

Editorial

The mirror of humanity: A hermeneutical perspective in nursing

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Observing different manners of nurses, their caring behaviors and sensitivity toward the patients' needs and the way they response to a suffering person, kept us busy thinking about this topic and pursuing beyond professional obligations. We believe that there is something innate and intrinsic in some nurses that make this difference. We are going to discuss about the mentioned intrinsic characteristic and the potential ability of the nurse to recognize his or her innate value and it's reflection in the patient. Actually, since there is a caring relationship between two human being as a nurse and a patient some ontological issues proposed. In other words, we are going to clarify how caring relationship can benefit from taking a hermeneutical perspective (1).

Hermeneutics can be regarded as a starting point for one's own reflection, transformation and transcendence. Getting new understanding that leading to application is the essence of hermeneutics. In hermeneutics, ethics make up the keynote. Gadamer believed that hermeneutics is a reflection of ethical knowing that focused on understanding things deeper and gaining different

understanding. Actually, this approach helps us to realize the limitless diversity of human reality (2). The understanding leads to opportunities for allowing a person's way of being to emerge (3). The meaning of being should be disclosed as a result of analyzing the unique features of Dasein (being-there). Being there is determined in its existence as care and as the structure of being-in-the-world. In other words, since Dasein is engaged in speculating its existence, "care" is regarded as the main feature of Dasein that refers to caring for oneself, other beings and nature (4).

Accordingly, in the caring relationship, the nurse is touched by the vulnerability of the patient as a human being. In this situation a "room" can be created where both (nurse and patient) have the opportunity to be transformed and transcend by the caring relation (5). Based on Levinas theory being in this "room" and getting new understanding requires being totally open for the other's differences. Also, in this hermetical room, nurse and patient should be ready to sacrifice something to discover new paths (2). This can be explained by placing patient above ourselves and

incorporating patient's life-world with our owns. This means that by providing an existential and dialectic interaction with the patient, the nurse gets the opportunity to "be there" in the world of the patient and touched by the suffering of a fellow human being (6). Indeed, the caring relationship creates the opportunity for the nurse to recognize her common humanity and dignity in the mirror of the patient.

This ontological perspective presented in Eriksson's theory where the caritative care is emphasized. Eriksson believes that true care is not a form of behavior, not a feeling or state. Actually, it is a spirit in which care is done and through this spirit nurse has the opportunity to show his or her unconditional love, open invitation and sharing desire toward the patient. This is a communion to share innermost feelings and deepest holy entity of each individual. Also, based on her theory, human being is an entity of body, soul and spirit who is in constant becoming and never in state of fulfillment and completion. Through this becoming process nurse invite the patient to a deeper level of wholeness and holiness to actualize his or her dignity. Basically, human being is holy because of possessing human dignity and has the obligation of serving with love and existing for the sake of others (7). Accordingly, true care is a calling to serve for the sake of others and actualize human dignity through "care capacity" that is regarded as moral attitude toward other human beings and inspires the nurse to recall the ethical response to a patient in need (1).

In line with this, hermeneutics help us to disclose the ontological aspects of caring sciences. In this regard, the caring response stems from our common humanity and emotional attunement to

other people. According to such accounts, the nurse doesn't respond to the patient merely because of her obligation to do so, but because she is predisposed to care because of her humanity and personal constitution and attachment to the patient. In this regard, Miller claimed that if we value ourselves as nurses, we recall ethical caring and respond to the need of the patient because we want to uphold our ideal of ourselves and humanity (1).

In this regard, one of my clients talked about her lived experiences during her hospitalization: "The respectful manner of the nurse, her warmth in the voice, her way of looking and body language made me feel that I am valuable, important and as human as she is. I experienced something like a common feeling and spirituality she was trying convey to me...she had something valuable in herself that intended to share with me..." this is an example of "being" whereby the patient could feel a deep connection with the nurse and both come together in a human-to human interaction and have the possibility to affect and be affected.

We claimed that self-awareness and self-respect of the nurse is a prerequisite to reach this goal. Self-awareness whereby the nurse strives toward achieving a sense of balance within oneself and the world and also reflects on her own value is essential to provide an authentic care which is dignifying. In other hand, acknowledgment of patients' dignity provides the nurses with the opportunity to promote their self-awareness and wisdom, which can in turn help them acquire further insight into their professional value.

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