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# From the Editor

## HEALING AND RESTORATION

Recently I had an occasion to interact with a number of physicians, some of whom are midcareer and others within the first 10 years of specialty medical practice. None of these individuals initially had any familiarity with my background or career in nursing. They were actively seeking the involvement of nurses, and in reading my curriculum vitae and interviewing me, they determined that I met the criteria for participating in the work group I was invited to join. This is a group of dedicated, progressive, and concerned healthcare professionals who sincerely intend to improve healthcare, and I joined the group with high hopes for our work together as a multidisciplinary group.

Needless to say, this experience has had many ups and downs. As an example, it became increasingly clear that even though the physicians in the group work day in and day out with nurses, their perceptions and understanding of nursing remain amazingly constricted. At one point, the group decided to spend an entire afternoon discussing the various disciplines gathered around the table, with the primary purpose being to more fully understand nursing and what it is that concerns nurses that is different from the concerns of medicine. I left the afternoon feeling encouraged that everyone at the table was engaged in the discussion and seemed to be open, tuned in, and receptive to the ideas that the nurses of the group presented and explained. The overlaps in our various practices were clear and were not difficult to understand; as one of my nurse practitioner colleagues explained “we all practice a little bit of medicine and a little bit of nursing.” But when it came to issues of focus for each discipline and the possibility that there is a distinction to be made, it was clear that dominant medical ideologies remain firmly entrenched and privileged.

The topic for this issue of *ANS* serves as one point of reference in our ongoing struggle as nurses to fully realize the potential we envision

for our discipline and to convey that vision to our colleagues. Indeed, all of the healthcare disciplines have a concern for healing and restoration. Our overlapping concerns, functions, and scopes of practice that relate to these concerns are clear. However, even a cursory review of the article titles that are contained in this issue of *ANS* makes it clear that nursing has a particular conceptualization concerning “Healing and Restoration” that is not likely to be found in journals of disciplines that rely on a medical model. We are concerned with interactions between environment and human experience, challenges and interactions among individuals who nurture healing, and the everyday existential and spiritual struggles that people have in the journey toward recovery. None of these immensely important concerns require a drug, and none of them can be “fixed” with a technologic approach.

In my view, what we as nurses bring to the arena of healthcare worldwide is vitally needed. We need to continue discussions like the one I describe with all of our colleagues in healthcare. But actions do speak louder than words. The amazing accomplishments that nurses achieve every day in hospitals, homes, and communities serve as evidence of who we are and what we do. The content and processes that unfold in our classrooms and laboratories set the stage for the future. What we investigate in our research and scholarship offers greater degrees of understanding, knowledge, and insight. What we produce in our practice and our scholarly journals is an act that conveys and documents our values publicly. Each of us contributes to our legacy as nurses and shapes what we bring to healthcare. It is up to us to deepen our resolve around the ideals and values that shape our practice and to enact those values and ideals day in and day out in our practice, research and scholarship, teaching, and learning.

—**Peggy L. Chinn, PhD, RN, FAAN**  
Editor