

Relationship Between Nursing, Health Technology and Work Overload: A Praxeological Approach

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Citation: Emmanuel Aoudi Chance, Rolf Horne (2021) Relationship Between Nursing, Health Technology and Work Overload: A Praxeological Approach. J Nurs Healthcare Manage 4: 105

Abstract

Aims

The purpose of this study is to explore the relationship between nursing health technology and work overload.

Background

Nurses are continually implementing and incorporating health technology in their practices. Caring and the use of health technology create a work overload. Thus, there is risk that the time for clinical judgment in the provision of care, preventing patients from improving, maintaining, and closeness to patients are reduced. This research seeks to answer the questions: *How have nursing practices changed over time, and how have these changes structured current practice?*

Methods

This study was conducted based on Bourdieu's praxeological and literature-based approach using literature review, observational and descriptive research.

Findings

Both caring and health technology have an undeniable impact on quality care and patient safety. Technology is becoming an important tool in the nursing profession. Work overload and time pressure because of the use of health technology are negative factors for optimal caring activities. Some older nurses feel more work overload than younger nurses as they lack some skills in the use of health technology.

Conclusion

This study demonstrated that the practice of nursing and caring is no longer the same as it was in previous centuries; the healthcare system has changed radically. For example, health technology has become a very important market and has made its mark on not just medical treatment but also the care of patients. Health technology has recently had a major impact on nurses' practice as opposed to a couple of decades ago. There is an increasing distance between nurses' dispositions for practice and institutional requirements through the rapid development of technology in healthcare.

Keywords: Caring; Nursing; Health Technology; Praxiology; Work Overload

Introduction

Nurses are continually implementing and incorporating health technology in their practices. The effect of caretechnology on the practice of nursing is deficient. There is a need to focus more on the relation among the use of health technology, work overload, and the practice of caring. Patients have expectations for their care, and it has been argued that nurses are increasingly distancing themselves from patients, as some nurses feel overworked, rely heavily on healthcare technology, and provide impersonal care. Caring knowledge and skills are important nursing cultural capital that are of great concern to patients and nurses. There is an increased demand for quality patient care worldwide. Because the number of patients who need nursing care has also increased, health technology is becoming an important and central tool in the nursing profession. Through the concept of habitus and the relationship between change and adaptation in nurses' work, the purpose of this study is to explore the relationship between nursing health technology and so-called work overload. This research seeks to answer the questions: *How have nursing practices changed over time, and how have these changes structured current practice?* For readers, this paper may improve and develop critical thinking, and build up knowledge about the modern era of caring.

Literature review

The Nursing Profession

Nursing is a profession—individuals are required to have the capacity to do their duty with compassion and dedication. Nursing is the use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health; to cope with health problems; and to achieve the best possible quality of life, whatever their disease or disability [1]. In 1859, Florence Nightingale wrote that “[t]he elements of nursing are all but unknown.” When people become ill or disabled, the purpose of nursing is to minimize distress and suffering and to enable people to understand and cope with their disease or disability, its treatment, and its consequences. When death is inevitable, the purpose of nursing is to maintain the best possible quality of life until its end. The complexity of people's healthcare requires the collective knowledge, skills, and actions of many disciplines and professions. The essence of nursing is centered on the partnership between the patient, family, community, and nurses. Nursing includes numerous specified responsibilities that nurses should be capable of accomplishing at any moment.

Nursing as a Science

Nursing is described as a science [2, 3] defines science as an experiential procedure; it is concerned with experiential and empirical phenomena [4]. According to [5], science is an intellectual process using all available mental and physical resources to better understand, explain, quantitate, and predict normal and unusual natural phenomena. It is a disciplined and systematic attempt by the human mind to express genuine scientific knowledge as true and singular propositions, and data or facts in keeping with general laws. Concepts and theories are logically constructed for scientific purposes [6]. In this regard, nursing requires the term “science” to be used in a wider sense to meet the disciplinary requirements of clients as biopsychosocial beings. Just like any science, nursing utilizes different arrangements of various technical and logical inquiries. A logical inquest is important to explain noticeable queries primary to good discipline [4]. The diversity of nursing as a societal, practical, and experiential science is significant for the nurse–client affiliation. Consequently, non-empirical disciplines ought to be encompassed in the argument of nursing as a science. Suffragettes were absorbed in nursing through science (Winters, 2003 as cited in Duffy and Hedin, 1988). In relation to the sociopolitical responsibilities of nurses as uttered by expert ciphers, nurses should contribute vigorously to the career's continuing labor to deliver optimum nursing practices. Hence, nursing is correspondingly concerned with its technical installations as a means of societal empowerment. Another point of view is the paradox of stating that nursing as a science is professed by defining nursing, science, research, and theory-guided skills [7]. The framework for exploring the significance of nursing science is conditioned on the scrutiny of the entirety and simultaneity exemplars.

Nursing is a basic science by means of the innumerable nursing universities that establish the functional information of the discipline. In conclusion, a description of nursing science is available that is sufficiently comprehensive to incorporate all corrective awareness. As a discipline, nurses agree that research and knowledge development are essential to the growth and advancement of the profession.

The advancement of nursing as a discipline rests in the continued development and expansion of nursing knowledge, complemented by other providers in the delivery of safe, effective, and quality patient care [8]. Paradigm concepts in the nursing profession easily form the disciplinary matrix and provide the nursing community with the relevant puzzle-solving conventions, as other paradigms do. The paradigm is a disciplinary matrix that contains values, rules, regulations, and knowledge-building methods for the “puzzle-solving activities” of the scientific community. According to [9], scientific communities adopt a single paradigm. The strength of the paradigm approach is its ability to define disciplinary parameters, identify valued knowledge, provide common strategies for further research, and ascertain the best ways of teaching new members of the nursing community or corps. The paradigm approach ensures professional unity through the understanding and sharing of the unique but public knowledge of the discipline. Within the sharing and scrutinizing of knowledge, minor differences are addressed, and the core of nursing is preserved.

Scientific Challenges of the Nursing Profession

According to the National Advisory Council on Nurse Education and Practice (2010), nursing routines are faced with a variety of challenges: the increase in the number of people being hospitalized, the increasing cost of healthcare, and the urgency to stay current with the rapid advancement in medical information and technology. These challenges are becoming more complex due to the shortage of nurses as a result of the aging nurse workforce and also to a lack of new, younger nurses. Moreover, the novel models of the totality of delivering healthcare have improved to keep pace with the variety of challenges in healthcare and, simultaneously, the effect of the structure of the workforce and training on technological systems. Consequently, the gap between nursing staff resources and demand has widened over the past 15 years [22]. While medical advancements and scientific developments continue to improve healthcare, they have led to a need for additional medicinal measures and well-informed medical practitioners. In order to address these challenges, different employers are seeking nurses equipped with the skills and expected competencies aligned to the future. With that in mind, nurses can work effectively with the requirements of the practice environments as well as with teams or groups of doctors and medical practitioners. They can deliver traditional nursing on time in addition to supplementary services, such as case supervision, fitness preferment, and ailment avoidance.

Some other areas of challenges in the nursing profession include ethics violations, which include deceiving patients about their records [10]. Nurses are expected to be honest and truthful at all times. They are expected to behave professionally and never include personal prejudices when delivering healthcare to patients. Another scientific challenge faced by nurses is malpractice. Due to the lack of competencies and shortages of nurses along with technological advancements, some nurses fail to fulfill these requirements due to moral distress [10]. As cited by [10], the term moral distress occurs when “one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.” Nurses’ work involves hard choices that sometimes result in avoidance of the patients, emotional and physical suffering, painful ambiguity, contradiction, frustration, anger, and guilt. Because of this scenario, many scholars have connected moral distress to incompetent or poor care, unsafe or inadequate staffing, heavy workload, cost constraints, ineffective policy, and futile care [11]. Therefore, more scholars are finding ways to address the issue of these scientific challenges and the reduction of moral distress to nurses.

Nursing Habitus and Position in the Field of Medicine

Knowledge and caring are indispensable for quality nursing care. They are the crux of professional nursing education. Such an emphasis is derived from how nursing is diversely defined in the literature, theory, and application. For instance, the words “nurse” and “nursing” are associated with a diverse and wide array of healthcare activities, settings, and people [12]. However, with the occurrence of several changes, nursing definitions such as this one might be limited. Nursing is presently defined within the context of medicine and technology and the methods of delivering care [12]. This is the logic of the field.

[13] emphasized the difficulty of defining nursing, which is identified by the activities associated with it. This has highlighted the challenges of providing the real meaning of the nursing context and the attention it has drawn for several years. [13] added that a nurse’s activities are only central to his or her functions and disregard a nurse’s “intrinsic” meaning. Taking note of Henderson, [14] showcased a renowned and widely-accepted definition of nursing:

The unique function of the nurse is to assist the individual, sick, or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. (1998, p. 102)

Nurses also assist physicians wherein physicians are in a dominant position and nurses are subordinates [15, 16]. In a different dimension, nursing is defined as an art [17]. Somehow, this term is related to the battle between art and science. Despite this, [18] claimed that nursing as both art and science has been accepted. It has often been misunderstood, but Jenner's research analysis suggested that the "art of nursing" engages nurses in the premeditated utilization of creativity through skills and expertise, as well as the transmission of emotion and meaning to others. Adding to this is the notion that nursing is subjective and entails active participation, imagination, interpretation, and sensitivity—making it an art for nurses to master.

Core Subject Areas in Nursing Education

According to [19], even though nursing courses differ from one educational institution to another, most emphasize similar essential subject areas. Preconditions for nursing packages comprise anatomy, physiology, and microbiology. Likewise, several core nursing courses can be found in the nursing program: Introduction to Nursing Practice, Pathophysiology, Pharmacology, and Health Assessment. Introduction to Nursing Practice is an introductory course for students who wish to enter the field of nursing. The main focus is the history of nursing and the theories and skills that are significant in the profession. Pathophysiology encompasses instruction on the result of illness in an otherwise well-functioning human body. Students learn about almost all common diseases and symptoms to comprehend the processes of disease and remedial care. Students also examine the habits of sick patients that nurses may be able to modify. Pharmacology focuses on drug therapy and its connection to the nursing profession. Students study frequently used therapeutic drugs, they learn how medicines affect physical schemes, and they are shown the impacts of commonly and frequently recommended medicines. Health Assessment shows students how to evaluate the whole patient, including the biological and psychosocial components patients. Finally, students study how to collect information about patients' histories of illness.

Core Competencies of the Nursing Profession

The core competency standards serve as the scaffold of nursing education, regulation, and practice [20]. Likewise, they explicitly serve as a guide for developing the nursing curriculum; a framework for developing the test syllabus for entrance into the nursing profession; a tool for performance evaluation among nurses; the basis for advanced practice and specialization; a watchdog to protect the public from incompetent practitioners; and, finally, a yardstick for unethical and unprofessional nursing practices [20].

The following are core competencies to which nursing professionals should adhere [20]:

1. Safe and quality nursing care
2. Management of roles and environment
3. Health education
4. Legal responsibility
5. Ethico-moral responsibility
6. Personal and professional growth and development
7. Quality improvement
8. Research
9. Records management
10. Communication
11. Collaboration and Teamwork

Knowledge as Cultural Capital in the Social Space of Nursing

Like care, knowledge as cultural capital is deemed a complex and profound term with respect to nursing. The nursing practice is grounded in the art of caring coupled with basic knowledge. Knowledge is best defined as human activities that are effectively and successfully undertaken once they have emerged in the human condition. [21] provided an essential claim about knowledge, stating that:

A unique body of knowledge is a foundation for attaining the respect, recognition, and power granted by society to a fully developed profession and scientific discipline.

In nursing, knowledge is better recognized by its varying types and the need for new knowledge to be formulated. These aspects were discussed by [23], referencing Carper (1978), with respect to the different types of nursing knowledge:

Aesthetic knowledge. As stated, this type pertains to the “expert motivation and practice to care,” while also recognizing the worth of art in the nursing practice. It is also stated to be “expressive and often viewed through action.” An example would be the basic and simple task of giving baths to patients. However, these activities are considered overlooked and given less significance by healthcare leaders, which may disconnect the healthcare professional from his or her values [23].

Empirical knowledge. This is the kind of knowledge wherein scientific or empirical enquiry, quantitative research, or positivism and reductionism are underscored. This is said to be a valid knowledge form through the utilization of scientific procedures, such as testing.

Personal knowledge. This type pertains to self-awareness, which highlights nurses’ confidence in justifying their decisions and actions. Under this are intuition and experiential knowledge, which are not mainly used in justifying credibility to practice or the absence of consequences from scientific knowledge.

Ethical knowledge. This type of knowledge refers to moral decision-making, justifications, and prioritizing. It is similar to a confrontation between conflicting moral values, such as the issue of when and when not to resuscitate a patient.

All of these types of knowledge are critical to the nursing practice.

Research Aims and Questions

The purpose of this study is to explore the relationship between nursing health technology and so-called work overload. This paper may improve and develop critical thinking, and build up knowledge about the modern era of caring. In line with the objectives of this study, this research seeks to answer the questions: *How have nursing practices changed over time, and how have these changes structured current practice?*

Research Methodology and Analytical Approach

This research has a praxeological and literature-based approach. [24] habitus, cultural capital, and field are all concepts used to understand agent (nurse) activities. Habitus is “a structuring structure, which organizes practices and the perception of practices” [24]. In this case, this is applied to how nurses transform their capital and adapt and become familiar with technological developments. Fields represent areas of caring practices and are social spaces with their own rules and logic. Cultural capital are credentials and qualification competencies, such as degrees or titles. Habitus is a way of being (ways of seeing, moving, talking, perceive and interpret social conditions etc.), the physical embodiment of cultural capital, the deeply ingrained habits, skills, and dispositions that any agent possesses due to his or her life experiences [25].

Empirical data were obtained through participant and non-participant observations from the field (Haukeland University Hospital) in 2019. Ten agents are observed for the aim to describe and to understand what they do in the field. We use observation to immerse in the setting where agents are and to understand agent’s practices sociologically. We observe what they do in order to obtaining

objective data. We take notes. Observation is used for constructing knowledge and providing information on the relevancy and coherency to existing knowledge. Literature represents the foundations for this study. It helps build knowledge in the field.

A disposition analysis was performed. Dispositions are constructed within the habitus [24] and are subjective, emotive, and psychological in nature. Bourdieu connected dispositions to the emotion and affect that enable agents in a field to perform social action [26]. Bourdieu argued that in the game space (field), where agents—with their systems of dispositions, respective competence, capital, and interests—confront one another in a struggle to impose the recognition of a form of cognition, they help conserve or transform the field of forces [27]. Dispositions can be modified by agents' capital to induce deterministic decisions that are contrary to their beliefs and understandings [28]. Bourdieu regarded dispositions as a form of embodied cultural capital, inculcated through childhood experiences and the cultural practices and values of the field environment, which are shaped by the structures and practices.

Analysis and Findings

Disposition of Agents

Tables 1a and 1b display data from the field showing the disposition of agents, the relation among caring practices, the use of healthcare technology, and work overload.

Caring (Self-perception)	Caring and technology	Healthcare Technology, machine
<p>Nursing is formed through accumulated cultural capital, professional knowledge, skills, and personal maturity. Nursing is based on the interpersonal sensitivity vital for the protection, the emotional support, and the biopsychosocial needs of patients. Comfort zone and the doxa</p> <p>Caring is</p> <ul style="list-style-type: none"> – Empathy, kindness, and attentiveness to the patient. – Listening to patients and to help. – An essential part of human life. – Emotional, physical, and psychological support and the personality of the nurse. – The attitude to directly affect patients' mood/conscious. – Eye contact with patients, skin-to-skin touch, a positive and encouraging attitude, openness and understanding, and someone to listen to them. – Expressed by nurses' compassion, awareness, and honoring of patients' beliefs, physical presence, and demonstrated understanding. – The natural part of a human being with a positive greeting – A friendly behavior, with a pleasant tone of voice and a smile – To eliminate physical discomfort, through direct help, good advices, or practical instructions – Influenced by the context in which it takes place – A moral imperative, ideal, virtue, value, as affection for oneself, for patients, and the work, – Interpersonal interaction, as something existing between two persons (professional person on the field of caring and patients) 	<p>Capital</p> <p>Demand willingness, experience, knowledge (ethical, personal, empirical aesthetic), skills and professional competencies</p> <ul style="list-style-type: none"> – Patients' quality – Patients' safety – Quality care – Better care – Error reduction – Staffing – Involvement – Demand super users – Leadership suggestions and policies – Patients' experience of modern healthcare <p>Challenges</p> <ul style="list-style-type: none"> – Potential for error – Stress – Requires experience and technical skill – Administration and planning 	<p>Capital</p> <p>Equipment System functionalities Medical devices System navigation (efficient and effective, generality, environment of work, performance, productivities)</p> <p>Positive aspects</p> <ul style="list-style-type: none"> – Workflow and task performance – View all records – Better administration of medicine to patients – Notes for understanding patients' diagnosis, life history, and the care plan for better care – Improve interprofessional and patient communication – Improve medicaments administration, and reduce medical errors – Instruments for logistics – Electronic health record – Patients can monitor own health <p>Negative aspects</p> <ul style="list-style-type: none"> – Time-consuming and arduous – Demanding and difficult system navigation in all rounds – A potential source of errors during physical assessment of documentation (mouse clicking) – Distraction and loss of attention – Difficult for hospitals to keep patient information secure and accurate (cybersecurity) – Occurrences of emergency events challenges

Source: Literature and field

Table 1a: Disposition related to the practices of caring.

Tables 1a and 1b describe some observations of nurses' habitus and cultural capital in the field. Caring is the relationship with patients. In this relation, nurses have to be empathetic. They are to be attentive, use their experience and sensitivity. Nurses use professional communication. Nurses spend six hours of an eight-hour shift (76%) on administrative duties (technologies, machine, and logistics) and two of eight hours (23%) on direct caring activities (cleaning, speaking, advising, motivating, feeding patients). These observations show that nurses spend extensive time on technology/machines. Nurses are stressed and consequently they provided minimal information on anxiety-reducing techniques and do not have enough time to break down barriers between them and patients. Because of work overload, nurses' duties to protect patients' autonomy, dignity, and comfort are in danger, even if they use their professional knowledge, attitudes, and skills. Positive greetings, friendly behavior with a pleasant tone of voice and a smile, empathy, kindness, and attentiveness are missed. Emotional support, physical, psychological support, and the attitude to directly affect patient moods and conscious are affected. Patients do not receive the availability, reliability, and emotional and physical support, as work overload and technologies activities consume nurses' time. The combination of administrative work and health technologies consumes nurses' working hours and lessens caring activities, and nurses are distancing themselves from patients.

Caring (the practice of nursing)	Caring and technology	Healthcare technology
<ul style="list-style-type: none"> - Therapeutic interventions - An intentional act with planned aims - Include personalities, availability, reliability, and emotional and physical support - The creation of a relationship of trust - Relationship with patients (nurse spends time with patients) - Collect data from patients for optimal care - Have professional communication - Dialogue with patients - Be attentive - Bringing experience and sensitivity in actions - Provide information for reducing anxiety and through information by break down barriers - Protect patients' autonomy, dignity, and comfort. <p>Time demanding</p> <ul style="list-style-type: none"> - Time available for the direct care of each patient. - Optimal care - Built caring relation with the patient (about 2 hours spent with patients in a day shift) 	<p>Accessible, actionable, timely, customizable, and portable information/knowledge</p> <p>Challenges</p> <ul style="list-style-type: none"> - to deliver a holistic healthcare experience - dignity and respect - demand collaboration and involvement: Patients, families, health care practitioners, and hospital leaders in the delivery of care. <p>Negative aspects</p> <p>Errors in Data Sharing Incomplete Sharing of Records</p> <p>Work Overload and Overwork</p> <ul style="list-style-type: none"> - hindrance for optimal caring and use of technology - to have place and time for ethical discussion - to share knowledge and experiences with each other - to provide nursing <p>Administrative work/health technologies consume nurses' working hours and lowers caring activities. Medical errors</p>	<p>exchange the information among different parties involved in healthcare – doctors, healthcare scheme providers, insurance providers, doctors, and patients improving the quality of <i>care</i>, controlling costs <i>and</i> boosting efficiency</p> <p>Patients can use to report diagnostic errors and medication order errors they experience in the hospital.</p> <p>Negative aspects</p> <p>Lack of information, education on how to use healthcare technologies tools</p> <p>Time demanding</p> <ul style="list-style-type: none"> - time available for notation - report writing - discovering - managing - direct care of each patient (about 6 hours spent with activities related to technology in a day shift)

Source: Literature and field

Table 1b: Disposition related to the practices of caring

The Position of Nurses in Healthcare

Deemed the true heart of healthcare, nurses take on various positions in their jobs as doctor's assistants, and they are considered a great service to the patients they take care of. Nurses play the role of a servant under the guidance of the doctors who are in charge of the patients. A nurse performs and follows the doctor's orders with regard to treatments and medications and assists them while they perform particular procedures. Nurses act as auditors so that patients are assured of a thorough examination through good nursing care. When caring, a nurse checks a patient's bodily condition, notes any physical or emotional changes, and then makes a care plan for every patient. A nurse's role implies the job of keeping patient records, as well as being the patient's advocate and teacher [29]. Nurses intend to "help people (sick or well) in the performance of those activities contributing to health, or its recovery or to a peaceful death" [29].

Caring is important and indispensable in the patient–nurse relationship. The relationship between nurse and patient makes a difference when nurses care consciously [30]. The patient–nurse relationship is characterized by the nurse's engagement and offer to be physically present with the patient, to have a dialogue with the patient, to show a willingness to share and hear by using active listening, to avoid assumptions, to maintain confidentiality, to show intuition and flexibility, and to have hope [31].

Nursing and Health Technology

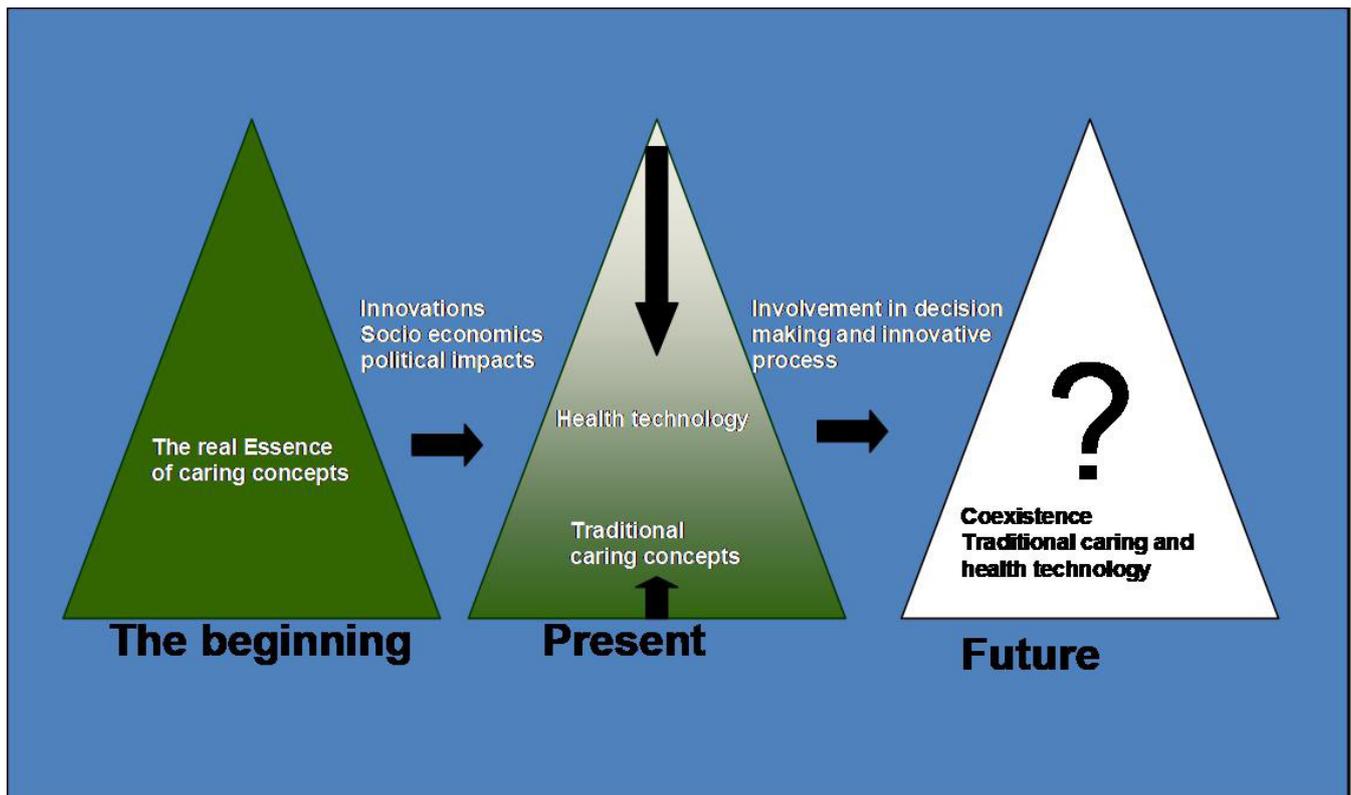
Health technology is becoming important for addressing health issues and improving health outcomes. Health technology refers to the application of organized knowledge and skills for the purpose of solving a health problem and improving patients' quality of life. They use instruments, medical devices, medicines, procedures and systems apparatus, machines, and software for medical purposes, such as diagnosis, prevention, monitoring, treatment, and supporting or sustaining life (Table 1a).

The positive aspects of health technology include good workflow and task performance; access to all patients' records; better administration of medicine to patients; and notes for understanding patients' diagnosis, life history and the care plan for better care. Healthcare technology helps improve interprofessional and patient communication, medication administration, and reduce medical errors. It is an instrument for logistics and electronic health record. It helps patients monitor their own health. These tools are indispensable for effective and efficient prevention, diagnosis, treatment, and rehabilitation [32]. In addition, innovative health technologies are developed and integrated for serving and filling existing gaps in the availability of health technologies to patients for new solutions to health problems. Nurses use technological devices in the practice of care. Utilizing this technology demands training, precision, knowledge, and time. Some nurses are oriented toward a technological environment because it inspires creative solutions, changes the way they share and use information, safeguards care processes, and monitors and educates patients. Technology impacts clinical practices and is shaping nurses' habitus.

Discussion

The Essence of Caring Habitus in the Nursing Concept

Figure 1 shows the evolution of the original concept of caring from the conception of nursing to now, with the domination of healthcare technology in many nursing activities. From the beginning, the different definitions associated with nursing have engendered a similar concept: caring. This is regarded as an inevitable aspect considering the roles and functions of nurses or even the nature of the profession. Furthermore, caring can be defined using five major concepts: (1) a human trait; (2) a moral imperative; (3) an affect; (4) an interpersonal interaction; and (5) an intervention [33]. These notions have elaborated on the aspects involved in nursing, although they have been criticized as vague and insignificant as they are not fully implemented in the practices of care. Care is not merely a nurse's role. As [34] stated based on [35], caring is an essential concept to humans. Nightingale was the first to describe caring as the heart and essence of nursing [36]. To show caring, it is important to focus on basic needs such as healthy food, clean water, and a clean place to recover. Caring is making patients feel human and seeing patients as a whole, not just as their illness



Source: Authors' own

Figure 1: Field of Caring Activities

or their disease [37]. Caring is described from four perspectives: having compassion; helping patients with what they are unable to do for themselves; addressing medical problems, such as providing wound care or administering medications; and having the competencies to deliver the proper care at the proper time in the proper way [38]. In addition, Martinsen (2011) employed different approaches and analysis levels in the concept of care. This is said to be influenced by phenomenology, with Martinsen analyzing care based on nursing's origins and the work of a theologian named Knud E. Logstrup. This meant that Martinsen emphasized man's interdependence with his social counterparts prior to acknowledging that man is basically social. This main assumption is said to demonstrate the ontological characteristics of Martinsen's philosophy of care. This aspect has been considered inevitable considering that human beings are by nature dependent and, as such, need a human response—care. Martinsen also underscored the fact that she often interpreted situations that involved care as “contextual, paternalistic and laded with emotions” (2011). This is better expressed in her exact words:

Care is to be concrete and present in a relationship by our senses and our bodies. It is always to be in a movement away from ourselves and toward the other. (Martinsen, 1991, p. 11)

The statement is said to embed care in total and natural means of responding to another's situation. Within the context of nursing, this kind of approach is attained through the acknowledgment and recognition of other people's needs. Also, an important aspect of such a notion is that “noticing to care” is itself care's basic element. This results in the value of seeing (or noticing) and then concentrating on the significance of practical action (or expressing) in care. An ethical implication of Martinsen's philosophy of care was also considered, as it is thought to strengthen the life courage of a person. As care has been demonstrated in the need to recognize it first and act accordingly in response, practical action has been underscored as a significant dimension in the care theory (Martisen, 2011). Caring is described as something contextual, emotionally laden, and particularistic in nature. Martinsen (1991) stated that “care is to be concrete and present in a relationship by our senses and our bodies like Bourdieu's theory of habitus.” Care is to respond to the concrete situation of another by the ability to recognize the other's need for care in the first place. For Martinsen, in caring for a patient, “we must both be able to see and express the patient's appeal for help in order to strengthen the patient's life courage in the

suffering” (Martinsen, 1993). According to Martinsen, it is important to recognize the need for care and to focus on the importance of practical action in care or to act accordingly at the same time. In Martinsen’s care approach, practical action is important. The relational, practical, and moral dimensions determine what caring seems to be (Martinsen, 2003a).

From a praxeological perspective, the caring practices described in Tables 1a and 1b are the results of complex interrelationships between nurses’ habitus, various forms of capital, and the field. Tables 1a and 1b are constructed to understand the different nurses’ actions such as caring, the practical mastery within a field, the habitus seen as the values, the “comfort zone,” and dispositions gained from the cultural history that generally stay with agents across contexts (Webb et al., 2002, p. 36). The “comfort zone” is the “physical places and social spaces that do not push humans to ‘look for clues’ to know how to participate” (Lynam et al., 2007). Doxa refers to the acceptance of the way things are, and it also gives us a sense that the way things are is the way they ought to be (Jenkins, 2002, p. 156). Caring is habitus perceived as the result of the long-term occupation of a position acquired in the social world and the field of medicine. The fields where caring occurs are not rigid (Figure 1) or fixed social environments. Acknowledged capitals within a field of care are: economic (money, property); cultural (knowledge, skills, aesthetic preferences); social (informal interpersonal networks); and symbolic (prestige, recognition; Bourdieu, 1986; 1989). The practice of care has scientific, technical, ethical, aesthetic, and existential dimensions. Cultural capital such as knowledge, skills, and attitudes are shown through actions, involvement, connectedness, assessment, approach, observations (breathing, pulse, body temperature, blood pressure, oxygen levels, etc.), interventions, and the act of helping patients understand and adjust to illness. Nursing habitus involves the application of nursing practices by “being a nurse and doing nursing.” Nurses take care of patients by constantly using eye contact; ears, nose, skin-to-skin touch; a positive and encouraging attitude based on openness and understanding; and listening to patients.

These actions are called practical sense, referring loosely to habitus and what nurses do and how they act, and the practical ability to interact with others (colleagues and patients) on a daily basis: reaching out a hand and placing it mid-air in front of a patient, stretching out arms, holding hands, and handshakes. These actions are part of the practical sense, as they are done without reflection and thinking. According to Petersen (1995; 2008), habitus is a theoretical construction of people or an acting agent. Nurses do not always know what they do, even if we ask them. They can only tell us what they believe they do. Caring represented in the beginning of the central “game” in the field.

When it comes to cultural capital, I believe that none shall be rendered solely significant over the others, for these types of knowledge are applicable in daily healthcare activities. What is emphasized, rather, is the need to evaluate and update these knowledge types with the reality of change and evolution, such as the implementation of healthcare technology in the field of nursing. This is related to saying that new medical and technological breakthroughs must be developed through research efforts. In doing so, the nurses’ role in effective and successful patient care, or in the aspect of attending to more challenging patient needs, is developed. As nurses, in our relations with patients, it is important to use knowledge to assess, plan, implement, and evaluate care. Nurses use critical thinking, reflective thinking, clinical reasoning, and judgment in combination when they apply knowledge and caring. As a nurse, I have always felt that patients do not see the knowledge and skills that we need in nursing practices, but they appreciate us when we are with them and giving them care.

The Philosophy of Care

An asymmetrical patient–nurse relationship illustrates concrete complexities with respect to the aspects of care philosophy, according to [38]. The philosophy of caring exemplifies challenges that the nurse faces in what is considered an ethical demand. This involves the power structure in the nurse–patient relationship being administered for the purpose of maintaining and expanding trust in that environment. [39] posited that there is a hidden or more conscious restriction on the patient’s field of activities that could yield consequential excess care. Power, dependence, and trust have also been thought to motivate experimental evaluation. In Martinsen’s relational philosophy, dependence is central: “human beings are dependent on each other in philosophical creational thought, life having been granted to us in mutual dependence” [39]. Paternalism and overprotectiveness correlate to excess care. Relative to this, research studies have provided identification, problem–exploratory evaluations, and analyses that presented some contemporary

obstacles reflecting the excesses of care. This comprises the handling of dependence, power, and trust. Themes have been developed such that, in addition to “paternalism and overprotectiveness,” “being a burden” appears to shift the balance of power to the advantage of nurses. Another theme, “doing only what is completely necessary,” demonstrates that a fascination with technicality creates a gap between the people involved, constraining the patient’s room for accomplishment [39]. In the process of caring, it is important to be aware of the power we have as nurses and the patient’s appeal for help. Relation-based caring is stimulated when we are able to move between closeness and distance [39].

Nursing Through Caring

The notion that “nurses care” corresponds to the significance of nursing practice (Tables 1a and 1b) and is used as a common slogan in the medical field. Since the identified gap between the supply of nurses and demand for them tends to increase under work overload, stress, and burnout conditions, the gap correlates to the effort required between the models in caring, which necessitates the increase in proper nursing resources to perform such care and in a system theorized as an industry where cutbacks rule. Caring practice in nursing correlates to the concept that patients and their families together with nurses rely greatly on the principles of caring. Nurses have the full support of the public and have earned their highest trust, as it echoes the notion that the nurses are the key personnel in ensuring the provision of quality healthcare [40]. Disintegrating patient care is severely troubling, because it leads to the fragmentation of being, thinking, and caring in nursing. This breakdown can also lead to clinical errors, and it immensely limits and denies nurses opportunities to perform caring practices with patients and their family members [40].

Technology and Its Significance in Caring

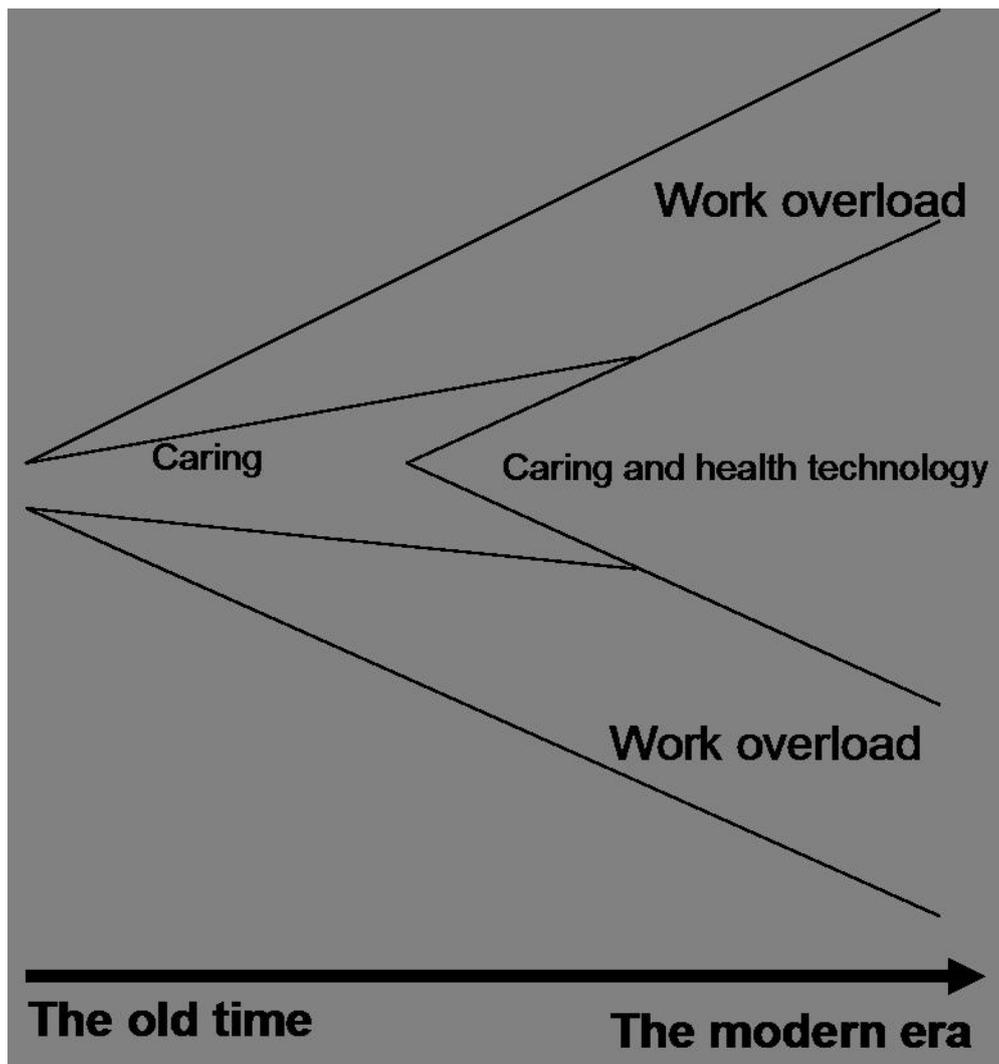
Today, more care involves technology (Figure 1), and nurses work increasingly with health technology. Health technology has an important and positive impact on care; however, it also has a negative impact on caring (Tables 1a and 1b). Some have argued that technology may create distance and barriers in the patient–nurse relationship (negative impact), because required human interactions, such as care, warmth, collaborative decision-making, and acknowledgment, are lacking [41, 42].

According to the Norwegian government’s Official Norwegian Reports NOU 2011 [43], technology represents a way of caring for the future and is important for exploiting the enormous potential of care service. Technology gives users greater security and an improved ability to take care of themselves. In Norway, technology is included as a part of the Government’s 2015 Care Plan to enable users to contact health and social services, moderate loneliness, maintain contact with family and friends, and participate in user forums. Technology is also used to stimulate, entertain, activate, and structure daily life for patients. Health technologies help increase emphasis on ensuring patient safety, preventing medical errors, and improving patient care [44], and they increase the level of transparency. Workload distances nurses from patients. Patients do not consider nurses as a caring agent when they miss the essentials of caring. Patients are sensitive to closeness when nurses listen; measure blood pressure, pulse, and temperature; monitor treatment; prescribe analgesia; transmit information; and coordinate care. They recognize caring through direct help, good advice, or practical instruction. Many patients appreciate nurse willingness, experiences, and technical skills to eliminate subjective and objective discomfort.

Work Overload

Dominating agents (leaders) use their power to controll and to inform dominated agents (nurses) to actively use technology, to work hard and more effectively for rapid and early patients’ discharge.

We will argue here that work overloads become larger and greater (Figure 2) because of the use and implementation of different types of technology, and this makes caring more challenging and stranger for the habitus. Work overload impacts both habitus and doxa. It is important to recognize that increasing work effort in terms of work overload does not automatically lead to increased productivity, efficiency, and economic savings. However, the majority of nurses’ working hours are still allocated to direct and indirect



Source: Authors' own

Figure 2: The place of caring in today healthcare

nursing intervention work related to individual patients. Heavy nursing work overloads impact patient safety and patients' feelings of satisfaction (patients have to wait when they need nurses' attention). Nurses' work overload is caused by the nature of the working environment and increasing demand for nurses; lack of competence to do the work and inadequate supply of nurses; pressures from work or by poor relationships with other staff and the reduced staffing and increased overtime; and the reduction in patients' length of stay [45]. A work overload increases medical errors and reduces the time spent by nurses collaborating and communicating with patients and physicians. Work overload affects the quality of nurse–patient and nurse–physician collaboration and can affect the nurses' professional roles, such a carer, helper, facilitator, or troubleshooter. [46-50]. Overloaded nurses spend less time with patients, and they stress. Older nurses may feel more work overload than younger nurses. Work overload leads to communication breakdowns and failures that compromise patient safety and quality of care. [50-55]. Overloaded nurses do not get much rest. They have too little time for too much work, and patients might attempt to control the situation by bullying. Work overload affects the time a nurse is allotted to various tasks. Under a heavy workload, nurses may not have sufficient time to perform tasks that can have a direct effect on patient safety. Work overload is harmful and it simultaneously impacts how nurses perform caring and various procedures [55-59]. As in other areas of the work environment, a heavy workload can lead to poor nurse–patient communication. Work overload also leads to low morale, absenteeism, high turnover, poor job performance (errors), and organizational effectiveness. The high workload is a key job stressor of nurses in a variety of care settings.

Conclusion

This study demonstrated that the practice of nursing and caring is no longer the same as it was in previous centuries; the healthcare system has changed radically. For example, health technology has become a very important market and has made its mark on not just medical treatment but also the care of patients. Health technology has recently had a major impact on nurses' practice as opposed to a couple of decades ago. This development is based on a precautionary position that technocratic development creates better and more effective patient care. However, it is well documented that many nurses are leaving the profession with health problems resulting from their work because of the time, pressure, and struggle required to maintain the basic values of their profession. Based on the assumption that the habitus is slowly changing and the fact that technological development is rapid, our analyses show that work overload can be explained by the nurses' habitus becoming increasingly distant to institutional requirements and expectations. Given that nurses maintain their values for practice, there will be an increasing distance between nurses' dispositions for practice and institutional requirements through the rapid development of technology in healthcare. It is time for healthcare managers to find better ways to meet future and modern patients' aspirations. The analysis and findings in this paper can contribute to helping both nurses and managers understand and explain the matter of work overload related to difficulties in combining health technology with respect to the human response to rapid change.

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