



The Mechanical Body and the Lived Body: Heart Failure Clinical Nursing Practice

Wanich Suksatan^{1,2*} 

¹School of Nursing, Saint Louis University, St. Louis, Missouri, United States; ²Faculty of Nursing, HRH Princess Chulabhorn College of Medical Science, Chulabhorn Royal Academy, Bangkok, Thailand

Abstract

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***Correspondence:** Wanich Suksatan, School of Nursing, Saint Louis University, St. Louis, Missouri, United States. E-mail: wanich.suksatan@slu.edu
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BACKGROUND: The Cartesian model has advanced modern-day nursing practices by separating the body from the mind and the person from the world. This model shifted nurses' focus away from patients' perceptions and lived experiences and toward the mechanical body. However, Merleau-Ponty's perspective that a lived-body approaches offers an alternative and occurs when caring for patients as part of the nursing practice.

AIM: This paper aims to present Merleau-Ponty's and Descartes's views of the body in greater depth and discuss their implications on nursing science and practice in patients with heart failure and the challenges they pose.

METHODS: This publication also discussed how nurses care for the body as if it were a machine and contrast it with the recommendations for clinical nursing practice that will empower nurses to acknowledge the body as a lived body in their professional practice.

RESULTS: Patients treated as machines may be able to achieve a cure for their illness, but they may not be able to find meaning in it or achieve healing if treated as machines.

CONCLUSION: In the lived-body approach, nurses can also apply Merleau-Ponty's philosophy to nursing science and patient care, which will lead to the development of holistic care and will improve the quality of patient care and patients' general well-being.

Introduction

According to Descartes, the body and the mind are two distinct entities. To him, the body is dead matter, a corpse that is brought to life by the mind's operations. He believed that all meaningful bodily actions are produced by the mind, as a machine is controlled by its operator. He thus regarded the human body as a machine made up of organs, tissues, and cells, all of which can be comprehended by dissecting them into their constituent parts and deducing their functions [1]. This Cartesian dualism has become entrenched in Western thought and continues to have significant implications for the treatment of human ailments. Leder [2] believed that the Cartesian model of the dead body helped shape and guides the development of modern medical education and practice. This model shifted the focus of healthcare providers away from patients' perceptions and lived experiences and toward the mechanical body.

However, according to Leder [2], Merleau-Ponty's phenomenological approach views the human body as a lived body with its own essential structure that cannot be said to be that of an inanimate, dead, or mechanical body. The phenomenology of the lived body allows nurses to take into account patients' lived experiences when providing care for them, such

as in making nursing assessments, diagnoses, and implementation of treatment.

The alteration of the human body is usually manifested by the symptoms of a disease or disorder in the individual. For instance, patients with heart failure (HF) may present peripheral edema, loss of appetite, and/or fatigue at the initial stage [3]. When the condition worsens, they may present shortness of breath, persistent cough especially during nighttime, and difficulty performing daily activities. They may also suffer from psychological alterations such as depression and anxiety [4]. In this case, the nursing role includes advocacy, patient and health system management, promoting a safe environment, shaping health policy, education, and research [5]. The main outcome of HF care is maintenance of the cardiac function; thus, nursing care in patients with HF should include both physical and psychological management.

The clinical problems regarding nursing care concern the holistic assessment and management of a patient's signs and symptoms to improve his/her health and well-being. Reintegrating physical and psychological care using a holistic approach in the nursing care of patients challenges the belief that psychological care is generally separate from the physical and technical care that nurses provide to their

patients on a daily basis [6]. Holistic care is said to be the heart of nursing science because it provides an in-depth understanding of patients and their diverse requirements [7]. It can also help sufferers embrace and assume self-responsibility and can shed light on how illnesses affect patients' responses and needs.

Having a concrete definition of holistic care allows nurses to recognize therapeutic potentials when caring for patients, raising nurses' knowledge and supporting the development of a framework for holistic nursing. Therefore, I will use the philosophical notions of "lived body" and "mechanical body" to explain clinical problems. This will be clarified in the following sections, in which I will present Merleau-Ponty's and Descartes's views of the body in greater depth and discuss their implications on nursing science and practice in patients with HF, and the challenges they pose. In addition, I will explain how nurses care for the body as if it were a machine and contrast it with the recommendations for clinical nursing practice that will empower nurses to acknowledge the body as a lived body in their professional practice.

The Mechanical Body Versus the Lived Body

Rene Descartes introduced Cartesian dualism to the world, which, as mentioned earlier, is the metaphysical theory that views the mind and the body as substances that are radically different from each other and ontologically separate but interact with each other [2]. Besides Descartes's contributions to the Scientific Revolution, he was also a rationalist who made significant advances in mathematics and is widely regarded as the father of modern Western philosophy [8]. Much of the philosophical work that emerged after him was a direct response to his assertions, demonstrating his influence [8]. His critical question was "How do we determine certainty?" He answered this question by turning his back on tradition and drawing instead on his personal experience; thus, his "approach to the problems of the human mind play[ed] a major role in shaping the subsequent development of philosophy" [9] p. 233).

Descartes's philosophy fused scientific and rational principles with religious spirituality. Apart from believing that the body and mind are distinct entities, he also believed that the mind is the essence of the human being whereas the body is a lifeless, machine-like vessel for the mind [8]. Other philosophers since Descartes, however, have presented a more reverent and holistic view of human beings in response to Descartes's reductionist view of the body [2]. Merleau-Ponty, a phenomenological philosopher from the 20th century, views the human body as a lived body with its own essential structure that cannot be said to

be that of an inanimate, dead, or mechanical body [2]. He also acknowledged the human body as intelligent, sentient, and alive. Merleau-Ponty's discussions of the lived body reintegrate the mind, body, and world, a view that runs counter to Descartes's view of the body [10].

Implications of Descartes' Mechanistic View of the Body on Nursing Research and Practice

This Cartesian dualism has had a profound and enduring effect on the field of healthcare, which frequently views the body as a malfunctioning machine. Healthcare professionals have subjugated this "machine," effecting changes on it to repair its functions that have gone awry. For example, on the basis of Cartesian dualism, clinicians diagnose patients by looking at their body organs and the functions of these as components of a mechanical body rather looking into the perceptions and lived experiences of their patients.

That the body is largely viewed as a machine in healthcare is indicated by the impersonal medical assessment and diagnostic procedures used, the mechanistic treatment approaches utilized, and the objectification of illness. The view of the body as a machine has also penetrated nursing curricula and textbooks, sustaining the Cartesian legacy in the area of nursing. As a result of Descartes's mechanistic view of the body, a diseased body is viewed as a broken machine that must be repaired. As a result, addressing patients' emotional needs and the way that illness is lived comes second to meeting patients' physical demands and curing the disease [2], resulting in a healthcare setting that treats diseases rather than human beings. This outlook determines which nursing care interventions are deemed necessary and which are considered superfluous.

Healthcare providers, including nurses, assess their patients on the basis of their body organ (anatomy) and function (physiology). It can be said that the body organ's structure is related to or defines the body organ's function. As we know, the body organs and their functions are completely based on the notion of a mechanical body. The human body can be divided according to the functions of its many systems, such as the circulatory system, endocrine system, digestive system, and respiratory system. This division is based on Descartes's view of the human body as a machine, which requires repair to increase its functionality when a person is ill.

Similar to how Descartes viewed the body from a detached, objective standpoint; health experts analyze and investigate the body as if it were inert. The tools employed to evaluate patients provide

evidence of this viewpoint. Patients are frequently silenced, encouraged to assume a motionless corpse-like stance, and are then palpated, auscultated, and scrutinized, effectively reducing them to nothing more than inanimate objects [2]. Surprisingly, Descartes was captivated by dissection and spent a significant amount of time learning about the living body by studying a dead corpse [8]. In modern society, medical technology advancements allow healthcare professionals to “dissect” the body while people are still alive. Computerized tomography scans, biopsy, bone scans, electrocardiogram (ECG), and X-rays are just a few of the tools that allow us to empirically see the pathological processes in the body. In the past, the patient history was an important aspect of the examination and diagnosis process. Now, it is merely a formality. Why try to elicit information from a patient when a disease may be demonstrated objectively through a test? [11]. The decreasing reliance on patient history in the face of advancing technology and the silencing of the patient during a physical assessment reduce the patient’s voice and permit physicians to neglect the patient as an embodied being.

In clinical nursing practice, numerous nurses can be seen providing care to the mechanical bodies of their patients rather than their living bodies. Nurses are frequently responsible for a large number of patients with a wide range of needs, and the only way by which they can work efficiently and safely is for them to become task oriented [12]. To complete their most important tasks before the end of their shift, many nurses divide their day into sections according to the tasks that they must complete. Checking the patients’ vital signs, administering medications to them, monitoring their ECG values, recording their intakes and outputs, drawing blood cultures from them, and documenting all these tasks in detail are all on nurses’ mental or written checklist, which dictates their task priorities for their shift [13]. Most of the time, nurses are not ticking boxes in their checklist for any task or activity that may address the patient as a person rather than as an object that requires multiple mechanistic interventions throughout the day.

HF is a major clinical and public health problem worldwide, leading to a considerable disease burden, such as significant healthcare expenditure and high death rates [3]. It is the leading cause of hospitalization and the most common cause of death in patients globally [14]. Multiple rehospitalizations heavily influence treatment costs, which continue to rise as the disease progresses [15]. Consequently, HF develops a considerable disease burden not only for the patients but also for the country as the population ages. For instance, HF patients experience physical and psychological distress, including fatigue, dyspnea, pain, depression, or concentration difficulties, all of which significantly negatively impact their quality of life [16].

Moreover, the local government has to reimburse the cost of HF care [3].

The aforementioned adverse events associated with HF can alter the way HF patients live in the world. HF patients have to maintain their cardiac functions until they are able to undergo heart transplantation, and they may also be left to deal with the devastation caused by their treatment long after it has ended. They have to strictly adhere to the treatment guidelines, such as limited fluid and salt intake. Merleau-Ponty’s perspective could help nurses understand the reason for HF patients’ unhealthy behavior, which could impact the HF outcomes. For example, in a phenomenological study, symptom perception was conducted among HF patients. The authors elucidated the reasons for HF patients’ non-adherence to the fluid retention guidelines and delayed treatment seeking, which contribute to unnecessary rehospitalizations [17]. One HF patient in such study stated, “When I’m aware that I’m retaining fluid ... [I feel it first in my abdomen]. Some days, everything is an effort ... then I get tired ... super tired.... It’s different” [17] p. 111). Thus, obtaining patient information through in-depth interviews could help nurses understand the barriers to the patients’ adherence to the treatment guidelines. This could enable nurses to adjust the treatment plan so it would match the patient’s preference by considering the patient’s needs and demands.

However, nurses generally assess patients on the basis of the results of the physical examination, assessment process, and nursing diagnosis. Nurses actively perform their assessment of a patient while the latter is passively lying on a bed, as if he/she were a corpse. As Leder [2] stated, “[T]he patient is asked to assume a corpse-like pose, flat, passive, naked, mute” (p. 22). This statement mirrors the patients’ status during their physical examination, heartbeat auscultation, and respiratory sound assessment, which corresponds to Descartes’s model of the mechanical body. Leder [2] also asserts that the mechanical body depersonalizes the human body and its lived experiences during the diagnostic, assessment, and treatment processes. In addition, healthcare providers can use medical laboratory information to diagnose HF patients, such as left ventricular ejection fraction (LVEF), B-type natriuretic peptide testing, chest radiography, and ECG [18]. The case below illustrates this.

JAP, a 79-year-old male ... was diagnosed with HF... The doctor referred the patient for an echocardiogram, which revealed an increased thickness in the septum (17 mm) and free left ventricular wall (15 mm), and an LVEF of 26%.... [After the symptoms worsened, the doctor decided to admit the patient at the hospital] ... for continuing care. [19] p. 430).

In the above passage, the doctor focused on the patient’s condition, evaluating him and responding to his health emergency. Even though the doctor

tried to assist the patient, he did not consider the patient's psychological condition apart from making him undergo diagnostic procedures to assess his situation. This situation represents the Cartesian approach of dealing with the patient as a machine. Such approach has made healthcare providers, including nurses, focus on the laboratory information of patients rather than on patients' perceptions and lived experiences [1].

However, many people in European countries are not aware of most of the aspects of HF [20]. There are serious misconceptions about its nature, severity, treatment options, and costs. In addition, most of the previous relevant studies revealed a lack of knowledge of HF among the patients [21]. Furthermore, researchers have discovered a poor incidence of non-pharmacological regimen compliance. The successful treatment of HF necessitates significant adjustments in the patients' daily lives, such as maintaining euvolemia, quitting smoking and drinking, eating a healthy diet, and exercising regularly [4]. In improving the outcomes, self-care is regarded as cardio protective and complementary to appropriate medical therapy in patients with HF [22]. Many patients, on the other hand, have difficulty adhering to the non-pharmacological recommendations [21]. Non-compliance with the treatment regimen can lead to readmissions, prolonged stays in the hospital, and a worsening of symptoms [23]. The exchange below between the patient and partner in a patient-partner dyad in a qualitative study on HF patients' perceived care needs illustrates this.

[Partner] ... "I feel that more information is needed all the time...."

[Patient] ... "New questions arise depending on ... I mean, if I get worse there'll probably be more questions, so you do need continuous information...."

[Patient] ... "If I get worse, would you not think that it would be good for you to have more information about what's happened and what to do next?"

[Partner] ... "The more information, the better." [24] p. 2932).

In the case pertained to in the preceding quote, the need for knowledge was great, particularly during the period immediately following diagnosis, but it was also recognized that ongoing information was necessary because new questions arose on a regular basis in everyday life [24]. Many of the patient's thoughts were about the future and about what would happen if the HF worsened, but there were also practical considerations, such as how much exercise an HF patient could tolerate and what he/she could eat and drink. It is important for patient-partner dyads to receive information on a regular basis and to have someone who can answer their questions so they will feel that they are in command of their HF treatment.

The implications of Merleau-Ponty's Vision of the Body on Nursing Science and Practice

Merleau-Ponty's vision of the body has profound implications for healthcare science and practice [10]. When it is recognized that patient care is more than just about fixing a broken body, new possibilities for the meaning of patient care will emerge. Illness will be seen as affecting the human being in its entirety, which will enable healthcare providers to better understand how illness affects the body as a lived body. Consequently, illness will be viewed as an existential affair that involves loss, fear, suffering, change, and hope. When healthcare providers become focused on the lived body, they will stop just treating the human body and will begin caring for the whole human being.

Although healthcare professionals now have a more complete understanding of the human body and illness, this understanding has not yet permeated their practice and healthcare professional education. The education curricula for healthcare professionals continue to emphasize a Cartesian perspective of the body, and hospital protocols still encourage patients to participate in care interventions aimed at treating the disease. While the lived body is acknowledged in health care, the psychosocial and emotional needs of patients are frequently treated as if they are secondary to assessment, pathology, diagnosis, and treatment. Patients, on the other hand, learn to appreciate themselves as embodied beings when healthcare providers recognize them as distinct individuals with specific requirements that pose challenges to and have profound implications on nursing science and practice.

According to Merleau-Ponty, the lived body, healing, and cure are not synonymous. Patients can be cured without being healed. For example, for patients who have been declared HF-free but are still dealing with the residual effects of the invasive treatments they had received, nurses can promote healing by validating the dyspnea that persists despite HF cure. Nurses frequently come in contact with patients who are facing incurable illness and death. Those who genuinely care about their patients' life experiences, especially those related to illness, death of a loved one, and dying, pay attention to the lived body. Patients need to be better educated about the symptoms of HF even though most of these indicate correct signs and symptoms as most alarming [20]. Nurses promote holistic healing in the face of disfiguring disease and even when death is imminent by acknowledging patients' concerns and bearing witness to their lived experiences of illness [25].

In the event of an HF patient's deterioration, hospitalization or care provided by various healthcare

professionals is important in the continuum of care [26]. Caring is considered the essence of the nursing profession; its key responsibilities include promoting health, preventing illness, restoring health, and alleviating suffering [27]. The nurse's responsibilities in caring for HF patients include assisting the patients and their families in understanding and managing the condition and its impact on their life circumstances. This includes HF patients' physical and existential issues from a caring perspective. Nursing care should include focused information about care and medical treatment, and psychosocial support depending on the needs of the patients and their families.

Continuity of care is characterized by functioning communication and collaboration paths between the patients and their families and different healthcare professionals. In the study by [28], the nurses noted that the attitudes of healthcare providers influence their communication and information exchange with the patients. To promote their patients' health and well-being, they need to make themselves available to talk with their patients, to listen to them and try to understand them, and to be interested in the experiences of their patients and their families. Nurses are required to identify patients' information needs and customize their communication with patients according to such needs. Östman *et al.* [28] emphasized the importance of communication and collaboration during treatment, as shown below.

It is very important that you get to know the patient and can meet the patient where [he/she] is right now. [You must know] [h]ow to inform, what to inform [about], and how much. There is [much] that comes into play for making it right. Then, there are patients who do not want to hear or [who] know so much, and that you must also respect. Knowing what is right[] can be very hard. (p. 281).

The above quote explains how nurses should communicate with their patients and their families according to their needs and experiences, which represents the lived-body phenomenology. With the knowledge of the needs of their patients and their families, healthcare professionals may incorporate their patients' perspectives and experiences during their assessment, diagnosis, and other care practices, allowing the patients' lived experiences to guide these practices [1].

The case described above demonstrates that Merleau-Ponty's philosophy applies to nursing science and patient care. Despite the fact that treatments are mechanistic and will continue to be so as medical technology advances, nurses can still conduct their practice in a way that respects and values their patients' lived bodies. Knowing their patients, bearing witness to their suffering, and promoting their healing as whole human beings are all ways in which nurses can honor their patients.

Implications of the Notions of a Mechanical Body versus a Lived Body on the Clinical Problem of HF

To cite an example, in the care of patients with HF, cases where the patient's disease has been cured but the lived body still lacks healing are not uncommon. Some technologies (e.g., ECG, echocardiogram) can help us detect HF in a person's body while he/she is still living.

As is known, the ejection fraction (EF) of the heart is reduced in approximately half of all HF patients. Such patients experience dyspnea and reduced peak oxygen and peak oxygen uptake (VO_2 peak) during exercise regardless of the precise nature or etiology of the, such as HF with reduced EF, or HF with mid-range EF, or HF with preserved EF. These abnormalities in aerobic-exercise responses, along with declines in maximal muscle speed and power, play a significant role in the disability, loss of independence, and reduced quality of life of HF patients. More importantly, in these patients, increases in ventilatory demand and decreases in VO_2 peak (and in skeletal-muscle contractile function) are highly predictive of mortality. The clinical vignette below from my own experience as a senior nurse demonstrates the importance of treating the body as a machine.

After the HF patient was admitted to the medical ward, the novice nurse assessed the patient's vital signs (e.g., temperature, pulse, blood pressure, respiratory rate, SpO_2 , level of consciousness). Then, she found that the patient had a high fever ($39.5^\circ C$)... She consulted the medical team, and the latter prescribed an antibiotic for the patient: ceftriaxone 2 g injection once a day...

In the above situation, the novice nurse did not ask the patient or did not involve him in the assessment process. She was focused on the procedures and the patient's condition, particularly on the medical orders and the nurses' notes rather than on the patient's perceptions. In other words, there was no patient–nurse interaction. Injecting medicine into a patient without asking him about his concerns and feelings (reflecting the mechanical-body perspective) may lead to adverse effects [1]. Sometimes novice nurses focus on objective patient data (i.e., as described in the patient's medical records) and on machines (e.g., vital-signs monitor) more than on the subjective feelings of the patient; this also mirrors the Cartesian model of the mechanical body. Benner [29] pointed out novice nurses' inability to use discretionary judgment because they have no prior experience (p. 403). Because there are no concrete rules regulating novice nurses' task performance or indicating the task relevance levels in real-life situations, they have difficulty deciding which tasks are most important to accomplish [29]. However, understanding the patient's condition on the basis of his/her medical records has guided nurses and other healthcare professionals' efforts to improve their patients' health status and deliver good

care that aims to “fix” or repair the body’s dysfunction due to disease (damage).

Recommendations for Clinical Nursing Practice

In a healthcare system that prioritizes the treatment of the mechanical body, nurses could still find numerous opportunities to deliver care for their patients as embodied beings. Professional nurses could provide care for their patients artfully, with compassion, caring, and respect for their dignity and personhood.

As a science, nursing practice is based on a body of knowledge that is continually changing thanks to new discoveries and innovations (e.g., artificial heart devices). Nurses integrate in their practice the knowledge they have gained from the behavioral and social sciences, biological and physiological sciences, and nursing theories with the art of nursing to improve the quality of care that they deliver to patients and their families [5]. Therefore, nurses should use information from various resources, such as primary sources (the patient’s lived experiences with their health condition) and secondary sources (e.g., the patient’s medical records, observations) to provide comprehensive nursing care according to the standards of nursing practice. The use of both these sources could enable them to provide nursing care based on both the “lived body” and “mechanical body” concepts.

Merleau-Ponty’s perspective challenges healthcare professionals’ understanding of what constitutes good patient care. Healthcare providers, including nurses, must now turn their attention to the lived body, striving to understand it to be able to improve their clinical nursing practice. Nurses are uniquely positioned within the healthcare system to develop therapeutic relationships with patients for various reasons. They are frequently the ones who are in a position to provide the closest care to patients, and thus have the most opportunities to form meaningful bonds with them and to gain their trust. In many cases, nurses navigate their patients to overcome complex and time-consuming nursing interventions, existential concerns, and severe symptom burdens. The assistance of a compassionate nurse is essential throughout the entire patient care process. In addition, when nurses address the body as lived, they will promote healing, validate suffering, and help patients find meaning in illness.

Many mechanistic nursing practices are rooted in a healthcare system that prioritizes task orientation and billable services (e.g., IV starts, injections, dressing changes, special investigations). Nurses are expected to have tangible products that can prove their productivity and justify their work retention [13].

As a result, therapeutic presence and active listening do not have a box in their checklist. Nurses are thus frequently forced to deliver care based on the body as a machine rather than on treating the whole person [13]. Thus, caring for patients by considering the lived body perspective could construct a therapeutic nurse-patient relationship, which could reduce medical errors and increase quality of care as well as patients’ satisfaction.

Evidence-based practice (EBP) has also become popular as a way to use the best empirical evidence to implement interventions that have been shown to produce the best results. However, while EBP has undoubtedly improved the measurable quality of patient care, its widespread implementation devalues clinical judgment and is based on the assumption that all humans will respond predictably to standard procedures [12]. Further, the Cartesian perspective of the body is paralleled in the management of diverse patient populations with standardized interventions. Healthcare organizations foster environments that emphasize the use of EBP protocols and task-oriented nursing care, all of which promote nursing work where patients are managed in a mechanical and uniform manner, perpetuating the treatment of the mechanical body rather than of the entire human being.

The HF Guidelines in 2021, however, strongly emphasize self-care and patients’ perception, which is a key point about HF with reduced EF [30]. The patient’s medication adherence should be monitored on a regular basis. Patient education, medication management, pharmacist co-management, cognitive behavioral therapies, medication-taking reminders, and incentives to improve adherence are some interventions that could promote patients’ medication adherence. During HF exacerbation, the goals of care should be addressed, and the expectations should be calibrated to guide timely decisions. Decision support tools should be used whenever possible. In addition, end-of-life care entails meticulous management of HF therapies and palliative-care consultation for non-cardiac symptoms such as fatigue.

In the aftermath of an HF diagnosis, the prognosis is dependent on two major components [14]. The first is physician based, encompassing all aspects of appropriate treatment, monitoring of effects, and communication of relevant information. The second is patient based and refers to the concept of self-care and the motivation to adhere to the treatment recommendations. The healthcare system for HF should be provided by a multidisciplinary team that utilizes a patient-centered approach to systematically develop the physical, psychological, intellectual, social resources of the patient [14], and good care should also respect the lived body. Ultimately, it is believed that such a strategy will empower patients to improve and maintain effective self-care, defined as shown below.

[Self-care is] [t]he individual’s ability to manage the symptoms, treatment, physical and psychosocial

consequences[,] and lifestyle changes inherent in living with a chronic condition. Efficacious self-care encompasses the ability to monitor one's condition and to affect the cognitive, behavioral, and emotional responses necessary to maintain a satisfactory quality of life. [31] p. 178).

As such, the definition of healing shifts in light of the lived body. Patients can still be healed even if they are not cured when the goal is to heal the entire being [1]. Nurses can appreciate the transformative effects of illness on the whole patient (holistic care) when they "try to enter the world of illness as lived by patients rather than confining [themselves] to the world of disease as described by physicians" [11] p. 609). When nurses acknowledge Merleau-Ponty's lived-body perspective, new possibilities will arise for delivering excellent patient care because once nurses consider the body a lived body, the meaning of illness and health would necessarily change as well.

Another recommendation for nurses and clinical nurse researchers is for them to conduct nursing research. Nursing research is a systematic inquiry process that aims to generate credible evidence about critical nursing issues, such as nursing practice, administration, informatics, and education [32]. Because there is widespread support for evidence-based nursing practice, nursing research is important for guiding nursing practice toward the improvement of patient care quality.

Quantitative methods facilitate the development of quantifiable data whereas qualitative approaches appear to be invaluable for exploring patients' and nurses' subjective experiences [33]. When time and resources permit, combining the strengths of these methods by triangulating data collected from different perspectives will result in the generation of even richer and deeper research findings [33]. Nursing research appears to have the potential to be a valuable resource for the healthcare system. Nursing's discovery and application of new methodologies will contribute to the necessary balance of knowledge required to develop nursing as a science and an art.

To summarize, care of the lived body occurs when nurses develop a relationship with patients and recognize their needs beyond disease treatment and cure. Attending to the lived body will inevitably redefine the meaning of illness and will broaden nursing care to include getting to know each individual patient, engaging in genuine communication with him/her, promoting healing, and assisting patients in finding meaning in a world and body transformed by illness.

Conclusion

The Cartesian model has advanced modern medicine by separating the body from the mind and the

person from the world. In this perspective, the human body is an inanimate body directed by the mind; this medical scientific paradigm was embraced by the nursing field. Although the lived body is not yet the primary concern of many healthcare professionals, some healthcare providers have started to consider it during patient care. A lived-body approach offers an alternative and occurs when taking care of patients as part of the nursing practice.

HF is one of the leading causes of adult morbidity and mortality worldwide. Patients are confronted with the difficulty of adopting complex recommendations, including adherence to multiple aspects of the treatment regimen and lifestyle adjustments to prevent disease progression. Patients treated as machines may be able to achieve a cure for their illness, but they may not be able to find meaning in it or achieve healing if treated as machines. In the lived-body approach, nurses provide patients with something more meaningful than a cure: they tell patients that their well-being, individual values, and the way they make the world meaningful are all essential factors in their lives. Nurses can provide care that promotes holistic healing for human beings by acknowledging patients as embodied beings rather than broken machines.

In addition, nurses should prioritize HF care in accordance with the primacy of the lived body, which is recognized by the medical care. Nursing care directed toward the living body is more respectful of the patients themselves than nursing care directed toward a cure at all costs, at the expense of the human being who is suffering from the illness. Therefore, nurses should consider the human body a lived body to broaden other healthcare providers' perspectives and to inspire them to consider all aspects of patients' lived experience (e.g., physical, psychosocial, and societal factors). As such, nurses can apply Merleau-Ponty's philosophy to nursing science and patient care, which will lead to the development of holistic care and will improve the quality of patient care and patients' general well-being.

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