AN EXPLORATION OF THE ART OF NURSING
IN NURSING EDUCATIONAL PROGRAMS IN IOWA

Melody Bethards, R.N., B.S.N.
Drake University

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AN EXPLORATION OF THE ART OF NURSING IN REGISTERED NURSE EDUCATIONAL PROGRAMS IN IOWA

by

Melody Bethards

Approved by Committee:

Sandra L. Sellers, RN, Ph.D.  4/30/02  Date
Major Thesis Advisor Name and Credentials

Cheryl A. Muddendorf, RN, MSN  4-30-02  Date
Committee Member Name and Credentials

Katherine H. Althaus, DNP  4-30-02  Date
Committee Member Name and Credentials
AN EXPLORATION OF THE ART OF NURSING
IN NURSING EDUCATIONAL PROGRAMS IN IOWA

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by
Melody Bethards, R.N., B.S.N.

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ABSTRACT

Using Peplau's interpersonal relations theory (1991), this study explored how nursing educational programs located in Iowa, that prepare students for the NCLEX-RN examination, conceptualize the art of nursing, teach the art of nursing, and integrate the art of nursing within the nursing educational curricula. In addition, the study explored whether complementary therapies are taught to emphasize the art of nursing within the educational curricula. All twenty-nine nursing educational programs in Iowa, that prepare students for the NCLEX-RN examination, were surveyed, using a three-page questionnaire developed by the researcher. Both quantitative and qualitative methods were used to analyze and evaluate the data obtained from six baccalaureate degree and six associate degree nursing educational programs. Analysis of the data revealed that the themes of interpersonal relations and caring were included most frequently in the definitions of the art of nursing. There were no statistically significant differences between baccalaureate and associate degree nursing programs related to the integration of the art of nursing within the curriculum or the extent of integration of the possible dimensions of the art of nursing (p > .05). Planned classroom learning experiences and clinical experiences to teach the art of nursing varied between the two types of programs. Differences between the types of programs and the teaching of complementary therapies were found, with baccalaureate degree nursing programs emphasizing the importance of complementary therapies more frequently. A lack of specific evaluation criteria and methods related to the art of nursing also were found in both types of programs. The findings of this study revealed that nurse educators in Iowa are making an effort to incorporate the art of nursing into the nursing curriculum. These programs need to continue to find ways to integrate the art of nursing throughout the curriculum and evaluate the art of nursing. Future research needs to focus on how other types of nursing educational programs define, integrate, and evaluate the art of nursing, as well as the use of complementary therapies as a means to teach the art of nursing. Criteria and methods to evaluate the art of nursing also need to be explored. This study can be used to assist nursing educational programs to examine their curricula and develop creative strategies for teaching the art of nursing.
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CHAPTER ONE
INTRODUCTION

Overview of the Problem

Since the early 20th century, nursing has been conceptualized as both a science and an art. The science of nursing is viewed generally as systematized nursing knowledge that is organized, classified, and based on empiricism. Peplau (1991) identified the nursing process, a five-step clinical problem-solving method that includes assessment, diagnosis, planning, implementation and evaluation, as a major aspect of nursing science. “Theory application during practice, planning, and evaluation is a scientific practice of nurses” (p. 12). According to Peplau, “established nursing knowledge--nursing’s basic theories--constitute the ‘normal science’ of the nursing profession” (p. 12).

The art of nursing is the imaginative and creative use of knowledge that advances human potential. Peplau (1991) described nursing as an “enabling, empowering, or transforming art” (p. 9). She proposed that people are touched at a very personal level by the art that nurses practice and concluded that both the art and science of nursing are essential for excellence in the performance of nursing’s mission.

Although there is a common understanding of nursing as a science, what is actually meant by the art of nursing is not well understood (Jenner, 1997). Humanistic aspects of care are believed to be an essential component of nursing, but frequently the art of nursing is not reflected within nursing education, where traditionally the sciences have been given higher status (Lafferty, 1997). “To give credence to the dual identity of nursing as an art and a science arguably requires a balance within the curriculum, with nursing’s art form acknowledged and promoted and its acquisition viewed as desirable” (Lafferty, 1997, p. 281). Lafferty challenged nurse educators to implement creative and
innovative teaching methodologies that integrate artistic knowledge into the nursing curriculum.

Purpose of Study

The primary purpose of this study was to explore how nursing educational programs teach the art of nursing in the preparation of registered nurses. Specifically, the study examined how nursing education programs located in Iowa, that prepare students for the National Council Licensure Examination for Registered Nurses (NCLEX-RN), conceptualize the art of nursing, teach the art of nursing, and integrate the art of nursing within the nursing educational curricula. In addition, the study explored whether complementary therapies were taught to emphasize the art of nursing within the educational curricula.

Research Questions

The research questions for the study were as follows:

1. **To what extent is the art of nursing integrated** within the curricula of nursing educational programs?

2. How do nursing educational programs conceptualize the art of nursing?
   a. **How is the art of nursing defined?**
   b. What dimensions of the art of nursing are emphasized?

3. How is the art of nursing integrated into the curricula of nursing educational programs?
   a. **Which courses** within the curriculum emphasize the art of nursing?
   b. What planned classroom learning experiences are used throughout the curriculum to teach the art of nursing?
4. Are complementary therapies that emphasize the art of nursing taught in nursing educational programs?
   a. What specific complementary therapies are taught?
   b. What planned classroom learning experiences are used to teach complementary therapies?
   c. What clinical learning experiences are used to teach complementary therapies?
5. How is the art of nursing evaluated by nursing educational programs?

Definition of Terms

The following definitions were used for this study:

1. Nursing educational programs were defined as all associate and baccalaureate degree nursing educational programs in Iowa that prepare students to take the NCLEX-RN examination.

2. The art of nursing was defined as the “intentional creative use of oneself, based upon skill and expertise, to transmit emotion and meaning to another. It is subjective and requires interpretation, sensitivity, imagination, and active participation” (Jenner, 1997, p. 11).

3. The five dimensions of nursing art were defined as the nurse’s ability to grasp meaning in relationships; the nurse’s ability to establish a meaningful connection with the patient; the nurse’s ability to skillfully perform nursing activities; the nurse’s ability to rationally determine an
appropriate course of action; and the nurse's ability to morally conduct his
or her nursing practice (Johnson, 1994).

4. The extent of integration in the nursing curriculum was defined by a 1-10
Likert scale, with “1” being no integration within the curriculum and “10”
being total integration within the curriculum.

5. The extent of emphasis in the nursing curriculum was defined by a 1-10
Likert scale, with “1” being no emphasis within the curriculum and “10”
being extensive emphasis within the curriculum.

6. Complementary therapies were defined as those independent, holistic
nursing interventions, within nursing's domain and scope of practice, that
complement traditional Western treatment modalities.

Overview of Theoretical Framework

Peplau’s theory of interpersonal relations provided the theoretical basis for this
study. Peplau first introduced this middle-range, psychodynamic theory in her book
*Interpersonal Relations in Nursing* in 1952. The central focus of her theory of
interpersonal relations is the nurse-patient relationship. Peplau (1991) contended that the
most important professional function of the nurse is “those involving understanding and
skill in establishing and maintaining effective therapeutic relationships with patients”
(p. ix) and, therefore, “there is a critical need to understand what goes on between the
nurse and patient” (p. ix). Peplau (1991) defined nursing as “a significant, therapeutic
interpersonal process...that functions cooperatively with other human processes that
make health possible for individuals in communities” (p. 16). “The primary goal of
nursing is health” (Peplau, 1952, p. 6).
Peplau (1991) described nursing as an “enabling, empowering, or transforming art” (p. 9). “The art of nursing is highly personal, always imprecise, and nonscientific” (Peplau, 1991, p. 10). She believed that patients are changed on a very personal level by the art nurses practice. “The art of nursing, its aesthetics aspect, is crucially dependent on the presentation of self of the nurse, especially as a concerned, caring, compassionate, competent person” (Peplau, 1991, p. 10)

Overview of the Literature Review

Historically, Florence Nightingale defined nursing as the finest of the fine arts—an art that required extensive devotion and preparation as any painter’s or sculptor’s work (Bruderle & Valiga, 1994). Nursing textbooks have introduced the concept of nursing as an art since Florence Nightingale. Yet the definition of art remains elusive.

In a 1965 nursing textbook, Price stated that the art of nursing is “demonstrated by the nurse’s ability to carry out nursing procedures with assurance and skill” (p. vii). More modern nursing textbooks revealed a more aesthetic view of nursing art. Taylor, Lillis, and LeMone (1993) defined the components of nursing art as caring, sharing, laughing, crying, touching, helping, believing in others, trusting, believing in yourself, learning, respecting, listening, doing, feeling, and accepting.

Nursing literature contains different definitions of nursing art. In 1994, Johnson conducted a dialectical examination of nursing art in the literature to help clarify its definition. Johnson’s study revealed the following five distinct dimensions of nursing art: the ability to grasp meaning in relationships; the ability to establish meaningful connection with the patients; the ability to skillfully perform nursing activities; the ability
to rationally determine an appropriate course of action; and the ability to morally conduct
his or her nursing practice.

Jenner (1997) conducted a conceptual analysis of the art of nursing. Her conceptual analysis supported Johnson’s (1994) dialectical examination of nursing as an art. Jenner’s (1997) conceptual analysis revealed that nursing as an art is

the intentional creative use of oneself, based upon skill and expertise, to transmit emotion and meaning to another. It is subjective and requires interpretation, sensitivity, imagination, and active participation (p. 11).

The influence of holistic nursing and complementary therapies on the art of nursing can be found in the literature. According to Fasano-Ramos (1999), holistic nursing combines the aspects of holism, caring, and healing to bring back what the author refers to as the heart of nursing. Rankin-Box (1993) ascertained that the interest in complementary therapies “reflects a movement towards regaining and reasserting the centrality of caring and the therapeutic aspects of nursing within a professional framework” (p. 31).

Bevis (1988) called for nursing education to create curricula that legitimize the teaching of inquiry, reflection, independence, creativity, and caring. Lafferty (1997) challenged nurse educators to develop creative and innovate teaching and learning methods to integrate artistic knowledge into the curriculum. “To give credence to the dual identity of nursing as an art and a science arguably requires a balance within the curriculum, with nursing’s art form acknowledged and promoted and its acquisition viewed as desirable” (p. 281). According to Bruderle & Valiga (1994), in order to practice nursing in an ever-changing healthcare system nurses and nurse educators must
have not only a sound scientific foundation, but also a foundation of and a commitment to humanistic health care.

Significance for Advanced Nursing Practice

This study provides important information for nurse educators related to the art of nursing in nursing education. Even though Iowa's nursing educational programs are making an effort to incorporate the art of nursing into the nursing curricula, there are still nursing educational programs that do not have a clear definition of the art of nursing. The study revealed creative classroom and clinical experiences that can be developed for all courses within the curricula to expose students to the artistic aspects of nursing. The study also explored the use of complementary therapies as a means of teaching the art of nursing.

This study is significant for nursing practice. In order to practice artistically, nurses need to be exposed to creative independent nursing interventions based on knowledge early in their education. Healthcare consumers expect nurses to be knowledgeable about complementary therapies and how they can be used to enhance health and well-being.

Finally, this study revealed the need for additional studies related to the art of nursing. The use of complementary therapies as a successful means of teaching the art of nursing and specific criteria and methods to evaluate the art of nursing are just two areas that could be explored by nurse researchers.
CHAPTER TWO
REVIEW OF THE LITERATURE

The primary purpose of this study was to explore how nursing educational programs teach the art of nursing in the preparation of registered nurses. Using Peplau’s interpersonal relations theory (1991), the study examined how nursing education programs located in Iowa, that prepare students for the NCLEX-RN examination, conceptualize the art of nursing, teach the art of nursing, and integrate the art of nursing within the nursing educational curricula. In addition, the study explored whether complementary therapies were taught to emphasize the art of nursing within the educational curricula. This chapter focuses on a review of the literature and contains two major sections. The first section describes the theoretical basis for the study. The second section reviews literature relevant to the study. The chapter concludes with a brief summary.

Theoretical Framework

Peplau’s interpersonal relations theory (1991) provided the theoretical basis for this study. Peplau (1952/1991) credited Harry Stack Sullivan with providing the starting point for her work. Sullivan was an American psychoanalyst who was interested in the communication that occurred between persons (Sullivan, 1953). Sullivan’s (1953) work rested on two propositions: (1) mental disorders result from the communication process being interrupted by anxiety and (2) each person involved in a two-person relationship is a portion of an interpersonal field and affected by the process (Sullivan, 1953). Sullivan (1953) identified the concept of dynamism, which he described as patterns of energy transformation that characterize interpersonal relations. The interpersonal field is made
up of the interactions of different dynamisms of one or more people (Sullivm, 1953).
According to Peplau (1992), Sullivan evolved his theory of interpersonal relations by relying more on contemporary theories in social sciences than on psychoanalytic theories.

In 1948, Peplau began developing her theory based on the study of data from clinical work with psychiatric patients. Peplau (1991) first introduced this middle-range, psychodynamic theory in her book, *Interpersonal Relations in Nursing*, in 1952. The central focus of the interpersonal relations theory is the interaction that occurs between the nurse and the patient, known as the nurse-patient relationship. According to Peplau (1991), "the nurse-patient relationship is the primary human contact that is central in a fundamental way to providing nursing care" (p. 163). Peplau (1991) contended that the most important professional function of the nurse is establishing and maintaining effective therapeutic relationships with patients. According to Peplau (1991), "every contact between two human beings involves the possibility of clash of feelings, beliefs, ways of acting" (p. xi). The interpersonal relations theory is based on the assumption that these interactions can be noticed, studied, explained, understood, and changed if harmful.

Peplau (1991) identified the following components of the nurse-patient relationship: two persons, professional expertise, and client need. There are four phases to the nurse-patient relationship: (1) orientation, (2) identification, (3) exploitation, and (4) resolution. Although each phase is distinct, they are interconnected. "Each phase is characterized by overlapping roles or functions in relation to health problems as nurse and patient learn to work co-operatively to resolve difficulties" (Peplau, 1991, p. 17). The nurse-patient relationship is an interpersonal process that has a starting point, proceeds through phases, and has an end point.
The nurse assumes many roles throughout the nurse-patient relationship. These may include the nursing roles of resource person, teacher, leader, and counselor. Nurses also may take on other roles depending on the situation (Peplau, 1991). "Nursing roles always overlap to some degree and require that nurses identify the authority in the situation that demands taking one or another role" (Peplau, 1991, p. 70).

The first phase of the nurse-patient relationship is the orientation phase. In this phase, the patient experiences a health problem and seeks professional assistance (Peplau, 1991). During the orientation phase, the nurse begins to know the patient as a person and obtains important information related to the patient's health condition. The patient participates in the orientation process by asking questions to determine his/her needs and by observing the response of professional people.

The behavior of the nurse during this phase will determine the success of the nurse-patient relationship (Peplau, 1991). Nurses and patients enter into the relationship with preconceptions and stereotypes. Nurses need to be aware of their own preconceptions and behavior toward the patient. In order for the relationship to move to the next phase, the nurse must convey unconditional acceptance to the patient. According to Peplau, "the nurse's behavior signals a pattern of receptivity and interest in the patient's concerns or fails in this regard" (Peplau, 1997, p. 164).

The second phase of the nurse-patient relationship is the identification phase (Peplau, 1991). In the identification phase, patients begin to respond to the persons who can give them the help they need to solve their health problem. The nurse exhibits the role of resource person during the identification phase by being a source of knowledge and technical procedures for patient needs.
Patients, in this phase, may express many different feelings ranging from optimism to helplessness. In the role of counselor, the nurse allows the patient to express many of these feelings and still provide the care that is needed (Peplau, 1991).

The third phase of the nurse-patient relationship, identified by Peplau (1991), is the exploitation phase. The exploitation phase overlaps with the identification phase and the last phase of the nurse-patient relationship, the resolution phase. This is the working phase of the relationship where the patient makes use of all the services provided by the nurse. In this phase, the patient exploits the nurse to achieve the services believed necessary to achieve health. The degree of services used depends on the patient.

The behavior of the patient during this phase can fluctuate from dependence on the nurse to being independent. The nurse needs to understand why the shifts in behavior occur and respond to them supportively. The nurse assumes the role of counselor and resource person, as well as other roles in the exploitation phase.

The last phase of the nurse-patient relationship is the resolution phase (Peplau, 1991). “The stage of resolution implies the gradual freeing from identification with helping persons and the generation and strengthening of ability to stand more or less alone” (Peplau, 1991, p. 40). The nurse helps the patient terminate the need for the professional relationship. The patient becomes independent from the nurse and the nurse becomes independent from the patient. When the termination is successful, both the nurse and the patient become stronger individuals.

In 1992, Peplau collapsed the four phases of the nurse-patient relationship into three phases: (1) the orientation phase, (2) the working phase, and (3) the termination phase. The identification and the exploitation phases were combined into the working
phase. According to Peplau (1997), the major work of the relationship occurs during this phase. The focus during this phase is on the patients' reactions to their illnesses and the work they have to do related to understanding their health condition. The nurse is a resource for information and assistance for the patient. The resolution phase was renamed the termination phase to reflect its true focus (Peplau, 1997).

All disciplines have a metaparadigm, a boundary structure that consists of phenomena for investigation (Kim, 1997). "A nursing metaparadigm provides a structure from which the subject matters for nursing may be described and/or selected for scientific attention" (Kim, 1997, p. 171). The metaparadigm of any discipline is made up of global concepts that identify the phenomena of interest to that discipline and describe the relationships among the concepts (Fawcett, 1995). The nursing discipline has identified four metaparadigm concepts: (1) person, (2) environment, (3) health, and (4) nursing. The metaparadigm concept of person refers to the recipient of nursing; environment refers to the setting in which nursing occurs; health is considered the goal of nursing; and nursing refers to actions taken by the nurse (Fawcett, 1995).

Peplau addresses the four nursing metaparadigm concepts in the interpersonal relations theory. Peplau (1992) referred to persons as clients or patients. Because patients and clients are human beings, they deserve the humane considerations of "respect, dignity, privacy, confidentiality, and ethical care" (p. 14). According to Peplau (1991), "health is a word symbol that implies forward movement of personality and other ongoing human processes in the direction of creative, constructive, productive, personal, and community living" (p. 12). Peplau's (1991) definition of environment is not well developed. Her definition focuses on the role of culture in personality formation. "It is the
interaction of cultural forces with the characteristic expression of a particular infant’s biological constitution that determines personality” (p. 163).

Peplau (1991) defined nursing as “a significant, therapeutic interpersonal process... that functions cooperatively with other human processes that make health possible for individuals in communities” (p. 16). “The primary goal of nursing is health” (p. 6). She contended that the most important professional functions of the nurse are “those involving understanding and skill in establishing and maintaining effective therapeutic relationships with patients” (p. ix) and, therefore, “there is a critical need to understand what goes on between the nurse and patient” (p. ix).

Peplau (1991) was the first nursing leader to emphasize the individualization of nursing care through interpersonal processes and communication. Because of her psychodynamic focus, she has provided nursing with the most knowledge related to the art of nursing. The art of nursing always involves the nurse and the client in an interpersonal relationship (Peplau, 1988). Her theory emphasizes the aesthetic aspect of nursing including promoting patient advocacy and providing ethical care. She described the art of nursing as “a tender-hearted orientation, an expression of sympathy, attitudes of concern, ethical and moral commitment, and sensitivity to feelings of others” (Peplau, 1988, p. 14).

Review of Relevant Literature

Historically, Florence Nightingale defined nursing as the finest of the fine arts--an art that required extensive devotion and preparation as any painter’s or sculptor’s work (Bruderle & Valiga, 1994). Nursing textbooks have introduced the concept of nursing as an art since Florence Nightingale. Yet the definition of art remains elusive.
In a 1965 nursing textbook, Price stated that the art of nursing is "demonstrated by the nurse's ability to carry out nursing procedures with assurance and skill" (p. vii). More modern nursing textbooks emphasized nursing art's aesthetic components. Taylor, Lillis and LeMone (1993) defined the components of nursing art as caring, sharing, laughing, crying, touching, helping, believing in others, trusting, believing in yourself, learning, respecting, listening, doing, feeling, and accepting.

Nursing literature provides different definitions of nursing art. Peplau (1997) defined the artistic aspect of nursing as "tender-care, attentive compassion and concern, advocacy, and various hands-on practices to enhance the comfort and well-being of sick people" (p. 162). She believed that the "the art of nursing is primarily subjective--a passionate commitment to caring, nurturance, and advocacy" (Peplau, 1988, p. 14). According to Peplau, the art of nursing always involves the nurse and the client in an interpersonal relationship. She compared the art of nursing to other art forms and concluded that the art of nursing had the same artistic components of medium, process, and product as other types of art.

Peplau (1997) described the nurse as the medium or primary instrument of the art of nursing. The nurse creates an environment that encourages the client to reflect, get in touch with feelings, and connect with other people. According to her, the art of nursing is dependent on the nurse's presentation of self as a concerned, caring, compassionate, and competent person. "The unique blend of ideals, values, integrity, and commitment to the well-being of others, expressed in a nurse's self-presentation and responses to clients, makes each nurse a one-of-a-kind artist in nursing practice" (Peplau, 1997, p. 10).
According to Peplau (1997), the nurse-patient interaction is the process by which the art of nursing is expressed. The nurse-patient interaction process provides a guiding framework for the interaction, but the interaction itself is an artistic occurrence. The nurse uses communication, technology, mastery of technical skills, and cognition to facilitate the process. She also identified the use of "traditional practices...guided by common sense and the 'folkways' of the profession" as part of the art of nursing (p. 11). The art of nursing encompasses a wide scope and interpersonal relationships are sometimes limited in time and frequency. The aim of the nurse-patient interaction is to create an interpersonal intimate encounter where both the nurse and the client are involved in a purposeful, enduring relationship.

Peplau (1997) believed that the application of the art of nursing resulted in a product that is internal for the client. Nursing may observe improved functioning, felt comfort, and relaxation as measurable outcomes of the art of nursing. More often than not, however, the products of insights, changed perceptions, and new views of self experienced by the client will not be seen easily observed.

According to Peplau (1991), the art of nursing is expressed in the nurse-client interaction. For Watson (1988), the art of nursing is synonymous with the art of caring. "The activity of the art of caring in nursing is triggered by the human interaction in a nursing care situation" (Watson, 1988, p. 67). The art of caring begins when the nurse presents him or herself to another person with the intent of expressing feelings of care and concern. The art proceeds when the nurse expresses these feelings in such a way that the other person is able to release the feelings that he and she has been longing to express. "A truly caring nurse is able to form a union with the other person on a level that
transcends the physical, and that preserves the subjectivity and physicality of persons without reducing them to the moral status of objects” (Watson, 1988, p. 68).

According to Watson (1988), the art of caring is demonstrated through the use of ten carative factors: (1) formation of a humanistic-altruistic system of values, (2) instillation of faith-hope, (3) cultivation of sensitivity to one’s self and others, (4) development of helping-trusting, human care relationships, (5) promotion and acceptance of the expression of positive and negative feelings, (6) systematic use of a creative problem-solving caring process, (7) promotion of transpersonal teaching-learning, (8) provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment, (9) assistance with gratification of human needs, and (10) allowance for existential-phenomenological-spiritual forces. Watson (1994) described caring as the heart of nursing. “It draws upon and calls for the full use and expression of self and one’s personal and professional modalities of expression as part of the finest art of nursing’s practices” (p. 3).

Carper (1978) conceptualized the art of nursing as one of the essential patterns of knowing in nursing. She identified four fundamental patterns of knowing: (1) empirics, the science of nursing, (2) aesthetics, the art of nursing, (3) personal knowing in nursing, such as the use of intuition, and (4) ethics, the component of moral knowledge in nursing.

According to Carper (1978), an aesthetic experience involves the creation and/or appreciation of an expression, real or imagined. Perception of the experience that results in a connection gives the action an aesthetic quality. The aesthetic pattern of knowing in nursing involves the perception of specific expressions.
Empathy is an important mode in the aesthetic pattern of knowing (Carper, 1978). She defined empathy as “the capacity for participating in or vicariously experiencing another’s feelings (p. 17). The more skilled the nurse becomes in empathizing with others, the more perception will be gained. “The art of nursing involves the active transformation of the patient’s behavior into a perception of what is significant in it – that is, what need is being expressed by behavior” (Carper, 1978, p. 17).

Chinn and Kramer (1995) expanded Carper’s aesthetic pattern of knowing. The authors described the Carper’s perception of the nursing experience and the resulting connection as the art/act of nursing. According to Chinn and Kramer (1995), aesthetic knowing involves the creative processes of engaging, intuiting, and envisioning. They describe engaging as the direct involvement of self within a situation. The meaning of the situation comes from intuition based on the nurse’s life experiences. The intuiting leads to creative responses to the unique meaning of the situation and the envisioning of new creative possibilities.

In 1994, Johnson conducted a dialectical examination of 41 journal articles, books, and research studies from nursing scholars to help clarify the definition of nursing art. Johnson’s study revealed five distinct dimensions of nursing art: (1) the ability to grasp meaning in relationships; (2) the ability to establish meaningful connection with patients; (3) the ability to skillfully perform nursing activities; (4) the ability to rationally determine an appropriate course of action; (5) and the ability to morally conduct his or her nursing practice.

Twenty-seven of the authors reviewed conceptualized that nursing art involved the ability to grasp meaning in patient relationships. Johnson (1994) concluded that these
authors determined the artful nurse could grasp what is significant in a particular patient situation (Johnson, 1994). The ability to establish a meaningful relationship with patients was important for twenty-five of the authors reviewed. These authors emphasized that the art of nursing occurs in relation to another human being and that a connection is established (Johnson, 1994).

Twenty-two of the authors Johnson (1994) studied conceptualized the art of nursing as the ability to skillfully perform nursing activities. According to Johnson (1994), these authors hold the view that the art of nursing is a behavioral ability, a process of doing rather than knowing. These authors also commonly held the view that the art of nursing can be learned.

The ability to rationally determine an appropriate course of action was supported by thirty-six of the authors analyzed by Johnson (1994). These authors agreed that nursing art is practical and emphasizes the importance of nursing knowledge. This perspective implies that “the artful nurse uses evidence to reason through the best course of action to be followed” (Johnson, 1994, p. 9).

The last dimension revealed by Johnson (1994) was the nurses’ ability to morally conduct their nursing practice. This view was supported by twenty-six of the authors analyzed. These authors agreed that the nurse is obligated to practice in a way that is good for human beings and avoids harm. According to the authors reviewed by Johnson (1994), if the nurse does not make moral choices related to patient care, he or she is not artful.

According to Johnson (1994), it is evident that although many nursing scholars have written about the art of nursing, very few have acknowledged each other’s
conceptualizations. "It is only when a sound conception of nursing art is developed that nursing will be able to answer questions regarding how nursing art should be pursued and developed" (Johnson, 1994, p. 12).

Jenner (1997) conducted a conceptual analysis of the art of nursing that supported Johnson's conceptualization of the art of nursing as the ability to skillfully perform nursing activities. Jenner (1997) reviewed twenty-five nursing articles published between 1990 and 1996. Her review yielded eight definitions of art and art in nursing. These definitions contained the recurrent theme of the creative use of skill and expertise to conceptualize the art of nursing. Her analysis revealed the following conceptual definition of the art of nursing:

The art of nursing is the intentional creative use of oneself, based upon knowledge and expertise, to transmit emotion and meaning to another. It is subjective and requires interpretation, sensitivity, imagination, and active participation (Jenner, 1997, p. 9).

Chinn (2000) further expanded the concept of nursing art by developing a theory of nursing art to help clarify "the aspect of nursing that moves practice beyond purely technical or interpersonal skills into a realm that is a healing art" (p. 287). Chinn developed her theory based on Carper's aesthetic pattern of knowing and a study of patients' and nurses' perceptions of the art of nursing, conducted from 1990 to 1998.

Chinn (2000) based her theory on several assumptions related to the art of nursing: (1) nursing is a healing art; (2) nursing requires knowledge of human experiences and knowledge of the art form itself; (3) art expands perceptual abilities beyond what is, to what will be; (4) all art requires skill in technical aspects of the art; (5)
art requires imagination and intuition to bring elements into a creative whole; (6) art seeks unique expressions; and (7) art is a body-mind experience and it elicits body-mind responses.

For her theory, Chinn (2000) defined the art of nursing as:

The nurse’s synchronous arrangement of narrative and movement into a form that transforms experiences into a realm that would not otherwise be possible. The arrangement is spontaneous, in the moment, and intuitive. The ability to make the moves that are transformative is grounded in a deep understanding of nursing, including relevant theory, facts, technical skill, personal knowing, and ethical understanding; and this ability requires rehearsal in deliberative application of these understandings (p. 291).

Chinn’s (2000) theory of nursing art also includes a description of the form of nursing art and an explanation as to how nursing art evolves. According to her, each of Carper’s four fundamental patterns of knowing in nursing elicits a form of expression that can be discerned in nursing practice. “Scientific competence arises from empiricism, moral and ethical comportment arises from ethics, therapeutic use of self arises from personal knowing, and transformative art and acts arise from aesthetics” (p. 293). She proposed that nursing art should be viewed as an integrating pattern of Carper’s four fundamental ways of knowing in nursing.

Chinn (2000) believed that nursing art evolves in four ways: (1) by refining synchronous narrative skills; (2) by refining synchronous movement skills; (3) through rehearsal and connoisseurship; and (4) through reflective practice in nursing, with a critic or connoisseur. According to Chinn (2000), “narrative skills involve both what is said or
not said, as well as how it is said...the major focus is on how a person speaks, sounds, and develops timing and rhythm to convey caring and healing intention” (p. 294).

Chinn (2000) described movement as much more than just body mechanics. She believed that movement skills involved personal style, balance, timing, and knowing how to convey intention and feeling. She emphasized touch as one phase in a movement sequence.

Chinn (2000) proposed that a connoisseur (a coach or teacher) was an essential component in the evolution of nursing art. “A connoisseur enhances awareness of what the art form is expressing and how well it is conveying the intended message” (p. 295). She emphasized that rehearsing artistic qualities, with a connoisseur providing feedback, was necessary to refine artistic skills and ensure comfort when using the skills. She also concluded that a connoisseur was important for reflecting on practice. “Practice presents infinite complexities that usually are not present in rehearsal and provides infinite possibilities for reflection” (p. 296).

Chinn’s (2000) theory of nursing art provides a unique perspective on the meaning, form and evolution of nursing art. She proposed using her theory to teach and practice the art of nursing.

Each of the definitions related to the art of nursing, found in the literature, contains components of the five dimensions of the art of nursing described by Johnson (1994). However, each definition is unique, providing a basis for understanding why a clear definition of nursing art continues to elude the profession. Although a clear definition of the art of nursing has not been established, the literature, interestingly,
provides suggestions as to how to teach the art of nursing and incorporate the art of nursing into nursing education curricula.

Bevis (1988) called for nursing educational programs to develop curricula that legitimize the teaching of inquiry, reflection, independence, creativity, and caring. She encouraged nurse educators to seek curriculum models that “facilitate students in developing creative, dynamic modes of approaching nursing care” (p. 50).

Lafferty (1997) challenged nurse educators to develop creative and innovative teaching and learning methods to integrate artistic knowledge into the curriculum. According to her, “to give credence to the dual identity of nursing as an art and a science arguably requires a balance within the curriculum, with nursing’s art form acknowledged and promoted and its acquisition viewed as desirable” (p. 281). Bruderle & Valiga (1994) emphasized that in order to practice nursing in an ever-changing healthcare system, nurses and nurse educators must have not only a sound scientific foundation, but also a foundation of and a commitment to humanistic health care. According to the authors, by integrating the arts and humanities into teaching learning experiences, nurse educators can help students appreciate the intensity of life, the diversity of their fellow human beings, and the richness of the world around them.

Koithan (1998) emphasized the incorporation of aesthetic knowing into nursing education. “Modalities of aesthetics awareness can be effectively incorporated into teaching-learning experiences of students of nursing at all levels of education” (p. 530). She stressed that personal creativity does not arise from an educational system that focuses on testing and skill performance and seeks consistency in interpretation, objective measurement, and evaluation. Instead, she recommended an educational system that
explores the use of aesthetics in all aspects of teaching-learning experiences. Examples for integrating aesthetics included introducing aromatherapy into the classroom during stressful situations or reading assignments that include novels or poetry. “By changing our metaphor and incorporating creative methodologies into education and clinical practice, we in nursing can contribute uniquely to the experiences of health, healing, and wholeness” (Koithan, 1998, p. 539).

Watson (1989) called for nursing education to move toward a curriculum based on caring. She emphasized “encouraging self-affirmation and self-discovery in students” (p. 55). Suggestions for incorporating a caring curriculum into nursing education included open dialogue, small group interactions, and class exercises that integrate personal learning such as deep breathing and the use of music and color.

Beck (2001) found that schools of nursing needed to create a caring environment in order to teach nursing students how to care. “For nursing students to care for their patients, it is necessary for these students to experience caring in their educational environment” (p. 108). She conducted a metasynthesis of 14 qualitative research studies on caring in nursing educational programs. Her metasynthesis revealed five themes that exemplified caring in nursing education: (1) presencing; (2) sharing; (3) supporting; (4) competence; and (5) uplifting effects.

According to Beck (2001), “presencing sets the stage for caring to unfold in nursing education” (p. 104). She describes presencing as being with another person with wholeness of one’s self and focusing only on that person. She identified attentive listening as an essential component of presencing.
Beck (2001) identified sharing as the next theme found in the metasynthesis of caring in nursing education. She described caring as a connection with someone and that sharing is necessary for the connection to occur. “Within nursing education, sharing involves unselfishly and spontaneously giving of oneself” (p. 104).

Beck (2001) identified supporting as the third theme found in the metasynthesis of caring in nursing education. Emotional support was considered an important aspect of caring among students and faculty. According to the author, competence also conveyed caring in nursing education. Competence was described as “the knowledge and clinical skills necessary to respond appropriately to the demands of clinical situations” (p. 106).

The last theme identified by Beck (2001) in the metasynthesis of caring in nursing education was the uplifting effects of caring. These uplifting effects included respect, belonging, growth, transformation, learning to care, and a desire to care. “Experiencing caring from a faculty member or nursing student results in feeling valued and respected as a unique person” (p. 107). Beck found that when faculty and students personally experienced caring, they seemed to have a strong desire to care for others.

Koithan (1994) also stressed the importance of emphasizing caring in the curriculum. “Students must be educated in the principles and processes of thinking well so that care and caring might be fostered among professional nursing graduates” (p. 153). She called for the use of classroom methods such as art, music, aromas, and metaphors to create new understanding for students and validate creative expression.

The educators recommended the use of teaching strategies that encourage students to develop creative ways of expressing the art of nursing, such as the use of holistic, complementary therapies. Snyder and Lindquist (1998) defined complementary therapies
as approaches to wellness and healing that nurses can use that do not involve medication, surgery, or physicians. The authors provided research-based techniques for 28 complementary interventions, including massage, breathing, aromatherapy, music therapy, and prayer.

A 1997 survey by Eisenburg, Davis, Ettner, Appel, Wilkey, Van Rompay, & Kessler revealed that 46% of Americans used alternative/complementary therapies. The researchers surveyed 2055 adults, via telephone, to determine trends in alternative medicine use in the United States. The researchers found that the respondents used a multitude of different complementary therapies including herbal medicines, massage, megavitamins, self-help groups, folk remedies, energy healing, and homeopathy. The researchers also noted Americans spent an estimated $27.0 billion dollars on out-of-pocket experiences for complementary therapies. According to the researchers this cost was comparable with projected out-of-pocket expenditures for all US physician services. The researchers noted that most Americans in the survey used complementary therapies for chronic conditions such as back problems, anxiety, depression, and headaches.

Foster, Phillips, Hamel, and Eisenberg (2000) surveyed 311 Americans age 65 and older to determine the usage of alternative/complementary therapies in the geriatric population. The researchers found that 30% of Americans age 65 and older used alternative/complementary therapies and that 19% visited an alternative/complementary medicine provider. Chiropractic and herbal therapies were used most frequently. Johnson (1999) surveyed 175 rural women over the age of 75 to assess their use of complementary therapies and practitioners. One hundred percent of the women surveyed
used at least one complementary therapy. The use of prayer/spirituality, vitamin/mineral therapy and herbal medicine were mentioned most often.

King, Pettigrew, and Reed (1999) offered an explanation for the increasing consumer use of complementary therapies. According to the authors, consumers are “more interested in a holistic approach to managing their health care and promoting their well-being with an emphasis placed on the integration of their body, mind, and spirit rather than on a specific physical complaint” (p. 250). The authors stressed that very few nursing educational programs, however, include these therapies in their curriculum. “Since nurses practice in a holistic framework…nurses should be knowledgeable about alternative and complementary therapies” (p. 255). According to King et al. (1999), nurses need to understand the benefits and risks of different complementary therapies in order to make knowledgeable decisions about their use in the clinical setting and to provide holistic and competent care for the consumer.

Emphasizing the use of complementary, holistic therapies to express the art of nursing could be found in the nursing literature. Florence Nightingale (1969) encouraged nursing students to use complementary therapies to assist patient’s healing. She stated that certain types of music have “a generally beneficial effect” on the patient (p. 33).

Rankin-Box (1993) ascertained that the use of complementary therapies could help counterbalance the impact complex medical treatments have on the patient. She suggests that when complementary therapies are integrated into nursing, the focus becomes the way care is given and the patients’ right to make decisions about their health is respected.
The interest in complementary therapies "reflects a movement towards regaining and reasserting the centrality of caring and the therapeutic aspects of nursing within a professional framework" (p. 31).

According to Fasano-Ramos (1999), holistic nursing modalities, including complementary therapies, combine the aspects of holism, caring and healing to bring back "the heart of nursing" (p. 1). She called for integration of holism and complementary therapies throughout the curriculum. Suggestions for integrating complementary therapies into the nursing curriculum included discussing herbs and flower essences along with traditional pharmacology; teaching massage when discussing the musculoskeletal system; teaching deep breathing exercises when reviewing the respiratory system; and including the patient's right to choose holistic, complementary therapies with patient rights discussions. "Bringing concepts of holism into a curriculum produces a caring holistic nurse" (p. 3).

The use of complementary therapies in nursing education would help students explore creative and unique ways of expressing the art of nursing. The nursing literature, however, lacked studies related to the use of complementary therapies as a means to teach the art of nursing.

The literature provided no current information on evaluating the art of nursing in nursing education. A limited amount of information on the relationship between the art of nursing and evaluating in the affective domain was found. The affective domain deals with feelings, attitudes, and emotions and is represented by the art of nursing (Rinne, 1987).
According to Andrusyszyn (1988), evaluation in the affective domain is very difficult because nursing educators are uncomfortable with placing judgments on students' attitudes, beliefs, and values. She suggested several methods that nurse educators could use to evaluate the affective domain. She suggested adapting standardized tests to measure psychological constructs, recording anecdotes while observing students and using objective and essay-type tests. Having students write diaries, logs, or journals and participate in self-evaluation could also be used to evaluate the affective domain.

Summary

A review of the literature supports the use of Peplau's (1991) theory of interpersonal relations as a basis for understanding the art of nursing. The central focus of the interpersonal relations theory is the interaction that occurs between the nurse and the patient, known as the nurse-patient relationship. Her theory emphasized the importance of communication and holistic nursing care. The literature provides different definitions of nursing art. Peplau (1991) contended that the art of nursing is expressed through the nurse-patient interaction process. Watson (1989) defined the art of nursing in the context of caring. Johnson's (1994) dialectical examination of literature related to the art of nursing revealed five distinct dimensions of the art of nursing.

Some suggestions for integrating the art of nursing into the nursing curriculum were found in the literature. Lafferty (1997) challenged nurse educators to develop creative and innovate teaching and learning methods to integrate artistic knowledge into the curriculum and Bruderle & Valiga (1994) emphasized that nurses and nurse educators must have a foundation of and a commitment to humanistic health care.
The educators, found in the literature, recommended the use of teaching strategies that encourage students to develop creative ways of expressing the art of nursing, such as the use of holistic, complementary therapies. King et al. (1999) concluded that since nurses practice in a holistic framework they should be knowledgeable about complementary therapies. Fasano-Ramos (1999) called for integration of holism and complementary therapies throughout the curriculum. The literature provided no current information on evaluating the art of nursing in nursing education. A limited amount of information on the relationship between the art of nursing and evaluation of the affective domain was found. No studies on how nursing educational programs defined the art of nursing, integrated the art of nursing into the nursing curricula, or evaluated the art of nursing could be found in the literature.
CHAPTER THREE

METHODOLOGY

The primary purpose of this study was to explore how nursing educational programs teach the art of nursing in the preparation of registered nurses. Using Peplau’s interpersonal relations theory (1952), the study examined how nursing education programs located in Iowa, that prepare students for the NCLEX-RN examination, conceptualize the art of nursing, teach the art of nursing, and integrate the art of nursing within the nursing educational curricula. In addition, the study explored whether complementary therapies were taught to emphasize the art of nursing within the educational curricula. This chapter presents the methodology used for the study and includes the following five major sections: research design, sample and sampling plan, data collection procedures, data collection instruments, and protection of human subjects. A brief summary concludes the chapter.

Research Design

To explore the art of nursing in nursing education, an exploratory descriptive research design was employed. According to Polit and Hungler (1999), exploratory studies are useful in the initial systematic examination of little known phenomena. They facilitate the discovery of knowledge of real world nursing situations in which experimentation is not possible. This design also can assist researchers in identifying variables and relationships for future research.

Sample and Sampling Plan

The sample consisted of all twenty-nine registered nurse educational programs located in Iowa that prepare students for the NCLEX-RN examination. The list of
registered nurse educational schools was obtained from the Iowa Board of Nursing website (Appendix A). Fourteen of the nursing educational programs were baccalaureate degree programs and fifteen were associate degree programs. Fourteen of the associate degree programs were based in community colleges. One of the associate degree programs and two of the baccalaureate degree programs were affiliated with a health system. Eleven of the baccalaureate degree programs were based in private colleges and one was based in a state university. The nursing educational programs were located throughout the state of Iowa, with most of the schools located in the central and eastern portions of Iowa, the more populated areas.

Of the twenty-nine programs sampled, thirteen responded, yielding a response rate of 48%. One program stated that it was unable to complete the survey at this time. Of the remaining twelve respondents, six were from associate degree programs and six were from baccalaureate degree programs, all but one of which also had a baccalaureate degree completion program.

Data Collection Procedures

After the names of the nursing educational programs were obtained from the Iowa Board of Nursing website, the chairpersons of the programs were sent an email message informing them of the purpose of the study, requesting their participation, and informing them that they would be receiving the questionnaire in the mail.

The 29 questionnaires were then mailed to the sample. A cover letter (Appendix B) and a self-addressed stamped return envelope were enclosed with each questionnaire. The subjects were requested to complete the questionnaire and then return the questionnaire in the stamped envelope provided within two weeks. Two weeks following
the deadline, only nine questionnaires had been received. A follow-up email reminder, therefore, was sent to all subjects. All questionnaires that were received after sixty days were included in the study. An email was then sent to all subjects thanking them for their participation.

Data Collection Instrument

The questionnaire used to obtain the research data was a three-page instrument developed by the researcher (Appendix C). The instrument consisted of three parts. The first part of the tool collected demographic data related to the sample. The second part of the tool included questions specifically related to the art of nursing in the nursing educational programs. The third section included questions related to the use of complementary therapies as a means of teaching the art of nursing. A section for additional comments was included to allow subjects to add any additional information that might be helpful to the study.

A panel of three expert nurse educators was asked to evaluate the questionnaire for content validity. The experts also were asked to determine if the individual questions were clear and concise and determine the length of time required to complete the tool. Minor modifications were made to the tool based on the experts' recommendations, including changes in wording to clarify questions and reordering of some of the questions.

Protection of Human Subjects

Careful consideration was given to the protection of human subjects participating in the study. Permission to conduct the study first was obtained from the Drake University Human Subjects' Research Review Subcommittee. A cover letter (Appendix
B) accompanied each questionnaire. The cover letter explained that participation in the study was voluntary and described the purpose, benefits, and risks of participation. Subjects were informed to place no names on the questionnaires to ensure confidentiality. They also were informed that completion and return of the questionnaires would be considered their consent to participate in the study. The cover letter informed subjects that all data would be reported in aggregate and that no individuals or schools of nursing would be identified. The cover letter then informed the participants how to obtain the results of the study.

Summary

To explore how the art of nursing is taught in nursing education, an exploratory descriptive research design was employed. All twenty-nine nursing education programs located in Iowa that prepare students for the NCLEX-RN examination were surveyed, using a three-page questionnaire developed by the researcher. The sample consisted of twelve Iowa nursing educational programs, six associate degree and six baccalaureate degree nursing programs. Chapter four analyzes the data collected.
CHAPTER FOUR

ANALYSIS OF DATA

The primary purpose of this study was to explore how nursing educational programs teach the art of nursing in the preparation of registered nurses. Using Peplau's interpersonal relations theory (1952), the study examined how nursing education programs located in Iowa, that prepare students for the NCLEX-RN examination, conceptualize the art of nursing, teach the art of nursing, and integrate the art of nursing within the nursing educational curricula. In addition, the study explored whether complementary therapies are taught to emphasize the art of nursing within the educational curricula. This chapter analyzes data related to the research questions. A brief summary concludes the chapter.

Research Questions

Both quantitative and qualitative methods were used to analyze and evaluate the data obtained from the research questions. Descriptive and inferential statistics were used to analyze the numerical data obtained. Content analysis was used to analyze the narrative responses to the research questions.

Research Question #1

The first research question asked, "To what extent is the art of nursing integrated within the curricula of nursing educational programs?" To collect data to answer this research question, participants were asked to rate the extent of integration using a Likert scale with "1" being no integration and "10" being total integration.

The scores for the group ranged from 1 to 10, with a mean of 7.67 and a standard deviation of 2.65. The extent of integration for baccalaureate degree nursing programs
ranged from 6 to 10, with a mean of 7.92 and a standard deviation of 1.36. The extent of integration for associate degree nursing programs ranged from 1 to 10, with a mean of 7.42 and a standard deviation of 3.67.

Using an alpha level of .05, an independent t-test was applied to determine if there was a statistically significant difference in the integration of the art of nursing between the two types of nursing programs. No statistically significant difference ($t=.313$, $p=.761$) in the extent of integration between baccalaureate and associate degree nursing educational programs was found.

Research Question #2

The second research question asked, “How do nursing educational programs conceptualize the art of nursing?” To collect data to answer this research question, the participants were asked to identify the program’s definition of the art of nursing and rate the extent to which each of the possible dimensions of the art of nursing were emphasized within the nursing program.

Of the twelve educational programs, 41.7%, two baccalaureate degree and three associate degree nursing educational programs, stated that their programs did not have a clear definition of the art of nursing. Of the seven programs that did define the art of nursing, two major themes emerged. These two areas were interpersonal relations and caring. The theme of interpersonal relations was identified by four of the programs (three baccalaureate and one associate degree). One of the baccalaureate degree nursing programs stated, “The essence of nursing is expressed through nurturing of self and relationships between client-nurse, student-faculty, faculty-faculty, and student-student.”
Three programs, one baccalaureate and two associate degree nursing programs, emphasized the theme of caring in their programs’ definitions of the art of nursing. One of the associate degree nursing programs stated, “caring is part of the foundation for the art of nursing.” The definition of nursing art from one of the associate degree nursing programs, that emphasized the theme of caring, included the importance of having a “broad knowledge base” from the liberal arts. Another definition, from one of the associate degree nursing programs that emphasized the theme of caring, included the use of creativity.

There was no difference between the definitions from baccalaureate and associate degree nursing programs. Definitions from both types of nursing educational programs emphasized the same two themes.

The extent of integration of the art of nursing in nursing educational programs that provided a definition of nursing art and those without a definition was compared. The extent of integration for those programs with a definition of nursing art ranged from 6 to 10 with a mean of 8.50 and a standard deviation of 1.56. The extent of integration for those programs without a definition of nursing art ranged from 0 to 10 with a mean of 6.30 and a standard deviation of 3.96.

Using an alpha level of .05, an independent t-test was applied to determine if there was a statistically significant difference in the extent of integration of the art of nursing between those nursing educational programs with and without a definition of nursing art. No statistically significant difference ($t=1.35, p=.206$) in the extent of integration between nursing educational programs with a definition of nursing art and those schools without a definition of nursing art was found.
Johnson (1994) identified five dimensions of the art of nursing. For this study, a sixth dimension was added to discover the extent of emphasis related to holistic nursing practice and the use of complementary therapies as a means of teaching the art of nursing.

In order to further evaluate the conceptualization of the art of nursing, participants were asked to rate the extent to which each of the possible dimensions of the art of nursing were emphasized within the nursing program using a Likert scale with "1" being no emphasis and "10" being extensive emphasis.

Table 1 contains the integral statistics for the participants related to the extent of emphasis for each of the possible dimensions of the art of nursing. As Table 1 indicates, for the total group of participants, the nurse’s ability to provide holistic nursing care was emphasized most with a mean of 9.04 and a standard deviation of 1.42. The nurse’s ability to rationally determine an appropriate course of action was emphasized the least, with a mean of 7.88 and a standard deviation of 2.72.

Analysis of the data revealed that the baccalaureate degree nursing programs most emphasized the dimensions of the nurse’s ability to morally conduct his or her practice and the nurse’s ability to provide holistic nursing care, with a mean of 9.17 and a standard deviation of .98 and .75 respectively. The nurse’s ability to grasp meaningful relationships was emphasized the least in the baccalaureate degree nursing programs, with a mean of 7.83 and a standard deviation of 1.72.

Associate degree nursing programs emphasized the nurse’s ability to skillfully perform nursing activities the most, with a mean of 9.25 and a standard deviation of .99. The nurse’s ability to rationally determine an appropriate course of action was emphasized the least, with a mean of 7.75 and a standard deviation of 3.43.
Using an alpha level of .05, an independent t-test was applied to determine if there was a statistically significant difference in the emphasis of the possible dimensions of the art of nursing between the two types of nursing programs. As Table 1 indicates, no statistically significant difference (p > .05) in the extent of emphasis in the possible dimensions of the art of nursing between baccalaureate and associate degree nursing educational programs was found.

Table 1

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Total Participants</th>
<th>BSN programs</th>
<th>ADN programs</th>
<th>t value</th>
<th>p value</th>
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<tr>
<td>The nurse’s ability to grasp meaningful</td>
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<td>Range 5-10</td>
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<td>.689</td>
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<td>Mean 7.83</td>
<td>Mean 8.25</td>
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<td></td>
<td>SD 1.69</td>
<td>SD 1.72</td>
<td>SD 1.78</td>
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<td>The nurse’s ability to establish a meaningful</td>
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<td>Range 7-10</td>
<td>Range 5-10</td>
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<td>.547</td>
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<td>connection with the patient</td>
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<td>Mean 9.00</td>
<td>Mean 8.42</td>
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<td>SD 1.27</td>
<td>SD 1.91</td>
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<td>The nurse’s ability to skillfully perform</td>
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<td>Range 4-10</td>
<td>Range 8-10</td>
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<td>.302</td>
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<td>Mean 8.17</td>
<td>Mean 9.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SD 1.74</td>
<td>SD 2.23</td>
<td>SD 0.99</td>
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<td>The nurse’s ability to rationally determine an</td>
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<td>Range 5-10</td>
<td>Range 1-10</td>
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<td>.882</td>
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<td>appropriate course of action</td>
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<td>Mean 8.00</td>
<td>Mean 7.75</td>
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<tr>
<td></td>
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<td>SD 2.10</td>
<td>SD 3.43</td>
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<td>The nurse’s ability to morally conduct his or</td>
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<td>Range 8-10</td>
<td>Range 5-10</td>
<td>1.191</td>
<td>.261</td>
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<td>Mean 7.92</td>
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<td></td>
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<tr>
<td>The nurse’s ability to provide holistic</td>
<td>Range 5-10</td>
<td>Range 8-10</td>
<td>Range 5-10</td>
<td>.292</td>
<td>.777</td>
</tr>
<tr>
<td>nursing care</td>
<td>Mean 9.04</td>
<td>Mean 9.17</td>
<td>Mean 8.92</td>
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<tr>
<td></td>
<td>SD 1.42</td>
<td>SD 0.75</td>
<td>SD 1.96</td>
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</tbody>
</table>
Research Question #3

The third research question asked, "How is the art of nursing integrated into the curriculum of nursing educational programs?" To collect data to answer this research question, participants were asked to identify which courses within the curriculum emphasized the art of nursing, what classroom learning experiences were used throughout the curriculum to teach the art of nursing, and what clinical learning experiences were used throughout the curriculum to teach the art of nursing?

Five participants (41.7%), three baccalaureate degree and two associate degree nursing programs, stated that the art of nursing was integrated in all nursing program courses and throughout the curriculum. One baccalaureate degree nursing program stated that most courses integrated the art of nursing. Specific courses identified by the participants that integrate the art of nursing included introductory fundamental nursing courses, mental health nursing, community health nursing, adult medical-surgical nursing, nursing assessment, nursing leadership, and nursing bridge courses.

Introductory fundamental nursing courses and mental health nursing courses were the two courses mentioned most frequently, four times each. Two baccalaureate degree and two associate degree nursing programs mentioned fundamental nursing courses. Three baccalaureate degree programs and one associate degree nursing program mentioned mental health nursing courses.

There was no difference between the baccalaureate and associate degree nursing programs related to the courses that emphasized the art of nursing. Both types of nursing programs emphasized the art of nursing in the same type of courses.
Planned classroom learning experiences to teach the art of nursing varied widely. Classroom learning experiences mentioned included case studies, discussion, writing assignments, reading selected literature, complementary therapies, role-playing, group activities, lecture, guest speakers, videos, and CD ROM exercises. Discussion was identified most frequently by four of the baccalaureate degree and two of the associate degree nursing programs. Participants described the discussion as both open and directed. The use of case studies was mentioned three times, only by associate degree nursing programs.

Clinical learning experiences to teach the art of nursing also varied widely and included clinical conference discussions, clinical experiences, reading research articles related to nursing practice, simulations, and role modeling.

Clinical discussion was mentioned six times by four baccalaureate degree and two associate degree nursing programs. Both pre and post-clinical conferences were identified as a means of teaching the art of nursing in the clinical setting. Clinical experiences were mentioned four times, twice by baccalaureate degree nursing programs and twice by associate degree nursing programs. Clinical experiences occurred in medical-surgical, long-term care, mental health, community, and pediatric settings.

*Research Question #4*

The fourth research question asked, “Are complementary therapies that emphasize the art of nursing taught in nursing educational programs?” To collect data to answer this research question, the participants were asked to identify what specific complementary therapies were taught in their programs and what classroom and clinical experiences were used to teach complementary therapies?
Numerous examples of complementary therapies were identified by participants, such as relaxation techniques, guided imagery, herbal remedies, therapeutic and healing touch, presence, listening, and music therapy. Teaching relaxation techniques was mentioned four times, three times by baccalaureate degree nursing programs and once by an associate degree nursing program.

The teaching of complementary therapies differed greatly from one type of program to the other. All baccalaureate degree nursing programs reported teaching some complementary therapies. Three of the associate degree nursing programs provided an introduction to complementary therapies, but did not teach specific techniques as to how to implement the therapies in practice.

The classroom learning experiences used to teach complementary therapies included demonstration, participative learning, oral presentations, papers, discussion and lecture. The use of discussion was mentioned five times, twice by baccalaureate degree programs and three times by associate degree programs. Two of the baccalaureate degree nursing programs and one of the associate degree nursing programs reported the use of lecture as a classroom experience used to teach complementary therapies.

The classroom learning experiences varied between the two types of nursing programs. Four of the baccalaureate degree nursing programs mentioned the use demonstration-return demonstration of complementary therapies that emphasize the art of nursing. One baccalaureate degree nursing program described a “4-credit Nursing Therapies course that included music therapy, spirituality, imagery, relaxation, healing touch, massage therapy, and aromatherapy.”
The teaching strategies of lecture and discussion to teach complementary therapies were mentioned four times by associate degree nursing programs. Only one of the associate degree nursing programs used demonstration. Two of the associate degree nursing programs did not respond to the question. One associate degree nursing program utilized a guest speaker to teach relaxation techniques.

The clinical learning experiences to teach the complementary therapies mirrored the data related to classroom learning experiences. One hundred percent of the baccalaureate degree nursing programs mentioned a clinical component for complementary therapies. The clinical consisted of keeping clinical logs and interviewing complementary therapy practitioners. One baccalaureate degree nursing program described the clinical component of a nursing therapies class that included “shadowing a complementary/alternative therapy provider and then choosing a nursing-client situation in which to implement the therapy.”

Only two of the associate degree nursing programs responded to this question. One program mentioned group therapy participation during their mental health clinical and the other discussed the use of relaxation techniques and music therapy in the clinical setting.

Research Question #5

The fifth research question asked, “How is the art of nursing evaluated by nursing educational programs?” To collect data to answer this research question, participants were asked to identify how the art of nursing was evaluated in both classroom and clinical settings.
How programs evaluated the art of nursing varied. Classroom evaluation methods reported by five of the participants from the baccalaureate degree nursing programs included professional development, written projects, communication, testing, discussion, and presentations as means of evaluating the art of nursing in the classroom setting. Classroom evaluation methods, reported by five of the associate degree nursing programs, included the use of communication, papers, and tests as means of evaluating the art of nursing. Demonstrating empathy, journals, case studies, and clinical performance were included as ways of evaluating the art of nursing in the clinical setting by five of the baccalaureate degree nursing programs. Clinical evaluation methods reported by five of the associate degree nursing programs included utilizing a clinical evaluation tool, care plans, journaling, communication, and demonstrating professionalism and safe, effective care. One baccalaureate degree program and one associate degree nursing program did not respond to the question.

Six of the participants (50%), four baccalaureate degree and two associate degree nursing programs, mentioned the use of communication to evaluate the art of nursing. Although a variety of strategies were reported to evaluate the art of nursing, no specific criteria or methods were given as to how these strategies were used to evaluate the art of nursing.

Additional Findings

Participants were asked to provide any additional information about the art of nursing they believed would be beneficial to the study. One baccalaureate degree nursing program participant responded with the following comment:
Focusing on the art of nursing is a conflictual issue for instructors. Faculty philosophically believe in it. Yet, the practice arena presents challenges. NCLEX does not support “art.” NCLEX test plan is developed from practice activities of recent graduates. Fewer activities are in the realm of “meaningful connections and holistic care.” Assignment loads and demands of nurses do not lend to an atmosphere of “art.” Time is another factor that restricts faculty in the educational process. Too much material is required in limited time slots. Faculty realize the parameters for practice and do not implement principles of art completely in the learning experiences.

Summary

To explore how the art of nursing is taught in nursing education, an exploratory research design was employed. All twenty-nine nursing educational programs in Iowa, that prepare students for the NCLEX-RN examination, were surveyed, using a three-page questionnaire developed by the researcher. Both quantitative and qualitative methods were used to analyze and evaluate the data obtained from the research questions.

Analysis of the data revealed no statistically significant differences (p > .05) between baccalaureate and associate degree nursing programs related to the integration of the art of nursing within the curriculum. Forty percent of the nursing educational programs, responding to the survey, indicated that their program did not have a definition of the art of nursing. For those programs that did have a definition of the art of nursing, the data revealed the themes of interpersonal relations and caring most frequently. There were no statistically significant differences between baccalaureate and associate degree
nursing programs related to the extent of integration of the possible dimensions of the art of nursing (p > .05).

Both baccalaureate and associate degree nursing programs emphasized the art of nursing in the same type of courses. Planned classroom learning experiences and clinical experiences to teach the art of nursing varied between the two types of programs. Both types of programs mentioned the use of discussion as a classroom and clinical learning experience to teach the art of nursing. Differences between the types of programs and the teaching of complementary therapies were found, with baccalaureate degree nursing programs emphasizing the importance of complementary therapies more than associate degree nursing programs. A lack of specific evaluation criteria and methods related to the art of nursing also were found.
CHAPTER FIVE
DISCUSSION, RECOMMENDATIONS AND IMPLICATIONS

Summary

The primary purpose of this study was to explore how nursing educational programs teach the art of nursing in the preparation of registered nurses. Using Peplau's interpersonal relations theory (1991), the study examined how nursing education programs located in Iowa, that prepare students for the NCLEX-RN examination, conceptualize the art of nursing, teach the art of nursing, and integrate the art of nursing within the nursing educational curricula. In addition, the study explored whether complementary therapies are taught to emphasize the art of nursing within the educational curricula. The following five research questions were proposed for the study:

(1) To what extent is the art of nursing integrated within the curricula of nursing educational programs?; (2) How do nursing educational programs conceptualize the art of nursing?; (3) How is the art of nursing integrated into the curricula of nursing educational programs?; (4) Are complementary therapies that emphasize the art of nursing taught in nursing educational programs?; and (5) How is the art of nursing evaluated by nursing educational programs?

To explore how the art of nursing is taught in nursing education, an exploratory research design was employed. All twenty-nine nursing educational programs in Iowa, that prepare students for the NCLEX-RN examination, were surveyed, using a three-page questionnaire developed by the researcher. Both quantitative and qualitative methods were used to analyze and evaluate the data obtained from the research questions.
Analysis of the data revealed no statistically significant difference \((p > .05)\) between baccalaureate and associate degree nursing programs related to the integration of the art of nursing within the curriculum. Over forty percent of the nursing educational programs, responding to the survey, indicated that their programs did not have a definition of the art of nursing. For those programs that did have a definition of the art of nursing, the data revealed the themes of interpersonal relations and caring most frequently. There were no statistically significant differences between baccalaureate and associate degree nursing programs related to the extent of integration of the possible dimensions of the art of nursing \((p > .05)\).

Both baccalaureate and associate degree nursing programs emphasized the art of nursing in the same type of courses. Planned classroom learning experiences and clinical experiences to teach the art of nursing varied between the two types of programs. Both types of programs mentioned the use of discussion as a classroom and clinical learning experience to teach the art of nursing. Differences between the types of programs and the teaching of complementary therapies were found, with baccalaureate degree nursing programs emphasizing the importance of complementary therapies more than associate degree nursing programs. A lack of specific evaluation criteria and methods related to the art of nursing also were found in both types of programs.

Discussion of Findings

This study supports the use of Peplau's (1991) theory of interpersonal relations as a basis for understanding the art of nursing. Concepts from her theory were expressed in the definitions of nursing art found in this study. Her theory supports holistic nursing care as well as the use of complementary therapies.
This study indicates that nursing educational programs in Iowa, that prepare nurses for the NCLEX-RN examination, are developing the type of curricula encouraged by Bevis (1988), Lafferty (1997), and Watson (1989). These authors called for nursing educational programs to develop curricula that support creativity, caring, and integration of artistic knowledge. The group scores related to the integration of the art of nursing within the curriculum indicate that the nursing educational programs believed that they have successfully integrated artistic knowledge into the curricula. However, 41.7% of the nursing educational programs in the study had no clear definition of the art of nursing.

It is interesting to note that no statistically significant difference ($p>0.5$) was noted in the extent of integration of the art of nursing between those nursing educational programs with and without a definition of nursing art. This validates the discord found in the nursing literature related to the development of a clear definition of nursing art.

The nursing literature contains different definitions of nursing art (Carper, 1978; Chinn & Kramer, 1995; Chinn, 2000, Jenner, 1997; Johnson, 1994; Peplau, 1997; and Watson, 1988). Each of these definitions is similar, yet unique. Although a clear definition of nursing art has not been established, the nursing literature does provide suggestions as how to teach the art of nursing and integrate the art of nursing into the curriculum.

This study revealed that two-thirds of the baccalaureate programs responding to the study did not have a clear definition of the art of nursing and that 50% of the associate degree nursing programs responding to the study did not have a clear definition of the art of nursing. Essentially both types of programs of nursing struggle with defining the art of nursing. This is interesting because the common assumption is that because baccalaureate
Degree nursing programs incorporate a liberal arts foundation, they should have a clearer understanding of the artistic importance of nursing, compared to the associate degree nursing programs.

For the programs that did define the art of nursing, the common themes of caring and interpersonal relations emerged from the definitions. Defining the art of nursing as interpersonal relations is supported in the nursing literature. According to Peplau (1991) the art of nursing always involves the nurse and the client in an interpersonal relationship. According to her, by developing an interpersonal relationship, the nurse creates an environment that encourages the client to reflect, get in touch with feelings, and connect with people.

Defining the art of nursing as caring is also supported in the nursing literature. According to Watson (1988), the art of caring occurs when the nurse expresses feelings of care and concern in such a way that the other person is able to release the feelings that he or she has been longing to express. She believed that the art of caring was demonstrated through the use of the ten carative factors.

Johnson's (1994) dialectical examination of nursing art in the literature was used to further evaluate how the study participants conceptualized the art of nursing. Johnson's study revealed the following five distinct dimensions of nursing art: (1) the ability to grasp meaning in relationships; (2) the ability to establish a meaningful connection with patients; (3) the ability to skillfully perform nursing activities; (4) the ability to rationally determine an appropriate course of action; and (5) the ability to morally conduct his or her nursing practice. For this study, a sixth dimension was added
to discover the extent of emphasis related to holistic nursing practice and the use of complementary therapies as a means of teaching the art of nursing.

The nurse’s ability to provide holistic nursing care was emphasized most by the total group nursing educational programs in the study. This dimension was emphasized most by the baccalaureate degree nursing educational programs in the study. The nursing literature contains references to the importance of holistic nursing care as a dimension of nursing art. One of Watson’s (1988) ten carative factors focuses on supporting the holistic elements of the patient, such as mental, societal, and spiritual environments.

According to Fasano-Ramos (1999), holistic nursing modalities express the true “heart of nursing” (p. 1).

Associate degree nursing educational programs in the study emphasized most the dimension of the nurse’s ability to skillfully perform nursing activities. Evidence can be found in the literature that supports this dimension of nursing art. Peplau (1997) discussed the use of technology and mastery of technical skills to facilitate the artistic process of the nurse-patient interaction. Twenty-two of the authors Johnson (1994) studied conceptualized the art of nursing as the ability to skillfully perform nursing activities. Definitions of nursing art in Jenner’s (1997) conceptual analysis contained the recurrent theme of the creative use of skill and expertise to conceptualize the art of nursing. Chinn (2000) also emphasized that nursing art requires skill in technical aspects.

Participants in the study were asked to identify which courses within the curriculum emphasized the art of nursing. What classroom learning experiences were used throughout the curriculum to teach the art of nursing, and what clinical learning experiences were used throughout the curriculum to teach the art of nursing. As
mentioned earlier, the group scores related to the integration of the art of nursing within
the curriculum indicate that the nursing educational programs believed that they have
successfully integrated artistic knowledge into the curricula. Only 41.7% of the
programs, however, stated that the art of nursing was integrated into all nursing program
courses and throughout the curriculum. Of the programs that listed specific courses that
emphasized the art of nursing, there was no difference between the baccalaureate and
associate degree nursing programs. Introductory fundamental nursing courses and mental
health nursing courses were the two courses mentioned most frequently.

Support for the integration of nursing art throughout the curriculum and the
importance of creating a caring educational environment can be found in the literature.
Lafferty (1997) called for nursing educational programs to integrate artistic knowledge
into the curriculum. According to her, “to give credence to the dual identity of nursing as
an art and a science arguably requires a balance within the curriculum, with nursing’s art
form acknowledged and promoted and its acquisition viewed as desirable” (p. 281).
According to Bruderle & Valiga (1994), by integrating the arts and humanities into
teaching learning experiences, nurse educators can help students appreciate the intensity
of life, the diversity of their fellow human beings, and the richness of the world around
them. Koithan (1997) called for nursing educational programs to explore the use of
aesthetics in all aspects of the teaching learning experiences.

Beck (2001), Koithan (1994) and Watson (1989) stressed the importance of a
caring curriculum to teach nursing students how to care. According to Koithan (1994),
“Students must be educated in the principles and processes of thinking well so that care
and caring might be fostered among professional nursing graduates” (p. 153).
Beck (1994) stressed that for nursing students to care for their patients, it is necessary for these students to experience caring in their educational environment. She discovered that by modeling artistic caring behavior through presencing, sharing, supporting, competence, and uplifting effects, faculty could teach nursing students caring.

The participants in the study described different planned classroom learning experiences and clinical learning experiences used to teach the art of nursing. Classroom and clinical discussions were mentioned most by the participants. Other methods included reading selected literature, group activities, the use of complementary therapies, and simulations. The use of these methods for teaching the art of nursing is supported by the literature. Watson (1989) suggested the use of open dialogue, small group interactions, and the use of music for incorporating a caring curriculum into nursing education. Beck (2001) described the use of active listening and sharing to help set the stage of caring in nursing education. Koithan (1994, 1998) recommended the use of music, aromatherapy, and reading novels or poetry to create new understanding for students and validate creative expression.

The nursing educational programs in the study were asked to identify what specific complementary therapies were taught in their programs and what classroom and clinical experiences were used to teach complementary therapies. All baccalaureate degree nursing programs reported teaching some complementary therapies. Three of the associate degree nursing programs provided an introduction to complementary therapies, but did not teach specific techniques as to how to implement the therapies in practice. The nursing educational programs in the study mentioned teaching relaxation techniques most frequently.
The classroom learning experiences to teach complementary therapies varied between the two types of nursing programs. Baccalaureate degree nursing programs mentioned the use of demonstration-return demonstration, while only one of the associate degree nursing programs discussed the use of demonstration to teach complementary therapies. One hundred percent of the baccalaureate degree nursing programs mentioned a clinical component for complementary therapies. Only 33% of the associate degree nursing programs responded to this question.

Using complementary therapies as a means to teach the art of nursing is noted in the literature. Peplau (1997) described the use of “traditional practices...guided by common sense and the ‘folkways’ of the profession” as part of the art of nursing (p. 11). Watson (1989) suggested using music and color in the classroom as a means of incorporating a caring curriculum. Koithan (1994, 1998) emphasized introducing students to music and aromatherapy to explore the aesthetic aspects of nursing and Fasano-Romos (1999) called for integration of holism and complementary therapies into the curriculum to help produce a “caring holistic nurse” (p. 3).

In 2001, fifty-five percent of Iowa’s graduating nurses came from associate degree nursing programs (Iowa Board of Nursing). Forty-six percent of Americans (Eisenberg et al., 1997) and 30% of Americans age 65 and older (Foster et al., 2000) use complementary therapies. One hundred percent of rural women report using alternative/complementary therapies (Johnson, 1999). Because Iowa is a rural state with a growing elderly population, the data revealed that the associate degree nursing programs in the study may not be keeping pace with consumers’ desires to explore holistic means to enhance their health and well being. According to King et al. (1999), education
regarding complementary therapies is necessary for nurses to help patients make knowledgeable decisions related to the use of complementary therapies.

Participants in the study were asked to describe how the art of nursing was evaluated in the nursing educational programs. Evaluation techniques mentioned included journaling, testing, clinical evaluations, and communication. Although a variety of strategies were reported to evaluate the art of nursing, no specific detail was given related to how these methods were used to evaluate the art of nursing. This reflects the lack of direction for evaluating the art of nursing found in the literature. No literature could be found that specifically addressed evaluation of the art of nursing in nursing education. The evaluation techniques reported by the participants reflect some of the techniques found in the literature, used to evaluate the affective domain. Andrusyszyn (1988) suggested using journaling, objective and essay tests, and observation to evaluate students' affective learning.

Limitations of the Study

This study explored how nursing educational programs in Iowa, that prepare students to take the NCLEX-RN examination, teach the art of nursing. With any exploratory study there are limitations. The first limitation noted for this study was the sample size. The population for the study was small, which in turn yielded a very small participant sample. Because of the small sample size, the results of this study could not be generalized to all the nursing educational programs in the state of Iowa.

Another possible limitation was response bias. The respondents in this study may have distorted their answers in order to present a favorable image of their nursing educational program.
The tool used for the study may also present a limitation. The researcher created the tool and reliability for the tool had not been established.

Finally, the Hawthorn effect may have been present in the study. The participants were aware of being in the study and may have been eager to impress the researcher with their educational program’s emphasis on the art of nursing. This may have influenced their responses to the questions.

**Recommendations for Further Research**

Although this study added to the body of nursing knowledge related to the art of nursing in nursing education and supported the use of Peplau’s (1991) theory of interpersonal relations as a theoretical foundation for nursing art, additional studies are needed. First, this study needs to be replicated with nursing educational programs in different states. A replication of the study would help to confirm how other nursing educational programs, that prepare students to take the NCLEX-RN examination, define, integrate, and evaluate the art of nursing.

A study of how graduate and doctoral nursing educational programs define, integrate, and evaluate the art of nursing also is needed. Such a study could assist in developing an understanding of how nursing art is taught across the continuum of nursing education.

Nursing students’ conceptualization of the art of nursing early in their nursing education and upon graduation would be important to explore. This study would help confirm the success of teaching strategies utilized in nursing programs and provide nurse educators with important information for curriculum revision.
Studies that explore how nurses define, utilize, and integrate the art of nursing into practice would provide nurse educators with examples that could be shared with students. This would help nursing students understand the relationship between theory related to the art of nursing and nursing practice.

The use of complementary therapies as a means of teaching the art of nursing needs additional exploration. This would generate valuable information for nurse educators to validate the use of complementary therapies as a means of teaching the art of nursing in nursing education.

Finally, studies related to specific strategies for evaluating the art of nursing need to be conducted. This would provide nurse educators with a valuable understanding of how to evaluate the art of nursing in nursing education.

Implications for Advanced Nursing Practice

This study revealed that nurse educators in 41% of Iowa's nursing educational programs, that prepare students to take the NCLEX-RN exam, are making an effort to incorporate the art of nursing into the nursing curriculum. Yet there are still nursing educational programs that do not have a clear definition of the art of nursing. Nurse educators and program chairpersons need to develop clear definitions of what the art of nursing means for their individual nursing educational programs. Creative and caring classroom and clinical experiences need to be developed for all courses in the curriculum to expose students to the artistic aspect of nursing. The use of a nursing theory, such as Peplau's (1991) theory of interpersonal relations, can be used as a basis for understanding the art of nursing. Nurse educators need to model caring and artistic behaviors so students understand caring.
Curriculum committees need to review their curricula to insure that the art of nursing is truly integrated throughout the curriculum and in each course. This study could provide suggestions for integrating and teaching the art of nursing.

The NCLEX-RN examination committees need to develop questions that focus on the art of nursing. This would help determine the graduate nurse’s understanding of concepts related to the art of nursing as well as emphasize the importance of the art of nursing in practice.

The majority of the associate degree programs in this study did not incorporate information related to complementary therapies into the curriculum. In order to keep pace with the consumer’s desire to use complementary holistic therapies, nurse educators need to incorporate complementary therapies throughout the curriculum.

This study revealed several areas that could be explored by the nurse researcher. Research related to complementary therapies and means to evaluate of the art of nursing are just two of the areas that need to be explored.

This study revealed implications for nursing practice. It is commonly understood that patients expect a nurse to be caring. In order to practice artistically, nurses need to be exposed to these concepts in their education. Patients also expect nurses to be knowledgeable related to complementary therapies they are interested in using. Nurses need exposure to these creative independent actions based on knowledge early in their education. This could be especially important for nurse practitioners who focus on the holism and well-being of the patients they treat.

Knowing that graduate nurses understand the integration of nursing art into practice would be significant for the nurse administrator. It is commonly known that
patients will base satisfaction scores on how caring they perceive the nurse to be. Nurses that graduate from programs where the art of nursing is integrated could have a significant impact on patient satisfaction scores.

Nursing educational programs that have clear definitions of nursing art, integrate artistic components of nursing into the curriculum, utilize complementary therapies to teach the art of nursing, and successfully evaluate the art of nursing will graduate nurses who are “a one-of-a-kind artist in nursing practice” (Peplau, 1997, p. 10).
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APPENDIX A

NURSING PROGRAMS APPROVED BY THE IOWA BOARD OF NURSING
APPENDIX A

Baccalaureate Nursing Programs Approved by the

Iowa Board of Nursing

ALLEN COLLEGE
1825 Logan Avenue
Waterloo, IA 50703
319/226-2027

Jane Hasek, RN, EdD
Chancellor
FAX: 319/235-5820
E-mail: mailto:hasekje@ihs.org

BRIAR-CLIFF UNIVERSITY
Department of Nursing
3303 Rebecca St
Sioux City, IA 51104
712/279-5458

Ruth Daumer, RN, MSN, ARNP
Chairperson
FAX: 712/279-5497
E-mail: daumer@briarcliff.edu
Web: www.briarcliff.edu

CLARKE COLLEGE
Department of Nursing and Health
1550 Clarke Drive
Dubuque, IA 52001
319/588-6651

Mary Margaret Mooney, pbvm, RN, DNSc.,CS
Chairperson
FAX: 319/588-6789
E-Mail: mmooney@keller.clarke.edu
Web: www.clarke.edu/campus/departme.htm

COE COLLEGE
Nursing Department
1220 First Ave NE
Cedar Rapids, IA 52402
319/369-8120

Jule Ohrt, R.N., M.S.N.
Chairperson
FAX: 319/399-8121
E-mail: johrt@coe.edu
Web: www.public.coe.edu/departments/nursing/

GRACELAND UNIVERSITY
School of Nursing
1401 W. Truman Road
Independence, MO 64050
816/833-0524 or 800/833-0524

Sharon M. Kirkpatrick, RN, Ph.D
Provost and Dean of Nursing
FAX:816/833-2990
E-mail: kirkpat@graceland.edu
Web: www.graceland.edu

Lamoni Campus
Lamoni, IA 50140

Tel. 515-784-5000
FAX. 515-784-5453

GRAND VIEW COLLEGE
Division of Nursing
1200 Grandview Avenue
Des Moines, IA 50316
515/263-2850

Jean Logan, RN, Ph.D.
Head, Division of Nursing
FAX: 515/263-6077
E-mail: jlogan@gvc.edu
Web: www.gvc.edu
APPENDIX A

LUTHER COLLEGE
Department of Nursing
700 College Drive
Decorah, IA 52101
563/387-1057

Donna Kubesh, RN, Ph.D.
Chair, Department of Nursing
FAX: 319/387-2149
E-mail: kubeshdt@luther.edu
Web: www.luther.edu/~nursing/

Rochester Campus
201 West Center Street
Rochester, MN 55902

MARYCREST INTERNATIONAL UNIVERSITY
Division of Nursing
1607 West 12th Street
Davenport, IA 52804
563/326-9278

Louise Hintze, RN, Ph.D.
Chairperson
FAX:319/326-9356
E-mail: lhintze@mcrest.edu
Web: www.mcrest.edu

MARYCREST INTERNATIONAL
UNIVERSITY
Division of Nursing
1607 West 12th Street
Davenport, IA 52804
563/326-9278

Mary Kelly, RN, Ph.D.
Program Chair
FAX:515/643-6698
E-mail: mkelly@mercydesmoines.org
Web: www.mchs.edu

MERCY COLLEGE OF HEALTH SCIENCES *
Department of Baccalaureate Nursing
928 6th Avenue
Des Moines, IA 50309-1239
515/643-6615

Mary Kelly, RN, Ph.D.
Program Chair
FAX:515/643-6698
E-mail: mkelly@mercydesmoines.org
Web: www.mchs.edu

MORNINGSIDE COLLEGE
Department of Nursing Education
1501 Morningside Ave
Sioux City, IA 51106
712/274-5156

Richard Petersen, RN, Ed.D.
Chair
FAX: 712/274-5101
E-mail: mailto:peterser@alpha.morningside.edu

MOUNT MERCY COLLEGE
Department of Nursing
1330 Elmhurst Drive NE
Cedar Rapids, IA 52402
319/368-6471

Mary Tarbox, RN, Ed.D.
Chairperson
FAX: 319/368-6479
E-mail: mtarbox@mmc.mtmercy.edu
Web: www.mmc.mtmercy.edu

ST. AMBROSE UNIVERSITY
Department of Nursing
518 West Locust
Davenport, IA 52803
563/333-6000

Dolores Hilden, RN, PhD
Chairperson
FAX:
E-mail: hildenagin@cs.com
Web: http://www.sau.edu/

THE UNIVERSITY OF IOWA
College of Nursing
101F Nursing Building
The University of Iowa
Iowa City, IA 52242-1121
319/335-7007

Melanie C. Dreher, RN, Ph.D, FAAN
Dean, College of Nursing
FAX: 319/335-9990 or 7200
E-mail: melanie-dreher@uiowa.edu
Web: www.nursinguiowa.edu
APPENDIX A

Associate Degree Nursing Programs

Approved by the Iowa Board of Nursing

DES MOINES AREA COMMUNITY COLLEGE
Associate Degree Nursing Program
515/964-6466
800-362-2127 x 6466

Ankeny Campus
2006 S. Ankeny Blvd Bldg 9
Ankeny, IA 50021
515-964-6895
800-362-2127 x6895

Boone Campus
1125 Hancock Dr
Boone, IA 50036
515-432-5070
800-362-2127 x5070

Carroll Campus
906 N Grant Rd
Carroll, IA 51401

Virginia Wangerin, RN, MSN
Director of Nursing Education
Fax: 515-964-6440
E-mail: vwangerin@dmacc.org
Web: www.dmacc.cc.ia.us

Sue Swan, RN, MSN
Nursing Program Chair
Ankeny Associate Degree Nursing Program
E-mail: mailto:sjswan@dmacc.org

Connie Booth, RN, MSN
Nursing Program Chair
Boone Associate Degree Nursing Program
E-mail: mailto:cjbooth@dmacc.org

Carroll Associate Degree Nursing Program
E-mail: mailto:cjbooth@dmacc.org

EASTERN IOWA COMMUNITY COLLEGE
DISTRICT
Associate Degree Nursing Program

Clinton Community College
1000 Lincoln Blvd
Clinton, IA 52732-6299
563/244-7140

Scott Community College
500 Belmont Rd
Bettendorf, IA 52722-6804
563/441-4256
800-462-3255

Ruth Sueverkruebbe, RN, MS
Program Cordinator
FAX: 563-441-4154
E-mail: mailto:rsueverkruebbe@eiccd.cc.ia.us
Web: www.eiccd.cc.ia.us

HAWKEYE COMMUNITY COLLEGE
Associate Degree Nursing Program

Peg A. Erdman, RN, MSN
Discipline Chair, Nursing
E-mail:
mailto:perdman@hawkeye.cc.ia.us

1501 E Orange Rd
P. O. Box 8015, Bldg 8 Nursing
Waterloo, IA 50704-8015
319/296-2320 x 1469
800-6704769
APPENDIX A

INDIAN HILLS COMMUNITY COLLEGE
Associate Degree Nursing Program
525 Grandview
Ottumwa, IA 52501
641/683-5165
800-726-2585 x 5164
Ann Aulwes, RN, MA, Ed.S
Associate Dean of Health Occupations
FAX: 641-683-5206
E-mail: aaulwes@ott1.ihcc.cc.ia.us
Carol Northup, RN, MA
Program Director

IOWA CENTRAL COMMUNITY COLLEGE
Associate Degree Nursing Program
515/576-0099 x 2312
800-362-2793
Fort Dodge Center
330 Avenue M
Fort Dodge, IA 50501
515/576-0099, ext 2310
Connie Boyd, RN, MSN
Director of Health Sciences
Web: www.iccc.cc.ia.us
FAX: 515-576-5656
E-mail: mailto:boyd@triton.iccc.cc.ia.us
Karen Johnson, RN, MSN
Dorothy Nahnsen, RN, MAE
Coordinators, Associate Degree Nursing
FAX: 515-576-7206
Jean Boemer, RN, BSN
Nursing Coordinator

Webster City-Eagle Grove Centers
1725 Beach Street
Webster City, IA 50595
515/832-1632
Diane Sorenson, RN, MHEd
Nursing Coordinator

IOWA LAKES COMMUNITY COLLEGE
Associate Degree Nursing Program
3200 College Dr
Emmetsburg, IA 50536
712/852-5285
800-242-5108 x 285
Judith Donahue, RN, MSN
Director of Nursing Education
FAX: 712-852-2152
E-Mail: jdonahue@ilcc.cc.ia.us
Web: www.ilcc.cc.ia.us
Carol Dupic, RN, MSN
Associate Degree Coordinator

IOWA VALLEY COMMUNITY COLLEGE DISTRICT
Associate Degree Nursing Program
641/752-7106 x 297
Ellsworth Community College
1100 College Ave
Iowa Falls, IA 50126
Kathy Deibert, RN, MSN
Director
Nursing Education
E-Mail: mailto:kdeibert@iavalley.cc.ia.us
FAX: 641-648-3128
Web: www.iavalley.cc.ia.us/ECC

Marshalltown Community College
3700 South Center St
Marshalltown, IA 50158
FAX: 641-754-1445
Web: www.iavalley.cc.ia.us/MCC
APPENDIX A

IOWA WESTERN COMMUNITY COLLEGE
Associate Degree Nursing Program
2700 College Rd Box 4-C
Council Bluffs, IA 51502
712/325-3352
800-432-5852
Carol Maxwell, RN, MSN
Chair, Area Nursing Programs
FAX: 712-325-3717
E-Mail: cmaxwell@iwcc.cc.ia.us
Web: www.iwcc.cc.ia.us

KIRKWOOD COMMUNITY COLLEGE
Associate Degree Nursing Program
6301 Kirkwood Blvd. S.W.
Box 2068
Cedar Rapids, IA 52406
319/398-5630
Shirley Anderson, RN, MSN
Nursing Program Coordinator
FAX: 319-398-1293
E-Mail: mailto:sanders@kirkwood.cc.ia.us
Web: www.hscience@kirkwood.cc.ia.us

MERCY COLLEGE OF HEALTH SCIENCES
Department of Associate Degree Nursing
928 6th Avenue
Des Moines, IA 50309-1239
515/643-6615
Mary Kelly, RN, PhD
Program Director
FAX: 515-643-6698
E-Mail: mkelly@mercydesmoines.org
Web: www.mchs.edu

NORTH IOWA AREA COMMUNITY COLLEGE
Associate Degree Nursing Program
500 College Drive
Mason City, IA 50401
641/422-4216
888-466-4222 x 4216
Donna J. Orton, RN, MSN
Chairperson
Health Related Division
FAX: 641-422-4115
E-Mail: ortondon@niacc.cc.ia.us
Web: www.niacc.cc.ia.us

NORTHEAST IOWA COMMUNITY COLLEGE
Associate Degree Nursing Program
10250 Sundown Rd
Peosta, IA 52068
563/556-5110 x 209
800-728-7367
Geraldine Althoff, RN, MA
Interim Head, NICC District Nursing Programs
FAX: 563-556-5058
E-Mail: althoffg@nicc.cc.ia.us
Web: www.nicc.cc.ia.us

Associate Degree Nursing Program
Box 400 Hwy 150 South
Calmar, IA 52132-0400
563/562-3263 x 337
800-728-2256
Betty Helgerson, RN, MA
Assistant Head, NICC District Nursing Programs
FAX: 563-563-4357
E-Mail: helgersb@nicc.cc.ia.us
Web: www.nicc.cc.ia.us
APPENDIX A

SOUTHEASTERN COMMUNITY COLLEGE
Associate Degree Nursing Program
1015 South Gear Ave
West Burlington, IA 52655-0605
319/752-2731 x 8244

Associate Degree Nursing Program
335 Messenger Rd PO Box 6007
Keokuk, IA 52632-1088
319/524-3221
800-344-7045

Pamela Bradley, RN, MS
Director of Health Occupations
FAX: 319-752-4957
E-mail: pbradley@secc.cc.ia.us
Web: www.secc.cc.ia.us

SOUTHWESTERN COMMUNITY COLLEGE
Associate Degree Nursing Program
1501 W. Townline Rd
Creston, IA 50801
641/782-7081 x 471
800-247-4023

Loretta A Eckels, RN, MS
Chairperson, Nursing Education
FAX: 515-782-3312
E-Mail: eckels@swcc.cc.ia.us
Web: swcc.cc.ia.us/nursing/nursing.htm

Red Oak Center
418 Reed Street
Red Oak, IA 51566
712-623-2541

FAX: 712-623-4534

ST. LUKE'S COLLEGE
2720 Stone Park Blvd.
Sioux City, IA 51104
712/279-3149

JoAnn Breyfogle, RN, MSN
Dean of Academic Services/Nursing Program
FAX: 712-279-3155
E-Mail: college@stlukes.org
Web: www.stlukescollege.com

WESTERN IOWA TECH COMMUNITY COLLEGE
Associate Degree Nursing Program
4647 Stone Ave. Box 265
Sioux City, IA 51102-5119
712/274-8733 x 1350
800-352-4649 x 1350

Gloria Stewart, RN, EdD
Department Chair, Nursing and Allied Health
FAX: 712-274-6412
E-Mail: stewarg@witcc.com
Web: www.witcc.cc.ia.us

Sheldon Campus
Sheldon, IA
APPENDIX B

Dear Colleague:

Nursing is frequently defined as both an art and a science. Nursing education literature abounds with knowledge related to teaching the science of nursing while strategies related to teaching the art of nursing remain elusive.

The purpose of this study is to explore and describe how nursing educational programs teach the art of nursing in the preparation of registered nurses. Specifically, the study will examine how nursing education programs located in Iowa conceptualize the art of nursing and how the art of nursing is integrated within the nursing educational curricula. I am conducting this study of nurse education programs in connection with my graduate nursing degree requirements at Drake University, Des Moines, Iowa, under the supervision of Sandra Sellers, Ph.D., R.N., Professor of Nursing, Drake University (515-271-2754).

Because your nursing educational program prepares students for the NCLEX-RN examination, you have been selected to be included in this study. I would greatly appreciate completion of the attached questionnaire. Please forward this questionnaire to a member of the curriculum committee for completion. The questionnaire should take approximately fifteen minutes to complete. After completion of the questionnaire, please return the questionnaire in the self-addressed, stamped envelope provided. By completing the questionnaire you will make a valuable contribution to understanding the art of nursing in nurse education programs in Iowa.
APPENDIX B

Your participation in this study is entirely voluntary. Completion and return of the questionnaire will be your consent to participate in the study. In order to ensure your anonymity and protect your confidentiality, do not place your name or the name of your institution on the questionnaire. The information obtained from the questionnaire will be summarized and reported in aggregate. On completion of the study, all questionnaires will be destroyed.

If you would like a summary of the findings of this study, a copy can be obtained by writing or emailing to me at the address below. Again, I wish to thank you very much for your participation and contribution.

Sincerely,

Melody Bethards R.N., B.S.N.
13990 NW 138th Ave.
Madrid, Iowa 50156
krbmlb@msn.com
APPENDIX C

ART OF NURSING QUESTIONNAIRE
APPENDIX C

ART OF NURSING QUESTIONNAIRE

PART A
Directions: Please answer the following questions by marking an "X" or writing a response in the space provided.

1. Type of Program
   _____ associate degree
   _____ baccalaureate degree
   _____ baccalaureate degree completion

PART B
Directions: The following questions relate to the art of nursing in your nursing program. Please answer the questions by writing in the space provided.

2. How does your nursing program define the art of nursing?

3. On a scale of 1-10, with 1 being no integration and 10 being total integration, rate the extent to which the art of nursing is integrated within the curriculum of your nursing program.

4. On a scale of 1-10, with 1 being no emphasis and 10 being largely emphasized, rate the extent to which each of the possible dimensions of the art of nursing are emphasized in your nursing program.
   _____ the nurse's ability to grasp meaning in relationships.
   _____ the nurse's ability to establish a meaningful connection with the patient.
   _____ the nurse's ability to skillfully perform nursing activities.
   _____ the nurse's ability to rationally determine an appropriate course of action.
   _____ the nurse's ability to morally conduct his or her nursing practice.
   _____ the nurse's ability to provide holistic nursing care.
APPENDIX C

5. Please indicate in which courses within the curriculum the art of nursing is emphasized.

6. Please describe the classroom learning experiences used throughout the curriculum to teach the art of nursing.

7. Please describe the clinical learning experiences used throughout the curriculum to teach the art of nursing.

8. Please describe how the art of nursing is evaluated in the classroom and clinically in the program.
APPENDIX C

PART C

Directions: The remainder of the questions relate to the use of complementary therapies as a means of teaching the art of nursing. Complementary therapies are defined as those independent, holistic nursing interventions within nursing's domain and scope of practice that complement traditional Western treatment modalities.

9. Please list what complementary therapies are taught in your nursing program.

10. Please describe the classroom learning experiences used to teach complementary therapies in your nursing program.

11. Please describe the clinical learning experiences used to teach complementary therapies in your nursing program.

Additional Comments:
In the space provided below, please provide any additional information about the art of nursing you believe would be helpful to this study.

You have completed the questionnaire. Thank you very much!!