



Mindful observation

By Leah Curtin, RN, ScD(h), FAAN

● Bring your full attention to the patient to gain perspective.

“If you cannot get the habit of observation one way or other, you had better give up the [idea of] being a nurse, for it is not your calling, however kind and anxious you may be.” —Florence Nightingale

MINDFULNESS is the psychological process of bringing one’s attention to experiences occurring in the present moment, which can be developed through the practice of meditation and other training. We possess nothing more fully than our own minds and no gift greater than the application of our minds to the observation of the patient—a mindfulness grounded in reality.

Engaging in mindful observation takes only a minute. Simply:

- **Pay attention to the environment.** The next time you assess a patient, pay close attention to the environment. Listen carefully to what he or she has to say. Be sure to include evidence of fatigue or overstimulation. Look for actual changes, and delay your own judgments.
- **Make the familiar new again.** Focus on the person’s medical and nursing diagnoses, and look at them with fresh eyes. Look for at least one new detail (a positive or negative change) about each patient that you didn’t see before. Are they still valid? Should anything be added? Subtracted?
- **Focus on the patient’s breathing.** Let your awareness of everything else fall away and pay attention to how the air passes in and out. Notice the way the person’s abdomen expands and collapses with each breath. Simply become aware of what’s happening around this person, breath by breath.
- **Consciously assess the patient.** Take a quiet moment while you’re next to the patient and look at him or her closely. Smell the patient, feel his or her hand. Slowly and deliberately focus on each body system. Notice any changes, as well as your own impulse to leave and perform other functions; listen carefully to any thoughts or emotions the patient expresses.

Observation tells us how the patient is; reflection tells what is to be done; training tells how it is to be done.

This kind of in-the-moment, noticing mindfulness is like the concept of the impartial spectator first introduced in the 18th century by Adam Smith, who wrote that we all have access to an “impartial and well-informed spectator.” This spectator’s form of attention puts us in the present and gives us a more unbiased perspective. It forces an exquisite awareness of “what is” right now. And it’s Nightingale’s special gift to the profession: Sensitive attunement and awareness of what is happening to and within the patient to help you respond mindfully instead of reflexively.

In *Notes on Nursing*, Nightingale made quite a few comments on the proper observation of patients. In the following quote, she hints at the process and the purpose of clinical observation: “The thing which strikes the experienced observer most forcibly is this, that the symptoms or the sufferings generally considered to be inevitable and incident to the disease are very often not symptoms of the disease at all, but of something quite different—of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, or each or of all of these....”

Perhaps the nurse’s greatest contribution to clinical nursing is, as Kelly described, “...a profound understanding of what it takes to be a clinical nurse where [Nightingale] explained that observation tells us *how* the patient is; reflection tells *what* is to be done; training tells *how* it is to be done. Training and experience are, of course, necessary to teach us *how* to observe, *what* to observe; *how* to think, *what* to think.”

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Selected reference

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