Nursing Knowledge in Practice: A Personal Philosophy

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Abstract

Trends in theoretical writing have centered on philosophical discussions about the nature of nursing. A philosophy of nursing refers to the set of beliefs, principles and values which can direct practice. In this paper, a personal philosophy of nursing is proposed. A synthesis of learning will reflect a personal meaning of nursing, the relevance of its metaparadigm and how a pragmatic perspective of paradigms is utilized in my practice. Applications of nursing knowledge in clinical practice and how nurses may contribute to the development of new nursing knowledge will be explored. Being open to all experiences and seeking ways to reflect and find meaning in multiple realities are considered significant in advancing nursing knowledge.
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Practicing nurses may go about their daily routines often unaware of the changes occurring in nursing theory. For the majority of nurses in Canada, reality is consistent with clinical practice. Theory can not tell us what to do in a specific situation but it can be used in clinical practice as a guide to organize our knowing. Theory clarifies the domain of our discipline. More recently, trends in theoretical writing have centered on philosophical discussions about the nature of nursing. A philosophy of nursing refers to the set of beliefs, principles and values which can direct practice. A philosophy of nursing is held and should be elucidated by every individual nurse (Dekeyser & Cooper, 2009).

In this paper, I will explore what nursing means to me, the concepts of nursing’s metaparadigm and how I utilize a pragmatic perspective of paradigms in my practice. I will further explore applications of nursing knowledge in clinical practice and how nurses may contribute to the development of new nursing knowledge.

In 1982 I graduated from a nursing school as a registered nurse. Eager and equipped with a stethoscope and dressing scissors, I was assigned a staff nurse position on an orthopedic ward. In my graduating class, I was awarded academic honours and received a clinical proficiency award. I felt I could take on the world. It was not long before I experienced the reality shock that most new graduates feel. At 21 years of age, I sometimes felt I had the weight of the world on my shoulders. For 28 years, I have been a front line nurse in hospital and community settings. I have witnessed restructuring of health care systems, advances in technology and dramatic changes in scopes of practice but what has remained constant for me
is the personal encounter with the other, the complex moral relationship and responsibility that is uniquely nursing.

**What Nursing Means To Me**

No one view is sufficient to embrace or drive nursing knowledge in its totality. To illuminate the complex phenomena present in practice situations... nursing must be the discipline that uses knowledge and evidence generated from multiple sources. (Giuliano et al., 2009, p.292)

In the area of nursing philosophy, the metaparadigm concepts help us to reflect beliefs held about nursing’s content and context. Historically, the metaparadigm has encompassed the four concepts of person, environment, health and nursing. Recently, this has been amended to include the concept of social justice (Myers-Schim, 2006). When attempting to articulate a personal philosophy, these concepts provide a framework for understanding. In practice, I see the dynamic interplay between people, their environment and health. I encounter the sociopolitical influences on people’s lives that impact their health. As nurses, these concepts are inextricably linked. I consider each of these concepts to be separate and whole but related to and interdependent on each other. In many ways, the concepts can be explained using the metaphor of a hologram. When a laser-illuminated hologram is cut into a number of parts, the whole picture appears in each of the fragments (Bortoff, 1966). Each part is a place where the whole can be present. Similarly, the concepts in nursing metaparadigm are interrelated, interdependent – never operating as a single entity but each contributing to the larger picture. Cowling (2007) also addresses the metaphor of holography in his work on nursing knowledge.
He acknowledges that the parts contain and reflect the whole as “dimensions of wholeness and the unbroken movement of reality.” (p. 63) As a practitioner, I realize that there are limitations in using the metaparadigm concepts to describe the essence of nursing. The metaparadigm of nursing will continue to evolve to more realistically reflect issues such as health promotion and disease prevention. However, I believe the concepts continue to have relevance in providing a framework for understanding nursing perspectives.

Paradigms are said to be lenses for viewing the world and assist us in interpreting significant issues to the discipline of nursing. They are also frames that contain theory and principles, the values of nursing (Weaver & Olson, 2009). When we view a situation, a paradigm is useful in organizing our perceptions and providing a framework for resolving issues. The classic paradigms in nursing have been identified as the empirical, the interpretive and the critical. Understanding nursing from only one perspective may limit our focus. Stadjuhar et.al (2001) challenges nurses to think outside the box, to explore multiple realities, to embrace inclusive rather than exclusive ways of knowing. These authors support finding the middle ground between the positivist, who searches for one true reality and the interpretivist, who searches for multiple realities. Based on my nursing practice, I understand humans and their environments as highly complex. To acknowledge these inherent complexities, I subscribe to a pragmatic perspective of paradigms. A pragmatic approach to practice is pluralistic. It embraces alternate perspectives ‘to do’ nursing (Warms & Schroeder, 2009). From a pragmatic perspective, nursing is an open encounter that combines strategies and approaches to practice. The pragmatist uses different paradigmatic perspectives depending on what is useful and relevant to the nursing situation. Engaging in a pragmatic process has been linked to a nomadic
mind, “...the road to truth is always under construction, the going is the goal.” (Doanne & Varcoe, 2009, p. 83) Such an approach recognizes the capacity for practicing nurses to develop theory and does not divorce theory from practice.

It is challenging for nurses to identify what is unique to the discipline. There has been much debate about what constitutes nursing science. Traditional science is rational; it seeks truths and theoretical explanations about the world. Science, by this definition can not capture all that is nursing. Phillips (2006) contends that nursing science must represent a unique perspective, a synthesis of science and the human processes such as intuition and lived experience. Bishop & Scudder’s (2009) work offers an alternate perspective. Nursing is seen as a practice rather than an art or science. When we respond in practice, we are drawing on experiential knowledge, the thoughtfulness for others that can not be taught and the creative ways that foster health and well being. Each of these views reflects important aspects of nursing. However, none, in and of themselves, is complete. For me, nursing is very complex and is represented by aspects of each view.

Nursing Knowledge in Practice

Theory derived by practice is based on the Heidegerrian view that actions are more basic than thinking. This approach reflects the presence of embodied intelligence, people learn at an unconscious level by doing instead of a conscious level by thinking.” (Dekeyser & Cooper, 2009, p. 61)

In an artful practice, my knowing in nursing is based on empirical, aesthetics, ethical and personal patterns (Carper, 2009). Nursing is grounded in physical realities. Under empirical
knowing, we are called upon to administer clinically competent care. Aesthetics has often been considered the art of nursing. The ways of knowing do not operate in isolation but are interdependent. Nursing practice is guided by a code of ethics. This code proposes that we provide safe care, promote health and well being, respect decision making and promote social justice (CNA, 2008). Carper (2009) states the moral code that guides the ethical conduct of nurses is based on the primary principle of obligation embodied in the concepts of service to people and respect for human life. Often, this involves questions of values. How do we address issues that are in conflict with our own conscience? The situations that I have encountered in nursing are often complicated with multidimensional human interactions. Whether it is an elderly lady living at home despite her family’s objection to do so, a mentally ill client in the community who is isolated and marginalized or a man requiring end of life care, we can use our values to guide our practice. But it is not enough for nurses to simply know the norms or codes. We must be personally engaged and reflective of how our values are shaped by our experiences, assumptions and culture. To enact our values in our practice requires us to be mindful and reflective.

Knowing is unique for each individual and is a result of personal and professional experiences. As a nurse personally applies empirical knowledge in a clinical experience and reflects on that experience, understanding and meaning arise resulting in personal and professional knowledge transformation (Bonis, 2008). The knowledge that arises through personal experience adds depth to the knowledge of the discipline. Take, for example, the following anecdote that illustrates an interpersonal process involving interactions, relationships and transactions between the nurse and patient.
I am with a co worker, Karen, when a teen mother arrives in emergency at 3 am. She insists that her newborn will not drink. She looks tired, worn and has no support system. Upon examination, the baby is fine and sucking well for staff. Despite some judgmental remarks from other staff members, Karen sits with the new mom. She speaks kindly and softly and says, “It’s really tough being a new mom, isn’t it?” The two connect, the young girl sobs quietly. I look on, touched by the intimate encounter. I believe it is this sort of reciprocity, this risk of total commitment that Carper (2009) refers to as personal knowledge. While we all aspire to this level of interpersonal connection, are we all capable of this sort of commitment?

The above encounter is just one example of the ways nurses know. Over the course of any day, nurses provide care to patients, we attend to signs and symptoms of disease processes, we counsel, we teach, we organize and so on. Nurses use knowledge that they acquire in training but most nurses will admit to feeling overwhelmed with the expectations of being a new graduate. Whittemore (1999) says acting knowledge is the outcome of multiple perspectives and thoughts. Acting knowledge includes all ways of knowing in nursing. When we act knowledge, in that moment we do not consciously decide to do one thing or the other, to respond in a given manner. It is reflexive and intuitive. It is the result of training, experiences, reflections and ethics coming together. It is an embodiment of how we come to personally know nursing.

Through critical thinking, nurses can become more open, inquiring, more knowledgeable and more sensitive to multiple perspectives. Experts have defined critical thinking in various ways but most contend that critical thinking incorporates reflective thought and creative
thinking. Reflective thinking enables us to know what we are about when we act. It converts action that is merely repetitive, blind and impulsive into intelligent action (van Manen, 1997). Knowledge about reflective methods is not sufficient. True reflection in action is difficult because the lives of our patients are situation specific and the environment is contingent, dynamic and ever changing. The active practice of nursing is sometimes too busy to be truly reflective in the moment but nurses often practice with immediate insight.

In the case of my co-worker, Karen, who always seemed to strive for the optimal contribution that she could make, I am reminded of nursing as praxis. Praxis is about a person’s relationship with themselves and whether they are authentic, striving for transformation of their existence both by reflecting upon and revising their practice, beliefs and attitudes (Holmes & Warelow, 2009). Nurses are engaged in relationships that have the potential to be transformative. As practitioners, we are all located somewhere along this path; it is a journey that offers opportunities for our own self improvement and the advancement of nursing.

**Development of Knowledge as Nurse Scholar**

It is increasingly being recognized that practice knowledge as well as other patterns of knowing are integral to nursing scholarship. As long as what is practiced is nursing, practice will play an essential role in the scholarly transformation of knowledge into nursing knowledge. There is need not only for scholarship in practice, but also for practice in nursing scholarship. (Reed, 2009 p. 185)

Theory is gradually becoming more integrated into practice environments. Fawcett et al (2009) contend that Carper’s fundamental patterns of knowing in nursing could be considered a
type of theory. They provide diverse sources of data thereby providing different lenses for critiquing and interpreting the different kind of evidence essential for theory guided holistic nursing practice. Evidence based practice is currently promoted in much of nursing practice. In this model, best evidence is recognized as knowledge gained from scientific research and clinical trials. The problem with this approach is that knowledge can not be packaged for all situations. The following personal experience illustrates the limits of empirical, evidence based knowing.

As a continuing care nurse, I received a consult on a 64 year old gentleman, Cal, (pseudonym) diagnosed with lung cancer, metastasized to the brain. He lived with his wife, an intelligent, take-charge person, in contrast to Cal’s quiet, stoic nature. I visited the home. I reviewed his medications for pain control, for brain edema and medications for the resulting hyperglycemia. As well, I attended to the myriad of physical and medical needs. His wife was competent and very involved; his daughter, a bright pharmacist, was visiting. They were busy, organized and persistent in meeting his every need. Over the course of the week, I listened attentively and attempted to assist them in the care of their loved one. Despite the attentive care and obvious devotion, I experienced a felt sense that something was wrong. I came to realize that Cal’s voice, his essence, was missing. He seemed lost in his own care. His wife, as well meaning as she was, had a tendency to speak for him. In a conscious attempt to acknowledge his voice, I sat with him, face to face and engaged him in a conversation that I remember well. I spoke about the disease, about the prognosis. After some time, I asked if he felt depressed. Surprised by his honesty and frankness, he quietly confided, “Yes”. To hear his voice, to share in his vulnerability, marked a transformative moment for me. We talked and I
tried to offer hope and comfort to a man in despair and darkness. There is nothing of the “messiness of the particular” (Purkis & Bjornsdottir, 2006, p. 152) in the discourse of evidence based practice. It would seem to isolate and ignore the complex knowledge gained through experience and non linear ways of knowing.

Nursing practice is guided by a theory or philosophy whether we are aware of it or not. For many nurses, their reality is clinical practice. We must develop an awareness of our own views of nursing; we must reflect on the larger philosophical questions and take opportunities to use nursing theory in practice. I am like other practitioners who have, in the past, questioned the relevance of theory to nursing practice. Nursing theories need not be subjugated to other sciences such as medicine and should represent the synthesis of science and the human experience. Advancing nursing knowledge needs to be a balanced pursuit of the prescriptive and interpretive, focusing on health outcomes but also on the qualitative understanding of health experiences. Reed (2009) speaks of practical theorizing as a model of knowledge or the knowing process in nursing. I believe we can aspire to be practitioners who “function as theory based knowledge producers to bring about the discipline’s realization of its full jurisdiction over nursing practice.” (Reed, 2009, p. 695)

Barriers to the development of nursing knowledge continue to exist for practicing nurses. Nurse scholars’ use of theory guided practice has not been encouraged in practice settings and much of what happens in health policy is influenced by the sociopolitical milieu. As well, nurses must be aware of their own values and assumptions and the limitations of having a single world view on the development of new nursing knowledge.
The promotion of reflective practice can support nurses in the development of nursing knowledge. While reflective practice may not be as tangible as clinical pathways or nursing diagnoses, it may allow us to incorporate aspects of social and cultural realities that influence our patients’ experiences. Kirkham et al. (2006) addresses how we can translate this type of knowledge into clinical practice. Through active engagement, knowledge must be accessible to practitioners and it must resonate with their experiences of every day practice. Nursing practice can be enhanced through understanding, reflection and action. Nurses must be afforded opportunities for professional development and action research in their practice.

Bunker’s (2006) foundational tenets have been proposed to frame nursing knowledge and may guide the future of nursing education, practice and research. The tenets support social justice, understanding health and community as processes and focus on quality of life. A new social justice orientation will propel us forward to change our health care systems and ourselves. On a personal level, I can embrace and enact these tenets. I am called upon to question and disrupt my everyday practices. I am called upon to act as a role model and mentor with a focused commitment to advancing nursing science. As a nurse scholar, I have come to believe that there are divergent nursing realities and nursing will continue to evolve. The emerging eco-feminist analysis of nursing knowledge reconceptualizes our relationship with clients and the environment (Kleffel, 1991). It may offer a new direction into areas not yet explored. As Bunker (2006) proposes we must cultivate an attitude of openness to uncertainty and difference as an opportunity for new knowledge and creative growth for the self and for the larger community (p. 77).
Conclusion

I have attempted to reflect the theoretical and philosophical perspectives of my current practice. Nursing’s metaparadigm concepts, while limiting, are seen to represent a holistic, integrative approach to practice. I prescribe to a pragmatic perspective of paradigms and theories to address the multi-faceted nature of my clinical practice. Each way of knowing is necessary to appreciate the complexities and diversity of nursing. To know, a nurse must be open to all experiences and seek ways to reflect and find meaning in multiple realities. This allows for a deeper, more nuanced understanding of nursing practice. This depth of nursing knowledge can be used as evidence essential to advance theory guided nursing science. We must as Silva (2006) suggests “…let go, move on and make a difference in nursing science.” (p. 63)
References


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