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Incorporating Recovery Practices, Research, and Thought to Improve the Provision of Profession Care

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Abstract

The Transformative Nurse Caring Framework is a holistic model uniting theoretical knowledge, empirical research, and new methods of healing as a way to improve professional nursing care. This model is based on the philosophy of human-centered care and underlines the combination of clinical expertise, compassionate presence, and innovative therapeutics to meet the complex patient needs of contemporary healthcare systems. The framework helps nurses with a framework to achieve resilience, better patient outcomes, and professional fulfillment by closing the gap between theory and practice. Mayo Pairing of the evidenced-based interventions with the caring and healing modalities emphasizes the importance of a scientific and relational interaction to clinical practice. Moreover, the framework reminds us of the critical role of reflective practice, ethical awareness, and interprofessional collaboration as an approach to establishing a healing environment to benefit patients and healthcare providers. Finally, Transformative Nurse Caring Framework provides a long-term route toward redefining nursing practice, to match professional development with the current requirements of caring and patient-focused care.

Keywords: ***Transformative nursing care, Caring framework, Healing therapeutics, Professional practice, Evidence-based nursing, Compassionate care, Theoretical integration.***

1.Introduction

The history and contemporary direction of the profession of nursing have been and will be closely connected to the social, cultural and institutional environments that nurses practice. The profession has endured at least over the last few decades recurrent difficulties that cut to the very heart of the profession, namely the shortages of skilled personnel, the growing institutional pressure, and the competing paradigms of care provision. In this framework, the contextual background to the proposed Attending Nurse Caring Model (ANCM) by Jean Watson and Roxie Foster is not only timely, but also necessary(1). The current section analyses the latent issues that inform the necessity of such a model, such as crises in the healthcare system, the loss of the meaning of nursing, and philosophical contradictions between values of caring-oriented nursing and those of biomedical, task-oriented paradigms. It is through these dynamics that we can better understand why a new model of caring science that is based on theory and evidence is urgent and transformative to modern nursing practice.

The Nursing Shortage and Its Consequences

The shortage of professional nurses is one of the most urgent problems identified in the background. Media reports and research studies in the United States have reported the horrific effects of understaffing such as avoidable patient fatalities that can be directly attributed to inadequate nursing staff. These results highlight an easy yet deep fact: the nursing care is not supplementary but the key to survival, safety and recovery in the patient. The crisis has not centered on the United States; other western countries have seen similar struggles, with population aging, shifting, and with higher complexity of care, it has put pressure on the workforce. Regrettably, some of the solutions being proposed like hiring less-prepared employees or replacing the less-educated assistants fail to solve the underlying problem, the decline of professional principles of nursing and the failure of nurses to practice the caring values which attracted them to the profession in the first place.

Tensions Between Caring and Biomedical Models

The nursing profession is at a very significant crossroad between two competing paradigms of care. Nursing, on the one hand, has always been anchored in a human caring philosophy--ethic of caring about the entire person, physical, emotional, and spiritual. Conversely, the realities of the institutions tend to shrink nursing into completion of tasks, documentation and biomedical efficiency. Such collision causes moral pain to nurses, who many of them, get into the profession with a sense of compassion and need to have meaningful relationships with patients, only to be bound by mechanized procedures and administrative expectations. Unable to practice in a

caring environment, research has indicated that the nurses become hardened, detached, and exhausted thus, developing robot-like behaviors that not only lead to poor patient outcomes but also to their own well-being and professional satisfaction(2).

FIGURE 1 Rejuvenating Nursing Through Caring

Superficial Versus Transformative Solutions

Solutions to nursing shortages and burnout tend to be too narrow looking at external incentive packages like pay raises or sign-on bonuses. These measures can temporarily attract the workers, but they do not eliminate the philosophical and cultural dissonance that lies at the heart of the healthcare systems. Such renewal necessitates a significant re-unraveling of the nature of nursing, its concept, and how its theoretical and ethical basis can infuse day-to-day practice. That is to say that, the survival of nursing as a profession is not only about the number of staffs but also the integrity of the identity of nursing as a caring profession. Without such renewal, the profession will be at risk of being paralyzed and unnoticed or derided as a part and parcel of the biomedical model.

The Invisibility of Nursing in Healthcare Systems

Nursing has a great potential to bring positive results in patient outcomes, but it is often ignored and externally managed in the hospital environment, even though the evidence of this correlation is overwhelming. Nursing voices are often sidelined in policy decisions, institutional hierarchies and medical dominance, creating a gap between what evidence indicates is important caring interventions (and the importance of caring interventions) and how systems distribute resources. This invisibility reinforces a loop where nurses are supposed to adjust to the old models of care delivery, which are based on the outdated hospital-centric approach, although they do not apply to the intricacies of the 21 st century healthcare. Hospitals, with their traditional structure built on an acute illness care/treatment and technological interventions and approaches, find it difficult to incorporate relational, holistic pathways to healing central to nursing.

Philosophical Renewal as a Path Forward

In this context, Watson and Foster insist on rejuvenating the nursing profession by going inward. It is not a superficial restructuring, but a philosophic / cultural restructuring. It entails returning to the theory, principles and knowledge that make nursing a unique field. More to the point, it involves the translation of abstract ideas into actionable steps that provide clinical judgment, decision-making, and care of the patient. The most important issue, thus, is the difference between nursing and what nurses are realistically allowed or expected to do. Operationalizing the caring theory and combining it with evidence-based therapeutics can help nursing restore its status as a therapeutic profession and not as a list of tasks that should be done within the biomedical frameworks.

The Broader Healthcare Crisis

This renewal is increased by the urgency of wider healthcare crises, such as the safety of patients, increased rates of mortality, and institutional failures. There has been heightened public scrutiny and this has compelled hospitals and healthcare systems to face up their inadequacies(3). Such crises are not specific but are indicative of structural deficiencies in care conceptualization and care provision. With institutions seeking ways to solve their problems, there is a growing realization that the conventional models of care, with their emphasis on efficiency and productivity and on treating the acute condition, simply cannot be used to tackle the relational and human aspects

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of care. This acknowledgement prepares the way to innovative models, including the Attending Nurse Caring Model, that aim at combining caring values and evidence-based practices in ways that are transformative.

Nurses as Agents of Change

One of the lessons that we have learned in the background is that, it is up to the nurses themselves to be the focus of this process of renewal. Models of change based on nursing theory allow nurses to reclaim their professional identity compared to top-down administrative reforms, which are not always effective in being driven by caregivers working on the frontline. Caring science provides a base for practice that enables nurses to overcome the temptations of task-oriented reductionism and promote patient-centered holistic relationships. This change does not just improve patient health but it also puts the work of nursing back in the right place of meaning and purpose and it helps to fight burnout and keep the profession going.

2.Types of Health Care Provision Transformations

The world healthcare delivery systems are in seismic changes. Hospitals are under pressure to be cost effective, technologically grow, patient safety issues, and the evolving demands of the society and it is no longer possible to run hospitals in the strict, industrialized models of the olden days. Rather, innovative methods are needed and these include methods that focus on human connection, interdisciplinary teamwork, and curing environments. The reorientation of the models of care delivery in the hospital is explored, with the discussion on the ineffectiveness of the past models, the emergence of relationship-based practices, and the advent of communication and leadership innovations that require a more prominent role of nursing. Exploring these themes, we find out that the changes in hospital care are not a simple logistic transition but a significant cultural and philosophical change.

The Limitations of Traditional Hospital Structures

Conventional models of hospitals have always been based on physician-dominated hierarchical structures. These models focus on diagnosis, acute care and technological interventions, and tend to turn patients into cases instead of treating them as human beings. Care was arranged in an assembly-like fashion, linear, task-oriented, and efficiency-oriented. Although these frameworks were successful in the industrial age of medicine in managing infectious disease and acute injury, they are becoming less and less effective in managing chronic diseases, complicated comorbidities, and the emotional and spiritual complexity of patients. Consequently, hospitals, which remain attached to these archaic patterns, have high patient dissatisfaction levels, burnout rates among healthcare professionals grow, and safety and quality outcomes become more diverse.

From Cure-Centered to Healing-Centered Models

One of the key changes in the modern hospital care is related to the transition of the cure-related paradigm to the healing-focused practices. Cure is usually concerned with eliminating disease via medical treatment, whereas healing is more concerned with the overall human experience, and that is to recognize the pain, embrace resiliency, and promote wellbeing. The healing-focused model acknowledges that the patient is not just a biological organism; he is a whole being with an emotional, cultural, spiritual aspect. In the case of nursing, this change hits a chord with its philosophical basis of holistic caring. Healing environments also provide a chance to allow hospitals to adopt complementary therapies, mindfulness-based interventions, and integrative health modalities, not just the biomedical treatment.

Relationship-Centered Care as a New Paradigm

The shift in the direction of relationship-centered care in the hospital care delivery is growing. They are not cold, detached, encounters like in the traditional model, but here real human relationship is central to healthcare. Relationship-based care acknowledges that the healing of the patient, family, and provider does not just happen as a result of procedure and prescribed medicine, but as a result of trust, empathy, and communication. As catalysts in these interactions, nurses are at the nexus of many care dynamics and are therefore important in enabling the relationships. The relational essence of this changing model is achieved by the presence of the nurse, the ability to discern patient needs, and mediate interdisciplinary discourse(4).

The Role of Partnerships and Interdisciplinary Collaboration

Contemporary hospital treatment cannot survive within silos. Rather, it demands cross-disciplinary and cross-sector collaborations. The nurses are becoming more and more engaged in working not just with the physicians but with chaplains, therapists, social workers, pharmacists, and even the outer world like the insurance providers and community healthcare agencies. These relationships increase the role of the nurse beyond that of the caregiver to include negotiator and advocate. This type of interdisciplinary teamwork enhances continuity of care, better

patient outcomes and the comprehensive approach of the entire spectrum of patient needs that includes medical, emotional, financial and social needs is addressed.

Communication as a Cornerstone of Change

New patterns of communication are required to transform care delivery. According to Miller and Apker (2002), these changes can be referred to as the four Cs of nurse communication: Collaboration, Conflict resolution, Change management and Construction of identity. Collaboration entails cooperation in professional boundaries, and conflict resolution provides the nurses with the ability to deal with tensions related to costs, ethical dilemmas, and priorities in their treatment. Change management places the nurses in the leadership role in the implementation of new models of care, and the construction of identity is the evidence of constant struggle to define the nursing in this changing environment. Effective communication can therefore not be taught alone but is a professional requirement that enables nurses to spearhead cultural change in hospitals.

Leadership in an Era of Uncertainty

There is always a future of doubt with reorientation. With the new structures in hospitals, professionals can be destabilized due to role and expectation changes. But in this uncertainty there is leadership opportunity. There is a growing demand among nurses to become drivers of change management-leaders to their colleagues, influence policy-making and make sure that the principle of caring does not lose its focus in the wave of financial and technological pressures. The role of leadership, in this case, is not limited to administrative but is applied to all nurses who exemplify caring care, engage in evidence-based practice, and promote patient-centered practice at the frontline.

Humanaizing the Hospital Environment

Human connection in the environment that is dominated by machines, protocols, and financial needs is one of the most essential issues of contemporary hospital care. The human aspect of care and the emotional and relational part is too frequently replaced with charting and technological surveillance. Reorientation initiatives should thus be associated with re-humanizing hospitals- developing spaces that encourage comfort, cultivating rituals of compassion and creating time through which patients and providers can interact in an authentic manner. These measures will not only make patients happier but also help healthcare professionals to maintain the moral momentum, reminding them of their work purpose(5).

Implications for Nursing Practice

The orientation towards the healing-based, relationship-based, and collaborative care essentially alters the role of nurses. Nurses are no longer isolated to following the orders of the physician or carrying out the technical side of the work but are viewed as separate and interdependent practitioners whose efforts make the difference to the whole patient experience. Such transformation involves education, mentorship, and institutional support that would help the nurses to gain high-level communication, cultural competency and leadership skills. It also requires organizational policies that acknowledge and safeguard the relational time nurses require with patients- time that is as imperative as any technical intervention.

3.Doctors and Nurse Hospitalists

A transformation in the model of hospital practice indicates that there is an increasing awareness that the traditional care delivery systems are not satisfactory to the concerns of patients, institutions, or healthcare practitioners. The emergence of the so-called hospitalist model in the past decades can be regarded as one of the most profound changes in recent years that were aimed at centralizing the patient care aspect in hospital environments. This model was originally created with a focus on physicians, but has since been the subject of parallel discussions concerning its possible application to the nursing field. This section will discuss the history and the purpose of the physician hospitalist program, its benefits and drawbacks and the development of suggestions about a nurse hospitalist position. Through the comparison of the two models, we can catch the way in which they portray bigger systemic changes and the way in which nursing can construct an alternative, theory-informed future of its own.

The Rise of the Physician Hospitalist

The model of physician hospitalist was written in the United States in the 1990s in response to the growing interest in continuity of care, efficiency and quality improvement that were being expressed in hospitals. Hospitalists were hired by hospital to supervise acutely ill patients admitted in the hospital instead of doctors splitting their time between outpatient clinics and inpatient units. The medical treatments were coordinated by these practitioners who usually were generalists or intensive care specialists and they were in charge of standardizing medical protocols,

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and managing interdisciplinary teams. Its main purpose was prospective quality improvement: real time solving of problems, not retrospectively after damage was done. To administrators, this model provided the means of enhancing efficiency, lowering costs and improving on the standards of patient safety and accountability which were on the increase.

Strengths of the Physician Hospitalist Model

The proximity and continuity is one of the strengths of the physician hospitalist approach. Patients will experience faster decision-making, better supervision, and communication with the entire care team as physicians are always present on the ward. Hospitalists also offer an accountability point as they act as an intermediary between the medical residents, attending specialists and administrative leaders. In addition, the organizational mentality towards stewardship through their hospital-based orientation is that patients are not cases to be processed but guests within a system that is required to guarantee safety and honor. Theoretically, this structural innovation fills most of the gaps during the process of outpatient physicians having multiple commitments and not being able to be consistent during hospitalizations.

Limitations and Critiques

Although these are the advantages, the hospitalist model has been criticized. There is an argument that it divides care, separating inpatients of their primary care physicians in the long-run, who might know the patient better, including history, background, and preferences. Others express the fear of medicalizing the hospital running with the hospitalists taking on administrative powers to the extent that they lose sight of relationship and holistic care. What is more, the model pays minimal attention to the relational and emotional needs of patients and families because the model is oriented mostly in terms of biomedical efficiency. In this regard, hospitalists enhance the logistics but at the expense of turning hospitals into a mechanized culture instead of making them a healing-oriented setting(6).

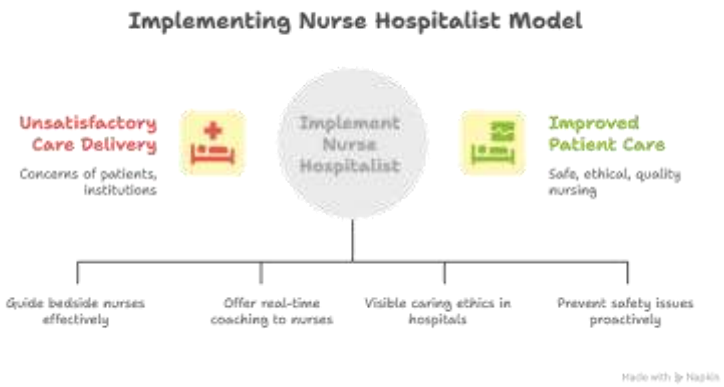

FIGURE 2 Implementing Nurse Hospitalist Model

The Emergence of the Nurse Hospitalist Concept

Following the example of the physician hospitalist concept, researchers and professionals started envisioning a nursing version of it, namely a position that would help resolve shortcomings in patient safety, competency, and quality of care through a nursing lens. The nurse hospitalist, proposed by Mustard (2002), would provide the role of a facilitator, educator, and leader of the bedside nurses, but not on direct patient care but instead on directing the staff on best practices, ethical, interdisciplinary communication. In contrast to the physician hospitalist, this position would not involve reorganizing hospital systems, but would rather present a new educational and supervisory role in existing systems.

Potential Benefits of a Nurse Hospitalist Role

There are a number of possible advantages to the proposed nurse hospitalist concept. To begin with, it lays stress on mentorship and professional growth, offering real-time coaching to nurses with difficulties in making complex clinical decisions or facing interpersonal issues. Second, it makes a visible presence of caring ethics in hospitals so that the relational input of nurses does not become hidden in technical operations. Third, it takes safety issues into prevention, by establishing the settings, in which critical thinking, communication, and advocacy of the patient are of first priority. This position would help to minimize avoidable mistakes, increase the morale of employees, and improve the level of trust of patients towards the nursing profession.

Attributes of the Nurse Hospitalist

The vision of the nurse hospitalist by Mustard brings out a list of qualities that are not limited to technical expertise. They are the skills to coordinate across the disciplines, honor patient dignity, offer emotional support, engage families in care choices and overcome fears regarding hospitalization and discharge. Overall, the nurse hospitalist truly represents the humanities of nursing personhood, compassion, and presence, in addition to providing the staff with the necessary competencies to provide safe and evidence-based care. Through these features, the role presents the philosophical foundations of nursing in caring science instead of imitating the managerial orientation of the physician hospitalist model.

Limitations and Concerns

The nurse hospitalist model has its shortcomings despite its potential. Critics claim that it does not have a definable theoretical basis, so it is rather a pragmatic accommodation than a disciplinary development. Devoid of notion on nursing theory, the role would turn out to be a managerial appendage, and not a transformative model of practice. Also, the approach of prioritizing education of staff above direct patient care can make nurses lose touch with the interpersonal core of their practice. The threat is that it gives birth to yet another level of control without at the same time giving nurses the authority to resume their caring identity in practice(7).

Towards a Theory-Guided Alternative

To acknowledge this, Watson and Foster propose that nurse hospitalist model can be used as a stepping-stone toward a more mature framework: one that is explicitly directed by nursing theory and evidence-based caring science. A nursing adaptation should be based on the disciplinary values of caring, healing, and relationship-centered practice, unlike the legitimacy of the physician hospitalist that is founded on the medical authority. This model would not just solve competency and safety but also change the culture of hospitals in general, making the practice suitable to the philosophical tradition of nursing.

4.The Thoughtful Role of the Attend Nurse

The demand of a new model of nursing that shifts nurses thinking beyond task orientation and reinvigorates the caring heart of nursing has led to the formation of Attending Nurse Caring Model (ANCM). The ANCM is similar to pragmatic adaptations of hospital structures, unlike an exemplar that is a philosophical and ethical and evidence-based reorientation of the nursing practice. It provides a paradigm that merges contemporary clinical realities with human caring theory to enable nurses to establish meaningful healing relationships, as well as, enhance safety, quality, and professional sustainability. The foundations, aims, structure, and transformative implications of the ANCM are discussed in this section to make it not only an extension of the nursing experience but a response to new issues in healthcare in the future(8).

Foundations of the ANCM

The ANCM is rooted in the Theory of Human Caring by Jean Watson, which underlines the importance of transpersonal relationships and intentionality and collective mind-body-spirit in the healing process. In contrast to models, which focus on efficiency or managerial control, the ANCM directly links nursing practice to a disciplinary base, in a manner that not only makes practice evidence-based but also theory-informed. The two-fold grounding would form a construct in which caring values are not subordinated to technical expertise but core to the conceptualization, delivery, and assessment of care. In this respect, the ANCM helps to make a very important jump between the abstract philosophy and the practice.

The Attending Caring Nurse (ACN) Role

The heart of the ANCM activity is the working Attending Caring Nurse (ACN). Similar to the practitioner attending to the patients, the ACN takes responsibility over a particular group of patients and families; however, with a slightly different focus: the ongoing and caring-healing relationships. The ACN responsibilities are assessing the needs of the patient in his or her own subjective view, co-creating tailored care plans, coordinating with interdisciplinary teams, and facilitating continuity of care pre-hospital, in-hospital, and post-hospital. In contrast to the nurse hospitalist model, which focused on the education of the staff, the ACN actually promotes the caring science in the interaction with the patient and acts as an example to colleagues.

Philosophy Meets Evidence

ANCM is aimed to combine two important lines of professional knowledge with nursing theory and evidence-based practice. Theoretically, the caring science offers the philosophical and ethical framework within which nurses understand the needs of the patient and determine the objectives of the healing process. Empirical research

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and clinical experience constitute the evidence side by which interventions can be guided to achieve safety, efficacy, and accountability. The convergence of these streams makes nurses practice in reflection i.e. the application of science not to resolve problems but to humanize care, decrease suffering, and foster healing environments.

Relationship-Centered Practice

At the center of the ANCM is the focus on the relationship-oriented care. This is not just providing treatment, or getting things done but collaborative making of meaning with patients and families. Being relational, the ACN contributes to the development of trust, informed decision-making, and recognizes the values and dignity of the patient. Importantly, relationship-centered practice extends to interdisciplinary teamwork. The ACN is not a solitary actor but a partner, who maintains a steady contact with physicians, therapists, and other caregivers to make sure that the experience that the patient receives in care is both unified and humane.

Increased Nursing Therapeutics

The other important characteristic of the ANCM is that it acknowledges advanced nursing therapeutics. Instead of considering nursing interventions as secondary to the medical treatment, the ANCM brings to the fore modalities like guided imagery, relaxation methods, presence, and emotional support as part and parcel of the healing process. The therapies are used in addition to medical treatment and provide the patient with comprehensive healing of pain, anxiety, and existential pain. The model legitimizes these caring-healing modalities, therefore, elevating the practice of nursing to a discipline-specific science, which has its own outcomes to add to biomedical treatment.

Accountability and Autonomy

Another redefined professional accountability is in the ANCM. Attending Caring Nurse is responsible and reliant in the sense that he or she is responsible in specific nursing practice and collaborates with other healthcare personnel. This dual accountability enables nurses to work with more independence since they make decisions informed by caring theory and evidence, and at the same time, in line with interdisciplinary objectives. This would help strengthen nursing identity and make the profession a peer-level contributor to patient outcomes instead of the subordinate implementer of medical orders.

Reorganizing Cares.

The model suggests a new role as well as new form of care delivery. Hospitals can instill caring values into their organizational culture by institutionalizing the ACN position. The model is similar to that of the attending physician system but has the difference of emphasizing on the continuous, theory-directed care. In the long run, this framework can shift the culture of the hospital to put relationships, reflective practice and healing outcomes first. It, therefore, provides a remedy against fragmentation and depersonalization that typify most of the current care systems.

Benefits for Patients, Nurses, and Systems

ANCM has advantages on several levels. To the patients, it guarantees continuity, dignity, and holistic care taking of the patients physically, emotionally, and even spiritual needs. To nurses, it offers them a professional identity that is grounded in theory that would curb burnout by restoring practice with meaning and purpose. Regarding healthcare systems, it can be used to deal with the issues of safety and quality through providing a proactive care model that would decrease errors, enhance communication, and patient satisfaction. In such aspects, the ANCM is not merely an abstract theory but a more practical answer to crisis in care delivery(9).

ANCM as a Transdisciplinary Bridge

Despite the discipline-specific nature of its premise, the ANCM also can be transdisciplinary. The focus of its relationship-oriented care and healing approaches is appealing to the rest of the health professions, such as medicine, psychology, and complementary therapies. The ANCM is able to build possibilities of shared visions of healing that move across disciplinary lines while maintaining the unique contribution of nursing by stating a model that is uniquely nursing and relevant to others.

5.Conclusion

The 21 st century nursing story is not only a narrative of workforce shortage, technological growth, or change in an organization. On a more fundamental level, it is a narrative of meaning, identity and the maintenance of values that constitute what it takes to care about another human being. The Attending Nurse Caring Model (ANCM) put across by Watson and Foster becomes a reaction to these difficulties, and it provides a practical and philosophical vision, based on evidence and enhanced by theory. In summarizing this discussion, it is pertinent to consider what

the ANCM is, why it is relevant and how it maps a way forward in the sphere of nursing, healthcare and the society in general.

Reconnecting modern nursing to the heritage of caring that has characterized the profession since its inception is one of the most impressive contributions of the ANCM. With time institutional pressures and biomedical domination has tugged away the nurses who were meant to be healers and this has downgraded their roles to task performers and administrative conformity. The ANCM turns this trend around by clearly reestablishing caring as the basis of practice. This reconnection is not a nostalgic one but a transformative one, it lets the nurses recover the spirit of their profession but make it relevant to present-day needs. By doing so, it enhances the distinct disciplinary character of nursing when the latter is losing its characteristic to erosion.

The ANCM also proves that nursing does not have to decide whether to pursue or not philosophy and science. Too frequently, theory has been dismissed as abstract or impractical and evidence-based practice has been dismissed as too technical and too unattached to meaning. ANCM is genius in that it combines the two. The model allows the integration of caring theory into the evidence-based practice and make sure that interventions are effective, caring, ethical, and consistent with human dignity. The implications of this balance to patient outcomes, the level of professional satisfaction, and the credibility of nursing as a scientific field are far-reaching.

One more important lesson that the ANCM teaches is the redefinition of the professional roles. Nurses are seen not as adjuvant to physicians but as independent and dependent individuals who influence the healing process of the patient. The Attending Caring Nurse has the authority to make decisions, facilitate interdisciplinary cooperation and maintain relationships beyond hospitalization. This position enhances the scope of nursing to become a driving force in healthcare reform and innovation. Simultaneously, it renews the eternal fact that the most effective forms of intervention are most often relational, but not technological.

The ANCM does not simply concern individual nurses, it concerns the transformation of the culture of hospitals themselves. Contemporary institutions with their frequent efficiency standards and automated processes are at the risk of forgetting about their ultimate goal to heal human beings. The role of the Attending Caring Nurse can be institutionalized, which allows hospitals to invert the caring values in their very design. This has brought about a humanized aspect of the healthcare setting whereby the patients no longer become figures but people with histories, anxieties and expectations. Such cultural renewal, in its turn, is not only beneficial to the patients but also to the professionals working within such systems, burnout can be minimized, which gives meaning to their work again.

Modern healthcare is going through a series of crises: personnel shortage, safety issues, cost increase, and mistrust among the population. The existence of superficial solutions to the problem, like paying more or hiring less-prepared employees, will never fix the deeper philosophical dissonance that is the root of these crises. The ANCM deals with the problem behind the issue: the necessity of a vision of care that is not mechanized and re-prioritizes healthcare on the relationships of care. In doing this it will do more than a short term solution; it will give a blueprint on how to reform sustainably. This roadmap is evidence-based, theoretical, and value driven, and thus it is strong in face of the changing requirements of policy, economics, and technology.

This discussion would not be complete without mentioning the ANCM beneficiaries who are liken to be many. It will offer patients a safer, more caring, and holistic care. To the families, it is a form of dignity, communication and participation in decision-making. In the case of nurses, it gives them a professional identity that is intellectually sound and spiritually satisfying to avoid moral distress caused by work centered around tasks. In the case of institutions, it improves safety, communication, and patient satisfaction, which is in line with humanistic value of organizational performance. The ANCM has a potential that can change healthcare in a morally and practically acceptable way by supporting the interests of all stakeholders.

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Conflicts of interest

The authors have no conflicts of interest to declare

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