

## Understanding Research for Nursing Students (Transforming Nursing Practice Series)

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NURSING AS CARING

A MODEL FOR TRANSFORMING PRACTICE

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ABOUT THE AUTHORS

Anne Boykin, Ph.D, is Dean and Professor of the College of Nursing at Florida Atlantic University in Boca Raton, Florida. She is also Director of the Christine E. Lynn Center for Caring. This center is focused on humanizing care in the community through the integration of teaching, research, and service grounded in caring. Dr. Boykin is past President of the International Association for Human Caring, a member of several local boards, and is actively involved in various nursing organizations at the national, state, and local levels. She has published and consulted

widely on caring in nursing. Currently, she and Dr. Schoenhofer are engaged in a two-year funded demonstration project. The purpose of this project is to demonstrate the value of a model for health care delivery in an acute care setting that is intentionally grounded in Nursing as Caring.

Savina O. Schoenhofer, Ph.D, is Professor of Graduate Nursing at Alcorn State University in Natchez, Mississippi. Dr. Schoenhofer is co-founder of the nursing aesthetics publication, Nightingale Songs. Her research and publications are in the areas of everyday caring, outcomes of caring in nursing, nursing values, nursing home management, and affectional touch.

#### FOREWORD

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Caring may be one of the most often used words in the English language. Indeed, the word is commonly used as much in talking about our everyday lives and relationships as it is in the marketplace. At the same time, nurses thinking about, doing, and describing nursing know that caring has unique and particular meaning to them. Caring is one of the first synonyms for nursing offered by nursing students and is surely the most frequent word used by the public in talking about nursing. Caring is an essential value in the personal and professional lives of nurses. The formal recognition of caring in nursing as an area of study and as a necessary guide for the various avenues of nursing practice, however, is relatively new. Anne Boykin and Savina Schoenhofer have received many requests from academic peers and students to articulate the nursing theory they have been working to develop. This book is a response to the call for a theory of nursing as caring. The progression of nursing theory development often has been led by nurse theorists who stepped into other disciplines for ways to think about and study nursing and for structures and concepts to describe nursing practice. The opportunity to use language and methods of familiar, relatively established bodies of knowledge that could be communicated and widely understood took shape as many nursing scholars received graduate education in disciplines outside of nursing. Conceptions and methods of knowledge development often came then from disciplines in the biological and social sciences and were brought into ways of thinking about and doing nursing scholarship. Evolution of new worldviews opened the way for nurses to develop theories reflecting ideas of energy fields, wholeness, processes, and patterns. Working from outside the discipline of nursing, along with shifts in worldviews, has been essential to opening the way for nurses to explore nursing as a unique practice and body of knowledge from inside the discipline, and to know nursing in unprecedented ways.

Nursing as Caring: A Model for Transforming Practice sets forth a different order of nursing theory. This nursing theory is personal, not abstract. In order to express nursing as caring there is a clear need to know self as caring person. The focus of the Nursing as Caring theory, then, is not toward an end product such as health or wellness. It is about a unique way of living caring in the world. It is about nurses and nursed living life and nurturing growing humanly through participation in life together.

Nursing as caring sets forth nursing as a unique way of living caring in the world. This theory provides a view that can be lived in all nursing situations and can be practiced alone or in combination with other theories. The domain of nursing is nurturing caring. The integrity, the wholeness, and the connectedness of the person simply and assuredly is central. As such, this is perhaps the most basic, bedrock, and therefore radical, of nursing theories and is essential to all that is truly nursing.

The dynamic, living idea of nursing as caring must be expressed knowledgeably. Perhaps for this reason, the book presents the essence of the idea and encourages its careful study and understanding in full hope for further development. In this regard, many questions come to mind in thinking about this work and its importance for the discipline and practice of nursing.

\* What distinguishes this nursing theory from others? \* In what ways does this work add to the body of nursing knowledge? \* In what new and distinct ways are we to view theories of our discipline and practice? \* What are new descriptions of processes for development, study, and appraisal of nursing theories? \* How will new relationships among nursing theories be discovered and described?

As earlier theorists brought words and ways of other bodies of knowledge to help nurses know and articulate nursing, so some of the language of this new theory has been drawn from philosophy. Generally, the language used to express the theory of nursing as caring is everyday language. This model is a clear assertion of and for nursing—it distinguishes nursing knowledge, questions, and methods from those of other disciplines. It helps us explore ways to use nursing knowledge and knowledge of other disciplines in ways appropriate to nursing. This volume offers rich illustrations of nursing that will immediately seem familiar to most nurses. Many nurses will come to know new possibilities for nursing practice, teaching, administration, and inquiry more fully.

In trying to open the door of this book and invite the reader to explore the Nursing as Caring model, I am personally

aware that the living of nursing and the commitment nursing calls forth cannot be fully measured. Each of us is part of the ongoing creation of nursing as we share our experience of nursing. These attempts to share our nursing are a major part of the development of nursing as a discipline and professional practice. Our expressions about nursing are continually challenged as part of the creating process.

The processes of theory development have been the ongoing gift of many nursing scholars, theorists, and researchers. In expressing this new theory of Nursing as Caring, nurses have again courageously stepped forward to develop, articulate, and publish ideas that seem very new to many, and in doing so have risked to offer opportunity for a full range of responses to this work. I know Anne Boykin and Savina Schoenhofer invite with great anticipation responses from nurses and will appreciate opportunity for dialogue.

#### PREFACE

'The ideas which led to the development of theory of Nursing as Caring have their beginnings in our personal histories and came together when we met in 1983. As we participated in the work of establishing nursing as an academic discipline and creating a nursing curriculum grounded in caring at Florida Atlantic University, each of us learned to value the special insights brought by the other. We also discovered early on that we shared a deep devotion to nursingâ€”to the idea of nursing, to the practice of nursing, to the development of nursing.

Several years ago, we realized that our thinking had developed to the extent that we were working with more than a concept. Although we are well aware of an ongoing debate in nursing over technical versus philosophical connotations of theory, we characterize our work as a general theory of nursing developed in the context of our understanding of human science. While we are familiar with the formal concept of theory used in disciplines grouped in the physical and natural sciences, we believe that mathematical form is not an appropriate model for theory work in the discipline of nursing. Therefore, we do not present our work in the traditional form of concepts, definitions, statements, and propositions, but have struggled to find ways to preserve the integrity of nursing as caring through our expressions.

Our thinking has been particularly influenced by the work of two scholars, Mayeroff and Roach. Both of these authors have given voice to caring in important waysâ€”Mayeroff in terms of generic caring, and Roach in terms of caring person as well as caring in nursing. We are aware of other influences on our understanding of caring and caring in nursing, including Paterson and Zderad, Watson, Ray, Leininger, and Gaut. Our conception of nursing as a discipline

has been directly influenced by Phenix, King and Brownell, and the Nursing Development Conference Group. While this is not an exhaustive listing of the scholars who have contributed to the development of our ideas, we have made a deliberate effort to review the evolution of our thinking and to recognize significant specific contributions.

Chapter 1 presents a discussion of key ideas that ground and contextualize nursing as caring. The most fundamental idea is that of person as caring with nursing conceptualized as a discipline. Our understanding of this foundation has been seasoned both from within nursing and from outside the discipline, but always with the purpose of deepening our understanding of nursing. When we have gone outside the discipline to extend possibilities for understanding, we have made an effort to go beyond application, to think through the nursing relevance of ideas that seemed, on the surface, to be useful. Chapter I and subsequent chapters draw on Mayeroff's (1971) caring ingredients, including:

- \* Knowingâ€”Explicitly and implicitly, knowing that and knowing how, knowing directly, and knowing indirectly (p. 14).
- \* Alternating rhythmâ€”Moving back and forth between a narrower and a wider framework, between action and reflection (p. 15).
- \* Patienceâ€”Not a passive waiting but participating with the other, giving fully of ourselves (p. 17).
- \* Honestyâ€”Positive concept that implies openness, genuineness, and seeing truly (p. 18).
- \* Trustâ€”Trusting the other to grow in his or her own time and own way (p. 20).
- \* Humilityâ€”Ready and willing to learn more about other and self and what caring involves (p, 23).
- \* Hopeâ€”"An expression of the plentitude of the present, alive with a sense of a possible" (p. 26).
- \* Courageâ€”Taking risks, going into the unknown, trusting (p. 27).

In Chapter 2, we present the theory in its most general form. We have resisted the temptation to include examples in this chapter for two reasons: first, because an example always seemed to lead to the need to further explain and illustrate; and second, because we wished to have a general expression of the theory, undelimited by particulars, and

available to facilitate further theory development.

Chapter 3 elaborates on the idea of the nursing situation, and illustrates the practical meaning of the theory in a range of particular nursing situations. This chapter will probably be most satisfying to the reader whose everyday nursing discourse is that of nursing practice. Some might find it useful to read this chapter first, before reading Chapters 1 and 2.

In Chapter 4, we explore the practice of nursing as caring and discuss nursing service administration from the perspective of the theory. Chapter 5 addresses issues and strategies for transforming nursing education and nursing education administration based on nursing as caring.

Our understanding of nursing as a human science discipline is the central focus of Chapter 6. In this chapter, we discuss the necessity of transforming models of nursing inquiry to facilitate the further development of nursing knowledge in the context of the theory of Nursing as Caring. We also share our commitment to the ongoing development of nursing as caring and directions we wish to take in living that commitment.

It has been our intention to organize and communicate the initial, comprehensive presentation of Nursing as Caring usefully for nurses in practice, as well as those in administrative and academic roles. We have benefited wonderfully from the dialogue resulting from formal and informal opportunities to share this work as it evolved. We look forward to continuing this dialogue. Anne Boykin, PhD, RN Dean and Professor College of Nursing Florida Atlantic University Boca Raton, FL Savina Schoenhofer, PhD Professor of Graduate Nursing Alcorn State University Natchez, MS REFERENCE Mayeroff, M. (1971). On Caring. New York: Harper and Row.

## INTRODUCTION

The study of human caring as a unique and essential characteristic of nursing practice has gradually expanded from early definitional, philosophical, and cultural research on the meanings of caring, to the explication of theoretical definitions of caring, conceptual models, proposed taxonomy of caring concepts, a great deal of creative experimentation with research methodologies, and the development of several theories of caring.

In general, one may say that knowledge of caring has grown in two ways, first by extension and, more recently, by

intension. Growth by extension consists of a relatively full explanation of a small region which is then carried over into an explanation of adjoining regions. Growth by extension can be associated with the metaphors of building a model or putting together a jigsaw puzzle (Kaplan, 1964, p. 305).

In growth by intension, a partial explanation of a whole region is made more and more adequate and outlines for subsequent theory and observation are clarified. Growth by intension is associated with the metaphor of gradually illuminating a darkened room. A few persons enter the room with their individual lights and are able to slowly perceive what is in that room. As more persons enter the room, it becomes more fully illuminated, and the observed reality is clarified (Kaplan, 1964, p. 305).

Growth by extension is implicit in the early caring definitions, explications, and models. The knowledge about caring was built up piece-by-piece, in the first ten years of study, by a few nurse scholars committed to the study of human care and caring.

Today, some fifteen years later, progress in the study of the caring phenomenon is no longer piecemeal but gradual and on a larger scale, with illumination from the works that have preceded. Growth by intension is evidenced by the development of an extant bibliography, categorization of caring conceptualizations, and the further development of human care/caring theories. Although the concept of caring has not been definitively and exhaustively explored, the understanding of the broad-scale phenomena of human care and caring has become enlarged. A review of the caring literature by Smerke (1989) and an analysis of the nursing research on care and caring by Morse, Bottoroff, Leander, and Solberg (1990) now provides researchers with an interdisciplinary guide to human caring literature and a categorization of five major conceptualizations of caring: (1) a human trait, (2) a moral imperative, (3) an affect, (4) an interpersonal interaction, and (5) an intervention. There is now a body of knowledge about care and caring that can be used to further develop new knowledge through subsequent theory and research.

The Boykin and Schoenhofer work, *Nursing as Caring: A Model for Transforming Practice*, is an excellent example of growth by intension. Utilizing previous caring research, caring theory, and personal knowledge, the authors have put forth a theory that will not only increase the content of caring knowledge but will also change its form. A new theory adds some knowledge and it transforms what was previously known, clarifying it and giving it new meaning as well as more confirmation. The whole structure of caring knowledge changes with growth, even though it is recognizably similar to what it has been. As one reads this theory, many of the assumptions presented seem familiar, perhaps because the



authors realized that caring theory could best be understood in both its historical and immediate context.

The historical context of the systematic study, explication, and theorizing about human care and caring phenomena in nursing began some twenty years ago with the early work of Madeleine Leininger. The first structural stones were laid by a group of nurse researchers who met for the first time in 1978 at a conference convened by Dr. Leininger at the University of Utah in Salt Lake City. Some sixteen enthusiastic participants underscored the need for continued in-depth thinking and for sharing scholarly ideas about the phenomena and nature of caring.

Plans were made to continue with yearly research conferences focused on four major goals:

1. The identification of major philosophical, epistemological, and professional dimensions of caring to advance the body of knowledge that constitutes nursing.
2. Explication of the nature, scope, and functions of caring and its relationship to nursing care.
3. Explication of the major components, processes, and patterns of care or caring in relationship to nursing care from a transcultural perspective.
4. Stimulation of nurse scholars to systematically investigate care and caring and to share their findings with others. These four goals, developed by the members of the Caring Research Conference Group, provided nurse scholars with a direction for caring research that yielded a substantial piece of research-based literature.

The first ten years of the Conference group (1978-1988) witnessed a great deal of diverse and stimulating research. Major philosophical dimensions of caring were explicated in the works of Bevis (1981), Gaut (1984), Ray (1981), Roach (1984), and Watson (1979)

Explication of major components, processes, and patterns of care or caring from a transcultural perspective was first developed in the early work of Aamodt (1978) and Leininger (1978, 1981), to be followed by the works of Baziak-Dugan (1984), Boyle (1984), Guthrie (1981), Wang (1984), and Wenger and Wenger (1988).

Another group of nurse researchers chose to study the concept of care and caring concomitantly with nursing care

practices. Brown (1982), Gardner and Wheeler (1981), Knowlden (1985), Larson (1981, 1984), Riemen (1984, 1986), Sherwood (1991), and Wolf (1986) investigated nurse behaviors perceived by patients and nurses as indicators of caring and noncaring in an attempt to further develop the essential structure of a caring interaction.

Watson, Bruckhardt, Brown, Block, and Hester (1979) proposed an alternative health care model for nursing practice and research. After seven years of implementation experience using a clinical practice model with various hospitals, Wesorick (1990) presented a model that supported caring as a practice norm in hospital settings.

Administrative caring within an institutional or organizational culture was the research focus for Nyberg (1989), Ray (1984, 1989), Valentine (1989, 1991), and Wesorick (1990, 1991). Caring within educational settings and in the teacher-learner relationship also received attention by Bevis (1978), Bush (1988), Condon (1986), and MacDonald (1984).

Research methodologies became a focus of study as investigators struggled with how best to study nurse caring phenomena: Boyle (1981), Gaut (1981, 1985), Larson (1981), Leininger (1976), Ray (1985), Riemen (1986), Swanson-Kauffman (1986), Valentine (1988), Watson (1985), and Wenger (1985).

By the 1980s, it became clear that the systematic study of human care and caring as a distinct feature of the profession of nursing had evolved globally. Dunlop (1986), from Australia, asked: "Is a science of caring possible?" Bjrn (1987) described the caring sciences in Denmark, and Eriksson (1987, 1992) began to develop her theories of caring as communion, and caring as health. Kleppe (1987) discussed the background and development of caring research in Norway. Flynn (1988) compared the caring communities of nursing in England and the United States. Halldorsdottir (1989, 1991), from Iceland, developed research on caring and uncaring encounters in nursing practice and in nursing education.

The early endeavors of the first nurse researchers who focused on caring laid out the lines and clarified the observable realities for subsequent research and theorizing. The production of nursing theory is dependent on an intellectual apprehension of the movement between the concrete realities of nursing practice and the abstract world of those assumptions and propositions known as theories (Benoliel, 1977, p. 110). The creation of new knowledge rests on some known assumptions, and Boykin and Schoenhofer's theory builds on the work of three other nurse scholars who have developed theories of caring in nursing, each with a differing apprehension of the realities of human care and caring:

Madeline Leininger from an anthropological perspectiveâ€”one of the first nurse theorists to focus on caring as the essence of nursing practice; Sister M. Simone Roach, who provides a philosophical and theological perspective; and Jean Watson from an existential, philosophical perspective.

The significance of Leininger's Culture-Care Theory (1993) is in the study of human care from a transcultural nursing perspective. This focus has led to new and unique insights about care and the nature of caring and nursing in different cultures, and has developed the knowledge so essential to providing culturally sensitive nursing care throughout the world.

Roach's work, *The Human Act of Caring* (1984, 1992) is recognized as one of the most substantive, insightful, and sensitive publications on human caring. Her ultimate conclusion after years of study and reflection is: "Caring is the human mode of being."

Watson, in her theory of human care (1985, 1989), addressed the issue of nursing as a humanistic science rather than a formal or biological science. This perspective was an essential paradigm shift for nursing knowledge, but essential for study of the caring phenomena. Within this context, Watson developed a theory of caring in nursing that involves values, a will and a commitment to care, knowledge, caring actions, and consequences. Caring then becomes a moral imperative for practitioners of the profession of nursing.

Boykin and Schoenhofer's theory comes not only from "what is known about caring" but also from their imagination and creative sense of "what could be known." They suggest a context for personal theorizing about caring experiences, trusting that each person will examine the content of those experiences as a sequence of more or less meaningful eventsâ€”meaningful both in them and in the patterns of their occurrence. The authors put forth a framework for just such reflection, and they challenge practicing nurses to "come to know self as caring person in ever deepening and broadening dimensions."

If science has to do with knowing and that which is known, then theory is about knowledge production. In one sense of the term, theory activity might well be regarded as most important and distinctive for human beings because it stands for the symbolic dimension of experience (Kaplan, 1964, p. 294).

Boykin and Schoenhofer's work invites all nurses to develop nursing knowledge and to theorize from within the nursing

situation. The invitation requests a sharing of both content and context of nursing experiences as they are lived in meaningful patterns that have significant bearings on all other patterns. To engage in theorizing means not only to learn by experience, but to learn from experience—that is, to take thought about what is there to be learned (Kaplan, 1964, p. 295).

In the thinking of Alfred North Whitehead (1967), theory functions not to allow prediction but to provide a frame of reference, a pattern through which one can discern particulars of any given situation. Theory in this sense permits attendance or focus by giving form to otherwise unstructured content. The proposed theory, *Nursing as Caring: A Model for Transforming Practice*, provides the context. The frame of reference through which any nurse engaged in a shared lived experience of caring can not only interpret the experience but also can perceive and symbolically express the patterns of nurse caring. The perception of patterns will give the readers and listeners a "click of meaningfulness," and the explanation will be the discovery of interconnections among patterns. The perception that everything is just where it should be to complete the pattern is what gives us intellectual satisfaction and provides the context or focus for the one aspect of reality that is the essence of nursing-caring.

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#### CHAPTER I " FOUNDATIONS OF NURSING AS CARING

In this chapter we present the fundamental ideas related to person as caring and nursing as a discipline and profession that serves as the perspectival grounding for the theory Nursing as Caring. We intend to offer our perspective of these ideas as influenced by the works of various scholars so that the grounding for Nursing as Caring will be understood. We do not intend to offer a novel perspective of the notion of person, or a new generic understanding of caring or of discipline and profession, but to communicate some of the ideas basic to Nursing as Caring.

Major assumptions underlying Nursing as Caring include: \* persons are caring by virtue of their humanness \* persons are caring, moment to moment \* persons are whole or complete in the moment \* personhood is a process of living grounded in caring \* personhood is enhanced through participating in nurturing relationships with caring others \* nursing is both a discipline and a profession

#### PERSPECTIVE OF PERSONS AS CARING

Throughout this book the basic premise presides: all persons are caring. Caring is an essential feature and expression of being human. The belief that all persons, by virtue of their humanness, are caring establishes the ontological and ethical ground on which this theory is built. Persons as caring is a value which underlies each of the major concepts of Nursing as Caring and is an essential idea for understanding this theory and its implications. Being a person means living caring, and it is through caring that our "being" and all possibilities are known to the fullest. Elaboration



on the meaning of this perspective will provide a necessary backdrop for understanding ideas in subsequent chapters.

Caring is a process. Each person, throughout his or her life, grows in the capacity to express caring. Said another way, each person grows in his or her competency to express self as caring person. Because of our belief that each person is caring and grows in caring throughout life, we will not focus on behaviors considered noncaring in this book. Our assumption that all persons are caring does not require that every act of a person necessarily be caring. There are many experiences of life that teach us that not every act of a person is caring. These acts are obviously not expressions of self as caring person and may well be labeled noncaring. Developing the fullest potential for expressing caring is an ideal. Notwithstanding the abstract context of this ideal, it is knowing the person as living caring and growing in caring that is central to our effort in this book. Therefore, even though an act or acts may be interpreted as noncaring, the person remains caring.

While this assumption does not require that every act be understood as an expression of caring, the assumption that all persons are caring does require an acceptance that fundamentally, potentially, and actually each person is caring. Although persons are innately caring, actualization of the potential to express caring varies in the moment and develops over time. Thus, caring is lived moment to moment and is constantly unfolding. The development of competency in caring occurs over a lifetime. Throughout life we come to understand what it means to be a caring person, to Live caring, and to nurture each other as caring.

Roach and Mayeroff provide some explanation as to what caring involves. Roach in her works (1984, 1987, 1992) has asserted that caring is the "human mode of being" (1992, p. ix). As such, it entails the capacity to care, the calling forth of this ability in ourselves and others, responding to something or someone that matters and finally actualizing the ability to care (192, p. 47). Since caring is a characteristic of being human, it cannot be attributed as a manifestation of any single discipline. These beliefs have directly influenced our assumption that all persons are caring. Mayeroff, a philosopher, in his 1971 book *On Caring*, discusses caring as an end in itself, an ideal, and not merely a means to some future end. Within the context of caring as process, Roach (1992, 1984) says that caring entails the human capacity to care, the calling forth of this ability in ourselves and others, the responsibility to something or someone that matters, and the actualizing of the power to care. Even though our human nature is to be caring, the full expression of this varies with the lived experience of being human. The process of bringing forth this capability can be nurtured through concern and respect for person as person.

Mayeroff suggests that caring "is not to be confused with such meanings as wishing well, liking, comforting, and maintaining . . . it is not an isolated feeling or a momentary relationship" (p. 1). He describes caring as helping the other grow. In relationships lived through caring, changes in the one who cares and the one cared for are evident. Mayeroff tells us how caring provides meaning and order: In the context of a man's life, caring has a way of ordering his other values and activities around it. When this advising is comprehensive, because of the inclusiveness of his caring, there is a basic stability in his life; he is "in place" in the world instead of being out of place, or merely drifting on endlessly seeking his place. Through caring for certain others, by serving them through caring a man lives the meaning of his own life. In the sense in which a man can ever be said to be at home in the world, he is at home not through dominating, or explaining, or appreciating, but through caring and being cared for (1971, p. 2).

Mayeroff expressed ideas about the meaning of being a caring person when he referred to trust as "being entrusted with the care of another" (p. 7). He spoke of both "being with" the other (p. 43) and "being for" (p. 42) the other, experiencing the other as an extension of self and at the same time "something separate from me that I respect in its own right" (p. 2). To be a caring person means to "live the meaning of my own life" (p. 72), having a sense of stability and basic certainty that allows an openness and accessibility, experiencing belonging, living congruence between beliefs and behavior, and expressing a clarity of values that enables living a simplified rather than a cluttered life.

Watson, a nursing theorist and philosopher, offers insight into caring. In her theory of Human Care, she examines caring as an intersubjective human process expressing respect for the mystery of being-in-the-world, reflected in the three spheres of mind-body-soul. Human care transactions based on reciprocity allow for a unique and authentic quality of presence in the world of the other. In a related vein, Parse (1981) defines the ontology of caring as "risking being with someone toward a moment of joy." Through being with another, connectedness occurs and moments of joy are experienced by both.

If the ontological basis for being is that all persons are caring and that by our humanness caring is, then I accept that I am a caring person. This belief that all persons are caring, however, entails a commitment to know self and other as caring person. According to Trigg (1973), commitment "presupposes certain beliefs and also involves a personal dedication to the actions implied by them" (p. 44). Mayeroff (1971) speaks of this dedication as devotion and states "devotion is essential to caring . . . when devotion breaks down, caring breaks down" (p. 8). Mayeroff also states that "obligations that derive from devotion are a constituent element in caring" (p. 9). Moral obligations

arise from our commitments; therefore, when I make a commitment to caring as a way of being, I have become morally obligated. The quality of the moral commitment is a measure of being "in place" in the world. Gadwin (1980) asserts that caring represents the moral ideal of nursing wherein the human dignity of the patient and nurse is recognized and enhanced.

As individuals we are continually in the process of developing expressions of ourselves as caring persons. The flow of life experiences provides ongoing opportunities for knowing self as caring person. As we learn to live fully each of these experiences, it becomes easier to allow self and others the space and time to develop innate caring capabilities and authentic being. The awareness of self as caring person calls to consciousness the belief that caring, is lived by each person moment to moment and directs the "oughts" of actions. When decisions are made from this perspective, the emerging question consistently is, "How ought I act as caring person?"

How one is with others is influenced by the degree of authentic awareness of self as caring person. Caring for self as person requires experiencing self as other and yet being one with self, valuing self as special and unique, and having the courage, humility, and trust to honestly know self. It takes courage to let go of the present so that it may be transcended and new meaning be discovered. Letting go, of course, implies a freeing of oneself from present constraints so that we may see and be in new ways. One who cares is genuinely humble in being ready and willing to know more about self and others. Such humility involves the realization that learning is continuous and the recognition that each experience is unique. As my commitment to persons as caring moves into the future, I must choose again and again to ratify it or not. This commitment remains binding and choices are made based on devotion to this commitment.

Personhood is the process of living grounded in caring. Personhood implies living out who we are, demonstrating congruence between beliefs and behaviors, and living the meaning of one's life. As a process, personhood acknowledges the person as having continuous potential for further tapping the current of caring. Therefore, as person we are constantly living caring and unfolding possibilities for self as caring person in each moment. Personhood is being authentic, being who I am as caring person in the moment. This process is enhanced through participation in nurturing relationships with others.

The nature of relationships is transformed through caring. All relations between and among persons carry with them mutual expectations. Caring is living in the context of relational responsibilities. A relationship experienced

through caring holds at its heart the importance of person-as-person. Being in the world also mandates participating in human relationships that require re-sponsibilityâ€”responsibility to self and other. To the extent that these relationships are shaped through caring, they are consistent with the obligations entailed in relational responsibility, and the "person-al" (person-to-person) relationships. When being with self and others is approached from a desire to know person as living caring, the human potential for actualizing caring directs the moment.

All relationships are opportunities to draw forth caring possibilities, opportunities to reinforce the beauty of person-as-person. Through knowing self as caring person, I am able to be authentic to self and with others. I am able to see from the inside what others see from the outside. Feelings, attitudes, and actions lived in the moment are matched by an inner genuine awareness. The more I am open to knowing and appreciating self and trying to understand the world of other, the greater the awareness of our interconnectedness as caring persons. Knowing of self frees one to truly be with other. How does one come to know self as caring person? Mayeroff's (1971) caring ingredients are useful conceptual tools when one is struggling to know self and other as caring. These ingredients include: honesty, courage, hope, knowing (both knowing about and knowing directly), trust, humility, and alternating rhythm. The idea of a hologram serves as a way of understanding self and other. Pri-bram (1985) offers us an interesting view on relationships in his discussion of hologram. He states that the uniqueness of a hologram is such that if a part (of the hologram) is broken, any part of it is capable of reconstructing the total image (p. 133). Using this idea, if the lens for "being" in relationships is holographic, then the beauty of the person will be retained. Through entering, experiencing, and appreciating the world of other, the nature of being human is ore fully understood. The notion of person as whole or complete expresses an important value. As such, the respect for the total personâ€”all that is in the momentâ€”is communicated. Therefore, from a holographic perspective, it is impossible to focus on a part of a person without seeing the whole person reflected in the part. The wholeness (the fullness of being) is forever present. Perhaps in some context, the word part is incongruent with this notion that there is only wholeness. The term aspect, or dimension, may be a useful substitute.

The view of person as caring and complete is also intentional; it offers a lens for a way of being with another that prevents the segmenting of that other into component parts (e.g., mind, body, spirit). Here, valuing and respecting each person's beauty, worth, and uniqueness is lived as one seeks to understand fully the meaning of values, choices, and priority systems through which values are expressed. The inherent value that persons reflect and to which they respond is the wholeness of persons. The person is at all times whole. The idea of wholeness does not negate an appreciation of the complexity of being. However, from the perspective of the theory Nursing as Caring, to encounter

person as less than whole involves a failure to encounter person. Until our view is such that it includes the whole as complete person and not just a part, we can not fully know the person. Gadow's (1984) contrasting paradigms, empathic and philanthropic, are relevant to this understanding. The philanthropic paradigm enables a relationship in which dignity is bestowed as a "gift from one who is whole to one who is not" (p. 68). Philanthropy marks the person as other than one like me. Gadow's empathic paradigm, on the other hand, "breaches objectivity" (p. 67) and expresses participating in the experience of another. In the empathic paradigm, the subjectivity of the other is "assumed to be as whole and valid as that of the caregiver" (p. 68). These paradigm descriptions facilitate our knowing how we are with others. Is the attitude expressed through nursing one of person as part or person as whole? How do these perspectives direct nursing practice?

Our understanding of person as caring centers on valuing and celebrating human wholeness, the human person as living and growing in caring, and active personal engagement with others. This perspective of what it means to be human is the foundation for understanding nursing as a human endeavor, a person-to-person service, a human social institution, and a human science.

Our view enables the development of nursing as a discipline of constant discovery and new knowing.

Like disciplines, professions have unique characteristics, as defined by Flexner. Flexner (1919) initially identified as the most basic characteristic of a profession that it addresses a unique and urgent social need through techniques derived from a tested knowledge base. Professions have their historical roots in those human services that people provided for each other within existing social institutions (e.g., tribe, family, or community). Thus, each profession, including nursing, has its origins in everyday human situations and the everyday contributions people make to the welfare of others. Flexner's founding conditions for the designation profession are reiterated in the American Nursing Association's 1980 Social Policy Statement, in which the idea of a social contract is addressed.

Nursing: A Social Policy Statement was intended to provide nurses with a fresh perspective on practice while providing society with a view of nursing for the 1980s. The overall intent of this document was to call to consciousness the linkages between the profession and society. While the Social Policy Statement is considered by many (see, for example, Rodgers, 1991; Packard & Polifroni, 1991; Allen, 1987; White, 1984) to be outdated, we find the concept of the social contract to be useful when studying the relationship of nurse to nursed. As the foundation for professions, the social contract, while understood to be an "hypothetical ideal" (Silva, 1983, p. 150), is also an expression of a

people recognizing (1) the presence of a basic need and (2) the existence of greater knowledge and skill available to meet that need than can be readily exercised by each member of the society. Society at large then calls for commitment by a segment of society to the acquisition and use of this knowledge and skill for the good of all. Social goods are promised in return for this commitment.

Today, the profession of nursing is moving from a social contract relationship toward a covenantal relationship between the nurse and nursed. While the social contract implies an impersonal, legalistic stance, the covenantal relationship emphasizes personal engagement and ever present freedom to choose commitments. Cooper (1988), for example, discusses her ideas on the relevance of covenantal relationships for nursing ethics. She states "the promissory nature of the covenant is contained in the willingness of individuals to enter a covenantal relationship" (p. 51) and it is within this context that obligations arise. As caring persons, we "see" relationship (covenant) and honor the bond between self and other. The ultimate knowledge gained from this perspective is that we are related to one another (and to the universe) and that harmony (brotherhood and sisterhood) is present as we live out caring relationships.

Concepts of discipline and profession have been dismissed by critical theorists as oppressive, anachronistic, and paternalistic (Allen, 1985; Rodgers, 1991). In our study however, as we have explored essential meanings of these concepts, we have found that they express fundamental values congruent with cherished nursing values. Although we can agree with critical theorists that discipline and profession have been misused, perhaps too frequently, as tools of social elitism and oppression, this misuse remains inappropriate because it violates the covenantal nature of discipline and profession.

The discipline of nursing attends to the discovery, creation, structuring, testing, and refinement of knowledge needed for the practice of nursing. Concomitantly, the profession of nursing attends to the use of that knowledge in response to specific human needs. Certainly, the basic values communicated in the concepts of discipline and profession are resonate with fundamental nursing values and contribute to a fuller understanding of nursing as caring. Included among those shared values are commitment to something that matters, sense of persons being connected in oneness; expression of human imagination and creativity, realization of the unity of knowing with possibilities unfolding, and expression of choice and responsibility.

We have deliberately used the term general theory of nursing to characterize our work. The concept of a general theory

is particularly useful in the context of levels of theory. Other authors have addressed what they see as three levels of nursing theory: general or grand, mid-range, and practice (Walker & Avant, 1988; Fawcett, 1989; Chinn & Jacobs, 1987; Nursing Development Conference Group, 1979). What we intend by the use of the term general theory is similar to "conceptual framework," "conceptual model," or "paradigm." That is, a general theory is a framework for understanding any and all instances of nursing, and may be used to describe or to project any given situation of nursing. It is a system of values ordered specifically to reflect a philosophy of nursing to guide knowledge generation and to inform practice.

The statement of focus of any general nursing theory offers an explicit expression of the social need that calls for and justifies the professional service of nursing. In addition, the statement of focus expresses the domain of a discipline as well as the intent of the profession, and thus directs the development of the requisite nursing knowledge. Activity to develop and use nursing knowledge has its ethical ground in the idea of the covenantal relationship as expressed in the specific focus of the profession. Fundamental values inherent in the discipline and profession of nursing derive from an understanding of the focus of nursing.

The conception of nursing that we have used in this book views nursing science as a form of human science. Nursing as caring focuses on the knowledge needed to understand the fullness of what it means to be human and on the methods to verify this knowledge. For this reason, we have not accepted the traditional notion of theory which relies on the "received" view of science, and depends on measurement as the ultimate tool for legitimate knowledge development. The human science of nursing requires the use of all ways of knowing.

Carper's (1978) fundamental patterns of knowing in nursing are useful conceptual tools for expanding our view of nursing science as human science here. These patterns provide an organizing framework for asking epistemological questions of caring in nursing. To experience knowing the whole of a nursing situation with caring as the central focus, each of these patterns comes into play. Personal knowing focuses on knowing and encountering self and other intuitively, the empirical pathway addresses the sense, ethical knowing focuses on moral knowing of what "ought to be" in nursing situations, and aesthetic knowing involves the appreciating and creating that integrates all patterns of knowing in relation to a particular situation. Through the richness of the knowledge gleaned, the nurse as artist creates the caring moment (Boykin & Schoenhofer, 1990).

Nursing, as we have come to understand our discipline, is not a normative science that stands outside a situation to

evaluate current observations against empirically derived and tested normative standards. Nursing as a human science takes its value from the knowledge created within the shared lived experience of the unique nursing situation. Although empirical facts and norms do play a role in nursing knowledge, we must remember that that role is not one of unmediated application. Knowledge of nursing comes from within the situation. The nurse reaches out into a body of normative information, transforming that information as understanding is created from within the situation. The same can be said for personal and ethical knowing. Each serves as a pathway for transforming knowledge in the creation of aesthetic knowing within the nursing situation. The view we have taken unifies previously dichotomized notions of nursing as science and nursing as art and requires a new understanding of science.

Nursing as caring reflects an appreciation of persons in the fullness of personhood within the context of the nursing situation. This view transcends perspectives adopted in an earlier period of nursing science philosophy. Examples of the earlier view include the notions of basic versus applied science, and metaphysics versus theory. The idea of a basic science of nursing disconnects nursing from its very ground of ethical value. Without a grounding in praxis, the content and activity of nursing science becomes amoral and meaningless. Similarly, this view transcends an earlier view of nursing theory that treated the unitary phenomenon of nursing as being composed of concepts that could be studied independently or as "independent and dependent variables." Nursing as caring resists fragmentation of the unitary phenomenon of our discipline. In subsequent chapters, we will more fully explore implications of this view of nursing as a human science discipline and profession.

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## CHAPTER II. " NURSING AS CARING

In Chapter 2, we will present the general theory of Nursing as Caring. Here, the unique focus of nursing is posited as nurturing persons living caring and growing in caring. While we will discuss the meaning of that statement of focus in general terms, we will also describe specific concepts inherent in this focus in the context of the general theory.

If you recall, in Chapter 1 we discussed the several major assumptions that ground the theory of Nursing as Caring:

\* Persons are caring by virtue of their humanness \* Persons are whole or complete in the moment \* Persons live caring, moment to moment \* Personhood is a process of living grounded in caring \* Personhood is enhanced through participating in nurturing relationships with caring others \* Nursing is both a discipline and profession

In this and succeeding chapters, we will develop the nursing implications of these assumptions.

All persons are caring. This is the fundamental view that grounds the focus of nursing as a discipline and a profession. The unique perspective offered by the theory of Nursing as Caring builds on that view by recognizing personhood as a process of living grounded in caring. This is meant to imply that the fullness of being human is expressed as one lives caring uniquely day to day. The process of living grounded in caring is enhanced through participation in nurturing relationships with caring others, particularly in nursing relationships.

Within the theoretical perspective given herein, a further major assumption appears: persons are viewed as already complete and continuously growing in completeness, fully caring and unfolding caring possibilities moment-to-moment. Such a view assumes that caring is being lived by each of us, moment to moment. Expressions of self as caring person are complete in the moment as caring possibilities unfold; thus, notwithstanding other life contingencies, one continues to grow in caring competency, in fully expressing self as caring person. To say that one is fully caring in the moment also involves a recognition of the uniqueness of person with each moment presenting new possibilities to know self as caring person. The notion of "in the moment" reflects the

idea that competency in knowing self as caring and as living caring grows throughout life. Being complete in the moment also signifies something more: there is no insufficiency, no brokenness, or absence of something. As a result, nursing activities are not directed toward healing in the sense of making whole; from our perspective, wholeness is present and unfolding. There is no lack, failure, or inadequacy which is to be corrected through nursing—persons are whole, complete, and caring.

The theory of Nursing as Caring, then, is based on an understanding that the focus of nursing, both as a discipline and as a profession, involves the nurturing of persons living caring and growing in caring. In this statement of focus, we recognize the unique human need to which nursing is the response as a desire to be recognized as caring person and to be supported in caring.

This focus also requires that the nurse know the person seeking nursing as caring person and that the nursing action be directed toward nurturing the nursed in their living caring and growing in caring. We will briefly discuss this theory in general terms here and more fully illuminate it in subsequent chapters on nursing practice (Chapter 4), education (Chapter 5), and scholarship (Chapter 6). We will address administration of nursing services and of nursing

education programs in Chapters 4 and 5, respectively.

Nurturing persons living caring and growing in caring at first glance appears broad and abstract. In some ways, the focus is broad in that it applies to nursing situations in a wide variety of practical settings. On the other hand, it takes on specific and practical meaning in the context of individual nursing situations as the nurse attempts to know the nursed as caring person and focuses on nurturing that person as he or she lives and grows in caring.

When approaching a situation from this perspective, we understand each person as fundamentally caring, living caring in his or her everyday life. Forms of expressing one's unique ways of living caring are limited only by the imagination. Recognizing unique personal ways of living caring also requires an ethical commitment and knowledge of caring. In our everyday lives, failures to express caring are readily recognized. The ability to articulate instances of noncaring does not seem to take any particular skill. When nursing is called for, however, it is necessary that nurses have the commitment, knowledge, and skill to discover the individual unique caring person to be nursed. For example, the nurse may encounter one who may be described as despairing. Relating to that person as helpless recalls Gadow's (1984) characterization of the philanthropic paradigm which assumes "sufficiency and independence on one side and needy dependence on the other" (p. 68). The relationship grounded in nursing as caring would enable the nurse to connect with the hope that underlies an expression of despair or hopelessness. Personal expressions such as despair, or fear, or anger, for example, are neither ignored nor discounted. Rather, they are understood as the caring value which is in some way present. An honest expression of fear or anger, for example, is also an expression of vulnerability, which expresses courage and humility. We reiterate that our approach is grounded in the fundamental assumption that all persons are caring and the commitment which arises from this basic value position.

It is this understanding of person as caring that directs professional nursing decision making and action from the point of view of our Nursing as Caring theory. The nurse enters into the world of the other person with the intention of knowing the other as caring person. It is in knowing the other in their "living caring and growing in caring" that calls for nursing are heard. Of equal importance is our coming to know how the other is living caring in the situation and expressing aspirations for growing in caring. The call for nursing is a call for acknowledgement and affirmation of the person living caring in specific ways in this immediate situation. The call for nursing says "know me as caring person now and affirm me." The call for nursing evokes specific caring responses to sustain and enhance the other as they live caring and grow in caring in the situation of concern. This caring nurturance is what we call the nursing response.

## NURSING SITUATION

The nursing situation is a key concept in the theory of Nursing as Caring. Thus, we understand nursing situation as a shared lived experience in which the caring between nurse and nursed enhances personhood. The nursing situation is the locus of all that is known and done in nursing. It is in this context that nursing lives. The content and structure of nursing knowledge are known through the study of the nursing situation. The content of nursing knowledge is generated, developed, conserved, and known through the lived experience of the nursing situation. Nursing situation as a construct is constituted in the mind of the nurse when the nurse conceptualizes or prepares to conceptualize a call for nursing. In other words, when a nurse engages in any situation from a nursing focus, a nursing situation is constituted.

In the Scandinavian countries, for instance, all the helping disciplines are called caring sciences. Professions such as medicine, social work, clinical psychology, and pastoral counseling have a caring function; however, caring per se is not their focus. Rather, the focus of each of these professions addresses particular forms of caring or caring in particular ranges of life situations. In nursing situations, the nurse focuses on nurturing person as they live and grow in caring. While caring is not unique to nursing, it is uniquely expressed in nursing. The uniqueness of caring in nursing lies in the intention expressed by the statement of focus. As an expression of nursing, caring is the intentional and authentic presence of the nurse with another who is recognized as person living caring and growing in caring. Here, the nurse endeavors to come to know the other as caring person and seeks to understand how that person might be supported, sustained, and strengthened in his or her unique process of living caring and growing in caring. Again, each person in interaction in the nursing situation is known as caring. Each person grows in caring through interconnectedness with other.

Calls for nursing are calls for nurturance through personal expressions of caring, and originate within persons who are living caring in their lives and hold dreams and aspirations of growing in caring. Again, the nurse responds to the call of the caring person, not to some determination of an absence of caring. The contributions of each person in the nursing situation are also directed toward a common purpose, the nurturance of the person in living and growing in caring.

In responding to the nursing call, the nurse brings an expert (expert in the sense of deliberately developed) knowledge of what it means to be human, to be caring, as a fully developed commitment to recognizing and nurturing

caring in all situations. The nurse enters the other's world in order to know the person as caring. The nurse comes to know how caring is being lived in the moment, discovering unfolding possibilities for growing in caring. This knowing clarifies the nurse's understanding of the call and guides the nursing response. In this context, the general knowledge the nurse brings to the situation is transformed through an understanding of the uniqueness of that particular situation.

Every nursing situation is a lived experience involving at least two unique persons. Therefore, each nursing situation differs from any other. The reciprocal nature of the lived experience of the nursing situation requires a personal investment of both caring persons. The initial focus is on knowing persons as caring, both nurse and nursed. The process for knowing self and other as caring involves a constant and mutual unfolding. In order to know the other, the nurse must be willing to risk entering the other's world. For his or her part, other person must be willing to allow the nurse to enter his or her world this to happen, the acceptance of trust and strength of courage needed, person in the nursing situation can be awe-inspiring.

It is through the openness and willingness in the nursing situation that presence with other occurs. Presence develops as the nurse is willing to risk entering the world of the other and as the other invites the nurse into a special, intimate space. The encountering of the nurse and the nursed gives rise to a phenomenon we call caring between, within which personhood is nurtured. The nurse as caring person is fully present and gives the other time and space to grow. Through presence and intentionality, the nurse is able to know the other in his or her living and growing in caring. This personal knowing enables the nurse to respond to the unique call for nurturing personhood. Of course, responses to nursing calls are as varied as the calls themselves. All truly nursing responses are expressions of caring and are directed toward nurturing persons as they live and grow in the caring in the situation.

In the situation, the nurse draws on personal, empirical, and ethical knowing to bring to life the artistry of nursing. When the nurse, as artist, creates a unique approach to care based on the dreams and goals of the one cared for, the moment comes alive with possibilities. Through the aesthetic, the nurse is free to know and express the beauty of the caring moment (Boykin & Schoenhofer, 1991). This full engagement within the nursing situation allows the nurse to truly experience nursing as caring, and to share that experience with the one nursed.

In Chapter 1, we noted that each profession arose from some everyday service given by one person or another. Nursing has long been associated with the idea of mothering, when mothering is understood as nurturing the personhood of

another. The ideal mother (and father) recognizes the child as caring person, perfect in the moment and unfolding possibilities for becoming. The parent acknowledges and affirms the child as caring person and provides the caring environment that nurtures the child in living and growing in caring. The origins of nursing may well be found in the intimacy of parental caring. The roles of both parent and nurse permit and at times even expect that one be involved in the intimacy of the daily life of another. The parent is present in all situations to care for the child. Ideally, parents know the child as eminently worthwhile and caring, despite all the limitations and human frailties. As we recognized in Chapter 1, professions arise from the special needs of everyday situations, and nursing has perhaps emerged in relation to a type of caring that is synonymous with parenthood and friendship. The professional nurse, schooled in the discipline of nursing, brings expert knowledge of human caring to the nursing situation.

In the early years of nursing model development, nursing scholars endeavored to articulate their discipline using the perspective of another discipline, for example, medicine, sociology, or psychology. One example of this endeavor is the Roy Adaptation Model, in which scientific assumptions reflect von Bertalanffy's general systems theory and Helson's adaptation level theory (Roy and Andrews, 1991, p. 5). Parson's theory of Social System Analysis is reflected in Johnson's Behavioral System Model for Nursing and Orem's Self-Care Deficit Theory of Nursing (Meleis, 1985). A second trend involved declaring that the uniqueness of nursing was in the way in which it integrated and applied concepts from other disciplines. The emphasis in the 1960s on nursing model development came as an effort to articulate and structure the substance of nursing knowledge. This work was needed to enhance nursing education, previously based on rules of practice, and to provide a foundation for an emerging interest in nursing research. Nursing scholars engaged in model development as an expression of their commitment to the advancement of nursing as a discipline and profession, and we applaud their contributions. It is our view, however, that these early models, grounded in other disciplines, do not directly address the essence of nursing. The development of Nursing as Caring has benefited from these earlier efforts as well as from the work of more recent scholarship that posits caring as the central construct and essence (Leininger, 1988), and the moral ideal of Nursing (Watson, 1985).

The perspective of nursing presented here is notably different from most conceptual models and general theories in the field. The most radical difference becomes apparent in the form of the call for nursing. Most extant nursing theories, modeled after medicine and other professional fields, present the formal occasion for nursing as problem, need, or deficit (e.g., Self-Care)

Deficit Theory [Orem, 1985], Adaptation Nursing [Roy and Andrews, 1991], Behavioral System Model [Johnson, 1980], and

[Neuman, 1989.] Such theories then explain how nursing acts to right the wrong, meet the need, or eliminate or ameliorate the deficit.

The theory of Nursing as Caring proceeds from a frame of reference based on interconnectedness and collegiality rather than on esoteric knowledge, technical expertise, and disempowering hierarchies. In contrast, our emerging theory of nursing is based on an egalitarian model of helping that bears witness to and celebrates the human person in the fullness of his or her being, rather than on some less-than-whole condition of being.

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#### CHAPTER III " NURSING SITUATION AS THE LOCUS OF NURSING

The concept of nursing situation is central to every aspect of the theory of Nursing as Caring. We have claimed that all nursing knowledge resides within the nursing situation (Boykin & Schoenhofer, 1991). The nursing situation is both the repository of nursing knowledge and the context for knowing nursing. The nursing situation is known as shared lived experience in which the caring between the nurse and the one nursed enhances personhood.

It is to the nursing situation that the nurse brings self as caring person. It is within the nursing situation that the nurse comes to know the other as caring person, expressing unique ways of living and growing in caring. And it is in the nursing situation that the nurse attends to calls for caring, creating caring responses that nurture

personhood. It is within the nursing situation that the nurse comes to know nursing, in the fullness of aesthetic knowing.

The nursing situation comes into being when the nurse actualizes a personal and professional commitment to the belief that all persons are caring. It should be recognized that a nurse can engage in many activities in an occupational role that are not necessarily expressions of nursing. When a nurse practices nursing thoughtfully, that nurse is guided by his or her conception of nursing. The concept of nursing formalized in the Nursing as Caring theory is at the very heart of nursing, extending back into the unrecorded beginnings of nursing and forward into the future. Acknowledgement of caring as the core of nursing implies that any nurse practicing nursing thoughtfully is creating and living nursing situations because, whether explicit or tacit, the caring intent of nursing is present.

Remember that the nursing situation is a construct held by the nurse, any interpersonal experience contains the potential to become a nursing situation. In the formal sense of professional nursing, the nursing situation develops when one person presents self in the role of offering the professional service of nursing and the other presents self in the role of seeking, wanting, or accepting nursing service.

The nurse intentionally enters the situation for the purpose of coming to know the other as caring person. The nurse is also allowing self to be known as caring person. Authentic presence, like most human capacities, is inherent and can be more fully developed through intention and deliberate effort. Authentic presence may be understood simply as one's intentionally being there with another in the fullness of one's personhood. Caring communicated through authentic presence is the initiating and sustaining medium of nursing within the nursing situation.

The nurse, with developed authentic presence and open to knowing the other as caring, begins to understand the other's call for nursing. A call for nursing is a call for specific forms of caring that acknowledge, affirm, and sustain the other as they strive to live caring uniquely. We must remember as well that calls for nursing originate within the unique relationship of the nursing situation. As the situation ensues, the call for nursing clarifies. The nurse comes to know the one nursed more and more deeply and to understand more fully the unique meaning of the person's caring ways and aspirations for growing in caring. It is in this understanding that the call for nursing is known as a specific situated expression of caring and a call for explicit caring response.

The nursing response of caring is also uniquely lived within each nursing situation. In the nursing situation, the



call of the nursed is a personal "reaching out" to a hoped-for other. The nursed calls forth the nurse's personal caring response. While the range and scope of human caring expression can and must be studied, the caring response called forth in each nursing situation is created for that moment. The nurse responds to each call for nursing in a way that uniquely represents the fullness (wholeness) of the nurse. How I might respond to such a call would and should reflect my unique living of caring as person and nurse. Each response to a particular nursing situation would be slightly different and would portray the beauty of the nurse as person.

The nursing situation is a shared lived experience. The nurse joins in the life process of the person nursed and brings his or her life process to the relationship as well. In the nursing situation, there is caring between the participants. Further, the experience of the caring within the nursing situation enhances personhood, the process of living grounded in caring. Each of these components of the construct of the nursing situation raises questions for immediate and continuing discussion.

How can an unconscious patient be a participant in a nursing situation? Can "postmortem care" be considered nursing? How can the nurse know that the other is truly open to nursing? Can the nurse impose self into the world of the other? What about an unrepentant child rapist or a person responsible for genocide, can we say that person is caring, and if not, can we nurse them? Does the nurse have to like the person being nursed? Does the nurse seek enhancement of personhood in the nursing situation? If so, might the goals of the nurse be imposed on the one nursed? If the nurse gains from the nursing situation, isn't that unprofessional?

In part, these legitimate questions raise larger issues about the uniqueness and scope of nursing as a discipline and professional service in society. Certainly the study of these questions adds clarity to the purpose of nursing actions. To nurse, situations in a general sense are transcended and transformed when they are conceptualized as nursing situations. From the perspective of the Nursing as Caring theory, the study of these questions would require that the nurse transcend social or other situational contexts and live out a commitment to nurture the person in the nursing situation as they live and grow in caring.

Persons with altered levels of consciousness, measured on normative scales developed for medical science purposes, can and do participate in nursing situations. Nurses committed to knowing the unconscious as caring person can and do describe their ways of expressing caring and aspirations for growing in caring. Nurses speak of the post-anesthesia patient as living hope in their struggle to emerge from the deadening effects of the anesthesia; as living honestly in

fretful, fearful thrashing. Nurses help these persons sustain hope and extend honesty through their care. The profoundly mentally disabled child lives humility moment-to-moment and calls forth caring responses to validate and nurture that beautiful humility. Nurses speak of caring for their deceased patients as nursing those who have gone and are still in some way present. The nurse, connected in oneness with the one known and nursed, holds hope for the other as the other's expression of hopefulness lives on in the consciousness of the nurse. Thus, a sense of connectedness does not dissipate when physical presence ends, but remains an active part of the nurse's experience.

Nursing another is a service of caring, communicated through authentic presence. Nursing another means living out a commitment to knowing the other as caring person and responding to the caring other as someone of value (Boykin & Schoenhofer, 1990, 1991). In its fullest sense, nursing cannot be rendered impersonally, but must be offered in a spirit of being connected in oneness. "To care for" seems to require that the caregiver see oneself as caring person reflected in the other (Watson, 1987). The theoretical perspective of Nursing as Caring is grounded in the belief that caring is the human mode of being (Roach, 1984). When a person is judged by social standards to be deviant and even evil, however, it is difficult to summon caring. This points to the contribution nursing is called upon to make in society. When we speak of nursing's contribution here, we are invoking earlier discussions of discipline and profession. Each discipline and profession illuminates a special aspect of personâ€"in effect, what it means to be human. The light that nursing shines on the world of person is knowledge of person as caring, so that the particular contribution of nursing is to illuminate the person as caring, living caring uniquely in situation and growing in caring. In nursing, practiced within the context of Nursing as Caring, the person is taken at face value as caring and never needs to prove him or herself as caring. The nurse, practicing within the context of Nursing as Caring, is skilled at recognizing and affirming caring in self and others. Being caring, that is, living one's commitment to this value "important-in-self" (Roach, 1984), fuels the nurse's growing in caring and enables the nurse I turn to nurture others in their living and growing in caring. The values and assumptions of nursing as caring can assist the nurse to engage fully in nursing situations with persons in whom caring is difficult to discover.

Nursing knowledge is discovered and tested in the ongoing nursing situations. Once experienced, nursing situations can be made available for living anew, with new discovery and testing. Aesthetic representation of nursing situations brings the lived experience into the realm of new experience. Thus, the knowledge of nursing can be made available for further study. Re-presentation of nursing situations can occur through the medium of nursing stories, poetry, painting, sculpture, and other art forms (Schoenhofer, 1989). Aesthetic re-presentation conserves the epistemic integrity of nursing while permitting full appreciation of the singularity of any one nursing situation (Boykin &

Schoenhofer, 1991). Here, then, is one nurse's story of a shared lived experience in which the caring between nurse and the one nursed enhanced personhood. This story is offered as an example of nursing situation, re-presented as an open text, available for continuing participation by all who wish to enter into this shared lived experience of nursing. In fact, we invite the reader to enter into this nursing situation, which may then be used in classroom or conference settings to stimulate general or specific inquiry and dialogue.

#### CONNECTIONS

One night as I listened to the change of shift report, I remember the strange feeling in the pit of my stomach when the evening nurse reviewed the lab tests on Tracy P Tall, strawberry-blonde and freckle-faced, Tracy was struggling with the everyday problems of adolescence and fighting a losing battle against leukemia. Tracy rarely had visitors. As I talked with Tracy this night I felt resentment from her toward her mother, and I experienced a sense of urgency that her mother be with her. With Tracy's permission I called her mother and told her that Tracy needed her that night. I learned that she was a single mother with two other small children, and that she lived several hours from the hospital. When she arrived at the hospital, distance and silence prevailed. With encouragement, the mother sat close to Tracy and I sat on the other side, stroking Tracy's arm. I left the room to make rounds and upon return found Mrs. P. still sitting on the edge of the bed fighting to stay awake. I gently asked Tracy if we could lie on the bed with her. She nodded. The three of us lay there for a period of time and I then left the room. Later, when I returned, I found Tracy wrapped in her mother's arms. Her mother's eyes met mine as she whispered "she's gone." And then, "please don't take her yet." I left the room and closed the door quietly behind me. It was just after 6 o'clock when I slipped back into the room just as the early morning light was coming through the window. "Mrs. P," I reached out and touched her arm. She raised her tear-streaked face to look at me. "It's time," I said and waited. When she was ready, I helped her off the bed and held her in my arms for a few moments. We cried together. "Thank you, nurse," she said as she looked into my eyes and pressed my hand between hers. Then she turned and walked away. The tears continued down my cheeks as I followed her to the door and watched her disappear down the hall. Gayle Maxwell (1990)

This nursing situation is replete with possibilities for nurses, and others, to understand nursing as nurturing persons living caring and growing in caring. A dialogue ensues on the nursing situation that allows participants an opportunity to experience both resonance and uniqueness as personal and shared understandings emerge. As the reader enters into the text, the nursing situation is experienced anew, now within the presence of two nurses, not one. Though intentionally entering the situation, the second nurse experiences and affirms being connected in oneness with

both nurse and nursed as caring lived in the moment.

Gayle entered into Tracy's world that night open to hearing a special call. Gayle's openness was partly a reflection of her use of the empirical pathway of knowing, the data given in report, the comparison of empirical observations against biological, psychological, developmental, and social norms. Before discussing our understanding of Gayle's response from the theoretical per-perspective represented, it might be helpful to compare how the call for nursing may have been interpreted if approached, for example, from a psychological framework. If the nurse responded from a psychological framework, the problem identified would perhaps be conceptualized as denial on the part of Tracy's mother. It could be assumed that Tracy's mother was avoiding the reality of the impending death of her daughter. Here, the nursing goal would be assist the mother in dealing with her denial by facilitating grieving. Denial is only one psychological concept that could be applied in this situation; avoidance, anxiety, and loss are others. When nursing care is based on a psychological framework, however, the central theme of care is likely to be deemphasized in favor of a problem-oriented approach. The perspective offered by a normative discipline requires a reliance on empirical knowing. Using only the empirical pathway of knowing, the richness of nursing is lost.

Gayle's personal knowing, her intuition, however, was the pathway that illuminated the appreciation of this situation and prompted her acknowledgement of a call. She heard Tracy's call for intimacy, comfort, and protection of her mother's presence as she (Tracy) summoned courage and hope for her journey. Gayle intuitively knew that the specific caring being called forth was the caring of a mother. Gayle's caring response also took the form of the courageous acknowledgement of a call for nursing that would be difficult to sub-stantiate empirically. Beyond telephoning Tracy's mother, Gayle continued her nursing effort to answer Tracy's call for the presence of a mother as she supported Mrs. P. living her interconnectedness, in being with Tracy. Gayle heard Mrs. P.'s calls for knowing, knowing what to do and knowing that it would be right to do it, for the courage to be with her daughter in this new difficult passage. Her response of showing the way reflects hope and humility. The caring between the nurse and the ones nursed enhanced the personhood of all three, as each grew in caring ways. It is possible that the caring between the original participants in the nursing situation and those of us who are participating through engagement with the text continues to enhance personhood.

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