Nurturing Minds, Enriching Lives: Exploring the Philosophical Essence of Nursing Care Excellence

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Abstract

Aristotle's assertion that "excellence is not an act but a habit" provides a profound philosophical foundation for understanding professional excellence in contemporary healthcare, particularly in nursing. In this perspective, excellence is not an isolated achievement but a cultivated disposition developed through repeated right actions and reflective practice. This paper applies Aristotelian philosophy to nursing excellence, examining how the ancient Greek notion of excellence can inform its definition and preparation in clinical settings. Excellence is positioned as a moral and professional pursuit rather than merely a technical endpoint, emphasizing the integration of science and art in nursing, where clinical competence is enriched by practical wisdom (phronesis), ethical judgment, leadership, and compassionate patient care. The paper further distinguishes between the expert nurse and the excellent nurse using Patricia Benner's (2001) theoretical framework, from novice to expert, which conceptualizes skill development as a progression from technical proficiency to experiential mastery. While an expert nurse demonstrates advanced clinical skills, an excellent nurse combines expertise with compassion, leadership, professionalism, and consistently outstanding care. Excellence is thus conceptualized as a continuous journey of growth, learning, and professional commitment, in which each patient interaction becomes an opportunity to strengthen habits of mindful and reflective practice. Finally, the paper explores future directions, particularly the integration of emerging virtual reality (VR) technologies, which have the potential to advance nursing excellence by enhancing patient outcomes while preserving the reflective and humanistic essence of nursing practice.

Keywords: Aristotle Philosophy; Excellence in Nursing; Phronesis; Reflective Practice.

Introduction and Background

Nurse Nasima begins her shift in the emergency department of the tertiary care hospital. She is a BSN-graduated nurse with 7 years of experience, assigned to the critical care unit, the busiest and most overwhelming area caring for serious patients. She depends greatly on her skill mastery and past patterns to guide her assessment, nursing diagnosis, and interventions.

A 35-year-old male patient came to the emergency department, who is confused, agitated, anxious, and having difficulty breathing due to a sudden road traffic accident. He was being cared for by nurse Nasima. She performed the vital assessment and followed the physician's orders, though she overlooked some important details about the patient. Next, the physician ordered the nurse to administer oxygen therapy, a painkiller, tetanus toxoid, and tetanus immunoglobulin, and then sent the patient for magnetic resonance imaging (MRI) of the brain and a chest X-ray, as is routine in

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such cases. The patient's family became concerned and asked the nurse about the patient's status. However, due to her overwhelming tasks, the nurse failed to respond to them. After providing first aid, the patient was sent to the MRI department with the nursing assistant. After half an hour on the MRI table, the patient crashed, prompting a rush call. The patient was saved at the last moment after the administration of two episodes of cardiopulmonary resuscitation, after which he was sent to the intensive care unit on mechanical ventilation.

In the above scenario, the delayed care and subsequent complications present an opportunity to analyze the importance of excellent nursing care. Several questions come to mind, what excellence in nursing care is; what its significance is to the nursing practice; why an expert nurse was unable to think critically in this situation; what the difference between an expert nurse and an excellent nurse; can novice nurses work in critical care; and can they make any difference in the lives of patients during their patient care.

During my PhD search, I found a mission statement that reads: “strive for excellence in healthcare through the provision of the highest quality, expert, compassionate and ethical care to all patients irrespective of their background....” (Aga Khan University Hospital, n.d.). It was at that point that I realized and recognized the importance of excellence in nursing practice. Graduate nurses can truly make a difference in patient care by improving their patients' lives, satisfying their needs, and preventing complications.

In the current era, excellence in nursing care is increasingly important as health care becomes more complex, fast-paced, technologically advanced, and patient-centered. There appears to be a need for nurses to expand their knowledge and develop expert skills to address complex healthcare challenges, especially in the context of multimorbidities, such as chronic non-communicable diseases, which are on the rise. Thus, professional excellence has become increasingly essential to contemplate.

Another reason is the current nursing shortage, which is a global issue in health care that affects patient care quality (Potter et al., 2021). The WHO 2022 report stated that Pakistan is facing a shortage of 200,000 nurses, which is directly affecting clinical outcomes (Pakistan Needs 200,000 Nurses to Meet Health Crisis: WHO, n.d.). In addition, Pakistan has a dire shortage of other resources to meet the needs of patients. Thus, pursuing excellence becomes even more challenging under these circumstances. However, regardless of shortcomings and external factors, striving for excellence is how we achieve our mission and contribute to the greater moral good of the nursing profession and society at large.

This paper begins with perspectives and opinions on excellence, and is primarily nurtured by Aristotle. Moreover, we will see the meaning of excellence in nursing care. This paper will also highlight the roles of science and the arts in technical and phronetic nursing practice, as well as the differences between an expert nurse and an excellent nurse in light of nursing theory. The latter section of the paper examines the implications and applications of excellence in nursing care, with a focus on future directions. This paper will also address the philosophical questions central to excellence in nursing care.

The Excellence and Its Nature

Currently, the word 'excellence' is used across every profession. Whenever we use this word, we are stating it with positive praise. However, sometimes it is not well-defined and is an intangible concept. Therefore, it can be difficult to grasp (Coulon et al.1996).

The noun excellence derives from the Latin word “excellendia,” which conveys a state of quality, superiority, eminence, and distinction (Dictionary.com, n.d.). The pursuit of excellence is not

rooted in today; it is reflected in the ancient Greek concept of Arete, defined as living up to one's utmost abilities and striving for the highest possible outcomes. Thus, the question arises whether excellence is the product of good genes and good fortune, or of traits such as our habits and dispositions.

According to Aristotle, "excellence is an art won by training and habituation. We do not act rightly because we have virtue or excellence. But we would rather have those because we have acted rightly. We are what we repeatedly do. Excellence, then, is not an act but a habit" (Aristotle). This idea is at the core of the ancient Greek perception. This notion can be particularly valuable when applied in the healthcare context, specifically through patient interactions.

Although it is possible to achieve a high level of success through factors such as a person's genetics, privileged upbringing, and opportunity circumstances, these factors are mostly beyond our control. Thus, Aristotle focuses on those factors which we can control, such as education, training, and the good habits we form. To summarize, Aristotle's perspective on excellence is that it is the product of practice, not of good genes.

There are two kinds of excellence: one is moral, and the other is intellectual. Intellectual excellence is attained through training and instruction, while moral excellence is reached through the formation of good habits. This directly places the burden on humans, as, in this context, moral and intellectual excellence are not randomly assigned but rather attained through the person's own effort. To sum up, "excellence is never an accident; it is the result of high intention, sincere effort, intelligent direction, skillful execution, and the vision to see obstacles as opportunities" (Aristotle).

Based on Aristotle's viewpoint, we can deduce that excellence in nursing care is extremely essential, as nursing is a practice profession that deals with living patients and their experiences, is skills-oriented, is goal-directed, and involves day-to-day interaction with complex healthcare situations. Coulon et al. (1996) conducted a qualitative study to explore the meaning of excellence in nursing care. Research suggests that the patient should be the primary focus of excellent nursing care at all times. Nurses who provide outstanding care exhibit professionalism and competence within the nursing practice. In the modern era, excellence extends beyond caring relationships to encompass person-centered, evidence-based, and technologically enabled care, in which clinical competence, interprofessional collaboration, digital literacy, and ethical accountability collectively enhance patient outcomes and healthcare quality (Lilli, 2024).

Nursing Care Excellence through Uniting Science and Art

To grasp the meaning of excellence in nursing care, let's explore it from its roots, as nursing is generally recognized as a science and an art (Finfgeld-Connett, 2008a; Yam & Rossiter, 2000; Jenner, 1997). The question then arises: Does nursing science guarantee excellent nursing care?

Don Fleming introduced the Aristotle perspective in nursing practice and presented two forms of nursing practice: techne-ical and phronetic. The term techne comes from an ancient Greek mode of reasoning and refers to the possession and application of empirical knowledge. However, when it comes to nursing, there are many grey areas and ambiguities. Thus, there is a need for nurses to apply other, more personal qualities, such as morals, habits, and dispositions. The application of these ontological dispositions, along with knowledge, is called phronetic nursing and can lead to excellence.

The technical practice relies heavily on a generalized framework and evidence-based guidelines applied to all cases and situations to ensure a consistent level of care. Examples include standardized patient assessment protocols, nursing process, and electronic health records. These frameworks apply knowledge to practice in a general way.

Phronetic reasoning, meanwhile, involves tailoring the care approach to the specific context at hand and considering patients' unique needs, patient preferences, cultural competence, and the circumstances of their lives. This practice has placed greater emphasis on nurses' critical thinking skills, attentiveness to their experiences, and understanding of each patient as a unique case (Flaming, 2002).

Technical nursing practice is concerned with applying knowledge consistently and accurately to provide patient care and ensure patients receive a similar level of care. A phronetic practice is concerned with how each application will build on the relationship with the patient, fostering empathy, compassion, and personalized, patient-centered care, thereby developing trust and an appropriate bond that ensures open communication (Flaming, 2002).

Technical nursing practice is concerned with ensuring that care is delivered in accordance with empirical evidence, without taking patient feedback. However, nurses who practice the phronetic approach use patient feedback to adjust their plans accordingly. A phronetic practice nurse will not only ensure that care is delivered effectively but will also be concerned about mood and overall patient satisfaction (Flaming, 2002).

The techne-ical nursing practice relies heavily on fabrication, which relates to generalized concepts. However, nursing should never be practiced through fabrication. For example, a nurse dresses a wound that is of irregular shape. She customizes the dressing according to the wound, though this is an artificial creation for that wound. Phronetic nurses rely on practical judgment while practicing moral good eudaimonia. For example, in the same scenario, a phronetic nurse would consider alternatives such as hydrocolloids, foams, or hydrogels, appropriate to the wound's shape and size, to optimize patient healing and reduce pain (Flaming, 2002).

In the above-mentioned argument and counterargument, it has been concluded that phronetic practice leads to excellence in nursing care through scientific knowledge and its artistic nature. Nursing practice always occurs on "rough ground," and phronetic nurses are immensely flexible because they are consciously doing good for their patients.

Expert vs Excellent Nurse

In the above scenario, Nurse Nasima, with extensive knowledge and 7 years of experience, relies heavily on her insight to make clinical judgments based on past patterns. According to Patricia Benner in 2001, the term 'expert' is equivalent to 'expertise' in a development model for nurses; nurses are facilitated in their progression from 'novice' to 'expert' by experience (Ozdemir, 2019). Expert nurses can instinctively draw on implicit knowledge gained from prior experience. However, intuition should not be relied upon as a substitute for critical thinking (Scheffer and Rubenfeld, 2000). In the above scenario, nurse Nasima overlooked the patient's atypical presentation and misinterpreted the symptoms, which delayed the appropriate treatment decision. Even though she is an expert nurse, what is missing for her to achieve excellent care?

To my understanding, expert nurses tend to assess patients broadly based on their past experience. If we assume she was an excellent nurse, she would use her critical thinking skills during patient assessments. Expert nurses rely heavily on past experience, whereas excellent nurses treat each case as unique and address each situation individually, rather than relying solely on similar cases or criteria. This, in my estimation, is a significant difference in the approach taken by expert and excellent nurses.

Virginia Henderson, one of the first authors to focus on the crucial concept of 'excellence in nursing' in 1969, defined it as 'the potential for intellectual, emotional, or spiritual growth'. Excellence in nursing, according to Henderson, is not seen as the generic definition of 'to excel, to

surpass, or to be the best' (Excellence in Nursing, 2020). Nursing excellence may also reflect the stages of transition that nurses undergo during their education and careers. Thus, can nurse Nasima provide excellent care?

Referring to the above scenario, nurse Nasima can become an excellent nurse by following the characteristics outlined by Paans et al. in their qualitative study, which identified nurses' perspectives on characteristics associated with an excellent nurse to elicit a conceptual profile. This conceptual profile encompasses nine distinct attributes, outlined as follows: analytical, communicative, cooperative, coordinating, knowledge dissemination, empathetic, evidence-driven, innovative, and introspective (Paans et al., 2017). Given the above qualities, can novice nurses deliver excellent care?

Novice nurses can indeed become excellent nurses through continuous professional development, mentorship, personal growth, learning about emotional intelligence, advocacy, and a commitment to consciously using evidence-based practices (Paans et al., 2017).

To sum up, expert nurses are specialized in their field, with vast knowledge and years of experience, while excellent nurses possess a broader range of qualities, as described by Paans et al., to contribute at an exceptional level (Paans et al., 2017). Nurses have to strive continuously to reach this level through continuous improvement while contributing towards the betterment of their profession and society.

Based on the above analysis, is Pakistan more in need of expert or excellent nurses? In an underdeveloped country, we face a shortage of nursing staff due to high turnover, requiring a large number of new nurses. As these nurses will naturally lack experience, there will be a need to address this deficiency through other attributes, namely those outlined by Paans et al. (2017). By focusing on these attributes, novice nurses can achieve a level beyond that of a nurse who relies solely on experience. With time, these same nurses can leverage their experience as an added asset to reach an extraordinary level of excellence.

Conclusion and Recommendations

The pursuit of nursing excellence in care is crucial to improving patient outcomes, including reducing mortality rates (Knox & Gharrity, 2004). It also improves patient satisfaction and safety (Spence Laschinger & Leiter, 2006). Nurses can improve their job satisfaction, be less inclined to leave, have better patient care experiences, and enhance their professional image (Stichler, 2010). It also amplifies a positive professional practice environment (Shirey, 2006). Striving for excellence in nursing care is a continuous endeavor to improve patient well-being and enhance the overall quality of healthcare delivery.

Nursing excellence is a journey that begins when a potential candidate enrolls in a nursing school (Excellence in Nursing, 2020). Nursing schools should nurture candidates through teaching and training in essential sciences and arts. The curriculum for the Bachelor of Science in Nursing Program includes minor credit courses in history, ethics, and the importance of artistic and creative skills, such as critical thinking, communication, compassion, empathy, and observation. Nursing stakeholders must regularly update, revise, and standardize the curriculum, and maintain a balance between science and arts components.

Based on Aristotle's perspective, clinical practice is essential, and there is a need to enhance it through repeated practice of the above-mentioned skills in clinical settings. In our context, due to limited clinical areas, low patient census, environmental challenges, political instability, and patient preference, clinical practice has become even more challenging, and the number of practice hours has substantially decreased from the ideal level. To overcome that, we can utilize approaches

such as simulation-based learning, online quizzes, and case study projects, as well as introduce a complementary approach using virtual and augmented reality in nursing education.

Virtual Reality (VR) and Augmented Reality (AR) are emerging technologies that continue to evolve (Mendez et al., 2020). However, these tools are being progressively applied and appraised in nursing education and research (Jeong & Lee, 2019). These provide students with immersive, interactive experiences in a virtual environment to practice complex procedures and clinical situations and develop their critical thinking, clinical reasoning, and decision-making skills, empathy, and caring in a safe, controlled environment (Mendez et al., 2020).

Given the existing literature, incorporating virtual reality applications into nursing education is vital for improving fundamental skills. By applying knowledge and skills through these simulation methods, more realistic education and training environments can be created. This approach allows for repetitive practice of skills without harming patients (Bruno et al., 2022). AR and VR technologies can empower nursing practice in future endeavors, facilitate learning, and fully equip Bachelors of Science in Nursing degree-holding nurses to strengthen the nursing profession (Mendez et al., 2020).

Excellence in nursing care is a continuous journey of improvement, growth, learning opportunities, and commitment to the nursing profession, where embracing novel technologies such as AR and VR can further drive nurses to deliver quality patient care and improve patient outcomes.

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