Chapter 1

Introduction

The development of a philosophy of nursing has been surprisingly slow in the United States when one considers the rapid advances of nursing in hospital, community, and higher education settings. With the development of baccalaureate, masters, and doctoral programs in nursing, scholars in nursing have attempted to articulate their discipline and set it in a broader cultural context. Some scholars have looked outside of nursing to the natural or behavioral sciences for models with which to articulate the practice of nursing as an academic discipline. In so doing, nursing is following a trend in contemporary higher education, but unlike other practice-disciplines, they have not developed philosophical treatments of their practice-discipline as have medicine and education, for example. Traditionally in the West, articulation of a human activity within a broad cultural context has been accomplished by those philosophies called "philosophy of x." Although in the past philosophy has been neglected in nursing education, many nurses are becoming more familiar with philosophy as a result of the current emphasis on ethics in nursing. But as yet, development of a philosophy of nursing is still in its infancy. We believe that the time is right for a philosophical articulation of nursing.

Our own interest in the philosophy of nursing did not begin with the discovery of a vacuum in academic nursing, i.e., a concern that this field has been neglected by scholars and needed to be "developed." Our conviction came from

years of dialogue between nurse-educator and philosopher. The nurse (Bishop) found in continental philosophy (phenomenology, existentialism, and hermeneutics) a way of thinking about nursing which brought together the emphasis on practice from her hospital experience and the stress on improving nursing through a more adequate understanding of it from her academic experience. The philosopher (Scudder) experienced the excitement of having philosophy related to the world as it had been when he first began articulating education philosophically. He had come to believe, with many of his veteran colleagues, that philosophy of education was becoming an ingrown specialty in which philosophers of education spoke to each other rather than to practicing educators. Both partners found their dialogue productive, exciting, and surprising. Scudder was amazed to find himself entering a new field of endeavor late in his career after completing a phenomenological philosophy of education which was the culmination of many years in both fields. Bishop was also astounded that after a long career in nursing, including nursing education in both hospital and collegiate settings, she was seeking and finding in philosophy new insights into issues in nursing which had long troubled her, especially since she had previously regarded philosophy as irrelevant to nursing practice. Since this book grew out of a dialogue rather than a decision to enter a new academic specialty, it is neither an attempt to introduce nurses to phenomenological philosophy nor a survey of a few previous attempts to treat nursing philosophically. Instead, it is our attempt to share our dialogue with a wider audience, drawing on the philosophers and scholars of nursing who have spoken most forcefully to us.

Perhaps the slow development of a philosophy of nursing has resulted from the belief, like that formerly held by Bishop, that philosophical interpretations are inappropriate to concrete practices like nursing. Those whose only experience of philosophy was in a traditional introductory course often tend to believe that philosophy is an abstract treatment of the world which is applied to anyone, any situation, at any time. This caricature of philosophy is not without

some justification, however. The philosopher, Martin Heidegger, did criticize the Western philosophical tradition for its failure to be concrete and rooted in everyday experience. He attributed this lack to a general tendency in our society to prefer calculative thinking over meditative thinking. Calculative thinking is the type of thinking which permeates the natural and social sciences and the technologies which they have spawned. Heidegger was aware that practical people tended to be suspicious of meditative thinking.

> Yet you may protest: mere meditative thinking finds itself floating unaware above reality. It loses touch. It is worthless for dealing with current business. It profits nothing in carrying out practical affairs (Heidegger, 1959–1966, p. 46).

Ironically, Heidegger's descriptions of the suspicions of meditative thinking may be one thing agreed upon by nurses in education, especially in college and university settings, and nurses in practice. Calculative thinking is the primary mode of thought used by nursing educators, who apply scientific theory to practice, as well as that of practitioners, who seek new methodologies by drawing on practical experience. Although Heidegger wrote that calculative thinking is "justified and needed in its own way," (p. 46) his major argument was that meditative thinking is also required. Calculative thinking without meditative thinking is blind, because it tells us how to do something but neglects the meaning of what we are doing. But for meditative thinking to disclose meaning, it must be *rooted*. In fact, Heidegger put so much stress on rootedness that his students humorously claimed that he had roots instead of toes. It is calculative thinking that lacks roots, because through theories, it seeks objective knowledge and methods good for anyone, in any place, in any time. In contrast, meditative thinking is rooted in the particular people who dwell in particular places, during particular times. But what would rootedness mean for nursing? Obviously, it would refer to a particular practice which is developed historically during a particular time and in a particular place. Such rooted medi-

tation affirms the worth and integrity of nursing practice by seeking the meaning of nursing as practiced rather than from the perspective of another field outside of nursing. In so doing, nursing is articulated in a way that dissolves the problem of the separation of theory from practice which plagues contemporary nursing.

Since the modern practice of nursing was developed, for the most part, in a hospital setting, we will focus our meditation on nursing practice in that setting, although we recognize that contemporary nursing takes place in a much wider context. Further, we are aware that meditating on nursing as practice opens us to the charge of defending a purely traditional approach to nursing practice. However, Heidegger's contention that meditative thinking must be rooted was hardly traditional, since he believed that rooted meditation not only disclosed actual practice but opened it up for innovative thought which could change practice, not by application of calculative methodology but by recognizing and realizing new possibilities already inherent in practice.

The title of this book suggests that it will both articulate the sense of nursing and develop a philosophy of practice from within the phenomenological tradition. Articulation of the practice of nursing fosters understanding of that practice, while understanding that practice encourages philosophy to become relevant to the lived world. By lived world we mean, with Maurice Merleau-Ponty (1962), that the "world is not what I think, but what I live through" (p. xvi–xvii). Such mutual enrichment of nursing and philosophy, while it is interesting in its own right, should improve the practice of both nursing and philosophy. Stephen Toulmin (1982) points to the beneficial effect on philosophy of actually getting down to cases in his article entitled, "How Medicine Saved the Life of Ethics." While agreeing with Toulmin's contention that getting down to cases has a beneficial effect on ethics, Stanley Hauerwas (1986) points out that Toulmin's assessment is over-optimistic in that "many of the books written in medical ethics look just like standard introductory texts in general ethics"

(p. 3) and that "what is remarkable is that confrontation with medicine has had almost no effect on how philosophers and theologians continue to think about ethics" (p. 4). Hauerwas' contention confirms what Bishop discovered when she first attempted to understand moral issues by applying traditional philosophical approaches to them. Merely applying philosophy to nursing does not necessarily bring about a more adequate understanding of nursing but can have the opposite effect in leading nurses away from nursing practice by forcing thought about nursing into preconceived philosophical molds. Such applied philosophy follows the same prescriptive pattern as natural or behavioral science. Therefore, it is necessary to select a way of practicing philosophy appropriate for articulating the practice of nursing. We have found phenomenological philosophy particularly appropriate, because it brings to consciousness the sense of nursing which is already inherent in practice, rather than imposing meanings on it from outside. Further, this way of philosophizing, by taking seriously the integrity and worth of nursing practice, forces philosophers (and perhaps some academic nurses) to leave the academy and to confront the lived world where they must contend with the ambiguities, problems, and challenges faced by nurses in their actual practice.

We are not contending that types of philosophy other than phenomenology are unable to enhance understanding of nursing practice. Certainly we are not arguing that scholars from outside nursing cannot make important contributions to the understanding of nursing. In fact, the assumptions on which this book is predicated is that philosophers have much to contribute to the understanding of nursing practice. We draw on the insights and interpretations of Hans Georg Gadamer (1976–1981), Alasdair MacIntyre (1984), Stephen Strasser (1985), Edmund Husserl (1911–1965), Martin Heidegger (1959–1966), and others to help us articulate the meaning of nursing. We do, however, contend that the attempt to prescribe health care practice from outside that practice, whether the prescription is done by philosophers, ethicists, natural scientists, or behavioral sci-

entists, distorts practice. Perhaps this is the reason some health care practitioners have become wary of philosophers and ethicists working in health care (Cassell, 1988, pp. vii–ix). Such general condemnations are unfortunate because philosophers and ethicists have made and are making very important contributions to understanding and improving health care by bringing their expertise to bear on health care practice. For example, Eric Cassell (1988) says that Richard Zaner has helped physicians understand that the "profession requires a new understanding of ethics, developed in the light of medicine's special activity—the care of sick persons by physicians" (p. viii). Zaner has immersed himself in medical practice and used his expert understanding of phenomenological philosophy to articulate that practice. The excellent and numerous examples in his articulation of medicine attest to his ability to think from within medical practice. These examples also indicate sound phenomenological analysis. Paul Ricouer (1977) indicated the importance of examples when, in giving the essence of phenomenology for those unfamiliar with it, he stated that phenomenology was concerned with meaning, treated meaning in terms of essence, and gave essence through well-chosen examples. Certainly, other types of philosophy have much to contribute to understanding health care, but phenomenology, by its very nature, begins with and focuses on that which is being considered as it is present in the experience of persons. In the case of nursing, this means beginning with and focusing on nursing practice. Perhaps this is the reason a growing number of interpreters of nursing practice have turned to phenomenology, such as Patricia Benner, Nancy Diekelmann, David Allen, Marilyn Ray, Jean Watson, Anna Omery, Sally Gadow, and many others.

The phenomenological approach to nursing offers one way to lessen the current conflict in nursing between the "hospital traditionalists" and the "academic reformers." The hospital traditionalists tend to defend nursing as it has been articulated and practiced in the past. They usually regard nursing as practical in the narrow sense and favor the education of nursing in hospital programs, as has tradition-

ally been done. They stress practical methodology and leave major decisions concerning overall patient care to physicians and hospital bureaucrats. For some traditionalists in nursing, reform of nursing practice involves tinkering with the methodology rather than improving nursing care within the context of an overall health care system aimed at fostering the physical and psychological well-being of patients.

The opponents of the traditionalist approach in the academy seek to make nursing an intellectual discipline in its own right. To do this, they contend that nursing needs to develop theories which set nursing apart from other health care practices. They favor putting all nursing education in colleges and universities and requiring baccalaureate degrees and even masters degrees for practice. Being in a university setting, they attempt theoretical articulations of nursing as a basis for nursing research.

The attempt to reform nursing from the academy has taken two general directions. The first direction is taken from other professional schools, especially schools of medicine, and tends to stress the development of nursing as a profession and, in alliance with medical science and technology, to treat nursing as an applied science. The second tendency is to seek help from the social and/or behavioral sciences by copying their theories and research procedures in the study of nursing. Those who follow this tendency often regard nursing as an applied social or behavioral science.

These applied science approaches to nursing often involve an implicit degeneration of nursing practice in that they suggest that for nursing to be a discipline worthy of inclusion in a university, it must copy medicine or the behavioral and/or social sciences. When theories are taken from other disciplines and applied to practice, those theories tend to be divorced from actual practice. Since such theories do not develop out of practice, they tend to multiply in direct proportion to the number of theorists. "Everyone has his own theory," so to speak. Thus, when these theories are actually applied to nursing practice, nursing itself loses its sense of unity and integrity.

But nurses need not choose between either making nursing an applied science or maintaining traditional practice with its context determined by others. Fortunately, there is another possibility. It is possible both to affirm the tradition and to recognize that contemporary developments require changes in nursing practice and nursing education. One can regard nursing as an important practice, with a proud tradition, which is in a period of rapid transition due to progress within nursing practice itself and changes in health care practice in general. One needed change that is already occurring is the placement of nursing education within a broader academic setting. Nursing also requires specific theory and research to articulate and improve practice, but such theory and research should start with and come back to nursing practice itself. This does not mean that medical science and technology or theories from the social sciences cannot make a contribution to the practice of nursing. Indeed, as we shall show later through the use of the hermeneutic spiral, both can be incorporated into nursing practice without changing the practice into an applied science. What is needed is theory and research appropriate for nursing as practiced.

Phenomenology and hermeneutics can show how to articulate nursing practice from within. We believe this will become evident as we attempt to articulate nursing practice drawing on that philosophical tradition. Therefore, we will not treat phenomenology and hermeneutics explicitly. We will, however, develop a philosophy of practice from within that tradition that will begin and end with a concrete practice; namely, nursing. We will treat the philosophy of practice generally in chapters 4 and 5 because we believe that examining the nature of practice is essential to understanding the practice of nursing. Our treatment of the philosophy of practice rests on two assumptions. First, attempting to articulate the sense of nursing without philosophical meditation detaches nursing from the lived world which nourishes it and within which it develops. Second, a philosophy of practice, apart from treating concrete practice, is vacuous.

From the philosophical perspective, the investigation of

nursing practice makes philosophy of practice concrete. A philosophy of practice should begin and end by considering actual practice. The current situation in nursing is well-suited for such consideration. There is a growing interest in the philosophy of nursing, especially as interpreted by phenomenological philosophy. Fortunately, this interest has not yet been institutionalized. Thus, philosophy tends to be concerned with actual nursing practice rather than with philosophical treatments of the philosophy of nursing. When a philosophy of practice becomes institutionalized, as for example in philosophy of education, specialists tend to speak to each other rather than to practitioners. In addition, they tend to speak from various schools of philosophy. For example, the philosophy of education was dominated by the pragmatists during the 1930s, 40s and early 50s; since then analytic philosophers have controlled the discipline. When this occurs, the focus is on the implications of a particular type of philosophy for practice rather than on the philosophical articulation and improvement of practice. Then, not only is practice devalued, but so is philosophy. Rather than practicing philosophy, one merely applies a previously worked-out philosophy to the practice at hand. Thus it is appropriately called applied philosophy. In contrast, when one actually philosophizes from within and through practice, it is appropriately called philosophy of practice.

We believe that the philosophy of nursing, when appropriately developed, actually becomes a philosophy of practice. In chapter 2, we will examine four attempts to articulate nursing as a practice. First, we will explore Patricia Benner's (1984) thorough and extensive treatment of nursing practice from a phenomenological perspective. Her study disclosed the unique area of nursing practice which distinguishes it from other health care practices. Some might designate this as nursing's area of autonomy, but we prefer to call it the area in which nurses exercise their legitimate authority, for reasons which will become evident later. In addition, we will articulate the in-between aspect of nursing practice drawing on Tristram Engelhardt (1982, 1985), Timothy Sheard (1980) and Sally Gadow (1980, 1982, 1985).

By in-between we mean that, in addition to exercising legitimate authority, nurses practice in between physicians, patients, and hospital bureaucrats in a unique way.

Nursing practice is situated within health care practice and thus must be considered as a practice related to other health care practices. In chapter 3 we explore the health care context within which nurses practice. Drawing on Edmund Pellegrino (1982, 1985) and others (Kestenbaum, 1982), we will argue that all of health care, including medicine, is concerned primarily with caring for the ill, and thus is a human endeavor. However, this endeavor must incorporate medical science and technology aimed at cure. The spectacular advances in ability to cure have tempted some to regard health care practice as applied science. But we will show that such progress merely makes health care more effective rather than changing its basic nature, which is caring for the ill. Further, we will contend that the primary sense of health care is not scientific or technological but moral.

If health care is primarily a human venture with a moral purpose, it follows that health care practice should be studied by the human sciences rather than the natural or behavioral sciences. In the case of nursing, we will show in chapter 4 that the primary sense of nursing is disclosed by practical human sciences. In developing this theme, we will draw on Stephen Strasser's (1985) distinction between practical science and applied science and between theoretical and practical human sciences. Also Strasser's interpretation of the hermeneutic spiral will show how medical science and technology and theories from the social sciences can be incorporated into nursing practice without making it an applied science. Further, we will show that those investigating such human practices as nursing should share the moral imperative of nursing to foster the physical and psychological well-being of patients regardless of whether their initial interest begins from inside or outside nursing.

An adequate treatment of practice through the human sciences requires a philosophical treatment of practice. In chapter 5 we will develop a philosophy of practice drawing

on Gadamer (1976–1981) using examples taken from nursing practice. We will use MacIntyre's (1984) philosophy of virtue to show how practice is related to virtue in nursing. Of special significance to nursing practice are Gadamer's and MacIntyre's interpretation of practice as dynamic. For them a practice is dead when it does not strive to recognize and realize possibilities which are inherent in it. Further, these possibilities give rise to innovations, not only in the way in which nursing is practiced but also in the virtues and aims which give nursing vision and direction.

In chapter 6 we will show that the moral sense of nursing practice is the dominant sense of nursing as actually practiced. However, this dominant sense is often not explicitly articulated by nurses when describing their own practice. In a study of fulfillment in nursing, we found that the dominant sense of nursing was moral and personal rather than professional and technical. Further, nurses felt most fulfilled when professional and technical competency was incorporated in nursing practice which realized its moral sense within a personal relationship.

In chapter 7 we will show that the moral sense of nursing requires a new approach to nursing ethics. In this approach moral issues and problems are inherent within nursing practice itself rather than being the result of advances in medical science and technology as many philosophical ethicists claim. When traditional philosophical ethics is applied to nursing, it emphasizes individual and professional autonomy to the neglect of trust and mutuality. We will show that, in practice, nursing ethics is based primarily on trust and mutuality. This implies that the in-between situation of nurses, which is such a thorn in the side of those who stress autonomy, is actually a privileged position from which to make moral decisions concerning patient care.

The last chapter will focus on the personal side of nursing implied by the moral sense of nursing practice. Nursing is primarily a personal relationship between nurse and patient which fosters the well-being of the patient. The personal aspect of nursing practice has three senses. The first

sense means that nurses must practice nursing in a way that expresses their particular way of being in relationship to patients. Second, personal means that patients are to be regarded as persons with dignity and respect even when being treated impersonally. Finally, personal means that nurses must be open to particular persons as they are encountered in nursing practice. Personal relationships in nursing practice are developed through communication by speaking and touching. This requires nurses to communicate, not merely in the propositional language in which nursing practice is usually articulated, but also in expressive and evocative language as well. Further, all three modes of language should be incorporated into an integral language appropriate to the patient situation and the relationship between nurse and patient.

Since our book is an articulation of nursing from within practice itself, it should speak forcefully to those nurses who have a deep appreciation for the caring tradition, and therefore, find unacceptable the radical approach which would make nursing either an applied natural or an applied social science. Also, since it offers a dynamic interpretation of that tradition which opens new possibilities for innovation from within practice, it should give direction to those nurses who find a narrow traditionalist approach to nursing stultifying and out of step with the advances now taking place in nursing.

Can we actually achieve our goal of articulating *the* essence of nursing from within nursing practice? Although that is our goal, we are merely fallible beings in time. One source of our fallibility at this time is that so little has been done in the philosophy of nursing. For this reason, we hope that our venture into this neglected area of nursing not only will help nurses and scholars in nursing to better grasp the meaning of nursing practice but also will encourage others to join us in exploring the meaning of nursing philosophically.