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Variations on a theme: Labeling patients as persons, the nursed, or client in nursing

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Abstract

The debate regarding the variation of names used for labeling the patient in a nursing care situation has always existed in nursing. Names such as patient, client, person, and nursed have been used widely among healthcare disciplines, including nursing. However, does the use of any of these identifying terms establish the appropriate identification of the nurse and the persons being nursed in a nursing care situation participating in a mutual relationship? This editorial aims to address the varieties and rationales of identifying persons participating in or receiving nursing care. Among these terms, “person” describing human beings underscores personhood, allowing nurse-nursed relations to foster, support, celebrate, and affirm living the meaning of what matters most to one’s life. Therefore, it will be advantageous to nursing practice if the term “person being nursed” is the relevant descriptor to be considered as the primary label.

Keywords

label; naming; person, patients; client; nursed; humans; personhood

Editorial

“What’s in a name? That which we call a rose by any other name would smell as sweet,” Juliet in Romeo and Juliet by Shakespeare (1993).

Indeed, what is in a name? For some situations, naming or labeling may not be critically essential, as frequently, its customary use is better understood while also being reflective of its ideal or dictionary meaning. As Juliet expressed her concern for Romeo being a Montague, clearly, the essence of being, not necessarily the ‘name or label,’ is more prized. Nevertheless, is this true in nursing care situations and healthcare in general, in which patient, nursed, client, customer, and guest are often the received descriptors of the ‘other’ who participates in the nursing care situation? Naming a recipient/participant of care is essential in nursing and healthcare practice. The specific term used to address the participant of the nursing care situation, the one receiving or participating in the nursing care situation, has a discipline-related impact in establishing the relationships that are often influential to the primacy of human health and well-being.

The aim of this editorial is to address the varieties and rationales of identifying the persons who are participating in or receiving nursing in encounters of care. The contents of this editorial were retrieved from published literature regarding the use of names such as patient, client, person, and nursed in nursing and healthcare literature during the past decade.

Variations and Labelling

There are variations on themes used to name recipients/participants of care. The common vernacular word used for a human-to-human healthcare relationship even today is the term “patient.” It has captured the essence of the age-old role of a recipient of care, the object of care, reflecting the passive role, forming its distinction as the frequently understood descriptor. The referenced ‘patient’ has been described as “a person who is under medical care or treatment” or, in the archaic form, a “sufferer or victim” ([Collins English Dictionary, 2012](#)). In healthcare, the term “patient” is drawn from the view meant to emphasize a relationship between healthcare practitioners and ill/sick persons, in which the former, through a superior role, exert authority over the latter, who is the subservient or inferior other.

Besides the term patient, other terms, including client, person, and the one nursed, are also used in nursing and healthcare settings. Today, the philosophical standpoint creating this popular positioning of relationships in healthcare situations clearly deserves rethinking.

Philosophical Underpinnings

Logical positivism is a philosophical perspective popularized in the late eighteenth and nineteenth centuries, beginning as a movement to strengthen the role of science in society ([Nelson, 2014](#)). One type of positivism is positivist empiricism, a view in which the only true positive knowledge is based on observed facts derived from scientific investigations ([Nelson, 2014](#)). In the context of nursing and healthcare, a positivist-empiricist

perspective focuses on nursing from a practice process concerned with making a person whole again, in which knowledge generation is concerned with the prediction and prescription of practice outcomes. This viewpoint led to the dominant role of practitioners with critical clinical expertise in completing or fixing persons, making them whole again, exerting actions of dominance in which the “other” remains simply a passive actor, a subservient recipient of practice process acts.

As recipients of care, individuals accept acts done to them and are assumed not to question but simply to accept the verdict and prescription given by the healthcare practitioner. As such, the persons are “patient,” awaiting what is given or done to them, and therefore appropriately becomes the ‘patient.’ Nevertheless, since these persons are human beings, they deserve a more respectful practice process with the understanding that mutual knowing infers a better demonstration of quality healthcare. Such a view serves to provide a consideration of the appropriateness of replacing the term “patient” with “person nursed.”

Lending support to this view is contemporary rationales advocating the role and function of human beings interacting with mutual knowing with others. When involved in a nursing care situation, revealing mutual understanding of relationships between persons who are “nursing or caring for” and persons who are “recipients or objects of care” as in “being cared for” heightens the appropriateness of assumed roles that are for the moment largely dictated by the philosophical and theoretical descriptions, and the popularity of the term, not necessarily by the appropriateness of the term.

The debate regarding the use of various terms to name the recipient and participant of care is not new in nursing. Literature exists using the words patient and client, with their usage often attuned to the times. For example, when the healthcare world became concerned about the healthcare business model, the term “client” or “customer” became the most ideal. Recently, in the late 20th century and beginning of the 21st century of health and nursing care practices, the terms “person” and “nursed” became popular as these terms are grounded in the human science perspective evinced by humanness expressions. Person and nursed or the one nursed heightened the relevance of humanness grounded in theory-based practices. Regardless, there is no consensus on the more appropriate or accurate term that best describes those who participate in their healthcare (Saito et al., 2013). There might be differences, and the consequences of using terms other than the patient and choosing any of these terms may take on a heavier role when considering what should be the best descriptor of the participant in a healthcare practice situation. However, describing the relations between a nurse and the one nursed who receives nursing care is essential to nursing.

The relevance and significance of finding the essential “name” or “label” of the participant in a nursing encounter can be likened to Thorne (2022)’s argument regarding the pronunciation of persons’ names. She emphatically described mispronouncing people’s names as illustrating nurses’ incompetence in knowing how to call people by their names in a way that reflects a commitment to their integrity as persons. The language and use of words matter in nursing and healthcare - its use is influential in addressing care decisions

for the person as recipient/participant of care (Valdez, 2021). The term selected by health professionals reflects the value, qualities, and attributes attached to what is named and influences the perception and actions of professional conduct (Shevell, 2009). Thus, it is essential to discover variabilities and rationales of the appropriate and accurate identifying terms for persons participating in or receiving nursing care, reflecting the mutual relationship between the nurse and the one participating in nursing.

In order to explore the variations and rationales behind naming recipients using these terms, discourse contents were identified and surveyed from the literature published in the past decades. The results and discussion of this paper are organized into 1) the definition of the terms *patient*, *client*, *person*, and *nursed*, and 2) variability and rationalities of the identification of the person participating in or receiving nursing care.

Definitions of Terms: Patient, Client, Person, and Nursed

The word “patient” was first used in the 14th century (Merriam-Webster, n.d.). It comes from the Latin word “patior,” which means “to suffer” and a patient is defined as one who suffers (Bonsall, 2016). This definition implies that a patient is a passive object of action, thus removing the responsibility of bearing or enduring. This definition can also be construed as stigmatizing as its use might increase perceived impairment and disability and devalue the autonomy of that individual (Shevell, 2009).

“Client,” however, comes from the word “clinare,” which means “to lean.” The word “client” is defined as one who is the recipient of a professional service (Bonsall, 2016) or the person who makes use of a service or a product that they pay for (Saito et al., 2013). The word client was first used in the 1970s by nursing faculty from Wichita State University to refer to patients in a specific context (Wing, 1997). The word client was specifically selected to avoid the connotation of the person being sick or ill (Shevell, 2009).

In healthcare, the use of “patient” and “client” was made popular by Ratnapalan (2009) who distinguished four categories for people receiving healthcare: 1) Those very ill or injured, 2) Those who are not so very ill or injured, 3) Those who think they are ill but are well, and 4) Those who think they are well but are actually ill. Ratnapalan (2009) further explained that those in categories 1, 3, and 4 should be regarded as patients, while those in category 2 should be regarded as clients. However, from other articles, the impression also relates to the ‘client’ as other individuals involved in the care of the nursed but who are not medical practitioners, such as family members and caretakers, particularly for dying patients in the ICUs because hospitals will have to deal with the family more when it comes to decision making (vanPeel, November 11, 2022. personal communication).

Although the word “person” has referential meanings from varying disciplines like Theology, Medicine, and Psychology, it is appreciated in nursing as one of the domains of the metaparadigm (Fawcett, 1984). “Person” refers to the individual who is unique with individual beliefs and values. The use of “person” to address the one receiving care enhances

the appreciation of human beings as being able to participate actively in their care. Shevell (2009) stated that it is the quality of “personhood” that provides both moral autonomy and protection; when one sees oneself as a “person,” intuitively, one seeks to treat others as one would wish oneself to be cared for.

Lately, in the late 20th and early 21st century, the term “nursed” or “the one nursed” became popularized, particularly evinced in descriptions of human beings as the focus of nursing in theoretical nursing literature. The oldest literature found using the term “the one nursed” dates back to 1894 when it appeared in an article entitled “A visit to the hospitals in Montreal” (Our Own Correspondent, 1894). Meanwhile, in nursing literature, the oldest use of the term “the one nursed” was by Boykin and Schoenhofer (1993), in which the term “the one nursed” was selected as the most appropriate term acknowledging human science philosophical understanding of human beings as more than and different from the sum of the parts in their Theory of Nursing as Caring. From that time on, the term has been used consistently in nursing literature, especially in framing theories of nursing within the human science philosophical perspective. In addition, theories of nursing and conceptual developments have evinced its use by such scholars as Barry (2001), Locsin (2002, 2005), Purnell (2002), and Osaka (2020). Although no particular article clearly defines the term “nursed” or “the one nursed,” evidence of their use is clarified, referring to the participant in the nurse-patient relationship, the focus of nursing, the one cared for, and the reason for nurses’ caring.

Variations and Rationales of the Terms

The words used to identify the one participating in or receiving nursing care influence professional conduct. Referring to its definition as “to suffer,” using the word “patient” may put the recipient of care as the object of care who is a passive protagonist and unable to be a shared participant in the nursing care situation.

While the word client refers to the one receiving professional services, this implies a human-to-human relationship more within an economic/business world context than in a relationship within nursing situations. The term client has been used in the nursing textbook (Balzer-Riley, 2017) taught to and used by nursing students. This situation may lead to the understanding that nursing is a business interaction between a nurse and a client rather than a trusting and caring relationship. Moreover, using the term client might make the relationship between the nurse and the recipient of care become like a customer and service vendor. Literature that uses the term “client” to describe the nurse-client relationship tends to inform a service. In the healthcare profession, the client—as the one receiving care—can be understood as having choices of care providers, providing professionals the need to be sensitive to performing good customer service (Balzer-Riley, 2017). It is understood in clinical settings that providing choices of care for the one who receives the care and being sensitive to the need of the person are highly encouraged. However, providing the choice of care and being sensitive to the need of the person just aiming for good customer service in a business relationship does not seem to

illuminate the trusting and caring relationship between the nurse and the one participating in nursing care.

By contrast, “person” refers to the individual who is unique with individual beliefs and values. The use of person enhances the appreciation of human beings as able to participate actively in their care. By treating patients as persons by being attentive, respectful, and open, nurses are able to enhance the person’s sense of personal meaning in the caring relationship between the nurse and the person nursed (Karlsson & Pennbrant, 2020). Furthermore, as the “nursed” or “the one nursed,” the one receiving care or being cared for by a nurse implies a mutual relationship, ably enhancing the relationship as a mutual engagement of human care and well-being.

Among these terms, “person” as descriptive of the human being assumes personhood well, in which nursing care processes allow the nurse-nursed relationships to foster, support, celebrate, and affirm persons living meaningful lives. Therefore, it is advantageous to the person who is nursed for nursing practice to use the term “person being nursed” as this reference is to a human being who is living the meaning of life and engaging in activities as a participant in their care rather than simply passive objects of care.

Concluding Statements

The choice of particular terms to address the position of one receiving nursing care has an effect on the relationship between the nurse and the one nursed. Therefore, to facilitate the mutual relationship between the nurse and the recipient of nursing care, the term “person being nursed” is suggested as the preferred term to be used in nursing.

The use of the appropriate term to address the recipient of care is a matter in the professional realm of nurses. In nursing practice, understanding the definition of each term might assist nurses in identifying the appropriate relationship that illuminates the personhood of the recipient of care. In nursing education, it is suggested to inform nursing students regarding the variations of these terms and how they might influence nursing care. Nursing students should be advised that a caring and trusting relationship should be built between the nurse and the one nursed instead of other relationships that do not illuminate caring. Therefore, the term “person being nursed” is encouraged to be used in academic and clinical settings.

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Authors’ Contributions

All authors contributed equally to this article.

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Data Availability

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