

The Living Experience of Patients with Burn Injuries from Art Nursing Care: An Unspoken Mystery

Abstract

Background: Although art and aesthetics are important aspects in nursing care, there is scarcity of literature regarding this area, particularly in relation to patient expectations of art nursing care. This study aims to explore the perceptions of patients with burn injuries regarding art nursing care. **Materials and Methods:** The present phenomenological study was conducted on 14 patients with burn injuries based on convenience and purposive sampling. Data were collected through deep open-ended and semi-structured interview. Data analysis was performed based on van Manen's Hermeneutic Phenomenology. **Results:** Patients' experience of art nursing care emerged in the form of three main themes, including "being a healer for patients' wounds", "skilled and specialized care", "praiseworthy care", and six subthemes. **Conclusions:** The patients in the burn unit demonstrated an understanding and appreciation for the qualities of patience, hard work, compassion, and love that the nurses possess. They also noted the meticulous attention paid by the nurses to their needs, which exemplifies the purest human traits and professional characteristics in patient care and can be seen as an art form in nursing.

Keywords: Burns, esthetics, hermeneutics, patient care

Introduction

Florence Nightingale described nursing as the "Finest of the fine arts" for the first time.^[1] Nursing has many artistic dimensions and is considered multidimensional. This indicates that a nurse simultaneously educates, supports, communicates, provides, cures, and provides the conditions for patient treatment based on an artistic approach.^[1] Patients expect nurses to possess certain characteristics, such as being present, providing confidence, giving information, actively listening, paying attention to their needs, and showing respect.

This indicates that patients' expectations are far beyond the professional skills of a nurse.^[2] Studies have considered passionate behaviors in nursing care and insist on passing intuitive knowledge in the form of artistic behavior.^[3] It is commonly accepted that nursing is a combination of art and science.^[4] While there are numerous philosophical and theoretical discussions about the art of nursing, there has been insufficient research on the significance of

art in clinical nursing.^[5] The term 'nursing art' has been an attractive subject; however, there is a lack of information on which nursing activities have artistic effects. As such, it is necessary to determine the nursing activities that embody the concept of nursing as an art, or any analogous term that reflects its aesthetic value.^[4,6]

The findings of a study showed that based on patients' experiences, esthetics of nursing care include a mental description of spiritual and obvious care, combined with a sense of empathy between nurse and client, which resolve the deadlocks of helplessness by creating a feeling of satisfaction and peace in the client.^[7]

The art of nursing is considered to be an integral part of patient satisfaction with received care.^[8] However, there is limited knowledge about the experiences of burn patients, and quantitative data alone may not provide sufficient information in this regard.^[9]

In a qualitative study on cardiac bypass surgery patients, nursing care was considered as an art only it was delivered

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professionally, with compassion, and with genuine presence. This suggests that nursing is more than just a job.^[10] Burn injuries are among the most severe traumas that humans can experience. Every year, millions of people worldwide, particularly in low-income and middle-income countries, suffer from burn injuries, with hundreds of fatalities resulting from complications related to burns.^[11,12]

Burn injuries can lead to depression and a reduced quality of life. Additionally, pain increases the metabolic rate, which can worsen malnutrition, immune deficiencies, and susceptibility to infection.^[13] Patients with burn injuries experience severe and intense pain, as well as severe anxiety. Today, the care of burn patients is considered an important field of nursing.^[14-16] Nurses play a crucial role in the management of burn patients, requiring a practical approach based on a combination of systems theory and the art of nursing.^[17] Analysis of burn patients' beliefs following discharge revealed that respect, listening to patient concerns, and reassurance were the primary components of their admission experience. Qualitative data can be used to identify the main dimensions for improving burn unit performance, as quantitative data alone may not provide enough practical information. Qualitative research aims to clarify the art and aesthetics of nursing care by interpreting the objective experiences of patients in burn units.^[18] Understanding the role of art in care can vary across cultures and societies. In conclusion, understanding and analyzing patient experiences is important and can improve the quality of care.^[15] This study aimed to investigate the experiences of burn patients who received artistic nursing care in a burn ward.

Materials and Methods

The present qualitative study was conducted using an interpretive phenomenology method^[19] in the year 2021. The burn unit is one of the clinical settings that demands the highest level of nursing expertise and artistry in providing patient care. Therefore, it is an ideal setting to investigate patients' experiences, including the aesthetic dimensions of care.

Consolidated Criteria for Reporting Qualitative Research guideline were followed in the description of the study design, analysis, and presentation of findings.^[20]

The study population comprised patients admitted to the burn units, reconstructive surgery, and intensive care unit (ICU) of the oldest and first burn hospital in the northern region of Iran, which is a referral university hospital with 80 beds and receives patients from neighboring provinces. Purposive sampling was used to recruit participants who met the following inclusion criteria: burn body surface area between 20% and 70%, hospitalization in one of the burn units for at least 1 week, ability to express their experiences, age 18 years or more, no history for major psychological disorders such as mental retardation (based

on medical records), willingness to participate in the study, and ability to communicate effectively.

Participants were selected using maximum variation sampling based on gender, age, and burn surface area. Face-to-face, individual, interactive, and in-depth interviews were conducted for data collection, and the interviews were recorded using digital recording devices. All patients were allowed to record the audio as well. The interview guide was approved by the research team, and one of the researchers, who had clinical work experience in the burn ward, identified potential participants and explained the study's purpose before conducting the interviews.

The interviews were conducted in either one of the recovery rooms or the TV room to ensure the privacy of the patients. The interview questions aimed to gather information about the patients' nursing care experiences. Specifically, patients were asked to describe their experiences and share their thoughts on the role of art in the care they received. Additionally, patients were asked if they had ever received nursing care that they considered to be artistic and to provide examples. The interviews were conducted in-depth using exploratory questions such as "please elaborate," "please give an example," "what were your feelings," "how," "why," and "what do you mean by saying.". The timing of the interviews was determined based on the participants' availability, with morning, afternoon, and night options offered to avoid interfering with their medical care.

The interviews lasted approximately 45 minutes on average, depending on the patients' condition. Sampling continued until the 14th interview, after which no new data were obtained from the last three interviews. One of the authors, who was a faculty member with sufficient experience and expertise in qualitative research and phenomenology, conducted the interviews. Each patient was interviewed only once.

After each interview, the recorded conversation was transcribed on paper and later carefully typed out. The text of each interview was reviewed multiple times, and data analysis was performed promptly after each interview. Two expert researchers coded the data. Interpretive phenomenology was used to describe and analyze the phenomenon of interest or the experiences of the participants to gain a better understanding of the studied phenomenon.

The data analysis was conducted using van Manen's interpretive phenomenology method, which consists of six steps. These steps include paying attention to the nature of lived experience, exploring the experience as it is lived, describing the phenomenon using the art of writing and rewriting, maintaining a strong and directional relationship with the phenomenon, and conforming the research context with continuous consideration of components and the whole.

Thematic analysis was conducted with a continuous flow approach, from whole to part and from part to

whole, keeping the research question in mind. A total of 462 phrases, sentences, and thematic paragraphs were extracted from the interviews during the analysis process. Based on commonalities, these themes were divided into three main themes and nine subthemes.

The accuracy of the study findings was evaluated using qualitative research criteria, including validity, acceptability, reliability, and transferability. To increase acceptability, the researcher had a close relationship with the participants. The interview texts were reviewed by some of the participants using member checking. The participants provided feedback on the findings and confirmed them. Additionally, the extracted codes were reviewed by an external observer with experience in phenomenology and clinical work. Supplementary and corrective comments from colleagues were also considered to enhance the reliability of the findings.

Ethical considerations

The study adhered to ethical principles in research, including obtaining informed consent, seeking permission for voice recording, ensuring confidentiality, and maintaining the right to refuse participation in the study. The study was approved by the Ethical Committee of the Mazandaran University of Medical Sciences with the code of IR.MAZUMS.REC.1400.269.

Results

Fourteen patients between the ages of 24 and 63 years took part in the study, with nine of them being male. The patients' admission duration ranged from 12 to 37 days. The percentage of burnt surface area in the patients ranged from 15% to 48%. The main causes of burns were fire, boiling water, and electricity, as shown in Table 1.

The patient experiences regarding artistic nursing were categorized into three main themes, including

“being a healer for patients' wounds,” “skilled and specialized care,” and “praiseworthy care”, along with six subthemes [Table 2].

Being a Healer for Patients' wounds

Patients' experiences indicate that, in addition to their physical wounds, their souls were also set on fire and burned. They described themselves as being in pain on the outside and depressed on the inside, and the only person who could alleviate their physical and emotional pain was the nurse. Nurses were always present and provided patient care with such beauty and grace that the patients could only think of improving. In other words, nursing care was like a healing balm for patients' wounds. Creative use of oneself, skill and mastery, and the transmission of emotions and meaning to others were defined as the art of nursing care. This process in mental requires interpretation, sensitivity, imagination, and active and passive cooperation.

One of the participants stated:

“You can't just call it patience, forbearance, or compassion. It's beyond that. This is what you call art and creativity. Whatever you want to call it, I believe it's a secret that can't even be described by the patients or their loved ones.” (P: 14)

Another participant stated:

“For example, when she was changing my wound dressing, she did it with such care and consideration. It was as if she was changing the dressing on her own hand or leg.” (P: 8)

Compassion and consideration

One of the main components of nursing care described as artistic was “compassion and consideration” in providing care. This component could be seen to a high extent in all care behaviors and patient-nurse relationships.

A participant who had sustained a 25% burn gave an example of how empathetic the nurses were, even when he

Table 1: Clinical and demographic characteristics of participants (n=14)

Code	Sex	Age	Percentage of burns	Type of burn	Duration of hospitalization	Occupation	Education level
1	Men	36	24	Boiling water	37	Welder	Diploma
2	Men	32	32	Electricity	36	Law student	Graduate student
3	Men	34	28	Fire	12	Farmer	Third grade middle school
4	Men	46	29	Fire	12	Director	Masters
5	Women	36	30	Boiling water	21	Clothing boutique seller	Bachelor
6	Men	63	33	Fire	38	Farmer	Diploma
7	Women	28	40	Fire	13	Housekeeper	Diploma
8	Men	24	33	Boiling water	17	Student	Undergraduate student
9	Women	28	15	Electricity	25	Computer engineer	Bachelor
10	Men	41	25	Petroleum	14	Bank employee	Bachelor
11	Men	34	27	Alcohol	18	Employee of the electricity department	Associate degree
12	Women	25	28	Boiling water	14	Housekeeper	Diploma
13	Men	52	48	Fire	28	Retired teacher	Bachelor
14	Women	63	14	Boiling water	13	Employee	Bachelor

Table 2: Main themes and subthemes

Main themes	Subthemes
Being a healer for patients' wounds	Compassion and consideration Motherly love
Skilled and specialized care	Proficiency and mastery Extreme attention
Being praiseworthy	Beyond analysis Unique and distinctive

was asleep. The participant considered this empathy to be an art form:

"I was sound asleep and lying on my wound. The nurse came and turned me over so that I would not lie on the wound. No one was aware of what they did except themselves." (P: 10)

"They are extremely compassionate. They make sure that the job is done properly, even though they are only one or two years older than me." (P: 6)

Motherly love

Participants described art in nursing as a form of care that made them feel calm and hopeful. Nurses provided assistance like a friend whenever they needed. The care provided by the nurses was described as culminating, subtle, and wonderful, similar to what a mother or family member would do. A 63-year-old participant said,

"Their care created a motherly feeling in me. They come to me every now and then and ask whether I need anything without waiting for me to call for help.... they always inform others [their colleagues] to look after me."

One of the participants, a university student, described his experience as follows: *"Last night a nurse came to me when I was feeling down. I asked him if he thought my face would heal. He replied, questioning me, 'Will it heal? So why are we here for? It will become as good as it was the first day'. I was in the ICU for a few days, and they helped me a lot. More than my family did." (P: 8).*

Another participant, who was a movie director, considered artistic nursing as care that goes beyond motherly and fatherly love. It was so remarkable that he felt the nurses' hands deserve to be kissed. He said, *"Just see how much it is wrathful. When your parents don't come to me, but they are around me. I should really kiss their hands one by one. Their hands should be covered in gold." (P: 4).*

A participant who was a farmer and was admitted in the unit for 12 days said that the nurses were soothing for patients, like a mother to her child. He shared, *"She came to my bed and talked to me for 20 to 30 minutes. She talked about good and hopeful things. I slept very well in those two nights. Much better than the sleeping pills." (P: 3).*

Skilled and specialized care

Patients' understandings of nursing care in the burn unit pertained to care provided by a skilled nurse who had mastered the required techniques and possessed in-depth knowledge, coupled with attention similar to that of a teacher to their students. Additionally, appreciated the nurses' tolerance toward them.

Proficiency and mastery

Expertise is considered as the essence of the art of nursing. One participant expressed pride in being cared for by such skilled nurses, saying, *"I see grandeur and mastery when I look them in the eyes. They are highly proficient in their job."*

Another participant described the burn unit as closed, depressing, and sorrowful, but the art of nursing was so flourishing that it instilled hope for the future and confidence that one would soon be freed from these restraints.

"They were so good that they would not allow you to suffer. They encourage you. They changed my position every 2-3 hours, doing carefully to minimize any pain. Sometimes they became so tired, and I felt bashful for their efforts." (P: 8).

A participant, who was an employee of electricity department and was injured in a fire caused by alcohol, regarded the nurses' ability to handle patient outbursts as of the art of nursing. He said, *"We shout a lot when they change our wound dressing. Our cries and shouts have a negative effect on them, but they do not take it out on us and tolerate it in every way... They work under mentally challenging conditions" (P: 11).* One of the participants, who was admitted for 37 days due to burns from hot water, regarded the nurses' continuous visits to patients without the supervision of their chief of staff as a hallmark of the art of nursing.

"Nursing is indeed a tough job. Nurses come and change the serum of the patients late at night and check them. The patient beside me was admitted yesterday. Nurses checked her every few minutes last night.... Not everyone can be so hard working and patient. I remember these the most. When I became here, I understood that there is no need for supervision. They do their job automatically." (P: 1).

One participant, who was admitted for 25 days due to electrical burn, described the skillfulness and practical mastery of the nurses as an art form: *"The patient beside me had a massive bleeding after changing his dressing and everybody was calling for a doctor and the operating room. Suddenly, a nurse arrived with a sphygmomanometer, inflated it around the patient's arm, and stopped the bleeding. The patient was then immediately taken to the operating room" (9).*

Extreme attention

Patients appreciated the extreme attention that nurses paid to them and their needs, viewing it as an art form. They compared it to the attention and patience that a teacher shows to a student during education. Nurses were described as paying attention to the details of their care.

"They react to any reaction from the patients. They sweat and their clothes become wet, but the tone of their voice remains unchanged." (P: 14).

A middle-aged man who worked as a bank clerk said, *"This morning, while changing my serum {IV fluid} and medication, they talked to me, asking whether I slept well last night, whether I had pain or itching. They told me to let them know if I had any problems. They care for us and educate us like teachers in a classroom. The nurse's work could have been completed in 10 minutes, but she stayed beside my bed for 20 minutes to educate me." (P: 10)*

"They pay attention to everything, even more than we do to ourselves," said one participant. (P: 9)

A young woman who was admitted for 14 days due to burn injuries caused by hot water described the attention given to patient care and meeting all of the patient's needs as the art of nursing. She also mentioned that nurses proactively address patient needs, considering that some patients might feel too shy to ask for something. This support is both physical and spiritual.

"When one of my hands was bandaged and I couldn't eat, the nurses came and fed me themselves without for the assistants. Sometimes I would doze off for a few minutes after receiving analgesics, and when I woke up, I would see my fruit juice beside me. Then the nurses or assistants would come and help me drink it. They knew that I couldn't eat by myself, and they fed me without me even having to ask." (P: 12)

Being praiseworthy

The third major theme that emerged was that patients view artistic nursing care as particularly praiseworthy, and the value of a nurse's work cannot be easily expressed in words. One participant commented, *"The steps and delicacy of their hands are like music, I'm not a musician, but the rhythm of their work is so regular that you could play it like music." The participant praised the nurse's endurance in providing patient care. (P: 14)*

Beyond analysis

Patients referred to the "beyond analysis" subtheme as the care provided by nurses in a precise, delicate, artistic, and detailed manner. They considered nursing to be a very different job from other professions and viewed nurses as more than angels, as the word "angel" seemed imaginary and incomprehensible. *"They opened my dressing and put me on a trolley shower and washed me. Then they sanitized*

me with serum and redressed my wounds while I was in ICU. It's boring and hard to even think about all this work and careful attention, but they did it with such precision and attention, working in those clothes. It's a great art. Nursing is hundred percent different from other jobs. What they did for me was beyond their commitment and oath. Anytime I had fever, they came to me even late at night. They did some tasks that I was capable of doing by myself just to ensure I do not face any problem doing them. I do not want to use the word angel or. to make it imaginative and incomprehensible. It is sufficient to say that they did their duties far beyond what they should have done here for me, both mentally and physically." (P: 8).

An old man who had been hospitalized in the burn unit for 38 days found the artistic care he received to be indescribable. Although it may not seem like a big deal, it was very valuable given the patient's condition.

"One day, I was not in bed, two nurses came to the unit to do some work and going to have an operation the next day. The impact of these actions during those difficult moments cannot be described " (P: 6).

Unique and distinctive

A retired teacher stated that the burn ICU was the only organization he visited where he did not have any complaints because it was a unique environment. Nurses' special attention to the human personality of the patients and the relationships were established based on human dignity. The behavior of the nurses, regardless of their young age, was perceived as very mature. The nurses' commitment to work and careful monitoring amazed him.

"I never felt lonely. The nurses were really compassionate and they did not leave me alone at all. They were present in all the rooms, and their attention was on all the patients. I did not know any of the nurses, but as soon as they entered, they greeted me and introduced themselves, saying, 'Hello teacher! I am so-and-so', as if they were my nephew and niece. They behaved so warmly. I am surprised that so many nurses worked responsibly and without prejudice. They did not neglect me in any way" (P: 13).

The participant, who lost a limb due to burn, considered the nurses' behavior to be different from that of other wards. *"Sometimes I suddenly felt depressed and I low. I do not know how they understood my feeling, but they came to me for some reason and spoke to me. For example, they had gone to a football match the night before and they were chit-chatting. They used to come to my room and discuss matters in my room in order to cheer me up. They made fun of each other and asked for my opinion. They did an important task so easily and cheered me up. Anyways, losing a limb is a great pain, and the loneliness and depression of being admitted is an additional pain. The nurses helped me as much as they could. I had never thought of such behaviors, and I had not seen similar behaviors anywhere*

else. If it were somewhere else, the most they would do was to arrange a psychologist consult!" (P: 12)

Discussion

The objective of our study was to explore and describe the experiences of burn patients who received artistic nursing care. The burn patients expressed their perceptions of artistic care in terms of "compassion, compassionate motherly care, and mastery beyond description." Compassionate care emerged as one of the themes from the participants' experiences of artistic nursing in this study. In a phenomenological study, patients admitted to the ICU considered maternal-angel care as part of the art of nursing.^[10] Communication, empathy, knowledge, expertise, and empowerment are the fundamental characteristics of artistic nursing.^[21] In the present study, burn patients also considered compassionate care to be crucial and identified it as the delicate and artistic dimension of nursing care. In a study of the art of nursing in critical care, the ability to reduce patient anxiety, promote mental health, and provide a sense of security and comfort were defined as the characteristics of skilled nurses, and intimacy during patient suffering was one of the themes of the art of nursing^[22] which is synonymous with the culminating theme of the present study.

An effective caregiver is always hopeful, not only for the patient's survival but also for their ability to find meaning, purpose, and reduced suffering. This confirms the theme of hope and confidence in the present study.^[23] The study's results showed that patients emphasized happiness as an essential aspect of nursing care. In a study, the art of nursing was perceived as bringing happiness and satisfaction to patients, solving their problems, and making them happy.^[24] These findings confirm the theme of "being happy" in the present study.

Patients in this study perceived artistic care as a form of caregiving that involves the skill and expertise of a nurse. They described nurses as caring instructors who work diligently and skillfully, are resourceful, and provide patients with their full attention. According to Ashktorab and *et al.*, patients also perceive nurses as resilient, possessing mastery and supervision, and being proficient and masterful.^[25]

According to Johnson (1994), care in nursing involves both instrumental and verbal activities. Instrumental activities focus on physical and medical needs, while verbal activities focus on psychological aspects, such as emotional support, empathy, sensitivity to patient needs, and respecting patient privacy and personal needs. These activities require building interpersonal relationships. The present study showed that, from the patients' perspective in the burn unit, skill and expertise were considered crucial determinants of the art of nursing.

Finfgeld-Connett (2008) defined the art of nursing as the utilization of specialty and integrating of knowledge,

practical skills, and metaphysical values. Values and beliefs serve as the foundation of service characteristics, similar to the "resourceful" concept identified in the present study. Yam and Rossiter, knowledge and proficient utilization of personal abilities are distinguishing features of the nursing profession.^[26]

The artistic aspect of nursing is a clinical skill. Nurse artists possess the skill of assessment, decision-making, and interventions. Jenner, this enables them to provide care that cannot always be deduced directly from empirical evidence.^[27] In the present study, patients considered mastery and supervision, skillfulness, and expertise as the defining characteristics of artistic nursing. They described a nurse providing artistic care as "a compassionate instructor, friend to patients, master, and expert." Specialty and mastery are cornerstones of artistic nursing. Although intuition and expertise are two inter-related concepts, they are determined by elaborating on the characteristics of the specialty.^[28]

Nursing care is defined as practices and training that increase patient independence in relation to their current needs and lead from illness to health. Care and education support patients as they move from disease to health. The practice of nursing becomes artistic by combining care measures in the overall condition of the patient.^[29] In a study by Gómez Martín (2019), patients admitted to the burn unit at university hospital in Madrid, Spain, reported high levels of satisfaction with the care they received. The most valuable aspects of satisfaction in the burn unit pertained to the willingness to help the patient, confidence and reliability, politeness, and personal attention.

Nursing care is a humanitarian art where the artist uses their knowledge and skills to perform the task. The emotions and feelings that emerge during the clinical practice make the sense of beauty.^[30] The "praiseworthy" concept and the uniqueness identified in the present study also reflect the patients' experiences regarding the art and esthetics of nursing care.

One of the main components of the admission experience in the burn unit, as reported by, was the nurse-patient relationship, including care, respect, elaboration, listening, and reassuring.^[9] Patients reported that caregivers listened to them and provided a clear description of their situation and care. In the present study, artistic nursing care was defined as care provided by a skilled nurse who was a master, knowledgeable, and gave full attention to the patient, akin to the passion a teacher shows to their student, patient, and tolerant toward patients.

In a qualitative study by Tehranineshat *et al.* (2021) in the burn unit in Shiraz, Iran, dignity was described as empathy, respect, and full support.^[31] The care provided to burn patients should be accompanied by effective

communication, spending time with the patients, and addressing their frequent requests so that patients can freely express their feelings and concerns. In addition, the human values and beliefs of patients must be respected, and all aspects of their existence must be considered to preserve their dignity.

Rediscovering artistic nursing has considerable implications for nursing performance. The artistic moment is a point of satisfaction, a turning point, or a moment of agreement between the patient and the nurse. Such moments are the result of a real nurse-patient relationship that makes all other activities between the nurse and the patient seem valuable.

In the present study, the experiences of patients in the burn unit of a referral hospital in North of country were evaluated. Although we believe that the various demographic and clinical characteristics of the patients did not have a negative impact, it is recommended that further research be conducted on patients from other geographic regions of the country with various occupations, economic status, and from different types of hospitals (private, governmental, and university hospitals).

Conclusion

This study provides an insight into burn patients' understanding of artistic care and can help healthcare professionals better understand patients' needs when they are admitted to the burn ward. The findings of this study provide descriptive support for nursing, particularly focused on the subtle and hidden dimensions of care. Nursing professors and students can use this study to gain familiarity with patients' perspectives and sensitize themselves to issues that may be overlooked in care delivery.

Many caring behaviors for patients were considered artistic nursing, including patience, tolerance, hard work, compassion, love, and attention to the most detailed needs of patients in the burn unit. These behaviors demonstrate the purest human traits and professional characteristics in care, which are described as the art of nursing. These genuine human concepts in humanitarian nursing care should be taught to nursing students and nurses, as nurses' attention to the esthetic and artistic dimensions of nursing may diminish over time.

It is important to periodically acquaint burn nurses with the delicate and artistic aspects of care along with their technical activities so that the highest human aspects of care are demonstrated and not neglected over time. Although there is no guarantee in this regard, the artistic behaviors of nursing can be learned and modeled, and the hospital and educational system must pay attention to their cultivation and encouragement. The artistic aspects of nursing care should not only be taught during nursing

students' university studies but also during their working years.

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Conflicts of interest

Nothing to declare.

References

1. Wright S. Finest of the fine arts. *Nurs Stand* 2006;21:20-2.
2. Zamanzadeh V, Jasemi M, Valizadeh L, Keogh B, Taleghani F. Effective factors in providing holistic care: A qualitative study. *Indian J Palliat Care* 2015;21:214-24.
3. Thomas D, Newcomb P, Fusco P. Perception of caring among patients and nurses. *J Patient Exp* 2019;6:194-200.
4. Grisbrook TL, Gittings PM, Wood FM, Edgar DW. The effectiveness of session rating of perceived exertion to monitor resistance training load in acute burns patients. *Burns* 2017;43:169-75.
5. Archibald MM. The holism of aesthetic knowing in nursing. *Nurs Philos* 2012;13:179-88.
6. Henry D. Rediscovering the art of nursing to enhance nursing practice. *Nurs Sci Q* 2018;31:47-54.
7. Karimi H, Masoudi Alavi N. Florence Nightingale: The mother of nursing. *Nurs Midwifery Stud* 2015;4:e29475. doi: 10.17795/nmsjournal29475.
8. Radmehr M, Ashktorab T, Abedsaedi Z. Nursing care aesthetic in Iran: A phenomenological study. *Nurs Midwifery Stud* 2015;4:e27639. doi: 10.17795/nmsjournal27639.
9. Tirado E. Exploring the art of nursing and its influence on patient satisfaction in acute care settings. 2016. University of Central Florida STARS Honors Undergraduate Theses. UCF Theses and Dissertations. Available from: <https://stars.library.ucf.edu/cgi/viewcontent.cgi?article=1090&context=honorstheses>. [Last accessed on 2023 Jun].
10. Dai A, Moore M, Polyakovsky A, Gooding T, Lerew T, Carrougher GJ, et al. Burn patients' perceptions of their care: What can we learn from postdischarge satisfaction surveys? *J Burn Care Res* 2019;40:202-10.
11. Karimollahi M, Mousavi A, Jouybari L, Sanagoo A, Tazakori Z. The concept of nursing art in the experiences of patients with open heart surgery: A phenomenological study. *J Health Care (JHC)* 2018;20:82-95.
12. Rencken CA, Harrison AD, Aluisio AR, Allorto N. A qualitative analysis of burn injury patient and caregiver experiences in Kwazulu-Natal, South Africa: Enduring the transition to a post-burn life. *Eur Burn J* 2021;2:75-87.
13. World Health Organization. Burns. Key facts. 5 March 2018. Available from: <https://www.who.int/news-room/fact-sheets/detail/burns>. [Last accessed on 2023 Jun 09].
14. Browning JA, Cindass R. Burn Debridement, Grafting, and Reconstruction. 2023 May 29. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2023.
15. Gauglitz GG, Williams FN. Overview of the management of the severely burned patient. 2021. Available from: <https://www.>

- uptodate.com/contents/overview-of-the-management-of-the-severely-burned-patient. [Last accessed on 2023 Jun].
16. Mohammadhossini S, Ahmadi F, Gheibizadeh M, Malehi AS, Zarea K. Comprehensive physical domain care needs of burn patients: A qualitative study. *Clin Cosmet Investig Dermatol* 2019;12:573-81.
 17. Griggs C, Goverman J, Bittner EA, Levi B. Sedation and pain management in burn patients. *Clin Plast Surg* 2017;44:535-40.
 18. Greenfield E. The pivotal role of nursing personnel in burn care. *Indian J Plast Surg* 2010;43(S 01):S94-100.
 19. Shivanpour M, Firouzkouhi M, Naderifar M, Mohammadi M. Nurses experiences in the burn unit: A qualitative research. *Iran J Nurs Midwifery Res* 2020;25:232-6.
 20. Van Manen M. *Researching lived experience: Human science for an action sensitive pedagogy*. 1990. (SUNY series in the philosophy of education)-State University of New York Press. ISBN 0-7914-0425-0. LB1028.M2685.
 21. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Int J Qual Health Care* 2007;19:349-57.
 22. Johnson JL. A dialectical examination of nursing art. *Adv Nurs Sci* 1994;17:1-14.
 23. Gramling KL. A narrative study of nursing art in critical care. *J Holist Nurs* 2004;22:379-98.
 24. Kemp C. *Terminal Illness: A Guide to Nursing Care*. Lippincott Williams and Wilkins; 1999.
 25. Ashktorab T, Radmehr M, Abedsaeedi Z. Nursing art: Experiences of clients in a phenomenology study. *Nursing and Midwifery Journal* 2015;13:498-510.
 26. Yam B, Rossiter JC. Caring in nursing: Perceptions of Hong Kong nurses. *J Clin Nurs* 2000;9:293-302.
 27. Jenner CA. The art of nursing: A concept analysis. *Nurs Forum* 1997;32:5-11.
 28. Finfgeld-Connett D. Concept synthesis of the art of nursing. *J Adv Nurs* 2008;62:381-8.
 29. Hampton DC. Expertise: The true essence of nursing art. *Adv Nurs Sci* 1994;17:15-24.
 30. Waller-Wise R. Utilizing Henderson's nursing theory in childbirth education. *Int J Childbirth Educ (IJCE)* 2013;28:30-4.
 31. Tehranineshat, B., Rakhshan, M., Torabizadeh, C. et al. The dignity of burn patients: a qualitative descriptive study of nurses, family caregivers, and patients. 2021: *BMC Nurs* 20: 205. doi:10.1186/s12912-021-00725-w.