Theoretical Perspectives on Advanced Practice Nursing

6

Contents

Abstract

The definition of nursing as an academic subject is still challenging internationally, and because of this, no explicitly manifest common theoretical foundation exists. Advanced practice nursing as a field of research and professional practice is based on the same theoretical and ethical foundation as nursing on the generalist and specialist levels. It is therefore vital to stop at fundamental nursing science perspectives when deepening understanding of what advanced practice nursing is. The characteristics of the theoretical development in nursing science and societal development in the Nordic countries can be summarized in four nursing science perspectives: health, holism, ethos as a person-centered fundamental ethical approach, and caring. Theoretical diversity and pluralism are essential in nursing science, but a common understanding of the central fundamental nursing-theoretical perspectives among clinical practitioners, instructors, and researchers can contribute to good treatment outcomes and better health for the patient.

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Keywords

Theoretical perspectives · History of nursing · Nursing as a discipline · Ethos · Ethics · Caring · Holism · Person-centered · Health

As seen in the context of this book, theoretical perspectives relate to how professional nursing situations and patient phenomena are perceived, interpreted, understood, and incorporated both in practical professional nursing and in nursing education and research.

Nursing is a profession, a professional field, and an academic discipline/field of knowledge, consisting of scientific, evidence-based, aesthetic, and ethical knowledge. According to Meleis (2007), nursing as a professional domain can be described using four general characteristics: a *human science focus*, a *practical activity*, and a tradition that is characterized by *caring* and *on orientation toward health*. These can be considered nursing scientific perspectives that are valid on an international level (Meleis 2007).

6.1 A Historical Perspective

The Nordic nursing science tradition has in recent decades not only been characterized by international trends but also the work of Nordic nursing theorists. At an early stage in the development of nursing science in the Nordic countries, Virginia Henderson's thoughts on nursing, with an emphasis on basic needs, became an important model in nursing education on all levels (Kirkevold 1996). In the 1980s and 1990s, nursing education became characterized by numerous international theorists such as Callista Roy, Dorothea Orem, and Imogene King (Jakobsson and Lützén 2009). The importance of self-care as well as preventative and health-promotive perspectives was emphasized.

The nursing process as a model for decision-making and problem-solving was introduced during the 1980s, during which the need for a systematic approach in the practice of nursing to ensure good quality was emphasized. At the same time, new theoretical models were launched in which human beings were considered part of the cosmos and the self was seen to be the center of human existence, i.e., the "non-observable" and "non-measurable" phenomena in nursing (Fagerström 1999). Of relevant note are international theorists such as Martha Rogers, Rosemarie Rizzo Parse, Betty Neuman, and Jean Watson (Kim 2000; Meleis 2007; Jakobsson and Lützén 2009). The foremost nursing theorists in the Nordic countries during this period were Kari Martinsen, who was active in both Norway and Denmark, and Katie Eriksson, who from 1992 to 2013 held the only Swedish-language professorship in caring science in Finland. Martinsen and Eriksson have been characterized as caring theorists, and they have both strongly emphasized the ethical aspects of nursing (Lindström et al. 2006; Jakobsson and Lützén 2009; Fagerström 2019a, b).

Such theoretical development in nursing science combined with the social development of the Nordic countries, in which the importance of the assessment of each unique human being has increasingly been emphasized, can be summarized in four central perspectives: health, holism, ethos as a person-centered fundamental ethical approach, and caring as the core of nursing. These can be defined as the nursing scientific perspectives that most representatives for nursing education, clinical practice, and research agree on today.

These four perspectives can also be understood as the common denominators of a philosophical approach that is essential to good nursing, regardless of context or health problem. The idea underlying these perspectives is that even though there are different perspectives in nursing science, it is important to be able to unite, "gather round," and achieve consensus on some common denominators. Doing so can unify and impact collaboration in research environments, both for instructors and clinicians (Fagerström 2019a). Through these perspectives one sees that nursing is based on human science and influences how the patient's health is promoted, supported, and strengthened and how one should meet and show the patient care.

The theoretical perspectives underlying and fundamental to the Caring advanced practice nursing model form a philosophical approach to nursing and the patient and therefore influence the provision of clinical practice. Bruce, Rietze, and Lim highlighted the vital role that philosophy has in nursing in their article, "Understanding Philosophy in a Nurse's World: What, Where and Why?" (Bruce et al. 2014, p. 65). There they note that, "Philosophy helps nurses to think more critically and reflect on how their own values influence their practice and way of being. A better understanding of the importance of philosophy in the nurses' world is not only relevant but vital to our discipline and professional practice." The perspective underlying the Caring advanced practice nursing model is that a broader understanding of the interdependence of practical and philosophical matters in professional nursing is also needed in advanced practice nursing. The Caring advanced practice nursing model can be understood as a philosophical approach to life through which nursing values are enacted in the nurse's world (cf. Bruce et al. 2014). Theory and practice, the personal and professional, and knowing and doing are all inseparable and are realized in both clinical practice and through how all core competency domains appear in clinical practice.

The four perspectives are described in greater detail below, including their importance with regard to advanced practice nurses' work with patients.

6.2 Health

In nursing, an emphasis on health has always taken precedence over an emphasis on illness. As early as the nineteenth century, Florence Nightingale wrote that nurses' main task is to preserve health and that nurses should work to ensure that the patient regains his/her health despite illness. Nursing is therefore a health-oriented knowledge domain (Meleis 2007). In many cases and contexts, however, nursing is practiced in a context where an orientation on disease and illness still strongly dominates.

Health is a multifaceted phenomenon and defined and understood in different ways depending on one's views on humanity and religion and the context. The World Health Organization's (WHO) 1947 definition of health as "a complete physical, mental and social well-being and not merely the absence of disease or infirmity" should give way to a more nuanced understanding of the subjective dimensions of health (WHO 1948). Today, the achievement and maintenance of full health are considered a utopia. Health is more than the absence of disease, and human beings experience having good health despite illness (Eriksson 1984). Health has both subjective and objective dimensions and can be described as a "coin with two sides" (Fagerström 2009b). Health is therefore relative and constantly changing (Salmela et al. 2007). Understanding of a person's health is anchored in an understanding of who he/she is as a person. It is thus important to understand what motivates the person to achieve good health.

The goal of nursing is that the patient experiences health and well-being and even "blooms" and develops, despite illness and suffering. At times it can be difficult for the patient to experience health, but in most situations, it is possible to experience well-being, despite illness and suffering. It is therefore important to stop and reflect on what the patient needs and what he/she perceives as good and meaningful in life. Optimal health is based on the person's own resources and conditions, and a more realistic and desirable objective is therefore the moments of well-being despite illness and suffering. For nurses, it is important to support and help the patient to experience optimal health, despite illness and health challenges (Fagerström 1990, 1991, 1995).

6.2.1 The Ontological Model of Health

In the ontological model of health, deeper dimensions of health are revealed (Eriksson 1994). Through nursing ontology, the nature of nursing, personhood, environment, health, and illness is examined (Bruce et al. 2014). The ontological model of health reveals what is believed about the nature of health (cf. Fawcett and DeSanto-Madeya 2013).

Health can be understood as a movement between three different levels: health as "doing" in the form of a healthy lifestyle; as "being," in which the aim is to be in balance and harmony; and in "becoming." This last level, becoming, is related to the human being's experience of the meaning of life, innermost desires, will, and vitality. Health as becoming is about developing and blooming as a human being and realizing one's potential opportunities (Eriksson 1984, 1987; Sellman 1997). Eriksson (1987, p. 66) describes being a human being as having the courage to be and become the person one is and furthermore maintains that when courage and joy coincide, one dares to face reality as one is. When something is created and becomes, development and a becoming occur, which can be considered an expression of being who one is and finding and realizing one's potential. Still, personal development can also occur because of illness, suffering, and/or difficult life events. Suffering and health are therefore closely linked. The meaning and value of health can noticeably

emerge, but not always, when a human being is threatened by illness and suffering. Yet there are times when the patient cannot find meaning in his/her suffering and, in such situations, it can be difficult for the patient to achieve an experience of well-being.

6.2.2 The Dialectic of Health as a Synthesis of Pathogenesis and Salutogenesis

Emanating from dialectics, the world, and our reality is developed through the tension between contradictions, i.e., thesis and antithesis. Hegel established dialectics as a philosophy, including the dialectical method derived from Aristoteles (Fagerström and Bergbom 2010). Human thought and history develop in a dialectic manner, where a form (the thesis) fades into and becomes the opposite (anthesis), which is thereafter merged into a new overarching thesis. Dialectics can be described as a landscape where differences can meet. The essence of dialectics can be understood as an acknowledgment of the contradictory nature of reality (Molander 1988).

How can dialectics be illuminated and deepen our understanding of health? In healthcare, pathogenesis as a thesis and salutogenesis as a new antithesis can be perceived as opposites, but in clinical situations, these two should be understood as complementary perspectives that should be combined into a new synthesis.

In the disease perspective, the classic pathogenesis in which emphasis is placed on identifying symptoms and signs of disease, the aim is to provide correct care and treatment, and an indication of health is the lack of signs of illness and symptoms. Thus health can only be verified through the absence of symptoms. Prevention is accordingly focused on inhibiting the development of disease and poor health, preventing the progression of disease or reducing limitations caused by functional disability or failure.

In the salutogenesis perspective, emphasis is placed on that which can be the source of health (Antonovsky 1987; Eriksson and Lindström 2006). In this perspective, the question of the cause of disease/illness is changed to an investigation of what can give more health and how health can be supported. Health promotive work accordingly becomes a process through which individuals are given the opportunity to have greater control over the conditions that influence their health and in this manner attempt to improve their health (WHO 1986). Health in and of itself is not considered the goal, but is instead perceived to be a resource and part of life quality. Consequently, health promotive nursing is not disease specific but instead aims to improve conditions for patients, including their surroundings, in order to achieve good health.

Antonovsky (1987) maintained that salutogenesis and pathogenesis have a complementary relationship to one another. Keyes (2005, 2007; Westerhof and Keyes 2010) is another researcher who in recent years has expressed similar thoughts. Keyes questions the idea that mental health is only measured through the absence of signs of illness. He developed a two-continuum model of health, in which psychiatric suffering (illness) and subjective health (well-being) are described as two

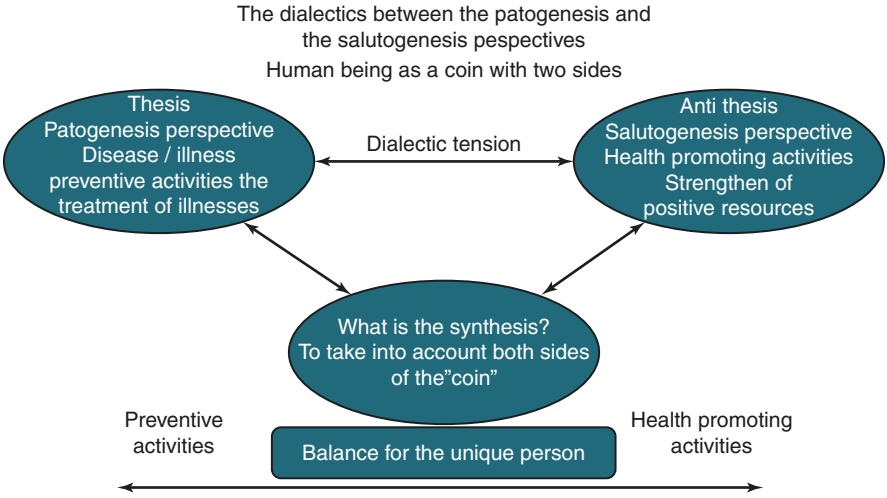

Fig. 6.1 The dialectic between the salutogenesis and pathogenesis perspectives. (From Fagerström 2019a, p. 75)

separate continua related to one another. This theory has been supported by other researchers in several studies (Fledderus et al. 2010; Peter et al. 2011), where the need to identify both the patient's symptoms and resources, such as emotional, mental, and social well-being, has been emphasized. Emotional well-being can in this perspective be described in terms of happiness and experience of joy. Keyes describes mental and social well-being as a happiness that can be related to a meaningful and socially useful life. While mental well-being is described in terms of autonomy and awareness, social well-being is considered to include aspects of social belonging and how the individual works socially.

Seen thus, salutogenesis and pathogenesis have a complementary relationship to one another. In advanced practice nursing, therefore, it becomes a major challenge to be able to unite and retain both perspectives. In other words, an advanced practice nurse has the capacity to carefully asses a patient's health problems while simultaneously understanding and supporting the patient's inherent resources, in order to ensure own health. Seen from the perspective of dialectics, new understanding of these two different poles, thesis and antithesis, is needed, including how they can be combined into a new synthesis in nursing, care, and patient treatment (see Fig. 6.1).

6.3 A Person-Centered Health Perspective in Advanced Practice Nursing

A person's health can be described in the form of health resources and health barriers. *Health resources* have been described as something that promotes the experience of health, while *health barriers* are something that hinders a person from

experiencing health (Eriksson 1984). A person's health resources can be understood as inner and external health resources. The person's inner health resources are his/her own resources, e.g., physical resources such as good physical condition or mental or spiritual resources. The person's external health resources are found in the person's current life situation, i.e., the context that the individual lives and acts in and which he/she is a part of. Social and cultural contexts and present-day life situation, such as close family relationships, networks in one's close environment, work place, or school, are all central components of the individual's current life situation and external health resources.

A positive attitude to life has been described as the ability to selectively focus one's attention on the positive, which is meaningful in each situation; zest for life; and vitality are important inner health resources (Fagerström 2010, 2012; Glasberg et al. 2014). In longitudinal studies, researchers have shown that older persons with a positive attitude to life have less need for healthcare services than those with a negative attitude to life (Pitkälä et al. 2004). That which is meaningful in life gives zest for life. A safe and confirming communion, meaningful activities, and optimal health strengthen vitality. Illness, age-related limitations, and/or negative events in life or in one's local community or world can threaten that which gives life its meaning. This can lead to mental illness and depression and can thereby negatively influence one's vitality (Söderbacka et al. 2017).

That which has previously been a resource for a person can in an instant become a health barrier (Kulla et al. 2006). An individual's external health resources can be supported and strengthened through health-promoting factors in his/her current life situation (e.g., important relationships, social networks, cultural values, living conditions, economic situation). Promoting inner health resources includes supporting and strengthening the person's physical, mental, and spiritual strengths and abilities.

An advanced practice nurse should have a more thorough knowledge of pathogenesis than a nurse with a bachelor's-level degree and should be able to answer a patient's questions about the cause of illness. Doing so facilitates the clarification of the reason underlying the patient's suffering and can thereby help the patient achieve optimal help. At the same time, an advanced practice nurse should also focus on the patient's health resources which can contribute to the patient's experience of health and well-being and how he/she as an advanced practice nurse can support and improve the patient's health resources despite illness and suffering.

When an individual becomes ill, new aspects of the person's life can develop into strong health resources. The person's health resources and "healthy side" can be used in a new manner, despite his/her illness (Kulla et al. 2006). To promote health processes, an advanced practice nurse must strive to understand the balance between salutogenesis and pathogenesis, so that a patient can experience health and well-being and "bloom" despite illness and suffering. The importance of both practical skills (technê) and practical wisdom (phronesis) can in this context not be underestimated (see Chap. 4). The advanced practice nurse's experience-based knowledge, inner wisdom, and a clear ethical approach can contribute to the realization of this.

In a person-centered health resource perspective, the individual's own health strategy is emphasized. The individual's health strategy can be defined as a personal

plan for how he/she can use his/her resources and promote own health in order to experience optimal health and well-being and be able to maintain his/her own self-care in the best possible way (Kulla et al. 2006). In advanced practice nursing, it is therefore important to focus on each individual patient's own health strategy, what the patient can him/herself do to retain and promote own health, as well as reflect on what nurses can do to support and promote the patient's health processes.

6.4 A Holistic Approach to Advanced Practice Nursing

The concepts of "holism" or "holistic approach" can be considered old-fashioned or outdated; they can be considered "mantras" or clichés (especially in nursing education) that are often repeated and even perhaps sometimes unconsidered. Still, is it the case that these concepts are used habitually, or is it more that we do not adequately stop and reflect on what a holistic approach to the patient can entail for nursing practice?

In contrast to reductionism, in which the human being is seen as being divided into various parts, in a holistic approach, the human being is described and understood as a whole an indivisible entity comprised of body, mind, and spirit. In nursing, a holistic approach to the patient includes the recognition of the various dimensions of the patient as a human being, such as physiological, psychological, social, or spiritual dimensions and that the patient cannot be separated from his/her life context. The patient's physiological, psychological, social, and spiritual dimensions form a whole and consequently must be jointly instead of singly considered.

Medical science has been criticized for not implementing a holistic view of the human being and instead reducing the patient to "parts" that can be treated, repaired, or fixed. Yet for many years, nursing researchers have argued that a holistic view of the human being should be integrated into healthcare systems. This polarity as well as the thesis-anthesis school of thought seen between different professional disciplines steers our approach to one another in a negative manner and is no longer relevant. At the same time, one now sees that discussion on the societal level increasingly encompasses a holistic view of the human being. Consequently, one understands that nursing science by no means has a monopoly on a holistic approach to the human being.

What does a holistic view of the human being mean for nursing, care, and treatment? While the patient's physiological, psychological, social, and spiritual dimensions are fundamentally a theoretical matter, in clinical practice the balancing and integration of these dimensions into a holistic perspective can be considered an art. It is in clinical situations that an advanced practice nurse must understand how these dimensions influence one another and form an entity. Advanced practice nurses must be able to see and understand that because of poor health and suffering the patient's health balance is disturbed and disintegration is a fact. The challenge in nursing is to be able to provide an appropriate response, through care and clinical interventions, while also contributing to seeing the patient as a person and promoting his/her health, wholeness, and integration.

The holistic approach is not only about the human being as an entity of body, mind, and spirit but also his/her life context, which consists of three levels (Fagerström 1999). The first level is the life context closest to the patient. Each person lives in and is a part of a life context that means something to him/her. The person's current life context consists of the context around him/her and his/her closest relations (family/relatives) and networks that he/she is a part of. The second level is composed of the patient's close environment and arenas where he/she lives, which even includes the person's work life and the spheres where he/she spends his/her leisure time. The third level can be termed the societal level and is compromised of the patient's sociocultural context. The multidimensional human being has his/her own personal life context that is important to him/her but is also simultaneously part of the larger context that is his/her surroundings and community. Therefore, seeing and understanding each person in consideration of his/her current life situation are of great importance in the meeting with the unique patient (Fagerström 1999, 2000; Kulla et al. 2006).

When an advanced practice nurse meets a patient and performs a thorough health assessment, it is important that the advanced practice nurse focuses on the patient's own perspective on his/her health problems, including how these problems impact the patient's daily life, how the patient manages them, and what is important for the patient with regard to his/her life (Tracy 2009). An evaluation of the patient's functional ability in everyday life is also part of a holistic and person-centered health assessment. During such the advanced practice nurse should observe how the patient describes his/her own health and life quality and his/her capacity for self-care and management of own household and work. The advanced practice nurse should discern whether there are social, physical, economic, environmental, or spiritual factors that impact the patient's abilities and determine which strategies the patient and his/her family use to manage the new situation that has arisen due to the patient's poor health.

Researchers have found that nurse practitioners perform health assessments and make clinical decisions based on an integrated and holistic approach and that their decisions are grounded in the patient's life context (Burman et al. 2002). Researchers have also found that nurses report that after completing a master's degree in nursing they have gained deeper insight into and deeper understanding of what the holistic view means during clinical work (Glasberg et al. 2009; Wisur-Hokkanen et al. 2015), even though their (new) clinical practice contains elementals and tasks from the medical profession (Sidani et al. 2006). Thus one can understand that the application of the aforementioned theoretical perspectives during nursing practice is still important, despite changes in tasks, greater responsibility, and greater clinical autonomy.

Clinical practice is also part of a larger context. In advanced practice nursing, it is important to understand this larger context. Direct clinical nursing occurs in an organizational context, and it is continuously influenced by surrounding factors. The quality (competence) and quantity (number of person-years and staff) of nursing staff determine to a greater degree the outcomes of care and treatment (Fagerström 2009a).

6.5 Ethos as a Person-Centered Fundamental Ethical Approach

A person's fundamental ethical approach or ethos can be understood as a fundamental position that one as a person and fellow human being has toward the other. Originally a Greek term, the concept "ethos" in a nursing context is seen to mean "customs" or "character" (Eriksson 2003). Ethos can be understood as a fundamental value and as a hierarchy of values, which are expressed as the innermost core of culture. According to Eriksson (2003), ethos and ethics belong together; ethics that is developed without a foundation in ethos becomes a more formal ethics, lacking a deeper value base.

An advanced practice nurse's ethical approach (ethos) can be understood as his/her fundamental attitude that influences his/her clinical nursing practice and ethical decision-making, which are part of the key competence needed in advanced practice nursing. The advanced practice nurse's ethos is decisive for how he/she meets the other; how he/she perceives, understands, and interprets the patient's health needs; and how he/she promotes, supports, nurses, relieves, and treats the person who is ill.

A person's ethos, as his/her fundamental ethical approach, can be described in three dimensions: dignity and respect for the patient as a person, caritas as compassionate love and mercy, and virtue as a force.

6.5.1 Dignity and Respect for the Patient as a Person

Fundamental ethical values in healthcare and also, generally speaking, in all human activities are built on the safeguarding of human dignity and respect for the patient as a person. How can human dignity be understood? Symbolically speaking, human dignity is absolute and can be considered "holy." Each human being should be met with respect and openness, and vigilance should be shown for the individual's constant process of becoming as a human being (Eriksson 2003). Edlund (2003) refers to the individual's right to dignity as an attitude that shows respect for the individual. To acknowledge dignity is to realize that all human beings have the same infinite and inviolable value (Barbosa da Silva and Andersson 1991).

Human beings have the need to feel valuable and respected in all situations. The absolute worth of a human being should be preserved and taken into consideration in every clinical nursing situation. In a clinical context, human dignity is manifested as a belief in and reverence and love for fellow human beings in the most degrading situations. That the patient has a feeling of dignity despite emotionally difficult situations is of great importance to the patient's experience of well-being. Protecting human dignity in nursing situations in such a manner thus constitutes a fundamental and central component in a nurse's ethical approach and ethos (Edlund 2003; Näsman 2010).

The core values in person-centered care are care and respect for the person, the person's right to self-determination, and mutual respect and understanding (McCormack and McCance 2010; Ekman 2014). In a person-centered nursing and

care, the patient not only has a need for care and treatment but also a need to be met as a person with dignity and vitality. The patient is above all a human being, with own values, abilities, needs, will, and responsibilities, and his/her unique perspective has as great importance as the professional perspective (McCormack and McCance 2010; Ekman 2014). The patient as a person should be "in the driver's seat" for his/her illness and be given the opportunity to articulate his/her needs and desires, which should be considered in equal measure to the needs that professionals identify (The Swedish Society of Nursing 2010). Person-centered care entails respecting and recognizing the patient as a person and his/her values, experiences, and interpretation of his/her illness and health emanating from his/her story and narrative. The goal is to create a partnership between the patient, the patient's relatives, and professional staff, where the patient's story is the basis and premise for collaboration.

One constantly sees examples of how individuals' experiences are neglected in healthcare systems. Even if we as healthcare staff have good intentions, our practice can have negative side effects (outcomes) for the patient. The care situation itself can cause the patient perceived suffering (Eriksson 1994). Inadequate safeguarding of the patient's dignity and his/her worth as a human being is unfortunately a common form of suffering in care situations. This can be expressed as a negligence and carelessness, where healthcare staff are unable to "see" the person or understand his/her suffering and vulnerability. If a nurse's clinical competence is inadequate but the nurse consciously continues to work without improving his/her nursing and/or medical knowledge, this should also be considered an expression of negligence and carelessness and thus a violation of the patient's dignity (Fagerström 1999, 2000).

An important element in the advanced practice nurse's fundamental ethical approach is the deliberate attempt to prevent human abuse. To misuse one's power in various ways or to overlook the patient's will also constitute violations of human dignity. Eriksson (1994) even defines a lack of care as a suffering related to the care situation. The development of new advanced practice nursing models increases access to care and treatment and can therefore become a means whereby unnecessary suffering is reduced.

6.5.2 Caritas as Compassionate Love and Mercy

Caritas can also be understood as a fundamental motive for all health services. This motive emerges from a nurse's fundamental ethical approach. Nursing and compassionate love are linguistically related. The concepts "nurse" and "nursing" are both considered to be derived from the French word *nourrice*, which means to "tenderly protect," be fond of, and love, and from the Latin word *carus* (care; Eriksson 1990). These synonyms contribute a "teaching" or learning dimension to the concepts, in addition to the aforementioned tenderly protect and love. The English word "nutrition" is derived from a later form of the Latin concept of *nutrir*, to nourish, with related words in the English language being "nourish," "nourishing," "close," and "nurturing." Alvsvåg (2012) mentions three forms of love: epic, poetic, and logical.

Epic love can be conveyed through stories about love. Poetic love refers to educational methods, art, and poetry that show what loving actions are. Still, it is not enough to hear about love (epic love) or gain knowledge of how one can demonstrate love (poetic love); one must also concretely manifest love in a concrete acts or actions (logical love). Healthcare professionals realize the logic of human love.

In the healthcare context, compassionate love is expressed in both close relationships and professional contexts. Martinsen (1996) calls love for a fellow human being *agape*, while Eriksson (1994) uses the term *caritas*. Agape describes a selfless love. Caritas can be succinctly defined as compassionate love and mercy (Lindström et al. 2006). Caritas as compassionate love and mercy constitutes a source of power and an inner motive for practicing/realizing/engaging in nursing. Love and care for one's fellow human beings have been described as the fruits of love. To help patients in need is an essential ethical requirement for all healthcare professionals and can be understood as an expression of love (Alvsvåg 2012). Love for one's fellow human beings develops through practicing care and is an expression for altruistic love, directed toward what is best for the other. Each meeting with a patient includes an ethical demand where the nurse can choose to meet and see or not meet and see the patient's needs and desires. Love and mercy for one's fellow human beings are expressed through a healthcare professional's words, actions, and attitude toward the patient.

Love is expressed through care actions, which in a professional context should emanate from professional values (Martinsen 2005; Alvsvåg 2002, 2010). In all nursing, nurses should listen to the patient's needs, dare to become engaged in the patient's situation and suffering, and reflect on and use all of one's competence to prove good care and treatment (Fagerström et al. 1998). Love becomes visible when nursing provides good care and treatment, which can be described as an art, that is, "the art of caring" (Arman and Rehnsfeldt 2006). Being able to show love in nursing entails more than merely fulfilling professional duties; it also entails being able to provide the "little extra" and dare to become engaged in the patient as a person in his/her health processes and suffering.

6.5.3 Virtue as a Force

Virtue as a concept and phenomenon can be traced back not only to the start of Western philosophy but also Chinese philosophy, that is, Confucianism (Näsman 2010). Plato discerned four cardinal virtues: prudence (wisdom), courage, temperance, and justice. Aristotle described the human character in terms of four moral types: the Virtuous, the Continent, the Incontinent and the Vicious. The difference between the Virtuous and the Vicious lies in the individual's values, and a virtuous person is not conflicted about moral actions; he/she is in harmony with him-/herself. In Christianity, there are seven virtues: chastity, temperance, charity, diligence, patience, kindness, and humility.

According to Aristoteles (1993), human beings seek *eudaimonia*, which is a contemplative (introverted, pondered, profound) state of happiness. Like all of nature,

human beings have a natural goal, *telos*. The human being seeks the good and seeks to realize his/her true nature. In this human quest to do good, the human being develops and trains his/her different virtues (Näsman 2010). Virtues should not be considered emotions, but are instead dispositions, clear intentions, and character traits (Aristoteles 1993). Sellman (1997) differentiates between virtues and being virtuous, noting that virtues relate to a specific orientation, while being virtuous relates to morally good actions. Näsman (2010) describes human virtue as a stable character that is about choice.

Virtue as a dimension of the fundamental ethical approach/ethos can therefore be understood as a force that makes individuals moral and good. Virtue can therefore also be linked to the good and to the motive for love (Näsman 2010). Virtue is a certainty about what is good, and it is expressed in moral actions. Virtue is closely related to both caritas as compassionate love and mercy and to an individual's dignity, relative to whether he/she is met with humility, kindness, and respect.

Virtue as a force in advanced practice nursing has, to date, not emerged as a topical theme in nursing research. The desire to take greater independent responsibility for a patient's care and treatment indicates a virtue, i.e., a clear motivation and character trait that indicates moral goodness based on a clear value base. Virtue as a force in advanced practice nursing is a fundamental prerequisite for an ethos expressed as a person-centered fundamental ethical approach.

6.6 Caring as the Core of Advanced Practice Nursing

Demonstrating caring for one's children and loved ones is also a part of human nature. In the anthropological perspective, caring is a natural phenomenon, and since the later part of the 1980s, caring has been considered a professional expression (Eriksson 1987). Caring as a phenomenon has often been described as the core of nursing (Roach 1997; Lindström et al. 2006), seen in both nursing actions and in relation to the patient. Caring as the core of nursing is expressed to the patient through concrete actions and through a nurse's attitude toward the patient (Fagerström et al. 1999).

An interesting question is whether a human being's capacity for care is a fundamental quality and ability or whether this capacity can be developed and deepened. Can this capacity be influenced through education, or is it innate and already present at birth? Can a nurse's capacity for caring be changed and developed, from a generalist to an advanced level? These questions were addressed in Benner et al.'s (1996) research on expert competence in nursing. In an intensive care unit setting, Benner found that those nurses who demonstrated good capacity for reflection were able to develop their clinical skills to an advanced level and even demonstrated clear signs that they were capable of developing a greater capacity for empathy, sensitivity, and understanding of the other's situation. Those nurses who did not reflect on their experiences to the same degree as the first (more reflective) group were seen to stagnate in their development of competence.

In another qualitative study including 26 advanced practice nurses and eight advanced practice nurse students, researchers sought to describe and investigate advanced practice nurses' advanced clinical competencies (Nieminen et al. 2011). There, five dimensions of advanced practice nurses' advanced clinical competencies were revealed: evaluation and assessment of patient's caring needs and nursing care activities, the nurse-patient caring relationship, multi-professional teamwork, development of competence and nursing care, and leadership in a learning and caring culture. The importance of bearing responsibility for the patient and creating a safe and trustful relationship is also clearly seen.

For many clinical practitioners, educators, and researchers, it is obvious that caring as the core of nursing is essential to advanced practice nursing. Depending on the theoretical tradition, various concepts such as caring, care therapeutic relationship, and caritative approach are used. Yet, overall, these terms all encompass approximately the same content. For example, in international literature, both "therapeutic partnership" and "therapeutic relationship" are used, in which care is described as the central part of the relationship or partnership (Spross 2009; Tracy 2009). The therapeutic relationship requires that the nurse is emotionally available and does not adopt a distanced attitude. Advanced practice nurses cannot solely rely on scientific theories and technical competence when providing care to patients. It is evident that an approach in which genuine caring for the other is expressed is necessary. In other words, a caritative approach characterized by caring is a prerequisite for being able to provide high-quality advanced practice nursing (Roach 1997; Lindström et al. 2006). According to Benner (1984) and Tanner et al. (1993), advanced practice nursing requires a person-centered approach characterized by caring and a timely, contextual understanding of the patient as a person.

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