stated:

*“Now, if sisters (nurses) provide care very well like this then will power will also increase. There will be feelings of being away from the mouth of death. If a person will power increases then their age also increases when nurses provide care very well.” (P8L206-208)*

***Moment to moment care.*** In this theme, when the patient participants experienced nursing care from time to time and received immediate care when needed, they felt comfortable and happy.

One of the patient participants stated that she felt comfortable when a ‘sister’ provided care on time because her pain was relieved. She stated:

*“Sisters (Nurses) used to come from time to time and when they (nurses) asked then it was comfortable for us (patients) also. Moreover, patient does not need to scream out for the sister. Also patient will be comfortable after pain will decrease if they come by themselves from time to time and ask and provide medicines.”(P3L159-162)*

In addition, another participant had expressed her experiences through the graphic illustration (Figure 22). The patient participant compares nurses as the birds and patients as the flower where the bird take care of the flower from being destroyed from the insects similarly the nurses looked after the patient frequently.

*“This flower can be assumed as the patient. Like, sisters (nurses) take care of we patients like the birds taking care of the flowers and not letting these flowers to be destroyed. Like the bird which removes the insects that come on these flowers (showing the flower in the drawing).I assume like that for me.....The nurse also comes frequently to look after us like the bird take cares of the flower from being destroyed by the insects.” (P5 L42-50)*



Figure 22. Receiving care moment to moment

The experience of other patient participants was that when the nurses came frequently on their own, the patient could express her problems at that time. She stated:

*“They (nurses) come to check me (patient) frequently for my own health and provide me medicines as I need. They come and look after me frequently. After they come and if I am feeling difficult then I am able to say, “This is happening with me”.” (P7L49-51)*

Furthermore, one of the patient participants expressed his experience that when the nurses came immediately on his call and promptly managed his problems he then felt happy.

*“They(Nurse) not only come when they have work but they also come at other times if they have some care in another bed then they will ask to me also  
“What am I doing?” They come immediately whenever we call them. I feel very good. It feels joyful that they come immediately when I call them. There will be frequent bleeding from my wound and if I call them then they come quickly and put the gauze piece over the wound.” (P11. L113-117)*

**Lived things: Acknowledging medicines as necessity for comfort.** In this theme of lived things patients acknowledged that when medicines were provided on time by the nurses it helped them feel comfortable.

One of the patient participants said that the medicines helped decrease the pain and he admired the nurses for providing the medicines. He stated that:

*“At the time of having severe pain when medicines are provided then it feels as if thorn has been provided from the body. When such care is provided to, people in pain by nurses while then it feels relaxed hence, I feel good... It was like exactly removing out the wound from the body when receiving medications and treatment and this is appropriate for admiring...To release the person in pain is admirable thing. I feel like that.” (P2 L46-47, 92-94, 103-104)*

Another participant experienced pain medicines as comfortable. She stated:

*“Sister (Nurse) gave me (patient) that medicine to eat also and now it is very comfortable otherwise there was some pain around my abdomen and chest.”*

(P11L113-115)

Another participant experienced that nurses provided him medicine along with counseling and he felt comfortable as the pain was relieved and he could fall asleep.

He stated:

*“I (patient) was having severe pain and was crying then one sister (nurse) came and counseled me a lot like this “Brother! Do not cry. Now you will be all right within sometime. You have already arrived at hospital. I will give you medicines which will decrease pain within 5 -10 minutes.” She said like this and gave me injection then really, within 5-10 minutes there was no pain. I came crying to hospital and was admitted at early morning around 4am in the emergency ward. I had not slept whole night in my home and after I received medicine from sister I was able to sleep comfortably as there was no pain in my wound.” (P8 L30-137)*

## Discussion

This section presents the discussion of the findings of the nurse participants and the discussion of the findings of patient participants.

### Discussion of Nurse Participants' Findings

The findings of the nurse participants, which have been described in terms of the five lived worlds, are discussed below:

**Lived self-others: Mutual understanding of the whole suffering.** This thematic category was expressed in two themes: 'valuing the understanding of the patient's whole suffering' and 'politely shared knowing and thoughts as family'. The theme of valuing the understanding of the patients whole suffering means that the nurse participants had a deeper understanding of the whole suffering of the patient.

This concept of understanding the person as a 'whole' is similar to the concept of Carper's (1978) aesthetic pattern of knowing. According to Carper (1978), "the esthetic pattern of knowing in nursing involves the perception of abstracted particulars as distinguished from the recognition of abstracted universals" (p. 18). Therefore, aesthetic knowing helps the nurse to interpret the patient's behavior in relation to the situation around him/her treating the patient as a whole being instead into several parts. Similarly, the nurses in this current study also appreciated the *whole* suffering of the patient and the *whole* suffering included physical and psychological sufferings aroused due to the patient's illness from cancer.

Furthermore, nurse participants understood their patient whole suffering by utilizing their empirical knowledge, work experience, and empathy to identify the patient's sufferings. Carper (1978) also specifies that empathy is an essential method in the aesthetic pattern of knowing in experiencing vicariously the feelings of others. Besides, other studies have specified that the aesthetic pattern of knowing in nursing involved empathy (Bergdahl, Wikstrom, & Andershed, 2007; Carnago & Mast, 2015; Oliveira, Garcia, & Toledo, 2017; Radhmer, Ashktorab, & Abedasaedi, 2015). In addition to understanding the patient's suffering through empathy, nurses also have utilized their knowledge and experience in understanding the sufferings of patients. Chinn and Kramer (2015) also considered that aesthetic knowing requires the nurses to have knowledge of the experience of nursing (art form) and the experience of health and illness. These two aspects grow as nurses become educated and have work experience or learn from the experience of other nurses (Chinn & Kramer, 2015).

In addition, Katims (1993) explained that nurses' personal experiences are logically connected to their interpretation of a client's particular situation, theoretical knowledge of principles of the human sciences, and practical knowledge gained from years of practice. Likewise, nurse participants in this current study stated that they applied the knowledge of the pathology and physiology of cancer disease to identify the patient's physical and psychological needs. Furthermore, the work experiences of the nurses in caring for cancer patients helped them identify the patient's reactions like anger, irritation, and acceptance when patients go through the cancer diagnosis and treatment phase.



Additionally, Boykin, Parker, and Schoenfoer (1994) mentioned that aesthetic knowing involves bringing together empiric, personal, and ethical patterns of knowing into the nursing situation. Thus, the nurse participants in this study appreciated the sufferings of the patients by applying various forms of empirical knowledge, their work experience, and empathy. However, the participants in this study did not visibly reflect the ethical knowing and personal knowing.

The next theme ‘politely shared knowing and thoughts as family’ demonstrated that the nurse study participants focused more on establishing a mutual relationship with the patient by building trust in the relationship along with the sharing of their knowing and thoughts as a family. This finding could be related to ‘mutuality’ which is one of the aspects of the co-creative aesthetic process proposed by Gaydos (2003). Gaydos (2003) described mutuality as an increased sense of others consisting of empathy and caring. Nurse participants expressed their “empathy” by placing themselves in a position of understanding the patient’s sufferings. The nurses experienced development of trust through polite communication with the patients.

Likewise, Gaydos (2003) also mentioned that trust and respect are also some of the characteristics of the healing relationship in mutuality. The nurse participant preferred to maintain polite communication with the patient by calling them “Father” “Mother”. This also reflects the Nepalese culture of polite communication where people respect and talk with each other depending upon the age of the person communicating with.

Additionally, Carnago and Mast (2015) mentioned that trust develops in a relationship when aesthetic knowledge was utilized in caring for a patient in the

emergency department and the patient could share his/her thoughts and problems with the nurse and the nurse could help the patient. Moreover, nurse participants in this study also observed that the nurses and patients shared their relationship as a family where there was sharing of thoughts and knowledge. This sharing occurred between the nurse and patient as patient had developed trust on the nurses because of the polite communication that nurses maintained denoting the patients as their family.

**Lived body: Sense of accomplishment.** The bodily experiences of the nurse participants were expressed through a thematic category ‘sense of accomplishment’ which is comprised of two themes: ‘happiness’ and ‘rise in confidence and satisfaction’. The theme ‘happiness’ illustrates that the nurses felt joyful and desired caring for the patients with cancer. The feelings of nurse happiness can be related with the thought of Kim (1993), where it was said that a nurse’s action becomes the object for aesthetic experience when these actions can satisfy judgments of taste regarding the beauty and pleasure felt by the nurses as creators and clients as observers. Hence, in this present study also, the nurses were able to feel the pleasure and appreciate the beauty in nursing care when they were able to witness improvement in the patient’s condition. Similarly, the patients felt pleasure as some nurses mentioned as they followed the patient’s condition and the patients were kept comfortable and the sufferings were relieved.

Likewise, the findings of a qualitative study conducted in Iran, “Nursing care aesthetics in Iran: A phenomenology” conducted by Radhmer, Ashktorab, and Abedasaeedi (2015), includes six themes. Out of these six themes, one theme was “Painful pass and pleasing” which represented a nurse’s enjoyment in alleviating the

patient's sufferings and calmness during stress and there was expression of inner satisfaction after patient recovery. Similarly, in the findings of this current study, the nurse participants also experienced happiness and a rise in confidence and satisfaction by providing the best and beneficial nursing care, which improved the patient's condition through their dedicated care, even though the nurses knew that the patient had a poor prognosis.

**Lived space: Creation of close space of caring-healing.** This thematic category of 'creation of close space of caring-healing' represents the lived space of the nurse participants in this study, which includes two themes: 'being genuinely accessible' and 'pleasant healing environment'. The nurse participants related that they were always genuinely present by the patient's side and they created a pleasant healing environment for the patients. Here, the nurse participants stated that they went to the patient's bedside to let the patient feel happy, comfortable, and have decreased feelings of loneliness even when they were busy with many tasks.

The theme of 'being genuinely accessible' can be supported with "movement within and through" which is one of the aspects of the co-creative aesthetic process as proposed by Gaydos (2003). In the movement within (rhythm), the whole person experiences physically within the processes through touching and non-touching, psycho-social-linguistically through speaking and silence, intellectually between analysis and synthesis, and transpersonally between moments of transcendence and stillness (Gaydos, 2003). While 'movement through' creates a pattern which illustrates the temporality of human experiences from engagement to new forms repeatedly. Similarly, in the current study, the nurses also moved towards the patient

bedside and communicated politely with the patient by holding hands and smiling which developed emotional attachment between the nurse and patient. Also, the patients did not feel lonely and they were able to share their problems with the nurses whenever necessary. The nurse participants also said that when they frequently went near the patient, the patient was made to feel, happy, safe, and comfortable. As well as, the nurses stated that even in their busy hours they stayed close to the patients by doing frequent follow-ups. For that reason, it can be seen that nurses created a movement in the space between the nurse and the patient in the hospital, which created comfort for the patients.

In this present study, the nurse participants also believed that they created a pleasing and healing environment. Nurses focused on maintaining cleanliness and hygiene of the patient's surroundings. This theme of 'pleasant healing environment' can be related to Florence Nightingales environmental philosophy. Additionally, Wikstorm (2002) also mentions in her study "Nurses' Strategies When Providing for Patients' Aesthetic Needs" that Florence Nightingale was also one who visualized aesthetic expressions as a significant part of nursing care.

Moreover, Florence Nightingale brought into reality by raising aesthetical questions about a beautiful view from the window, flowers on the table, a work of art to contemplate from the hospital bed, and music to listen to (Wikstorm, 2002). In Nightingale's environmental theory, there are 13 canons (Alligood, 2014). The canons include cleanliness of rooms and walls, health of houses, and variety, which are similar to the findings in this study where nurses focused on keeping the surroundings clean by changing the linens, removing open vials of medicines, and applying bright

colors on the walls. Thus, the nurses stated that creating a pleasant healing environment would make the patient feel comfortable, refreshed, less isolated, and not discriminated against. Moreover, if the nurses were able to create a friendly space between the patient and nurse, the patient was then able to share their deep feelings with the nurse.

**Lived Time: Transforming into brighter living.** This thematic category ‘transforming into brighter living’ reflects the nurse participants’ meaning of lived time, which includes two themes: ‘inspiring hope’ and ‘changing to a better life’. Nurse participants experienced that some patients with cancer became hopeful and were able to have a better life because they could witness changes in the patient’s behaviors and attitudes from the day of admission until the time of discharge. The thematic category of ‘transforming into brighter living’ can be further related to one of the dimensions of aesthetic knowing by Chinn and Kramer (2015), which is ‘envisioning’. The envisioning involves the nurse to imagine the results or ends after the nursing care. For nurses, the envisioned ends represent health and well-being that includes calmness, relaxation, comfort, and the ability to navigate certain health related situations (Chinn & Kramer, 2015). Additionally in this current study, nurse participants imagined that the end point of their care was the patient’s hope and better life, then they created care to move and change the patients toward this end point. They found that the well-being and quality of life of the patients improved and the patients moved from a state of hopelessness to being hopeful.

Furthermore, according to Lauro, Dancil, and Arguel-Belza (2017), oncology nurses empowered the patients to establish hope and reconciliation through rapport

and communication, touch intervention, enhancing faith, inserting humor during interactions, and helping the patients develop a positive outlook in life despite their condition. Similarly, in this current study the nurses also maintained good relationships with the patients by providing counseling for their treatment and diagnosis. The patients then developed some hope that their quality of life could be maintained even though the cancer was still there. Thus, the nurse participants stated that their nursing care experience was beautiful as they could develop positive feelings for the patient. Some of the nurses also mentioned that providing total care with love for their patients revived the patients from a withered stage.

**Lived things: Utilization of resources for appropriate care.** In this present study, the meaning of lived things is reflected by one thematic category ‘utilization of resources for appropriate care’ that has two themes: ‘creative suitable caring’ and ‘best use of the resources’. In this study, the nurse participants used the available resources to take care of the patient by using their creativity and imaginative skills to make it suitable for the patient. Therefore, these nurses’ actions can be related with the idea of Katims (1993) where it was stated that nurses create the nursing actions to be meaningful, worthwhile, and appropriate. Some of the nurse participants had the experience that some of their creative nursing actions could help the patients reduce their financial burden by minimizing the wastage of medicines and they said that using technology like social media could help them find blood donors for the patient. Therefore, the nurses appreciated the resources that they used for their patients to provide nursing actions.

In addition, the nurses in this study also used music according to the patient's preference for the type of music to relieve the patient from pain. These findings were similar to the findings of a study conducted by Wikstorm (2002) that described how and why nurses provide for a patient's aesthetic needs. The data were collected by face-to-face interviews with 165 nurses in five hospitals in Sweden. The nurse participants were asked their opinions of aesthetic means of expression in nursing care. Wikstorm (2002) found that some of the nurses used aesthetic means of expression, for example music to distract the patient from pain. The nurses offered the patients music from the radio connected to the patient's bed. The nurse participants in this study who were working in the palliative ward of this cancer hospital mentioned that continually playing religious music in the ward diverted the patient's mind from pain because the majority of the cancer patients came with complaints of pain.

In this study, the nurse participants did not demonstrate varieties in designing or innovating nursing care even though the work experience in this study ranged from 15 months to 10 years, and the majority of the nurses had completed their Diploma level of nursing. Moreover, Chinn and Kramer (2015) also mentioned that education and work experience influences the aesthetic knowing. However, the findings of this present study were similar with the study conducted by Radhmer, Ashktorab, and Abedasaeedi (2015) where it was mentioned that the themes related to creativity were also less expressed and, furthermore, the participants of this study were nurses who had completed a bachelor's degree and master's degree with 3 to 30 years of work experience. Radhmer, Ashktorab, and Abedasaeedi (2015) further clarified that the participants focused mainly on controlling the situations and dealing with challenges.

Likewise, in this present study nurses created nursing actions, which were appropriate for the patients by utilizing the available resources they had to take care of the patients.

### **Discussion of Patient Participants' Findings**

The findings of the patient participants, which have been described in terms of the five lived worlds, are discussed below:

**Lived self-others: Appreciation of gentle caring as family.** In this study, the meaning of self-others for patient participants was 'appreciation of gentle caring as family', which consists of two themes: 'communicating polite caring' and 'being nurtured as a family'. This is similar to the findings of a study conducted by Appleton (1993) in a qualitative study entitled "Art of nursing: The Experience of Nurses and Patient" that revealed that the nurse's open and honest communication created a sign for the patients that the nurse is sincerely concerned for their well-being and willing to become involved with them in helping. Similarly, in this current study the patient participants also experienced that the nurses took care of them through polite communication and behaved as their own family would. Polite communication and behavior as described by the patient participants were nurses talking with patients by calling them "Father" or "Mother" and also the nurses art of providing care was similar to receiving care from a mother. Consequently, the patients became happy as they felt being respected which also increased their will power.

In this current study, the patient participants had the perception that they were cared for as a family member would care for them and used polite communication and



behavior. Thus, we can consider this as one of the strategies to engage in providing nursing care by developing acceptable nurse and patient relationships. Likewise, Gaydos (2003) describes the first aspect of aesthetic co-creative process as engagement, which means development of a relationship between the co-creators. The co-creators here are the nurses and clients. The foundation of engagement is valuing the other person and process. Now, in this study, the person is the cancer patient who experienced the relationship with the nurse as though she were a family member and the patients were respected and experienced happiness along with increased will power.

**Lived body: Receiving a new life.** In this present study, lived body was experienced as ‘receiving a new life’ that consists of two themes: ‘sense of having been reborn’ and ‘healing of the body’. This thematic category ‘receiving new life’ can be further related with the concept of Kim (1993). According to Kim (1993) “the nurses' actions as art become the objects for aesthetic experiences to the extent that such actions satisfy judgments of taste regarding the beauty and felt pleasures by both nurses as the creators and clients as the observers”(p. 281). And so, patient participants in this current study who received nursing care from the nurses also experienced the beauty and pleasure. The participants related their experiences as a sense of having a new life and being healed through the nurse’s care. They found admirable changes in themselves as some of the participants reflected their experiences of becoming beautiful like a flower from the withered stage.

Furthermore, according to Chinn, Maeve, and Bostick (1997) they stated in their article “Aesthetic inquiry and the art of nursing” that movement places the nurse

artist into a physical relation with the situation and it is often the medium through which healing connections become manifest. Further, the concept of rhythmic flow depicts the artistic, transformative, and healing qualities rooted in the nurse's movements achieved when there is a harmonious connection of mind-spirit-body (Chinn, Maeve, & Bostick, 1997). Also in this study, the nurses' expressions of love, smile, gentle touch, polite communication, and encouragement were some of the movements made by the nurses through which the patient participants felt as though the disease was being healed. When the nurses smiled, touched the patient, and used their communication simultaneously it was a kind of rhythmic flow which made the patient participant experience less pain, increased self-confidence, a feeling that the disease was being healed, and the sense of having been reborn again.

**Lived space: In the midst of clean and friendly space.** The meaning of lived space for the patient participants was described under one thematic category, 'in the midst of clean and friendly space', and it further consists of two themes: 'appreciation of clean space' and 'being in friendly space'. The theme 'appreciation of clean space' means that the patients appreciated the nurses who took care of their hygiene and cleanliness for their good health; hence, this finding can be further related to the environmental theory of Florence Nightingale. There are 13 canons in Nightingale's environmental theory (Alligood, 2014). Two of the canons, personal cleanliness and bed and beddings, are similar with the findings of this present study. Personal cleanliness means that the nurses attempted to keep the client dry and clean at all times while the nurses keep the bed and beddings dry and wrinkle free, and at the lowest height. Hence, in this study, the patient participants also stated that the nurses

encouraged the patients to take care of their personal hygiene such as combing their hair, brushing their teeth, and cleaning their bed.

Additionally, Timmermann et al. (2015) explored the patient experience of being in the hospital and meaning assigned to the environment during serious illness. The findings stated that the hospital environment has a strong impact on a patient's emotions and well-being. Furthermore, the findings revealed a sense of homeliness to patients when their personal items surrounded them and when they able to perform their familiar daily rhythm. Additionally, this could maintain the patients' sense of well-being and positive emotions (Timmerman et al., 2015). In this current study, the participants focused more on the environment that the nurse created for them that was clean and friendly where they were able to share their problems with the nurses. Moreover, the patients appreciated the nurse's assistance in helping them maintain their personal hygiene, which reduced their feelings of being sick. These findings were different from the characteristics of the patient participants in a study by Timmerman et al. (2015). They conducted a study among patients with various life threatening illnesses such as cancer, liver cirrhosis, severe lung disease, and cardiac embolisms. However, in this current study all of the participants were patients with cancer.

**Lived time: Hopeful moment to moment.** In this study, the patient participants meaning of lived time was described through one thematic category, 'hopeful from moment to moment', and includes two themes: 'being hopeful' and 'moment to moment care'. These findings were similar to the findings of Appleton (1997) where it was stated that nurses created nursing care by 'taking more time to

care' and 'giving their very best' and this art of nursing they experienced was a 'totally different practice' from other encounters of nursing they had experienced. Thus, in this current study the patients also related that the nurses provided continuous care for them and were present at their side whenever needed and the nurses showed their presence to the patient by coming and asking questions frequently that made the patients feel comfortable. Also, the patients acknowledged that due to the timely care received from the nurses there was progress in their health status which had made them hopeful for a longer life and recovery. Furthermore, the patient participants developed positive feelings that included increase in will power, happiness, and comfort.

Additionally, some descriptive studies used the Care-Questionnaire developed by Larson to assess the caring behaviors of nurses. They found that 'Being accessible' and 'Monitors and follows through' were of the highest priority for both the oncology nurses and oncology patients (Azimzadeh et al., 2013; Zamanzadeh et al., 2010). Thus, these findings were similar to the experiences of the patient participants in this present study where the patients with cancer also described their experience as being comfortable when the nurses come and asked them frequently about their condition. Consequently, they became happy when the nurses responded immediately to them.

**Lived things: Acknowledging medicines as necessity for comfort.** This existential theme of materiality describes how things are experienced by patients with cancer to the phenomenon of aesthetics in nursing practice. In this study, the patients with cancer related their meaning of lived things as 'acknowledging medicines as necessity'. The patient participants experienced that receiving medicines when

required on time was the most comfortable thing for them because they had relief from the pain. The nurses not only simply provided the medicines but also provided counseling on appropriate pain relief. In addition, the literature specified that pain is one of the common symptoms experienced by patients with cancer (Karabulu et al, 2010; Nayak et al, 2015; Tiwari, 2017). Pain relief medicines are valued as material things in the lived world of materiality in the lived experience of patients with cancer. Giving pain relief medicines on a timely basis is acknowledged as aesthetic in nursing practice for cancer patients.

Additionally, Kim (1993) states that self-presentation and creativity were found to be important in aesthetics in nursing practice. Self-presentation is made by the nurses through their physical, behavioral, and discursive actions with clients and their families in the specific clinical situation. The relationship between the nurse, client, and the situation becomes satisfactory, fulfilling, and pleasant. Hence, in this study, the patient participants also stated that the nurses made their self-presentation by coming on time to provide medicines for the patients and relieving their pain that induced a sense of comfort for the patients. In addition, creativity can be related with the technique of providing medicines where some of the participants stated that the nurses counseled them along with giving medicines.

Also, Chinn and Kramer (2015) described in one of the dimensions of aesthetics knowing as “creative processes” where for nurses the envisioned end points represented health and well-being that included calm, relaxation, comfort, and the ability to navigate certain health related situations. Also, in this current study, the patients felt relaxed and comfortable after receiving medicines and the patients even

admired the nurse's actions of providing medicines on time and when necessary. However, since the patient participants were asked about their experience of receiving aesthetics in nursing practice, the patients with cancer focused less on the material things around them, and instead they were concerned more with the nurse's actions and the way of delivering the nursing care.

Therefore, from the discussion of findings in relation to previous studies it has been found that polite communication is appreciated by both the nurses and patients by admiring being cared as a family. Similarly, the expressions of touch and smile were also found in previous study like in this present study. Also, nurses' sense of accomplishment like happiness, and increase in confidence and satisfaction were also found in previous studies. Further, this current study revealed that patient could also experience having been reborn through aesthetics in nursing practice. Whereas, hope experienced by the patients and nurses has also been mentioned by various experts previously while describing the concepts of aesthetics in nursing practice. In addition, receiving care moment to moment and frequently is found to be essential for patients with cancer also nurses mentioned that they should be accessible for the patients. Furthermore, in this study, patients with cancer considered receiving medicines on time by nurses provided comfort for them whereas nurses considered on utilizing the resources for providing appropriate care to the patients with cancer.

## Chapter 5

### Conclusion and Recommendations

This hermeneutic phenomenological study underpinned by Gadamerian philosophy aimed to describe the meanings of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer at a cancer hospital in Bhaktapur, Nepal. The study was conducted from the last week of February 2019 to mid-May 2019. The researcher collected data by asking the participants to illustrate their experience of providing and receiving aesthetics in nursing practice in two groups of study participants. Graphic illustrations followed by in-depth interview were the methods of data collection. The individual interview time was around 45 minutes to 60 minutes. The data were analyzed using van Manen's approach. A summary of the findings, strengths, and limitations of the study, and recommendations are included in this chapter.

#### Summary of the Findings

In this study, the two groups of study participants included nurses and the patients. The findings of each group of study participants are described below.

**Summary of findings of nurse participants.** There were 16 nurse participants in this study. The ages ranged from 22 years to 35 years. The length of working experience in the cancer hospital ranged from 1.25 years to 10-years. The majority of the nurses (10 out of 16 nurses) had a diploma degree in nursing while six of them had a bachelor degree in nursing.

This study revealed the meanings of aesthetics in nursing practice as experienced by Nepalese nurse participants within the five lived worlds. In the lived self-other or relationality mutual understanding of the whole suffering, there were two themes that valued the understanding of the patient's whole suffering and shared knowing and thoughts as family. Nurse participants had a deep understanding of the patients' sufferings through their empirical knowledge, work experience, and empathy. Further, they created a mutual relationship with the patients where trust was developed which further enhanced sharing knowledge and thoughts between the nurse and patient as a family.

In the context of lived body or corporality, the nurse participants experienced a sense of accomplishment with feelings of happiness and a rise in confidence and satisfaction. The lived space or spatiality was experienced as creation of close space of caring healing where the nurse participants were genuinely accessible for the patients and created a pleasant healing environment for the patients. Lived time or temporality was experienced as transforming into a brighter living where nurse participants felt that the patients with cancer became hopeful and were able to have a better life. Finally, for lived things or materiality, nurses utilized the resources for the appropriate care by using their imagination and creative skills and making the best use of the resources.

The description of aesthetics in nursing practice as experienced by Nepalese nurses is "*Mutual understanding of the whole suffering with creation of close space of caring-healing through utilization of the resources for creating appropriate care to transform the patients into brighter living and having a sense of accomplishment*".



**Summary of findings of patient participants.** Eleven patients were included as study participants in this study. Eight participants were females and three were males. The ages ranged from 27 years to 63 years. Out of the 11 patient participants, three of the females had breast cancer, two of the females had cancer of the ovary, one male patient had cancer of the stomach, one female patient participant also had cancer of the stomach, one female patient had cancer of the cervix, one male and one female patient had non-Hodgkins lymphoma, and one male patient had malignant spindle cell neoplasm of the right orbital area. The durations of cancer ranged from one month to six years. Currently, eight patients were receiving chemotherapy, two of the patients had undergone surgery, and one patient was receiving radiotherapy. Previously five patients had undergone surgery and one patient had received chemotherapy while the others had not received any treatment.

This study revealed the meaning of aesthetics in nursing practice as experienced by patients with cancer within the five lived worlds. In the lived self-others or relationality, patient participants appreciated gentle caring as family to be communicating polite caring and being nurtured as a family. In the lived body, patient participants experienced their body as a sense of having a new life where they felt like having been reborn again and being healed by receiving nursing care with expressions of love, smiling, and a gentle touch from the nurses. Now, in the context of lived space they felt being cared for in a clean and friendly space where their personal cleanliness and hygiene was maintained and they were able to share their problems freely with the nurses. Additionally, under lived time patient participants experienced being hopeful and receiving moment to moment care which means that they were

becoming hopeful for recovery and a longer life because they were being taken care of by nurses frequently and every nursing care was provided on time when required. Under the lived things, participants acknowledged medicines as necessary for comfort because they felt that when nurses provided medicines when required then the pain was relieved and they felt comfortable and relaxed.

The description of the aesthetics in nursing practice as experienced by patients with cancer is *“Appreciating the gentle caring as family in the midst of clean and friendly space with the feeling of new body by being hopeful and admiring moment to moment care along with acknowledging the medicines as necessity for comfort”*.

To summarize, both the nurses and patient participants considered polite communication and being cared as own family to be beauty in nursing practice. This polite communication of calling the patient as “Father” and “Mother” also reflects the Nepalese culture of respecting each other through communication. In addition, nurse’s experience of witnessing patient changes to better life was similar with the patient experience of being reborn. Further both the nurse and patients with cancer consider hope as aesthetics in nursing practice. Similarly, both the nurse and patient admired receiving care continuously. In addition, both the nurses and patients admired the gentle touch and smile. Likewise, both the nurses and patients considered clean, hygienic, and friendly environment to be essential. Nurses also provided appropriate care for the patients by utilizing the resources available whereas patients with cancer acknowledged that receiving medicines on time is comfortable for them.

To conclude, aesthetics in nursing practice as experienced by both nurses and patients with cancer is *“Understanding person as a whole for healing the sufferings*

*and appreciating the gentleness in caring to enhance hope and sense of satisfaction through mutual creative process”.*

### **Strengths of the Study**

This study provides the meaning of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer. Moreover, in this study graphic illustrations were utilized followed by in-depth interviews, which provided a deeper understanding of the phenomenon of the study. In addition to this, some of the feelings and thoughts, which the study participants could not verbalize through words, could be reflected through the graphic illustrations. In addition, the credibility of the research study was maintained as triangulation could be done by using the graphic illustrations, participants interview transcriptions, and a reflexive journal of the researcher.

### **Recommendations**

According to the findings and discussions of this study, the following recommendations are suggested for nursing practice, education, and research.

**Nursing practice.** The findings of this study can help nurses in clinical settings to utilize and apply the knowledge of aesthetics in nursing practice. In this current study, the nurses stated that the sufferings of the patient should be deeply understood by creating a mutual relationship with patients where sharing of knowledge and thoughts can occur between nurses and patients. Likewise, nurses through empathy, knowledge and work experience can understand patient suffering

by having a mutual relationship with the patients, which consists of trust in nurse patient relationship.

Furthermore, nurses and patients both expressed their opinions that nursing care should inspire hope and that nursing care should be continuous which can improve the patient's life. Therefore, nurses in practice should focus on inspiring hope in patients which can lead to improvement in the patients and also the care should be provided on time. Also, patients reported that the caring space should be clean and friendly, where the patients can express their feelings openly with the nurses.

Whenever nurses provide care to the patients, they should be accessible to the patient immediately as necessary, be friendly, and develop a relationship as though they were family members of the patients who are able to encourage the patients to share their problems. Furthermore, by applying the knowledge of aesthetics in nursing practice, the quality of nursing care that the patient requires can be provided which can lead to patient comfort and satisfaction. As well as, the findings indicated that the happiness and satisfaction of the nurses increased, hence these feelings can inspire the nurses in their professional development.

**Nursing education.** The findings of this study contribute to enhancing the knowledge of aesthetics in nursing. Hence, the nursing educators can utilize the findings of this study to teach aesthetics in nursing practice to nursing students. Additionally, the nurse educators can further utilize the findings of this study to update the knowledge of nurses in clinical practice through continuing nursing education.

**Nursing research.** Researchers to develop tools to measure aesthetics in nursing practice for quantitative studies can utilize the findings of this study. Furthermore, experimental studies can be conducted by developing some interventional programs for the nurses or patients to implement aesthetics in nursing practice and identifying the efficacy.

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## **Appendices**



## Appendix A

### Demographic Data form for Nurses

Participant number:..... Time of interview:.....

Date of interview:.....

Place of interview:.....

### Personal Information Questionnaire

1. Age.....

2. Gender.....

3. Religion.....

4. Marital status.....

5. Educational level.....

6. Years of working experience on patients with cancer.....

7. Training or academic courses related to nursing care for cancer patients.....

## Appendix B

### Guided Interview Questions for Nurses

1. With your experience of providing nursing care of patients with cancer, would you please draw your reflection of the beautiful/ inspirational/satisfying nursing care experience? You can draw it now, or if you wish, you may take some time and when you are finished, please return yours drawing to me.

However, if you are willing to draw your reflection now, you can relax for some time by just closing your eyes and recall the experience(s) you had of providing nursing care to your patients who had cancer.

1.1 Can you describe or explain to me the drawing that you have drawn?

1.2 Can you explain to me what made motivated you to draw that way?

Further additional questions should be asked related to drawing like:

What are the meanings of these symbols in the drawing? Why have you drawn them?

What do you want to express through these colors? Why have you applied these colors?

*Note:* If the nurses are not willing to draw but willing to share experiences verbally then ask the following questions from 2-7.

2. Can you recall and describe those experiences of providing beautiful/ inspirational/satisfying nursing care experience with your patient with cancer?
3. What made you feel that your nursing care experience was a beautiful/ inspirational/ satisfying with your patient with cancer?

4. Can you explain to me what made motivated you to provide nursing care in that way?
5. What were the nursing actions that you took to care for the patients to make the nursing care experience beautiful/inspirational/satisfying?
6. What were the reactions of patients, and their family members or other health care professionals after providing this care?
  - 6.1. Why do you think the patient /family members respond in that way to the nursing care you provided?
  - 6.2. What were the changes that you found in patient while providing the nursing care in the way you have described?
7. What were yours feelings after getting the reactions from the patient and others (family/ nurses/ other health care professionals?)

Further, questions were asked to encourage the participants in between like “Can you explain me more about...? What does it mean...? What is like...?”

**Closing:** Thank you very much for participating in this interview and providing your valuable time to me. I will you visit you again if I have some questions and you may contact me too if you have any queries.

## Appendix C

### Demographic Data Form for Patients

Participant number:..... Time of interview:.....

Date of interview:.....

Place of interview:.....

**Informed Consent:** Participant will be asked to sign informed consent according to their willingness to participate

#### Personal Information Questionnaire

1. Age.....

2. Gender.....

3. Religion.....

4. Educational level.....

5. Marital status.....

6. Occupational Status:.....

(Note: Data for question number 7, 8 and 11 obtained from the patient chart)

7. Diagnosis of Cancer .....

- 8. Stage of Cancer.....
  
- 9. Duration of years of cancer.....
  
- 10. Symptoms at present.....
  
- 11. Past treatment of cancer .....
  
- 12. Present treatment of cancer .....

## Appendix D

### Guided Interview Questions for Patients

1. With your experience of receiving nursing care from nurses, would you please draw the reflection of beautiful/admirable/satisfying nursing care experience? You can draw it now, or if you wish, you may take some time and when you are finished, please return your drawing to me.

However, if you are willing to draw your reflection now, you can relax for some time by just closing your eyes and recall the experience(s) you had of receiving nursing care.

- 1.1. Can you describe or explain to me about the drawing that you have drawn?

- 1.2. Can you explain to me what made motivated you to draw that way?

Further additional questions will be asked related to drawing like:

What are the meanings of these symbols in the drawing? Why have you drawn them?

What do you want to express through these colors? Why have you applied these colors?

Note: If the patients are not willing to draw but willing to share experiences verbally then ask the following questions from 2-6.

2. Can you recall and describe me those experiences of receiving beautiful/admirable/satisfying nursing care experience from your nurses?

3. What made you feel that your nursing care experience was a beautiful/ admirable/ satisfying with nurses caring for you?
4. What were the benefits of receiving nursing care to you in the way you described?
5. What were your feelings when receiving this nursing care?
6. What were the reactions of your nurse, family members or other health care professionals after providing this nursing care for you?
  - 6.1. Why do you think the nurse and family members respond in that way to that nursing practice?

Further, questions were asked to encourage the participants in between like “Can you explain me more about...? What does it mean...? What is like...?”

**Closing:** Thank you very much for yours participation in this interview and for providing your valuable time to me. I will you visit you again if I have some questions and you may contact me too if you have any queries.

## **Appendix E**

### **Informed Consent for Nurses**

Research Title: Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer

1. Investigator: Pratiksha Dahal

My name is Pratiksha Dahal, a Master's of Nursing Science student (International Program), Faculty of Nursing, Prince of Songkla University, Thailand. I am conducting a research study entitled "Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer." The objective of this study is to describe the meanings of aesthetics in nursing practice as experienced by Nepalese nurses and patients. This study is conducted under supervision of advisor: Assoc.Prof. Dr. Waraporn Kongsuwan.

Ethical Board Committee of Prince of Songkla University has reviewed the procedures of this study. If you decide to participate in this study, you need to provide some of your socio demographic information then you need to reflect through a graphic illustration, which depicts the aesthetics in nursing practice for patients with cancer. After the drawing you are required to interpret the drawing verbally hence I will make an audio recording of it and obtain note during the process. There will be no risk or harm to you during the study. If you feel uncomfortable during the interview, you can ask me stop the interview. If you feel emotional and want to ventilate your feelings the researcher will provide psychological support but if you report any physical discomfort the researcher will assist to contact for consultation to the physician if necessary. This interview may last from 45-60 minutes. If I need more



information from you, we will set up another interview session as per the feasible date, time and place for you. The results of this study will be published but all the information you if is drawing and interview recordings will be kept confidential. Your name will not be included in the paper instead a code will be provided. Researcher and her advisor will only be able to access the data.

Your participation is voluntary and if you want to withdraw any time, you can do it without hesitation. There is no penalty to withdraw from study. Your participation will be appreciated. The results of this study will help to contribute development of knowledge in providing aesthetic nursing care to the cancer patients and improve standards of nursing profession. During the session, you are free to question about the content and have a discussion. The researcher will welcome your experience and knowledge.

Moreover, if you have any question about the study, you please contact Miss Chayanit Pudpong, Center for Social and Behavioral Sciences Institutional Review Board, Prince of Songkla University cellphone number 074286475 and by email at [chayanit.p@psu.ac.th](mailto:chayanit.p@psu.ac.th)

If you wish to participate in this study, please sign in the section below. If you have any questions regarding the study with the researcher and researcher, advisor you can call or write to the researcher or researcher advisor at the contact address provided below.

**Contact Address****Researcher Address**

Pratiksha Dahal

Master of Nursing Science

Faculty of Nursing

Prince of Songkla University, Thailand Email waraporn\_kongsuwan@yahoo.co.uk

Mobile no: 660970575387/ 9779841674767

Email: pratikshadahal9@gmail.com

**Advisor Address**

Assoc. Prof.Dr.Waraporn Kongsuwan

Faculty of Nursing

Prince of Songkla University, Thailand

Mobile no: 660824284274

**2. Consenting Participant**

I am (Mr./ Mrs./ Miss), Name..... Surname.....

If I have any suspect about this study, I have right to ask any question from the researcher if the explanation from the researcher is unpleasant. I also have the right to withdraw my participation at any time during the study without any consequence. I was informed, have understood all information according to the study, and is ready to participate in this study.

.....

Signature of Participant

(Date/ Month/ Year)

.....

Signature of the Researcher

(Date/ Month/ Year)

.....

Signature of Witness

(Date/ Month/ Year)

Thank you for your cooperation and participation in this study.

## **Appendix F**

### **Informed Consent for Patients**

Research Title: Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer

Investigator: Pratiksha Dahal

My name is Pratiksha Dahal, a Master's of Nursing Science student (International Program), Faculty of Nursing, Prince of Songkla University, Thailand. I am conducting a research study entitled "Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer". The objective of this study is to describe the meaning of aesthetics in nursing as experienced by Nepalese nurses and patients with cancer.

The Ethical Board Committee of Prince of Songkla University has reviewed the procedures of this study. If you decide to participate in this study at first you are required to provide some socio demographic information. As the participant of this study, you are required to reflect through a graphic illustration, which depicts aesthetics in nursing practice, which you experienced from the nurses who took care of you during hospitalization. Further, I will ask you to interpret and describe me about the graphic illustration, which will share your experiences. I will make an audio recording of the experiences and note taking during this process. There will be no risk or harm to you during the study. If you feel uncomfortable during the interview, you can ask me stop the interview. If you feel emotional and want to ventilate your feelings the researcher will provide psychological support but if you report any physical discomfort the researcher will assist to contact for consultation to the

physician if necessary. This interview may last from 45-60 minutes. If I need more information from you, we will set up an interview session as per the feasible date, time and place for you. The results of this study will be published but all the information you provided will be kept confidential. Your name will not be included in the paper instead a code will be provided. Researcher and her advisor will only be able to access the data.

Your participation is voluntary and if you want to withdraw any time, you can do it without hesitation. There is no penalty to withdraw from study. Your participation will be appreciated. The results of this study will help to contribute development of knowledge in providing aesthetic nursing care to the cancer patients and improve standards of nursing profession. During the session, you are free to question about the content and have a discussion. The researcher will welcome your experience and knowledge.

In addition, if you have any question about the study, you please contact Miss Chayanit Pudpong, Center for Social and Behavioral Sciences Institutional Review Board, Prince of Songkla University cellphone number 074286475 and by email at [chayanit.p@psu.ac.th](mailto:chayanit.p@psu.ac.th)

If you wish to participate in this study, please sign in the section below. If you have any questions regarding the study with the researcher and researcher, advisor you can call or write to the researcher or researcher advisor at the contact address provided below.

**Contact Address:**

**Researcher Address**

**Advisor Address**

Pratiksha Dahal

Assoc. Prof.Dr.Waraporn Kongsuwan

Master of Nursing Science

Faculty of Nursing

Prince of Songkla University, Thailand

Prince of Songkla University, Thailand

Mobile no: 660970575387/

Mobile no: 660824284274

9779841674767

Email: waraporn\_kongsuwan@yahoo.co.uk

Email: pratikshadahal9@gmail.com

2. Consenting Participant

I am (Mr./ Mrs./ Miss), Name..... Surname.....

If I have any suspect about this study, I have right to ask any question from the researcher if the explanation from the researcher is unpleasant. I also have the right to withdraw my participation at any time during the study without any consequence I was informed, have understood all information according to the study, and is ready to participate in this study.

.....

.....

Signature of Participant

(Date/ Month/ Year)

.....

.....

Signature of the Researcher

(Date/ Month/ Year)

.....

.....

Signature of Witness

(Date/ Month/ Year)

Thank you for your cooperation and participation in this study

## **Appendix G**

### **List of the Experts for Validity**

1. Assist. Prof. Dr. Luppana Kitrungrote  
Faculty of Nursing, Prince of Songkla University
2. Prof. Dr. Rozzano C Locsin  
Tokushima University, Japan
3. Lecturer. Sunita Limbu  
Everest Nursing Campus, Purbanchal University, Nepal

**Appendix H**  
**Field Note Record Form**

Date of interview:

Time of interview:

Place of interview:

Participants of the study: Nurse  Patient

*Field Note*

Question Number	Key notes observed	Researcher Interpretation to respondent answer	Remarks (Participants non verbal reactions, any external stimulus like any interruption in the interview)

## **Appendix I**

### **Advertisement for Recruitment of Study Participants**

#### **(For Nurses)**

**Research Title:** Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer

**Research Objective:** To describe the meaning of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer.

**Significance of the study:** This research study will help to generate valuable knowledge in terms of aesthetics in nursing practice. The nurses can plan and provide aesthetics in nursing care to their patients with cancer. Hence, the viewpoints of nurses caring for patients with cancer is necessary to be explored and meanings need to be interpreted accordingly.

#### **Inclusion Criteria for Research Study Participants:**

Nurses who meet the following inclusion criteria:

1. registered Nurses working in this cancer hospital,
2. having more than one year of work experience in cancer,
3. having experience of providing beautiful /appreciative /inspirational / satisfying nursing care to the adult and elderly patients admitted with cancer at this hospital and
4. willing to participate and share her experience.

**Data collection Method:** Participants in this study are required to draw their reflection of experiences of receiving aesthetics in nursing practice. However, if they cannot draw the participants can only share their experience verbally.



The interview will be conducted in a safe and comfortable place where privacy and confidentiality can be maintained. The length of interview will be 45-60 minutes however if necessary a next interview will be scheduled depending upon the date and time provided by the study participants.

Researcher will make an audio recording of the interview and carry field notes. Both the researcher and participants will sign an informed consent but the participants can withdraw any time if they want and no penalty is present for withdrawal.

There are no potential risks and involved in this study. However, if the participants become emotional the research will provide emotional support. In addition, if any physical discomfort is reported then the researcher will stop the interview and provide support to contact the physician.

The researcher and thesis advisor will access the data gathered by this study. The name of the study participants will not be disclosed.

**This research is part of requirement to fulfill researcher academic requirement for Masters in Nursing Program of Prince of Songkla University, Thailand.**  
**The researcher welcomes any interested participants who meet inclusion criteria.**  
**You can contact the researcher through the Phone number or email address provided.**

**Researcher contact details:**

Pratiksha Dahal

Permanent Address: Kathmandu, Nepal

Temporary Address: Prince of Songkla University, Hatyai, Thailand

Phone Number: 977984167479

Email id: pratikshadahal9@gmail.com

## Appendix J

### Advertisement for Recruitment of Study Participants

#### (For Patients with Cancer)

**Research Title:** Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer

**Research Objective:** To describe the meaning of aesthetics in nursing practice as experienced by Nepalese nurses and patients with cancer.

**Significance of the Study:** This research study will help to generate valuable knowledge in terms of aesthetics in nursing practice. The nurses can plan and provide aesthetics in nursing care to their patients with cancer. Hence, the viewpoints of patients with cancer is necessary to be explored and meanings need to be interpreted accordingly.

#### **Inclusion Criteria for Research Study Participants:**

Patients with cancer who meet the following inclusion criteria:

1. patient with any cancer diagnosis and at any stage,
2. age more than 18 years,
3. patient admitted and discharged from this cancer hospital,
4. having experience of receiving beautiful/admirable/satisfying nursing care from the nurses in this cancer hospital and
5. willing to participate and share his/her experience

**Data collection Method:** Participants in this study are required to draw their reflection of experiences of receiving aesthetics in nursing practice. However, if they cannot draw the participants can only share their experience verbally.

The interview will be conducted in a safe and comfortable place where privacy and confidentiality can be maintained. The length of interview will be 45-60 minutes however if necessary a next interview will be scheduled depending upon the date and time provided by the study participants.

Researcher will make an audio recording of the interview and carry field notes. Both the researcher and participants will sign an informed consent but the participants can withdraw any time if they want and no penalty is present for withdrawal.

There are no potential risks and involved in this study. However, if the participants become emotional the research will provide emotional support. In addition, if any physical discomfort is reported then the researcher will stop the interview and provide support to contact the physician.

The researcher and thesis advisor will access the data gathered by this study. The name of the study participants will not be disclosed.

**This research is part of requirement to fulfill researcher academic requirement for Masters in Nursing Program of Prince of Songkla University, Thailand. The researcher welcomes any interested participants who meet inclusion criteria. You can contact the researcher through the Phone number or email address provided.**

**Researcher contact details:**

Pratiksha Dahal

Permanent Address: Kathmandu, Nepal


Temporary Address: Prince of Songkla University, Hatyai, Thailand

Phone Number: 977984167479

Email id: pratikshadahal9@gmail.com

## Appendix K

### *Summary Reflections of the Graphic Illustrations of Nurse Participants*

Participant number	Graphic illustrations	Summary reflections
1		<p>The nurse participant drew a flower, which is blooming. The flower represents the patient. The blooming flower means that the patient's life has changed for the better because of the improved physical and psychological situations-when nursing care was provided. Previously the patient felt like a withered flower, but when nursing care was provided she felt better, radiating wellness, just like the flower blooming. This means the patient was able to have a better life than before.</p>


*Changing to a better life*

*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
2		<p>The mountains resemble the nurse’s confidence-as the patient recovers. There are three parts in the graphic illustration. The flower is the patient while the butterfly near the flower denotes the patient’s family and others. The dark clouds and the dark river on the first (left) panel represents sadness and empathy that the nurse experience for the patient. The flower, which is the patient, appears to be withered. Due to the foul smell of the cancer wound, the patient becomes socially isolated. The dark patches on the flower represent the patient’s physical and psychological sufferings, which will decrease as the nurses provide care, and the physical and psychological wounds are better, and the foul smell gone. The second and third panel (right) illustrate the patient being able to have social interaction again - as the butterfly (family and others) come nearer to the flower (patient). Having seen the patient become better, the nurse’s confidence increased. The rising sun represents the nurse’s satisfaction and happiness with her nursing care.</p>

*Rise in nurses confidence and satisfaction*



*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
4		<p>The nurse participant reflected her experience through this tree. The participant denotes the tree as the patient. She has made two different types of trees. The participant depicts the upper tree appearing to be “near death” with the braches devoid of almost all the leaves. This showed that the patient at the beginning was also distressed and withered like the tree. Later on however, the tree sprouted leaves again, appearing green which means that the patient is leaving again, her life was brought back when the nurses provided total care to the patient.</p>

*Bringing the life back*



*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*


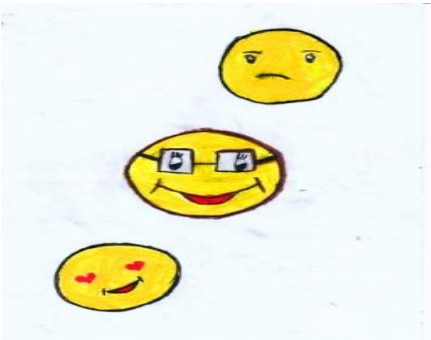
Participant number	Graphic illustrations	Summary reflections
5	 <p data-bbox="779 804 1039 839"><i>Mutual relationship</i></p>	<p>In this graphic illustration, the patient on the right hand side is lying on the bed while the nurse is on the left side with her blue-colored uniform. The patient is very curious to know about his medicines and the nurse is explaining in a way dependent upon the level of understanding of the patient. The nurse shares her knowledge through clear communication and the patient shares his understanding about the medicines, too. The sharing of knowledge and understanding assured the patient and developed trust in the treatment.</p>
6	 <p data-bbox="748 1230 1070 1265"><i>Freedom from sufferings</i></p>	<p>In this graphic illustration, the two birds at the right hand side represent the patient and on the other side is the cage that denotes the sufferings of the patient. The participant claims that when the patient is suffering from pain and when the medicines are provided on time, the patient feels comfortable and relieved from the pain and will be able to sleep better. This was achieved with the nurse's care.</p>

*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
7		<p>The nurse participant has reflected her experience through this heart. She has drawn the heart of the patient with different emotions. The nurse observed that when the patient comes at the hospital they have feelings of hopelessness and helplessness and with pain due to cancer. The first heart on the left side with the yellow bandage reflects a patient who has physical pain along with sadness. As the nurses provide care to the patient, the physical pain will be minimized, hence in the second picture there is no bandage but the patient is still sad. In the third picture, the patient has feelings like “Okay! Now I am being healed. Okay! Now I will recover” when the nurses go near the patient, provide nursing care, and talk politely by showing concern for the patient. Finally, the last heart in the right side reflects the patient’s happiness and hope by receiving nursing care and the patient has feelings of “Oho! I am happy now by showing muscles in the arms. Oho! I am now okay and healthy”.</p>

*Inspiring hope*

*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 8		<p>The same nurse participant made these two graphic illustrations. The drawing with the faces only reflect both the nurse's and patient's moods/emotions. The nurse feels sad when she saw the sad face of the patient in the beginning. Afterwards, when the patient is able to receive care from the nurse the patient becomes happier. After seeing the patient's happiness, the nurse also becomes happy.</p> <p>Similarly, the first drawing, which has a person flying with a parachute, is the nurse. This reflects the nurse's feelings of happiness in caring for the patient and having seen improvement in the patient.</p>
	<p><i>Happiness in successful caring</i></p>	
		
	<p><i>Journey of sadness to happiness</i></p>	

*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 9		<p>In this illustration, there are three candles. All of these candles symbolize the patient. The first section is where the patient comes to the hospital for being sick. The broken red candle denotes that the patient is in severe pain and disoriented. The sun on the right corner denotes the hospital where the patient comes with some hope. The blue color candle in the middle reflects the patient who is relieved from pain and made comfortable. Hence, everyone developed some hope for the patient's survival. The black scar in the candle means the cancer has already been metastasized to the brain, liver, and bone. There are houses near the candle in the left corner which means the patient was able to go back home with his family after the pain was relieved. Even though there was metastasis, when the patient's pain was relieved and the patient was discharged from the hospital everyone became hopeful that the patient might live for some more time. Ultimately, at the end, the patient dies and the nurse feels sad when seeing the patient dying. However, she felt that the patient had a peaceful death because his pain could be relieved for some time.</p>


*Hope for a longer life*

*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 10		<p>In this graphic illustration, the participant has made four different images, which have different meanings. The first drawing on the left hand corner is the cancer hospital. The nurse participant said that this illustration was made to express that she came to work in this cancer hospital as she had an interest in taking care of patients with cancer. The second image is that of a nurse and patient where the nurse is holding hands of the patient and is providing counseling to the patient. Through touching, emotional attachment between the patient and the nurse can develop. Moreover, sitting nearby and talking by holding hands can help in sharing thoughts. The third image at the left hand corner has the heart of the patient and the nurse is holding the patient's heart. It means that the nurse will always be there for the patient and will care for the patient as a whole by fulfilling all the needs of the patient, like the physical, psychological, social, and spiritual needs. The last image on the right hand corner means that the nurse feels happy sharing her knowledge about caring for cancer patients to the nursing students who come for a practicum course in that hospital.</p>


*Being genuinely accessible*

*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 11		<p>In this graphic illustration, a nurse is standing on the left side wearing a blue color uniform with a white coat. Next to the nurse, there is a patient sitting on the chair holding the colostomy bag. The nurse is facilitating the patient on how to take care of a colostomy. This facilitation is done in a pleasant environment with a friendly approach. If the environment is pleasant and friendly then the patient will be able to share their queries openly with the nurse like a married patient may have queries regarding their sexual life. Also, they can freely learn and share whatever they want related to colostomy care and both the nurse and patient feel happy and satisfied.</p>

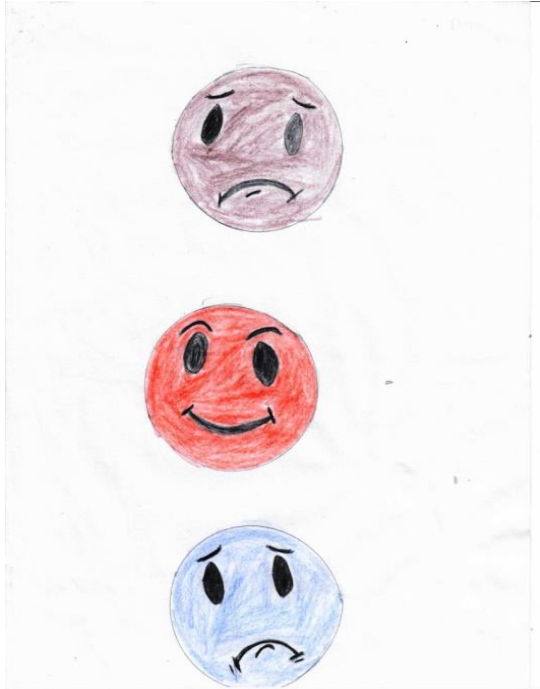
*Creation of pleasant healing space*

*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic Illustrations	Summary Reflections
Participant 13		<p>The nurse participant has illustrated a happy face to reflect her emotions of happiness. The nurse involved the patient and the family members for continuous long-term care of the patient. The nurse taught the patient and patient's family members to massage the limbs to reduce lymphedema. Since the participant mentioned that it is not possible to reduce lymphedema within one or two days, she wanted the patient and family members to be able to do the massage when they go back home. The nurse demonstrated the procedure of massage for the patient and family members. Previously, the patient was unable to walk due to lymphedema but at the next follow-up visit, the patient was able to walk and the lymphedema had decreased. The nurse participant became happy when the patient was able to walk.</p>

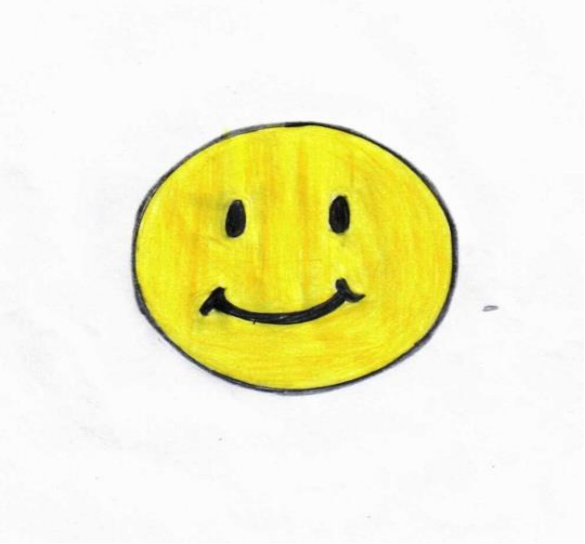
*Happiness*

*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 14	 <p data-bbox="801 1200 1025 1232"><i>Being empathetic</i></p>	<p>The nurse participant reflected her experiences of aesthetics in nursing practice through these faces of emotions. The first face is the feeling of sadness when nurses see a newly diagnosed patient with cancer being hospitalized for the first time. When the nurse maintains a good relationship with the patient by providing counseling about treatment and diagnosis, the patient will also develop some hope that the quality of life can be maintained even though the cancer is still there. The patient and family members then become happy and the nurse becomes happy when seeing that her patient is happy. But she felt sad and sometimes even cried upon the patient's death when she saw the family members crying. The brighter orange color is applied to reflect the happiness and the dull color is used in the first and last face to express sadness.</p>

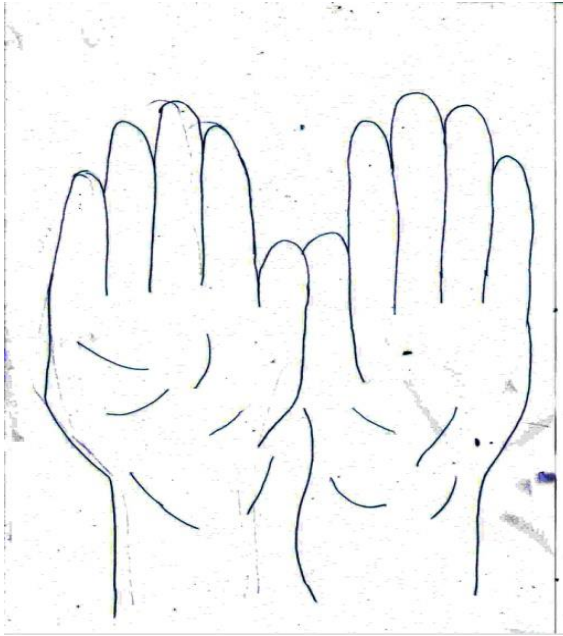


*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 15		This graphic illustration reflects the nurse's emotions of happiness when she received appreciation from the patient when the patient was comfortable with the nursing care she provided. The nurse felt happy that the nursing care she provided made the patient comfortable. The patient asked her (nurse) to do the dressing every time when she was on duty because the patient expressed comfort with the wound dressing done by her.

*Happiness in patient comfort*

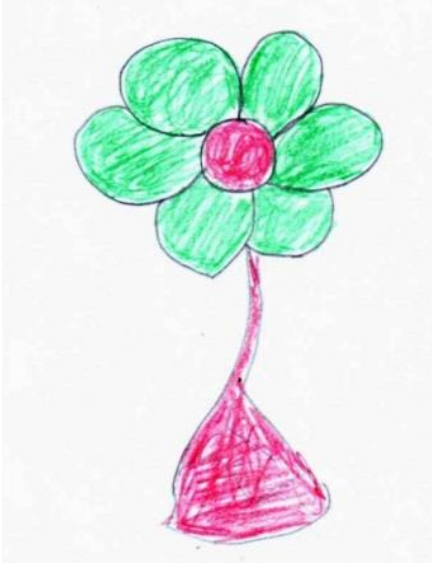
*Summary Reflections of the Graphic Illustrations of Nurse Participants (Continued)*

Participant number	Graphic Illustrations	Summary Reflections
Participant 16		<p>The nurse participant has reflected her experiences of aesthetics in nursing practice through this graphic illustration, which consists of the hands of the patient with cancer doing “Namaste” (Joining two hands together to pay respect to others in Nepalese culture). She further states that when the pain and suffering of the patient was relieved, the patient became very comfortable and thanked her by doing “Namaste”. She felt as if the patient hands were giving her blessings when she could provide comfort and satisfaction to the patient. The blessings meant to be a reward for the nurse and she felt to happy to care for the patients with the cancer.</p>

*Being blessed*


## Appendix L

### *Summary Reflections of the Graphic Illustrations of Patient Participants*

Participant number	Graphic illustrations	Summary reflections
Participant 3		<p>The patient participant has made a flower to resemble herself. From her experience, the flower symbolizes beauty. Hence, she felt that the nursing care she received was also beautiful like this flower. She experienced the nursing care as beautiful because of the polite communication and polite behavior of the nurses towards her. She felt happy in her heart when the nurses talked with her politely and behaved very well. She has used the red color to symbolize the peace in her mind when she received care from the nurses. Peace in mind means that she developed feelings of recovery. The green color that she applied related to the color of nature. She said she liked greeneries and she felt that she became like a flower, which has bloomed from a withered flower. Further, she mentioned that she had the sense of having a new body and feels more energetic than before.</p>


*Being blossomed*

*Summary Reflections of the Graphic Illustrations of Patient Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 4		<p>The patient's participation reflected her experience of aesthetics in nursing practice as this flower. Previously, she felt that she was a withered flower but after receiving care from the nurses, she feels that she has become like this beautiful rose flower. She applied red color because she feels her life has become brighter whereas the green color symbolizes a new life. She said the soil in the flowerpot is the nursing care, which she received, and this nursing care helped to give her a new life. She also stated that beautiful nursing care is like giving water to a flower. There were feelings of recovery like "I will survive. I will recover and feel healthier than before."</p>

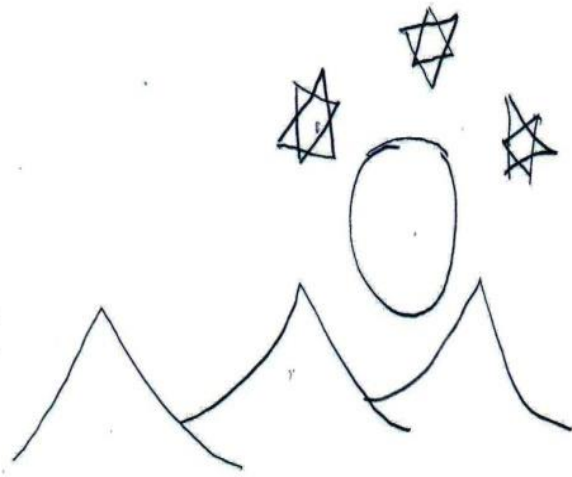
*Having been reborn*

*Summary Reflections of the Graphic Illustrations of Patient Participants (Continued)*

Participant number	Graphic illustration	Summary reflections
Participant 5		<p>The patient participant reflected her experience of aesthetics in nursing practice by relating herself to the flower and the bird to the nurse. According to the patient participant, the bird keeps on protecting the flower from being destroyed by the insects and similarly the nurse took care of her by coming near and frequently looking after her and relieving her pain.</p>


*Receiving care moment to moment*

*Summary Reflections of the Graphic Illustrations of Patient Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 6		<p>This patient participant expressed her experience through this graphic illustration where she has drawn a moon, which rises at night and spreads coolness. Therefore, the participant relates the coolness of the moon with the polite communication of the nurses, which made her feel, refreshed and had a soothing effect at her wound. She felt that half of her disease could be healed due to the nurse's way of communication. Furthermore, the pain in her wound was relieved due to polite communication of the nurse when the nurse was providing her education on hand exercises after the surgery of the breast. Also, she experienced less pain due to the nurses caring touch during wound dressing.</p>


*Being relaxed and refreshed*

*Summary Reflections of the Graphic Illustrations of Patient Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 8		<p>The patient participant reflected the experience of aesthetics in nursing practice through this graphic illustration where the participant has made a mother bird and a baby bird in the nest. The participant assumes the mother bird to be the nurse who feeds her baby from time to time. Similarly, the nurses also care and nurture through love and affection and provide medicine from time to time to the patient. While, the baby bird is the patient himself who is sick. He further expressed that the dull blue color was applied to the baby bird to indicate him as the sick patient and felt like a candle without light, which means about to die. Now, the mother bird, who is the nurse, has a brighter red color which reflects the nurses, who through their love and care and by giving medicines on time, has brightened his life. A brightened life means that nurses gave medicines on time and the pain decreased and he was able to go home.</p>

*Being nurtured*

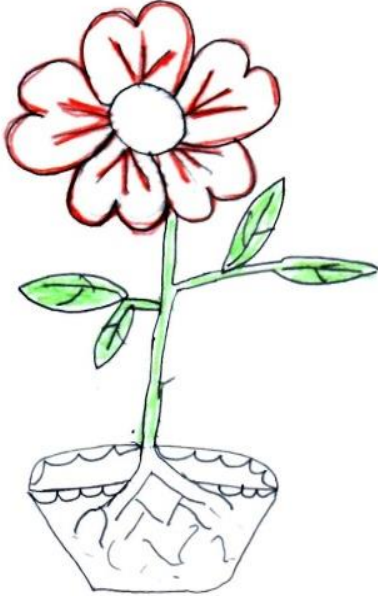
*Summary Reflections of the Graphic Illustrations of Patient Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 9		<p>The patient participant has reflected her feelings of experiencing aesthetics in nursing practice through a graphic illustration where she has drawn a flower known as “Marigold”. This flower has 100 petals and represents 100 years of life. In Nepalese culture, we worship with this flower and wear garlands of this flower wishing 100 years of life. Hence, she perceived that the nurses were wishing her 100 years of life like this flower through the care they provided. The patient participant also feels that she might be able to have a longer life through the care and support from the nurses. The yellow color in the flower reflects the brightness of hope in her life and the brightness means the stage of being free from disease and being healed.</p>

*Brightness of hope for a longer life*



*Summary Reflections of the Graphic Illustrations of Patient Participants (Continued)*

Participant number	Graphic illustrations	Summary reflections
Participant 10		<p>The patient participant reflected his experience through a flower. The participant says that flowers are soft and pure like the nurses who also have soft and pure hearts. The nurses take care of the patient from deep inside their heart without any selfishness. He has drawn a white flower with some orange color. The white flower means nurses have a pure heart and take care of him without any selfishness. Additionally, the orange color reflects the brightness that symbolizes the nurse's smile, which made him happy and relieved him of his pain.</p>

*Sincerity and softness of caring*

## Appendix M

### Letters of Approval



Certificate of Approval of Human Research Ethics  
Center for Social and Behavioral Sciences Institutional Review Board,  
Prince of Songkla University

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Document Number: 2018 NST – Qn 059

Research Title: Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer

Research Code: PSU IRB 2018 – NSt 052

Principal Investigator: Pratiksha Dahal

Workplace: Master of Nursing Science (International Program), Faculty of Nursing,  
Prince of Songkla University

Approved Document: 1. Human Subjects  
2. Instrument  
3. Invitation and Informed Consent

Approved Date: 19 December 2018

Expiration Date: 19 December 2020

This is to certify that the Center for Social and Behavioral Sciences Institutional Review Board, Prince of Songkla University approved for Ethics of this research in accordance with Declaration of Belmont.

*Waraporn*

(Assoc. Prof. Dr. Waraporn Kongsuwan)

Committee Vice-Chairman of Center for Social and Behavioral Sciences  
Institutional Review Board, Prince of Songkla University



Government of Nepal  
**Nepal Health Research Council (NHRC)**



Ref. No.: 1311

Date: 6 January 2019

**Ms. Pratiksha Dahal**  
 Principal Investigator  
 Prince of Songkla University  
 Thailand

Ref: **Approval of thesis proposal** entitled **Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer**

Dear Ms. Dahal,

It is my pleasure to inform you that the above-mentioned proposal submitted on **6 December 2018** (Reg. no. 772/2018) has been approved by Nepal Health Research Council (NHRC) National Ethical Guidelines for Health Research in Nepal, Standard Operating Procedures Section 'C' point no. 6.3 through Expedited Review Procedures.

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol. Expiration date of this proposal is **July 2019**.

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission. The researchers will not be allowed to ship any raw/crude human biomaterial outside the country; only extracted and amplified samples can be taken to labs outside of Nepal for further study, as per the protocol submitted and approved by the NHRC. The remaining samples of the lab should be destroyed as per standard operating procedure, the process documented, and the NHRC informed.


Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their research proposal and **submit progress report in between and full or summary report upon completion.**

As per your thesis proposal, the total research budget is **NRs 36,000** and accordingly the processing fee amounts to **NRs 10,000**. It is acknowledged that the above-mentioned processing fee has been received at NHRC.

If you have any questions, please contact the Ethical Review M & E Section at NHRC.

Thanking you,


**Prof. Dr. Anjani Kumar Jha**  
 Executive Chairperson


 Nepal Cancer Relief Society  
**BHAKTAPUR CANCER HOSPITAL**  
 in collaboration with  
 Government of Nepal  
 Rotary International and Local Community of Bhaktapur  
 Estd: 2051 B.S. (1995 A.D.)

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**Ref No.**

December 6, 2018




**The Nepal Health Research Council**  
Kathmandu, Nepal

**Subject: Regarding permission to collect data for thesis**

It is to inform you that **Mrs. Pratiksha Dahal ID.60104200008**, a master student of Nursing Science in Adult and Gerontological Nursing (International Program) from Faculty of Nursing, Prince of Songkla University, Thailand has been given permission to collect data for her thesis entitle *Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer* in our Hospital.

It is to request all the concerned authorities to help and guide her as per needful.

  
 .....6.12.2018  
**Raja Ram Tajale**  
 Hospital Administrator

**Cc:**

- The Senior Sister, Incharge
- Mrs. Laxmi Keshari Shrestha, Senior Sister
- Prof. Anjani Kumar Sharma Surgical Onco Ward
- Chemo Onco Ward
- Palliative Ward
- Emergency/ Supportive Ward
- Day Care Ward
- Annex Ward
- Deluxe Ward
- Reception Unit, Incharge: Please collect Rs.2500/- as per rules of hospital.
- **The Prince of Songkla University**  
Hat Yai, Songkhla, Thailand

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P.O. Box: 6, Bhaktapur, Nepal, Tel.: 6611532, 6614430, Fax: 6610941  
 E-mail: bccc@wlink.com.np, Website: www.bhaktapurcancerhospital.org



Nepal Cancer Relief Society  
**BHAKTAPUR CANCER HOSPITAL**

in collaboration with  
 Government of Nepal  
 Rotary International and Local Community of Bhaktapur

Estd: 2051 B.S. (1995 A.D.)

Ref No.

May 22, 2019



**To Whom It May Concern**

It gives me pleasure to certify that **Mrs. Pratiksha Dahal**, master student of Nursing Science in Adult and Gerontological Nursing (International Program) from Faculty of Nursing, Prince of Songkla University, Thailand had done data collection for her thesis on the Topic "**Aesthetics in Nursing Practice as Experienced by Nepalese Nurses and Patients with Cancer.**"

I found her sincere, hardworking and dedicated towards the work and eager in knowing new things related to concerned matters.

I wish her every success in her future endeavors.

.....  
**Jagannath Bhurtel**  
 Admin & Finance Controller

**VITAE**

**Name** Mrs. Pratiksha Dahal

**Student ID** 6010420008

**Educational Attainment**

<b>Degree</b>	<b>Name of Institution</b>	<b>Year of Graduation</b>
Bachelor of Science in Nursing	Nepal Institute of Health Sciences Kathmandu, Nepal	2010

**Scholarship Awards during Enrolment**

Thailand's Education Hub for Southern Region of Asean Countries (TEH-AC) scholarship funded by the graduate School, Prince of Songkla University

**Work Experience**

Nursing Instructor at Nepal Institute of Health Sciences, Nepal from  
November 2011 to August 2015

Nursing Officer at Hamro Sahayatri Hospital and Birthing Centre, Nepal from  
September 2015 to November 2016