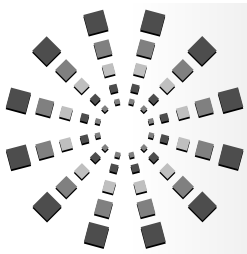

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Aesthetics in Nursing Practice for Cancer Patients as Experienced by Nurses in Nepal

A Hermeneutic Phenomenological Study

KEY WORDS
Aesthetics
Cancer
Hermeneutic phenomenology
Lived experience
Nursing practice

Background: Aesthetics in nursing practice address creating beautiful, meaningful, desirable, and satisfying experiences for both the nurse and the patient. However, little is known about aesthetics in nursing practice. **Objective:** The aim of this study was to describe the lived experiences of nurses who provide aesthetically pleasant care in nursing practice for cancer patients. **Methods:** The hermeneutic phenomenological approach grounded on Gadamer's philosophy was used in this study. Sixteen Nepalese nurses who met the inclusion criteria were the participants. The data collection consisted of 2 methods of drawing graphic illustrations to reflect aesthetic nursing practices and in-depth interviews to explain them. The researchers analyzed and interpreted art-based graphic illustrations and interview transcriptions of 16 Nepalese nurses using van Manen's approach. **Results:** The 5 thematic categories covering these meanings comprised (1) knowing persons as whole, (2) creating a pleasant healing environment, (3) creative use of palliative care resources, (4) nurturing hope, and (5) rewarding the self. **Conclusion:** This study provides the understanding of the nurses' thoughts and actions of aesthetics in their nursing practice. The inductive knowledge from the experiences of the nurses informs the nursing discipline and profession to promote aesthetics in nursing. **Implications for Practice:** These findings can be used to promote aesthetics in nursing practice to improve patients' well-being holistically and increase nurses' satisfaction from caring.

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Aesthetics is a branch of philosophy, which explores the nature of art, beauty, and taste, including the aspects of creation and appreciation.[1] Aesthetics brings about the desired, the meaningful, and the beautiful in nursing practice.[2] In addition, aesthetics in nursing is beneficial in understanding phenomena and is also harmonious with the unified and holistic values of the nursing profession.[3] Recently, the theory of Aesthetic Nursing Practice (AesNURP)[4] emerged to describe the role of aesthetics in nursing. The AesNURP theory focuses on illuminating the principle of caring for persons through encountering, co-creating caring relationships, and meaningful engaging between the nurse and nursed through caring situations. Furthermore, the AesNURP theory maintains the wholeness of a person and enhances a person's well-being.[4] However, affirming this theory requires empirical knowledge.

The incidence and mortality of cancer are rapidly increasing worldwide.[5] According to the World Health Organization,[6] cancer is the second leading cause of deaths worldwide, with approximately 70% of the total deaths occurring in low- and middle-income countries. Nepal is one of these lower-middle–income countries,[7] where the annual cancer mortality is 7400 among women and 6900 among men for a total annual death of 186 000 in the year 2014.[8] The hospital-based incidence of cancer in Nepal, starting from 2010 to 2013, is growing at a higher rate.[9] In 2010, the crude incidence of cancer for men was 24.8 per 100 000 population, whereas the crude incidence of cancer for women was 27.8 per 100 000 population. In 2013, the crude incidence of cancer for men was 30.4 per 100 000 population; the female crude incidence of cancer for women was 33.3 per 100 000 population.[9]

There are many advanced treatments for cancer. However, cancer patients experience physical and emotional symptoms that affect their quality of life.[10] Most cancer patients experience various complications of the diseases and adverse effects of the treatments such as pain, depression, sleep disruption, fatigue, weight loss, diminished physical activity, and increased financial burden.[10–12] The most common unmet needs of patients with cancer are related to health systems and information, psychology, physiology, and daily living, which result in poor quality of life.[13,14] Nurses spend time with patients, and patient satisfaction comes especially from the nursing care.[15] Therefore, understanding the phenomenon of aesthetics in nursing practice, through analyzing the experiences of nurses caring for patients with cancer, could yield effective nursing interventions to fulfill the holistic needs, maintain quality of life, and increase satisfaction of cancer patients.

Some qualitative studies have described the application of aesthetic knowing in nursing practice, which reflects the importance of aesthetics in nursing practice.[16–18] Alverzo[16] concluded that integrating both scientific and aesthetic knowledge to care for patients with a brain injury promoted more positive patient outcomes and supported effective interactions among the clinical team, the family, and the recovering patients, whereas Carnago and Mast[17] and Oliveira et al[18] mentioned that incorporating aesthetic knowledge into nursing practice involved empathy.

In one of the qualitative studies conducted in Iran by Radmehr et al,[19] nursing care aesthetics was described from the perspective of nurses and patients as internal feelings made evident in nurses' behaviors of showing genuine affection, creating care with special talent, helping patients to feel satisfied with nursing care, and creating good feeling, happiness, enjoyment, mutual respect, and a sense of closeness. Meanwhile, Bergdahl et al[20] studied the nursing abilities needed to create the caring relationship in palliative home care and described these abilities and skills from an aesthetic perspective. Their study involved expert nurses working in palliative home care in Sweden. The results were explained according to 3 main categories: (*a*) the will to do good, (*b*) knowledge, and (*c*) perceptiveness. The researchers found a connection between the category of perceptiveness and the aesthetic perspective. The abilities to see the patient, to empathize, and to close the distance, as included in the category of "perceptiveness," are understood as aesthetic abilities.[20]

Although previous studies provide some insights into aesthetics in nursing practice, none of these described the meaning based only on the lived experiences of nurses caring for cancer patients. Hence, this gap in literature necessitates further research studies. In addition, graphic artwork, or drawings, has been used previously in research studies to understand the meaning of a particular phenomenon.[21,22] Therefore, the researchers used drawings and in-depth interviews to reveal the implications of aesthetics on nursing practice. Each nurse participant drew the graphic illustration to reflect her understanding of aesthetically pleasing care that she provided to patients with cancer. After that, the researcher interviewed the nurse participant to explain her own illustration in relation to her aesthetics in oncology nursing practice. The findings can be used to promote aesthetics in nursing practice so that nurses can provide beautiful nursing care experiences for their patients.

Objective

The aim of this study was to describe the lived experiences of nurses who provide aesthetically pleasant care in nursing practice for patients experiencing cancer.

■ Methods

Design

Hermeneutic phenomenology, underpinned by Gadamerian philosophy, guided this research study. Hans Georg Gadamer was a German philosopher who became one of the foremost representatives of hermeneutic philosophy.[23] Gadamer[24] states that hermeneutics reveals the meaning and understanding between the texts and the work of art, which also disclose the hidden meanings of the phenomenon. Hence, drawings and interviews help to describe the hidden meanings of aesthetics in nursing practice, as lived by Nepalese nurses who care for cancer patients.

Data Collection

This study was conducted at Bhaktapur Cancer Hospital in Nepal. The data were collected in February and March 2019 after obtaining ethical approval and completing the recruitment process. The data consisted of drawings and interview transcriptions.

Participants were recruited through purposive sampling and advertisement pamphlets. Following the inclusion criteria, the researchers invited registered nurses who have worked in a cancer

hospital for more than 1 year, nurses with experience of providing aesthetically pleasant (beautiful/appreciative/inspirational) nursing care to cancer patients, and nurses willing to share their experiences. The aesthetics in nursing practice refers to beautiful/appreciative/inspirational nursing care provided to patients. The researcher approached nurses and asked whether they had experiences in providing beautiful/appreciative/inspirational nursing care to cancer patients based on their own perceptions and understandings. The date, time, and place for data collection were confirmed according to the availability of the participants. In this study, the researcher collected data from 16 participants based on the principle of data saturation.[25] Data saturation is established when the information is sufficiently complete to reproduce a study under 2 conditions: (1) new information could still be obtained, and (2) further coding is no longer possible.[25]

The participants were provided paper and color pencils to draw and color within the allotted time in a well-ventilated room, with adequate lighting and which allowed a comfortable seating arrangement. The researcher asked the participants to reflect on the meanings of the illustrations and describe their experiences using the interview guide. Two participants reported limited drawing abilities, so they elected to share their experiences through an interview. Two audio recorders simultaneously recorded the interviews.

In addition, the researcher obtained field notes during and after the interview. The researcher interviewed each participant twice. The first interview covered the drawings. Among the questions were "Would you please draw a reflection of aesthetic (beautiful/appreciative/inspirational) nursing care for your patient with cancer?" and "What is it like?" Of 16 participants, 4 participants drew on the day of the interview, taking around 15 to 20 minutes, whereas the remaining participants asked for 1 to 2 days to finish their drawings.

The researcher conducted a second interview through the help of interview guide questions, which included "Please describe to me the meaning of the picture you have drawn." Further probing questions were also used, such as "Can you please explain to me more about…?" and What did you mean by…?" This second interview lasted for around 45 to 60 minutes. The researcher transcribed the interview records. All data were translated from Nepalese to English, which was confirmed by a nursing lecturer fluent in both Nepalese and English.

Ethical Considerations

The researchers obtained approval from the ethical committees of Institutional Review Board of Social and Behavioral Sciences, Prince of Songkla University, Thailand, and the Nepal Health Research Council, along with permission from the hospital. The researcher obtained written consent from the individual participants, who listened to the researcher explain their background and the aim of the study. The researcher allotted time for participants to read informed written consent forms before data collection. All of the information and the identity of the participants were assigned under different codenames to obscure the participants' identity. The researcher assured the participants that declining or withdrawing from study did not incur any penalty. In addition, the researcher told the participants that they would not include their names in the publication of their drawings.

Data Analysis

All the graphic illustrations, interview audio recordings, transcriptions, and field notes were analyzed according to van Manen's[23,26] hermeneutic phenomenological approach. The researchers did not use software for data analysis. Their analysis followed the 6 steps of van Manen's[23,26] approach. In the first step, the researchers formulated the question "What is the meaning of aesthetics in nursing practice?" In the second step, the experiences shared by the participants were captured by the researcher through asking the participants to reflect on their drawings and conducting in-depth interviews. In the third step, the researcher read the interview transcriptions line by line and selected the significant phrases and statements that reflected aesthetics in nursing practice to isolate them as thematic statements. The similar meanings of these thematic statements were grouped as a thematic category. Furthermore, the drawings were linked to the nurse and the nurses' interview comments; these comments and drawings supported the textual statements in themes. The thematic categories were further reflected within van Manen's[23] 5 lived worlds: lived self-other, lived body, lived space, lived time, and lived things. In the fourth step, the researcher described the experience by writing the findings to make visible the feelings and thoughts of the participants. In the fifth step, the meanings of the themes were clarified through reading, writing, and rewriting while the researchers remained focused on the aim of the study. In the sixth step, the participants' ideas were constantly revised and refined by moving back and forth between the parts and the whole in the transcriptions, drawings, and field notes. Finally, the researchers identified phenomenological texts to describe the meaning of aesthetics in nursing practice. They looked back frequently at the statements, field notes, and drawings.

Trustworthiness

The researchers followed Lincoln and Guba's[27] criteria of trustworthiness for this qualitative study. To maintain their credibility, the researchers did member checking and triangulation among the interview transcriptions, graphic illustrations, and field notes. The researchers provided a description of the study participants that included their demographic characteristics and data related to their work experience in a cancer hospital to make sure the study findings would be transferable. To achieve dependability, the researchers called on an expert and a thesis adviser to audit the process and findings. Finally, the researchers kept a daily journal to reflect the participants' feelings and thoughts in accordance with the collected and analyzed data, so that the research maintained confirmability. Both of the researchers managed the data systematically by filing and using tables. In this study, the researcher bias was reduced through attentive listening, asking open-ended questions, and sequencing the questions by asking general questions followed by specific questions; leading questions that could prompt participants to respond in favor of a particular assumption were not used.

■ Results

Participants

All 16 participants were registered nurses. They were female and Hindu, who ranged from 22 to 35 years old. Eight participants were married. Ten participants had received a diploma degree in nursing, whereas 6 participants had completed a bachelor degree in nursing. Their work experiences ranged from 15 months to 10 years. There were 5 participants working in the radio-oncology unit, 3 working in the palliative unit, 3 working from the supportive unit, 3 working from the surgical unit, 1 working from the medical intensive care unit, and 1 working from the hematology unit.

Thematic Categories and Themes

This study described 5 thematic categories of aesthetics in nursing practice based on the lived experiences of 16 nurses. Each thematic category, theme, and drawing that support the themes in the 5 lived worlds are presented in the Table 1.

Lived Self-Other: Knowing Persons as Whole

In their practice of care, the nurse participants understood their patients' suffering by creating a mutual relationship between the nurse and the patient. The nurse and patients shared polite understandings and thoughts within an atmosphere of trust. The nurses understood the patients' physical and psychological needs arising from particular situations.

One participant shared her experience of mutual relationships (Figure 1). She explained that giving a simple and clear explanation that is appropriate to the patient's level of understanding could help earn her the patient's trust, allowing the patient to satisfy personal curiosity and create a shared understanding.

Communicating with the patients as though they were part of their own family helped the nurses gain the patients' trust. Nurses used the terms "father" and "mother" to communicate with the patients.

> At that time, the father (patient) developed a good interpersonal relationship with me (nurse). I talked with that father like talking with my own grandfather…while doing his wound dressing I communicated with him. He (patient) developed trust in me when I talked with him as if he was my own grandfather. (Participant 12)

Figure 1 ■ Illustration of "knowing persons as whole" by participant 5.

In the mutual relationship, the participants used empathy, empirical knowledge, and work experience to perceive the patient's suffering completely. One of the participants shared her experience of exercising "empathy" to appreciate the patient's suffering this way:

> We (nurse) are also like her (patient). We are of a similar age. When I see the young patient then I feel very much like myself.... As her (patient) whole body was swollen. At this young age, how bad she must have felt about her body image. (Participant 4)

Another participant explained how she applied her empirical knowledge of the pathology and physiology of cancer, including the treatment's adverse effects, to understand her patients' suffering. She said:

> Main thing is she (patient) stops eating. Once after radiotherapy is received, it is difficult for her (patient) to eat as cells are being damaged—that is why she does not like to eat. It makes it difficult after radiotherapy. The patient also says it is difficult to swallow. (Participant 1)

Table 1 • Thematic Categories and Themes in the 5 Lived Worlds

Five Lived Worlds	Thematic Categories	Themes
Lived self-other	Knowing persons as whole	Valuing the whole sufferings
		Mutual knowing between nurse and patient
Lived space	Creating a pleasant healing environment	Clean space
		Friendly and respectful space
		Hygienic space
		In the midst of friendly and respect
Lived things	Creative use of palliative care resources	Creative suitable care for palliation
		Best use of the resources
Lived time	Nurturing hope	Inspiring hope
		Changing to better life
Lived body	Rewarding the self	Happiness
		Rise in confidence and satisfaction

Lived Space: Creating a Pleasant Healing Environment

The nurses created a pleasant healing environment that focused on the patient's external and internal environments. The external environment refers to the area and objects in the unit that can be seen and touched, whereas the internal environment refers to the feeling, memory, and value occurring in the space of caring-healing. The participants created the external environment by maintaining cleanliness and peace. The internal environment was created by building a pleasant, friendly, and respectful atmosphere.

For example, 1 participant shared her experience of presenting a pleasant environment, which she thought helped the patient share thoughts and deep feelings (Figure 2). She said that the color yellow on the walls and flowers helped create a pleasant environment. In her reflection, the nurse recalled helping a patient take care of their colostomy bag.

> A pleasant environment should be clean and hygienic, colorful, then they (patient) will not feel isolated and discriminated against. Nevertheless, they will feel the environment to be friendly where they can also learn and share whatever they want. If the outpatient department is very noisy, black and white color then it will not be pleasant and they will not be able to share or ask about their thoughts. If it is peaceful and clean then they will have the desire to share their deep feelings like, "Let me ask them (nurses) questions and they might give me the answer." (Participant 11)

Another participant observed that a clean environment helped the patient feel comfortable, because they felt cleaner. She said:

> If the environment is made clean by us (nurses), then [the] patient will be able to feel comfortable. He (patient) will feel relaxed and be refreshed thinking that the place I am staying is clean…. If his wrappers are dirty, lockers are dirty, his syringes and medicines vial are left open then sometimes houseflies might also come and patient might feel bad like they may not be able to eat food and feel themselves as dirty. However, if we take care of these things then patient will be able to feel some freshness. (Participant 5)

Figure 2 ■ Illustration of "creating a pleasant healing environment" by participant 11.

Lived Things: Creative Use of Palliative Care Resources

The participants made the most out of the different materials and technologies that were available to provide creative and suitable nursing care to relieve their patients' suffering. One participant shared her experience of dressing a patient's nonhealing cancer wound. She instructed both the patient and their visitors to use muslin cloth to clean and cover the wound, because palliative wound dressings were only used to clean the wound and prevent foul smells. In addition, the nurse chose muslin cloth because such cloth was accessible and feasible for the patients and family members.

> In our homes, we do not have gauze pieces and gauze pads. It is not feasible to buy them, as they (gauze pieces and pads) are expensive. We (nurse) tell them (patient and family members) to use small pieces of muslin cloth...if it is necessary to cover the wound then the muslin cloth is used to cover the wound and these muslin cloth pieces do not need to be new each and every time. Like if they (patient and family members) use muslin cloth one time then they can wash it properly and dry it in sun...thus the muslin cloth pieces can be used repeatedly. (Participant 3)

One participant also said that one of the resources available in the palliative ward was music, which diverted the patients' attention from their pain. She said:

> In our palliative ward, we (nurses) keep on playing some music for patients to divert the patients' minds from pain as most of the patients here come with the chief complain of pain. We usually play the music of religious songs at a low volume through a stereo system that can be soothing for the patients. (Participant 16)

Lived Time: Nurturing Hope

The participants felt that cancer patients became hopeful since they saw other patients change for the better by thinking positively and focusing on improving their conditions. One participant reflected that one of her patients was hopeless at the beginning, but after receiving nursing care, the patient became hopeful later on. She explained:

> Before the patient said, "No, I do not have any desire to live." Later on, she (patient) started to say to me (nurse).... "My daughter needs to further have her bachelor degree also. I do not want anything to happen to me for 2 years until her higher secondary school is completed...." Now her inner feeling was "I can live for 2 more years if I get nursing care like this." (Participant 7)

In addition, 1 participant perceived that a patient developed positive feelings about maintaining quality of life, which made her nursing care beautiful.

> ...After providing our nursing care, support and education, she (patient) developed positive thinking on how to move forward in life. They (patients) will be able to develop the

capability to maintain quality of life; that is why this nursing care done by us is beautiful. (Participant 1)

Furthermore, one of the nurse participants depicted her experience through a drawing (Figure 3). About her drawing, she felt that her nursing care improved her patient's condition, comparing the experience with a tree blooming again after becoming withered. She had this to say when she provided total care for the patients:

> This is (showing the Figure 3 below the first tree with less leaves) like when patients' come at first time in distress with some difficulty like a withered tree. Now by giving medicine, doing nursing care, giving love we make them like this greenery (showing the second tree with more leaves)…. Here, now the patient improves I mean life comes in patient body.... Like, patient revives again after we provide nursing care…. Now from physical to mental status all will be improved. (Participant 4)

Lived Body: Rewarding the Self

The participants experienced happiness, increased confidence, and satisfaction when they were able to witness improvement in the patients' conditions, thanks to their dedication to nursing care. A participant reflected that she was happy to care for the patient because there was improvement. She also noted an increased desire to continue the nursing care she provided for the patient. Finally, her devotion to care became a guide for her that showed itself in how she dressed a wound regularly in the morning and evening. This made the participant feel positive about herself, which seemed to be a self-reward for giving effective nursing care. She said:

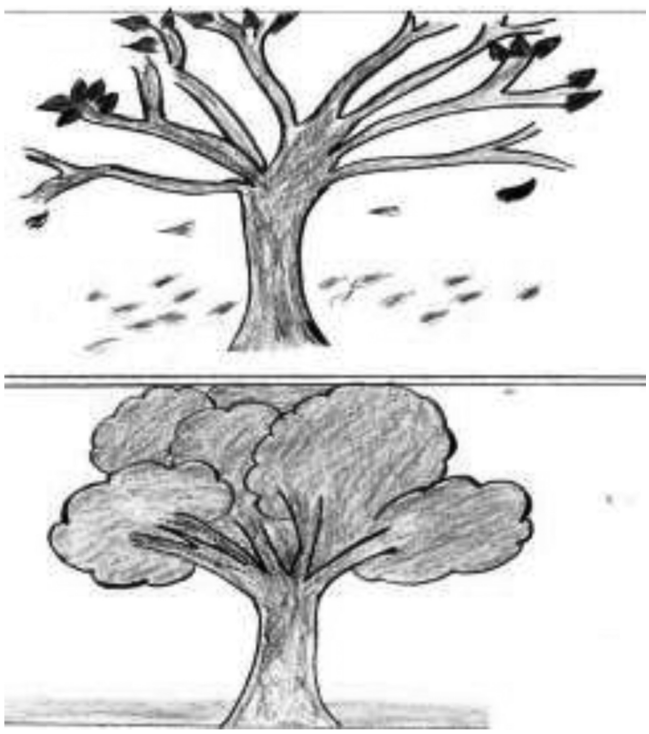

Figure 3 ■ Illustration of "nurturing hope" by participant 4.

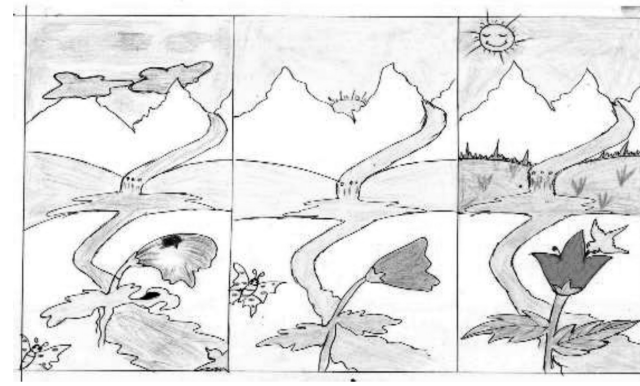

Figure 4 ■ Illustration of "rewarding the self" by participant 2.

> When her (patient) wound went on healing, and then I (nurse) got the desire to do her dressing morning and evening.... Furthermore, her (patient) dressing became as a rule and I also did very well. (Participant 8)

The participants described experiencing a rise in satisfaction and self-confidence when they saw good progress in patients through their nursing care. One participant compared her experience (Figure 4) with mountain peaks, which reflected her confidence and satisfaction. She stated:

> In this part 2 (showing the second part of the graphic illustration) after providing nursing care "I (nurse) am happy I am a little bit more satisfied." When a patient's condition is improving, then there is increased social interaction with relatives, which makes me more satisfied. In this third part, these peaks (showing the peaks of mountain) determine that "I am fully satisfied, my confidence level has been raised, and I am happy." (Participant 2)

■ Discussion

The nurse participants knew the person as whole. They understood the whole suffering of patients by creating a mutual relationship between the nurse and the patient, allowing both parties to exchange their thoughts and feelings from a shared bond of trust. Understanding the person as a "whole" accords to Carper's[28] concept of the aesthetic pattern of knowing. Aesthetic knowing helps the nurse interpret the patient's behavior in relation to the situation around them and treat them as a whole being instead of a collection of several parts.[28] This view of person as whole is also described in the theory of AesNURP under the principle of oneness.[4] Similarly, the nurses appreciated the suffering of the patient, including the physical and psychological sufferings caused by the patients' cancer complications. The whole suffering of a patient was perceived through the nurses' exercise of empathy.[17,18,28,29] In addition, nurses also used their knowledge and experience in understanding suffering. Chinn and Kramer[29] also considered that aesthetic knowing requires the nurses to gain knowledge of the experience of nursing as an art form and the experience of health and illness.

The establishment of a mutual relationship with the patient by building trust could be related to "mutuality," which is one

of the aspects of the co-creative aesthetic process proposed by Gaydos.[30] Gaydos[30] described mutuality as an increased sense of others, consisting of empathy and caring along with trust and respect. The nurse participants in this study expressed their "empathy" by placing themselves in the patients' shoes to understand their suffering. They developed trust by calling patients "father" or "mother." This also reflects the practice of polite communication in Nepalese culture, where people talk to each other respectfully depending on their ages. Placing the nurses in a familial relationship with the patients will make the patients be closer to the nurses and reduce the hierarchical gaps between them from their different background and knowledge. Verbal communication by calling "father" or "mother" is a strategy to build a trust relationship that will assist the patients to actively engage in dialogue and the exchange of information with nurses to support them as a part of the family. This finding can affirm the process of co-creating a caring relationship within the theory of AesNURP, where the nurses co-create a caring relationship with the persons being nursed through mutually knowing, interpreting, and understanding/appreciating the persons' hopes, dreams, and aspirations.[4]

The nurses also created a pleasing healing environment by maintaining cleanliness and keeping their patients' surroundings hygienic. This nursing practice can be related to Florence Nightingale's environmental philosophy, because Florence Nightingale visualized aesthetic expressions as a significant part of nursing care. Nightingale likened aesthetic expressions in nursing care to ornaments in a hospital room, such as a beautiful view from the window, flowers on the table, a work of art hanging on a wall, and music to listen to.[31] There are 13 canons[32] in Nightingale's theory. The canons, which include the cleanliness of rooms and walls, the health of houses, and variety, are similar to the findings in this study. Nurses kept the surroundings clean by changing the linens, removing open vials of medicines, and painting bright colors on the walls. The findings also support the development of an aesthetic environment as an objective domain of the theory of AesNURP, which is described as the physical or material space surrounding the persons.[4] Thus, the nurse participants felt that by creating a pleasant healing environment, the patient would feel the same way. Moreover, if the nurses create a friendly space between the patient and the nurse, the patient is able to share their deep feelings with the nurse.

Making the most out of different available materials and technology for creative suitable nursing care to relieve the patients' suffering is congruent with Katims'[33] idea regarding aesthetics in nursing practice. Katims[33] stated that nursing actions should be meaningful, worthwhile, and appropriate. The nurse participants shared that performing creative nursing actions such as playing music reduced suffering such as pain, using available materials such as muslin cloth pieces reduced the patients' financial burden, and using social media helped find blood donors for the patient. These creative uses of available resources helped the nurses provide meaningful care to relieve the patients' suffering. The use of music is congruent with the findings of a study conducted by Wikström,[31] where some of the nurses used aesthetic means of expression, such as

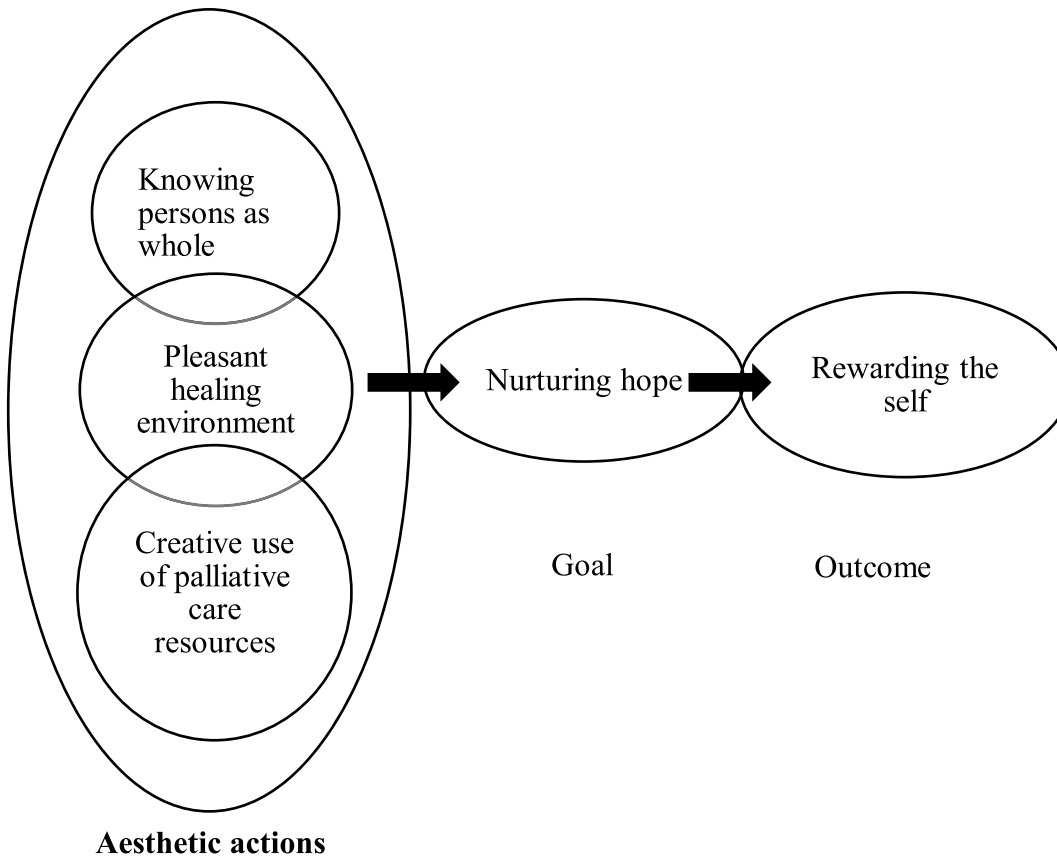

Figure 5 ■ A model of aesthetics in nursing practice.

music, to distract the patient from pain. Likewise, the nurses of the palliative ward of this cancer hospital said that religious music distracted their patients from their pain. This finding affirms the aspect of meaningful engaging in the theory of AesNURP, where the nurse and the nursed mutually participate in and express caring through the aesthetic process.[4]

The finding "nurturing hope" corresponds to "envisioning," which is a dimension of aesthetic knowing devised by Chinn and Kramer.[29] For nurses, the envisioned ends represent health and well-being that includes calmness, relaxation, comfort, and the ability to navigate certain health-related situations.[29] In this current study, the nurses imagined that the end point of their care was the patients' hope for a better life. They developed methods of caring to guide the patients toward this point. They found that the patients moved from hopelessness to hope by developing positive thoughts about maintaining a suitable quality of life. Furthermore, the nurses guided their patients through or away from despair by giving them total care.

While providing aesthetics in nursing practice, nurses experienced happiness because the nurses felt that patients became comfortable and satisfied as the suffering of the patients was relieved. This finding can be related to Kim's[2] idea, which described a nurse's action as the object for aesthetic experience; the nurse creates care for the patient, and the nurse's actions satisfy his/her tastes according to his/her own judgments of beauty and pleasure. In addition, Radmehr et al[19] presented the theme "passage of pain into pleasure" in their study, which represented a nurse's enjoyment in alleviating the patient's suffering and calming him/her during stressful occasions, inspiring an expression of inner satisfaction in the nurse when the patient recovers. Similarly, the nurses in this study also experienced happiness and increased confidence and satisfaction after their dedicated care improved the patients' condition, although the nurses knew that the patients faced a poor prognosis. The rewarding self is the outcome of care satisfaction, which is one of the consequences described in the theory of AesNURP.[4]

On the basis of the discussion, the findings of this study affirmed some concepts of aesthetic knowing,[17,18,28,29] aesthetic experience,[33] co-creating aesthetic process,[30] and the theory of AesNURP.[4] Therefore, the authors propose the following model of aesthetics in nursing practice based on the nurses' experiences in Figure 5.

According to Figure 5, aesthetics in nursing practice can be explained as a combination of these aesthetic actions: knowing persons as whole, creating a pleasant healing environment, and creatively best using of resources for palliation. These actions nurture hope in nurses and patients; these actions inspire a feeling of reward, which is one of the outcomes of applying aesthetics in nursing practice.

Implications for Practice

Aesthetics in nursing practice described in this study can be a source of knowledge for nurses to use in their nursing practice. Nurses can apply the model of aesthetics in nursing practice to design aesthetic actions and goals to promote the beauty and unity in their nursing practice for patients with cancer. The nurses should know the persons as whole by sharing knowledge, experiences, and thoughts between the nurses and patients through a trust relationship as family. This can help the nurses to know the patients' whole sufferings and their hopes as whole persons. In healing the patients, a pleasant environment is obligatory while creatively best using resources for palliation. It is expected by providing aesthetics in nursing practice, the patients' hopes can be supported and the nurses can satisfy in their care.

■ Conclusion

This study explored aesthetics in nursing practice from the experiences of Nepalese nurses. After the study, the researchers found that aesthetics in nursing practice could be summarized in this statement: "Knowing persons as whole in a pleasant healing environment by creatively best using of resources for palliation through nurturing hope and rewarding the self." Nurses can apply this knowledge to design methods of care and to promote the beauty and quality of their nursing practice.

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