Nursing Science Quarterly

A Different Drum: An Arts-Based Educational Program
Julie McGarry and Aimee Aubeeluck
Nurs Sci Q 2013 26: 267
DOI: 10.1177/0894318413489200

The online version of this article can be found at:
http://nsq.sagepub.com/content/26/3/267

A Different Drum: An Arts-Based Educational Program

Julie McGarry, RN; DHSci[1] and Aimee Aubeeluck, PhD[2]

Abstract

The authors in this article describe the background and development of a drama-based educational initiative for student nurses in the United Kingdom (UK) Forty-five student nurses from Adult and Mental-Health fields of study took part in a one-day experience where they worked alongside individuals with learning disabilities to produce art, dance, and drama sketches. The workshop was evaluated using a validated questionnaire to explore the experience from the students' perspectives. Students felt challenged as they were pushed beyond the comfort zone of a regular classroom environment. Moreover, a greater understanding of core concepts such as empathy, dignity, stigma, and social exclusion were identified as key outcomes of the experience. The focus for future work in this field is to explore the ways in which arts-based learning and teaching initiatives can be developed within mainstream curricula.

Keywords

nurse education, complex care, pedagogy, understanding

If a man does not keep pace with his companions,

perhaps it is because he hears a different drummer.

Let him step to the music which he hears,

however measured or far away.

Henry David Thoreau, Walden (2004; Chapter 18)

The debate surrounding the disparity between what nursing aspires to be with its theoretical and core philosophical underpinnings and how these translate into what nurses actually do or experience in practice has been an issue of international concern for a number of years (Benner, 1984; Landers, 2008; Watson & Foster, 2003). This divergence frequently has been referred to within the literature as the *theory-practice gap* that often portrays a straightforward linear relationship between on the one hand theory and on the other practice (Henderson, 2002). However, more recently it has been recognized that this is an oversimplified representation of a more complex and reciprocal relationship. The relationship involves both the application and integration of core theoretical concepts and empirical knowledge along with the development of an understanding of the particular experience of the individual within this process (Rolfe, 2006).

As such, a number of key nurse scholars have explored both the nature of the nurse-patient relationship and the centrality of the understanding element of the care encountered as part of nursing theory development. For example, Watson's seminal works *Nursing: Philosophy and Science for Caring* (1979) and *Nursing: Human Science and Human Care* (1985) explored concepts such as use of self or authenticity for nurses and patients to find shared meaning within the complexity of care encounters (Watson, 2005). Carper's (1978) fundamental patterns of knowing in nursing—personal, empirical, ethical, and aesthetic —described the way in which each pattern or pathway may be transformed into the creation of an appreciation and understanding of the subjective experience of the individual. Similarly, in *From Novice to Expert* (Benner, 1984), it is clear that Benner's philosophy of nursing practice is centred around a holistic perspective that encompasses research, practice, and theory as interrelated and interdependent. Benner, however, also emphasized that nursing care is more than the application of a particular skill or combination of skills in that it intrinsically involves the development of nursing skills as well as an understanding of the patient as a person with particular needs. Benner also highlighted that care encounters are part

[1]Associate Professor, University of Nottingham, School of Nursing, Midwifery and Physiotherapy, Derby, UK
[2]Associate Professor, University of Nottingham, School of Nursing, Midwifery and Physiotherapy, Derby, UK

of a deeper relational process, and through her later body of work she sought to affirm and embed caring practices in an increasingly technological environment (Benner et al, 2009).

The interrelationship among the multiple facets of the nurse-patient relationship and sources of knowledge and praxis is inherently complex involving the utilization of empiric knowledge and skills, aesthetic knowing, and recognition of life-world experiences of both care-giver and care recipient (Jenkins, et al. 2009). A key question in this respect then centers on how nurses are able to learn these skills. As Casey (2009) noted, many nurses as part of their everyday practice engage in situations that are ethically, emotionally, and cognitively complex—and for which there is little in the way of a textbook answer (Casey, 2009).

The teaching of complex skills and tacit knowledge through traditional methods presents a conundrum. From an educational perspective, a number of commentators have identified key challenges in facilitating the development and contextualization of key facets of nursing knowledge and skills (Casey, 2009; Henderson, 2002; Northington et al., 2005). The underlying reasons for the gap between theory and praxis and the difficulties that students experience in integrating theory within practice situations has been hotly debated, with Ekebergh and colleagues (2004) showing that "theoretical knowledge of caring science was not made explicit in praxis and it was thus difficult for students to recognise [sic] it in the context of clinical care" (p. 623).

Internationally, over the past five decades or more, nurse education has been transformed markedly from apprentice-style training to a higher education-based learning model. As such, it has been increasingly recognized that the traditional instruction-based pedagogy no longer adequately captures the "multiple strategies for an educational system that models creativity and thinking rather than conformity and performance" (Koithan, 1996, p. 535). Moreover, as Wasylko and Stickley (2003) observe within the context of mental health nursing, while didactic methods may be adequate for communicating theoretical principles, experiential methodology provides the most appropriate means to effectively enhance the development of humanistic caring skills. Although the central tenets of the Wasylko and Stickley's (2003) discussion focuses on mental health nursing, it may be reasonably argued that in all contemporary nursing environments, the development of such core skills, knowledge, and understanding are essential requisites as "the caring-healing practice environment is increasingly dependent on partnerships, negotiation, coordination, new forms of communication patterns and authentic relationships" (Watson & Foster, 2003, p. 361). This has particular resonance within the context of learning-disability nursing and formed the basis for the present study.

The primacy of dignity in caring relationships is both a universal concept and a growing global concern within healthcare (World Health Organization (WHO), 2011). Within the context of learning-disability nursing in the

United Kingdom, a number of recent national reports have clearly highlighted the need for healthcare practitioners to develop the requisite communication skills to ensure that people with learning disabilities are treated in an inclusive way with respect and dignity (Department of Health, 2001, 2009, 2009a). However, within the context of nurse education, while the theoretical underpinnings of communication may be delivered in an environment that is classroom-based in a traditional sense, a number of commentators have stated the potential for use of nontraditional mediums. For example, the arts (both visual and interactive) are a means of developing communication skills and reflective practice (Robinson, 2007).

The use of arts broadly and literature more particularly within health and nursing curricula is not new, and an examination of the literature in this area illustrated that a broad and eclectic range of arts-based initiatives have been utilized across a range of nursing and health disciplines. For example, McKie (2004) described how he used survivor's literature from the Holocaust to facilitate the development of an understanding of ethical concepts among students. Moreover, as McKie asserted that the use of holocaust literature enabled the students to consider and analyze more deeply the ethics of nursing practice at a more general level. Robinson (2007) included arts-based education within a health promotion course for pre-registration nurses. In this study, student nurses experienced a range of arts-based initiatives throughout the duration of the program, for example, a group session that involved using different forms of art to explore feelings and emotions. Northington and others (2005) used literature and films as media to facilitate students' exploration into the perspectives of individuals and carers about illness and disability and to enable students to reflect upon their feelings as they engaged with the activity. Hunter (2008) described the use of creative writing as story-telling within a maternal newborn course for junior nursing students, providing a positive account of the use of reflective activity. In a similar vein, McKie and others (2008) reported on the use of a range of expressive art techniques as a means of enabling student nurses to explore core concepts for example "the art of nursing, reflection and spirituality" (p. 156). Casey (2009) meanwhile has used a range of arts-based methods including creative writing and visual arts in order to "foster personal creativity and encourage critical thinking and inquiry among the students involved" (p. 77). Mitchell, Jonas-Simpson, and Ivonoffski (2006) developed a research-based play to portray the lived experience of dementia from a range of perspectives. The authors reported that the play has been hugely successful and that the audience felt that they had experienced the play rather than simply being in the audience as spectators.

However, although all of these studies and projects provide valuable insight into the utilization of the arts in the broadest sense within nursing and healthcare, none has directly involved students working with individuals in the

coproduction of the narrative or arts-product. From the perspective of the present work, this was an omission in the existing evidence base and one to be explored in terms of the potential to address some of the barriers to working with and caring for people with learning disabilities.

In the remainder of this article, the authors focus on the development of an arts-based educational initiative to facilitate first-year student nurses in the exploration of communication skills, and to challenge perceptions of working with people with learning disabilities. The overall aim of the project was to facilitate the development of person-centred caring practice for students across all fields of practice.

Translating Theory into Practice: The Nottingham Experience

In 2009, the University of Nottingham launched the Graduate Entry to Nursing (GEN) program. This is a two-year accelerated program for students who are already graduates from other disciplines. The GEN program represents one of the few graduate entry into nursing programs in the UK and, more uniquely, it has a shared dimension across the different fields of nursing. The philosophy of the GEN program is based on the view that nursing is a multidimensional profession that reflects the needs and values of society and endeavors to meet the health requirements of individuals and communities. It recognizes the complexity of the role of the registered nurse in contemporary care settings, which are dynamic within the changing context of healthcare and requires critical thinking and reflection on practice. The GEN program also aims to produce capable and value-centered practitioners who are competent, confident, and safe in person-centered care and demonstrate sound judgment, personal responsibility, and initiative (McGarry et al, 2011).

As such, a core focus of the GEN program is on communication and this forms a core context within the second module of the GEN program, *Service User and Carer Experiences of Care.* During this module, students have the opportunity to experience different fields of nursing, including learning-disability nursing. Drawing the strands of nursing and GEN course philosophy together, the program leaders along with experts in this field developed an arts-based drama workshop with clear learning outcomes focused on the exploration of the core concepts of dignity and communication. The day-long workshops are facilitated by a theatre company whose members have learning disabilities. During the workshop day, the students undertake a range of exercises, for example, exploring with the theatre groups different methods of communicating and working, developing a shared dance, producing a piece of poetry, or designing and acting in short sketches. The workshop is facilitated by Dawn Bowden, an independent creative practitioner. In the following section, Dawn describes the inspiration behind the development of the theatre project and reflects on the development of interactive workshops.

First Choice Theatre Company and a Different Drum in Their Own Words

In 2009 Christopher Davies, artistic director of Bamboozle Theatre Company, asked if I (Dawn Bowden) would work as the lead artist on a collaborative project with a Learning Disability Day Service in the UK. Bamboozle Theatre Company provides opportunities for people with special needs and learning difficulties to discover and develop their potential through involvement with theatrical and education experiences. The aims of the project were to:

- Devise, rehearse and produce a touring piece of theatre to include bullying and hate crime in the community
- Empower the clients (also known as First Choice Theatre Company) by using their contributions to devise the piece of theatre
- Challenge issues of bullying of people with Learning Difficulties
- Create an atmosphere in which all can thrive and exceed beyond what they think they are capable of achieving.

Following an intensive week of activity during which time we got to know the Theatre Company, Christopher and I embarked on a series of creative sessions spread over a 6-month period. It was during these sessions that we explored bullying and what that meant to the members of the company — each has a learning difficulty.

It was important that the work explored the issues that mattered to the group. We needed their input in order to create a piece that was honest and reflected issues important to them. It was our job to find ways to uncover what they wanted to express. One of the techniques was the non-judgmental approach. This approach gave all contributions equal value. Whether people were offering real life experiences, opinions or creative ideas, all input was given equal value. The belief behind this approach is that if you remove the judgment you remove the fear.

Key themes that arose out of this process were not being listened to, isolation, and feeling threatened when out in the community. Due to a lack of verbal language, within the group much of the exploration was done through physical expression. For example, I asked the group what being ignored, feeling afraid and feeling lonely might look like. From this work evolved two scenes and a dance piece.

It was hard to determine if any direct threat had been made to individuals out in the community, but the fear that some members felt was tangibly real. One member of the company with good verbal communication described how a group of youths at the end of her road made her feel. Through a series of questions and answers the following poem was written and performed in the final piece:

In the dark

I feel frightened. Upset.

They walk behind me

Loud and swearing

I feel terrified

I say nothing.

People with learning difficulties generally move at a different pace to others. They need longer to process information and make sense of situations. We wanted to empower the group as much as we possibly could. We therefore needed to allow time for this to happen–time to think, and respond during the creative process, and time for the members of the company to fully understand their roles and responsibilities during the piece. We wanted the company members to take as much responsibility as possible and encouraged a 'hands off' approach with staff. All of this took time and patience.

Out of this 6-month process came A Different Drum

The piece shows 'a day in the life of two people experiencing isolation and the feeling of being ignored . . . because the world around them hasn't got time to notice'. It now tours as a standalone piece and with a communication workshop which I facilitate along with First Choice. When the piece is delivered with the workshop, we perform after the attendees have worked with the group. We are keen for people to get to know First Choice before they have an insight into their lives through watching the piece. It feels like the piece becomes more 'real' and the impact seems greater.

Evaluating the Workshop and the Different Drum

The workshop was formally evaluated by 45 preregistration GEN students using a simple validated questionnaire that was administered following attendance at the workshop. Ethical guidance was sought from the relevant University Ethics Committee. As the questionnaire formed part of a recognized student evaluative process, the evaluation of this project did not require ethical approval. However, the authors were mindful of the need to ensure student confidentiality and anonymity within the evaluation process using recognized university evaluation and feedback guidance. The questionnaire asked 8 questions directly related to the student experience of the workshop, and these could be answered using a 5-point Likert scale. In addition, space was also provided for participants to add additional comments. The mean score data from the questionnaire and a representative selection of student comments are presented in Table I.

Discussion

You never really understand a person until you consider things from his point of view . . . until you climb into his skin and walk around in it. (Harper Lee, *To Kill a Mockingbird*, p. 30)

Many of the previous projects and studies undertaken in this field to date have not been based on real-life involvement in an arts-based initiative and as such, this study has added a different dimension to the existing discourse in the use of arts-based initiatives within nurse education programs. In the present study, an arts-based educational initiative has been utilized as a shared experience to enable the students to consider theoretical constructs, the nature of nursing knowledge and ultimately praxis. The fundamental quality of this type of learning experience has been through opening up experiential opportunities that enable students to explore greater senses-based learning encounters; for example, awareness of personal feelings and those of others, the influence of environment, and listening and engagement.

In the present study, students were not simply involved in the creation of a product but rather in cocreation of an arts-learning initiative that in itself necessitated a different way of thinking about learning and teaching environments. This close-up approach is arguably more challenging and necessitates the potential realignment of professional boundaries with a shift in personal attitudes and beliefs. This was clearly evident in the student evaluations of the workshops, and while students found the experience to be hugely enjoyable, they also spoke of feeling *moved* (emotionally impacted) and that the workshop was *emotionally challenging*. Ekebergh, Lepp, and Dalberg (2004) also highlight the importance of the subjective body and lived experience in the understanding of patients as individuals, and part of this process involves challenging perceptions held by students as part of their development. Alongside descriptions of the emotional impact of the project, students also described how engagement with the workshops activities had encouraged them to think critically and reflectively about their own practice and how individuals may feel when they encounter healthcare services. This is echoed by Casey (2009), who also stated that although the benefits of an arts-based approach are apparent, there were also some challenges in that "students working within arts-based methods requires that nurses need to be able to acclimatise to a teaching and learning environment that is not tightly structured or prescribed" (p. 77). This was apparent in our project where several participants found the public display of acting embarrassing and challenging on a personal level. There was also an air of uncertainty in terms of what to expect from the workshop sessions. This suggests that educators need to be cognizant of the need to ensure that students are adequately prepared prior to entering this type of learning environment.

The doing of the workshop illuminated a number of facets in terms of future development, support, and preparation. Taken as a whole, a clear relationship between the aims of

Table 1. Evaluation of A Different Drum.

Questions and Mean Score	Comments
1. The day was stimulating and held my interest ($M = 1.5$)	The performance was a real eye opener into the lives of someone living with a learning disability.
	Really thought provoking.
	Wonderful and surprising.
	Really good—clever way to facilitate communication.
	Really showed how people might be feeling.
2. The content was relevant to my professional practice ($M = 1.8$)	It was enlightening and made me aware of my approach as a professional.
	Communication is pivotal to practice.
	Communication skills.
	Development of wider understanding of different types of communication.
	Confidence and communication.
	Communication and understanding of individuals and their needs.
3. I could use my practice experiences to support my learning ($M = 1.9$)	For me it was that people with a similar learning disability do not necessarily have similar characteristics.
	It will enforce the idea of person-centred care.
	How to use different approaches with different people.
	That everyone is an individual.
	Be more aware of my own actions.
	Treat people as individuals.
	Individuality and the need to respect this.
4. I have learned something about myself by taking part in the day ($M = 2.3$)	I found I had been narrow minded before.
	In the first place I wasn't as comfortable initiating interactions with individuals with learning disabilities as I hoped I would be and that I needed to work on this.
	Not to judge others!
	That I have perhaps unwittingly avoided engaging with people with a learning disability in the past.
	That I need to be more open and thoughtful.
	I feel slightly uncomfortable due to lack of knowledge.
5. The day has made me consider wider issues such as social exclusion and stigma ($M = 1.7$)	That society prejudices people with learning disabilities.
	Stigma and how to communicate - the importance of the group to service users.
	Very small actions can add to an individual's feeling of exclusion, and very small actions can help to alleviate this.
	Highlighted that communication can be a huge barrier.
	How people may be perceived by society or feel excluded due to communication barriers.
	It made me realise how stigmatised and lonely people with learning disabilities can feel.
	I was aware of social exclusion and stigma prior to "A Different Drum;" however, the performance highlighted communication as a major factor when breaking down the exclusion barrier.
6. I found the day personally challenging and a *positive* experience ($M = 1.7$)	I thought it was very moving and really inspiring.
	Was a wonderful performance—well acted and heart-felt.
	Hard hitting in a very positive way! Fantastic.
	It was more challenging personally than I expected but surprising and humbling.
	I need to work on different ways through which to express myself—I was challenged by my initial reactions.
	Enlightening and made me challenge my values as a practitioner.
7. I found the day personally challenging and a *negative* experience ($M = 4.5$)	I found it difficult to "act" out scenarios due to nerves.
	My own ability to take part in creative stuff held me back.
8. I have learned a lot from taking part in the day ($M = 2.1$)	I enjoyed it more that I thought I would.
	It was more enlightening than I expected and working alongside members of the theatre workshop was great.
	That lack of communication with some people with a learning disability is down to me not them. I should work towards erasing those barriers.
	I began to understand the difficulties faced by people with a learning disability and the implications that this might have.

the workshop and the development of nursing practice was clearly evident. A greater understanding of core concepts such as empathy, dignity, stigma, and social exclusion were identified as key outcomes of the workshop experienced by students. For example, students spoke of how the project had made them *consider how people may be perceived by society or feel excluded due to communication barriers*. McKie and colleagues (2008) highlighted in their work that all these initiatives further illuminate nursing practice in terms of personal and professional identity, contextualized nursing care, excellence in nursing, and more pertinently to art itself. Robinson (2007) also highlights how arts-based projects can engender feelings of sensitivity and empathy toward others. Wasylko and Stickley (2003) discussed the use of drama as a central feature in the development of a humanistic framework that promotes empathetic understanding between nurses and clients. From a broader perspective it may also be argued that the current project and similar work in this field offers a balance to the increased focus on technology (Casey, 2009).

A pivotal aim of the workshop related explicitly to communication, and the student evaluations reflect the success of this approach in developing an understanding of the communication issues that arise for individuals with learning disabilities. It was also clear that students were able to reflect on communication in a wider sense, for example, on how communication relates to all facets of a person's life and how it might feel to be ignored. At a far deeper level, students were able to explore different mediums of communication beyond language, for example, role play, facial expression, poetry, and theatre. The power of art in facilitating the breaking down of communication barriers is central to the enhancement of understanding of different individuals' perspectives and is pivotal to the development of person-centred care.

In the introduction to this article, the authors described the seminal work of Watson. Watson's body of work has built on 10 original carative factors and then extended them to comprise 10 Caritas Processes (CP) (2009). What has emerged through the development of Watson's work and the formation of the CP is the centrality of authentic transpersonal caring and a shift to a more "evolved form of nursing" (Watson, 2009) with nurses working from "higher and deeper dimensions of humanity and evolving consciousness" (p. 144). An essential part of this transformation in caring philosophy and caring practice is located in an understanding, appreciation, and engagement with the complexity and many different facets of human experiences. This is an inherently complex process and arguably one that transcends more traditional pedagogical approaches. Through the arts-based initiative described in this article we offer one such approach for enabling student nurses to explore the complexity of human experiences and ultimately to develop as evolved practitioners.

Conclusion

The arts-based workshop that we have presented in this article grew from the recognition of the need to develop a pedagogic approach to communication and dignity with a particular client group that had the capacity to transcend more traditional learning and teaching methods within nurse education. The development of this work was set against the backdrop of growing concerns regarding dignity and communication in care encounters with vulnerable client groups including those with learning disabilities. The quote at the beginning of this section from *To Kill a Mocking Bird* is concerned with empathy and the ability to understand the perspectives of others. The findings from the evaluations to date would suggest that we have met our core aim. The challenge now and the focus for future work in this field is to explore the ways in which arts-based learning and teaching initiatives can be developed within mainstream curricula in the future.

To date, the First Choice workshops have been evaluated as extremely well received and it is clear that the workshops provide a forum that is fun and enjoyable. They have enabled us all to explore different ways of learning about each other and to experience new forms of communication beyond language. They offer a valuable and insightful alternative to more traditional pedagogic approaches to learning and teaching and add another strand to the growing body of work in this field. They are not, however, an easy option and require careful planning and support throughout. The creative approach to experiential learning reported in this article may provide a valuable platform that has the potential to be adapted and developed in other areas of healthcare and it opens the dialogue for further developments in this area.

References

Benner, P. (1984). *From novice to expert: excellence and power in clinical nursing practice*. Menlo Park, CA: Addison Wesley.

Benner, P., Tanner, C., & Chelsea, C. (2009). *Expertise in nursing practice: caring, clinical judgment & ethics*. New York: Springer.

Carper, B. (1978). Fundamental patterns of knowing nursing. *Advances in Nursing Science*, *1*, 13-23.

Casey, B. (2009). Arts-based inquiry in nursing education. *Contemporary Nurse*, *32*(1-2), 69-82.

Department of Health. (2001). *Valuing people: A new strategy for learning disability in the 21st century*. London: Department of Health.

Department of Health. (2009). *Valuing people now: a new three-year strategy for people with learning disabilities*. London: Department of Health.

Ekebergh, M., Lepp, M., & Dahlberg, K. (2004). Reflective learning with drama in nursing education—a Swedish attempt to overcome the theory praxis gap. *Nurse Education Today*, *24*, 622-628.

Henderson, S. (2002). Factors impacting on nurses' transference of theoretical knowledge of holistic care into clinical practice. *Nurse Education in Practice*, *2*, 244-250.

Hunter, L. (2008). Stories as integrated patterns of knowing in nurse education. *International Journal of Nursing Education Scholarship*, *5*(1), 1-13.

Jenkins, E. R., Mabbett, G. M., Surridge, A. G., Warring, J., & Gwynn, E. D. (2009). A cooperative inquiry into action learning and praxis development in a community nursing module. *Qualitative Health Research*, *19*(9), 1303-1320.

Koithan, M. S. (1996). Aesthetics in nursing practice and education. *Issues in Mental Health Nursing*, *17*(6), 529-539.

Landers, M. (2008). The theory–practice gap in nursing: the role of the nurse teacher. *Journal of Advanced Nursing*, *32*(6), 1550-1556.

Lee, H. (1988). *To kill a mockingbird*. Boston: Grand Central Publishing.

McGarry, J., Aubeeluck, A., James, V., & Hinsliff-Smith, K. (2011). Maximising graduate status in pre-registration nursing programmes: utilising problem-based learning. *Nurse Education in Practice*, *11*(6), 342-344.

McKie, A. (2004). "The demolition of a man:" Lessons for the teaching of nursing ethics. *Nursing Ethics*, *11*(2), 138-147.

McKie, A., Adams, V., Gass, J. P., & MacDuff, C. (2008). Windows and mirrors: reflections of a module team teaching the arts in nurse education. *Nurse education in practice*, *8*(3), 156-164.

Mitchell, G. J., Jonas-Simpson, C., & Ivonoffski, V. (2006). Research-based theatre: the making of "I'm Still Here!" *Nursing Science Quarterly*, *19*(3), 198-206.

Northington, L., Wilkerson, R., Fisher, W., & Schenk, L. (2005). Enhancing nursing student's clinical experience using aesthetics. *Journal of Professional Nursing*. *21*(1), 66-71.

Robinson, S. (2007). Using art in pre-registration nurse education. *Health Education*, *107*(4), 324-342.

Rolfe, G. (2006). Nursing praxis and the science of the unique. *Nursing Science Quarterly*, *19*(1), 39-43.

Thoreau, H. D. (2004). *Walden*. Boston: Beacon.

Wasylko, Y., & Stickley, T. (2003). Theatre and pedagogy: using drama in mental health nurse education. *Nurse Education Today*, *23*(6), 443-448.

Watson, J., & Foster, R. (2003). The attending nurse caring model: integrating theory, evidence and advanced caring-healing therapeutics for transforming nursing practice. *Journal of Clinical Nursing*, *12*, 360-365.

Watson, J. (1979). *Nursing. The philosophy and science of caring*. Boston: Little Brown.

Watson, J. (1985). *Nursing. Human science and human care*. New York: NLN.

Watson, J. (2005). *Caring science as sacred science*. Philadelphia: FA Davies.

Watson, J. (2009). Caring as the essence and science of nursing and healthcare. *O Mundo da Saúde [The World of Health Journal]*, *33*(2),143-149.

World Health Organisation. (2011). Accessed at http://www.who.int/en/