NURSES' WISDOM IN NURSING THEORY

Identifying and utilizing the theory which underlies each nurse's practice is one way, this author believes, for the nurse "to realize her potential for service to mankind and to maintain a recognized place among professionals in the health field." Here, she describes the essentials of a prescriptive theory.

ERNESTINE WIEDENBACH

Nursing seems to be groping for clarity about its place among the health professions and about the role of its practitioners in the expanding health services of today. Understandably so, for the features of nursing in this space age are rapidly changing.

Other professionals, especially physicians, are making more and more demands of nurses, and nonprofessionals are more and more taking over responsibilities which, since nursing's inception, have been regarded as the special prerogatives of the nurse. In many situations, the identity of the professional nurse is hard to discern, and many nurses have difficulty giving valid answers to certain basic questions: What is nursing? What characterizes the professional nurse? What is the nurse's unique area of responsibility?

Such questions are difficult to answer, especially when we think of the myriad and variety of activities in which nurses engage. To list them all is nigh impossible, nor would such a list, could it be made, stand the test of time. And to characterize the nurse in terms of her functions is equally unsatisfactory. Advances in medicine and rapid changes in our social order make functions considered characteristic of the nurse today, obsolete tomorrow.

Yet somehow, if the nurse is to realize her potential for service to mankind and maintain a recognized place among professionals in the field of health, answers to such questions must be found. And some believe, I among them, that they will be found when each nurse identifies for herself the theory that underlies her practice, enunciates it, respects it, and uses it consciously and critically, not just to *guide* her in her practice, but to serve her as a means to *improve* nursing practice as well.

Theory is an abstract phenomenon. It develops within the mind but derives from reality and influences action. It is the outgrowth of an intellectual process set in motion by observations. From them, ideas are generated. Then, by means of the intellect, the ideas—we'll call them concepts—may be consciously brought into meaningful relationship with one another for such purposes as to identify or isolate factors, to characterize or classify them, to predict effect from cause, or to prescribe a course of action by which to obtain desired results. When such a relationship is articulated, a theory has been formulated.

In contrast to such an abstract phenomenon as theory, nursing may be considered a practical phenomenon. It is a practice discipline that involves action. Through it, the practitioner—the nurse—strives, within the realities of the immediate situation, to effect results of a desired kind with respect to the well-being of one or more patients.

The fact that nursing is a goal-directed activity presumes that underlying it is a theory that guides its practice. The nurse uses pieces of that theory daily even though she may not recognize them as such. Among the more obvious ones are written policies, procedures, and techniques. These would seem to be predictive theories, for they imply that if they are carried out as specified, definite outcomes may be expected. Less tangible, but oh, so important to what the nurse does and the way she does it, are nursing lore acquired through study, and nursing wisdom acquired through meaningful experience. Each of these is made up of a myriad of useful factors which the nurse, often with exquisite judgment though possibly without awareness of actually doing so, selects, combines, and applies in her care of patients, on the theory that they will prove effective.

Selecting factors that are essential to a nurse's action, relating them to one another, or even fitting them into a predictive kind of imagery, are mental feats that the nurse engages in almost unconsciously prior to

MISS WIEDENBACH, a graduate of Wellesley College, Wellesley, Mass., received her diploma from Johns Hopkins School of Nursing, Baltimore, Md., her M.A. from Teachers College, Columbia University, and a certificate in nurse-midwifery from the Maternity Center Association, New York, N.Y. Miss Wiedenbach has worked in many areas of nursing. She has been a public health nurse and a nurse-midwife, and she is now associate professor emeritus of maternal and newborn nursing, Yale University School of Nursing, New Haven, Conn. She is the author of several books, the most recent being, *Meeting the Realities in Clinical Teaching*. This paper was presented in a course on current trends in clinical nursing practice sponsored by the Dept. of Nursing, Walter Reed Army Institute of Research in February, 1969.

taking any nursing action. She does what she does because she has in her mind concepts, based on lore and wisdom, of what might be appropriate to do under the particular circumstances that prevail. Often, however, that imagery is too ill-defined in her consciousness to enable her to recount readily what factors were at play that caused her to get the kind of results she got from what she did.

Take, for example, the nurse who is able to quiet a disturbed patient and induce him to eat his lunch, while another nurse, attempting to do likewise, meets with violent opposition from the patient. What enabled the first nurse to effect the results she obtained? Was it magic? Was it instinct? Or intuition? Or was it a combination of lore, wisdom, and concern? My belief is that it was the latter. But can that nurse transmit the essence of her success to the second nurse so that she, too, may effect desired results through her action? Unless she can communicate the essential factors that caused her to obtain desired results with the particular patient, not only may she be unable to contribute to the improvement of another's practice, but there is no assurance that she will be able to have the same outstanding success the next time that she tries to induce that patient to eat his lunch.

Needed, I think, is understanding of the theory that underlies the nurse's way of nursing. This involves knowing *what* the nurse wanted to accomplish, *how* she went about accomplishing it, and *in what context* she did what she did.

A theory intended to guide practice and contribute to its improvement must include answers to those questions, I believe, and will, when the theory that is articulated is a prescriptive theory. Three ingredients are essential to a prescriptive theory:

- The nurse's *central purpose* in nursing. It constitutes the nurse's professional commitment.
- The *prescription*. It indicates the broad general action that the nurse deems appropriate to fulfillment of her central purpose.
- The *realities*. They are the aspects of the immediate situation which influence the results the nurse achieves through what she does.

THE COMMITMENT

The nurse's central purpose in nursing defines the quality of health she desires to effect or sustain in her patient and specifies what she recognizes to be her special responsibility in caring for him. It is the result that, ideally, she consistently strives to obtain through her nursing action. Thus, it is a concept that she has thought through herself—one that she has put into words, believes in, and accepts as a standard against which she can measure the value of her action to the patient.

The nurse's central purpose, or commitment, has its roots in her philosophy—those beliefs and values which shape her attitude toward life, toward fellow human beings, and toward herself. They, too, need to be made explicit, for only when the nurse has put them into words can she really examine her beliefs and values, and determine the degree to which she reflects them in her attitude and action.

Three concepts epitomize for me the essence of a philosophy of nursing:

1. Reverence for the gift of life.
2. Respect for the dignity, worth, autonomy, and individuality of each human being.
3. Resolution to act dynamically in relation to one's beliefs.

Each of these may well be explored, since the beliefs on which it is founded determine the validity of the concept. If a concept has meaning for the nurse and she can subscribe to it, it will serve her as a guide in making choices and decisions. Explore with me, for example, the second concept, "respect for the dignity, worth, autonomy, and individuality of each human being." This is founded, I think, on at least the following four beliefs:

1. Each human being is endowed with unique potential to develop within himself the resources that enable him to maintain and sustain himself.
2. The human being basically strives toward self-direction and relative independence, and desires not only to make best use of his capabilities and potentialities, but to fulfill his responsibilities as well.
3. The human being needs stimulation in order to make best use of his capabilities and realize his self-worth.
4. Whatever the individual does represents his best judgment at the moment of doing it.

By specifying my beliefs, I make them available to me. I can refer to them, and in so doing, I find that they exert a strong influence on my interaction with patients and their families, with other professionals, and with nonprofessionals. They also guide my thinking when trying to formulate a statement of purpose that I can regard as my central purpose in nursing. It is *to motivate the individual and/or facilitate his efforts to overcome the obstacles that may now—or may later—interfere with his ability to respond capably to the demands made of him by the realities in his situation.*

This statement respects, I think, the individual's potential for capable functioning and presumes that he will function capably when he recognizes the need to do so and no obstacle impedes his effort. The statement, however, is based on *my* beliefs and expresses *my* central purpose in nursing. Others—each nurse, for instance—may hold different beliefs, and, thus, may see their overall commitments in nursing somewhat differently from the way I see mine. To differ is valid. But it is important to put one's concepts into words so that each may be looked at, examined, compared, dis-

cussed, and refined. Because differences in beliefs and values do exist, the central purpose that each nurse may articulate for herself is uniquely hers. It has a personal connotation and consequently is designated *her* central purpose in nursing, rather than *the* central purpose of nursing.

THE PRESCRIPTION

Prescription, in this context, specifies both the nature of the action that will most likely lead to fulfillment of the nurse's central purpose in nursing and the thinking process that determines it.

The very nature of nursing presumes that action which the nurse takes is based on thought. Nursing is a practice discipline, which means that it is goal-directed. In other words, the nurse presumably has thought through the kind of results she wants to obtain from what she does, gears her action to obtaining them, and accepts accountability not only for what she does but for the outcome of her acts as well. Nursing action, thus, is deliberate action, but it may be any one of three kinds: (1) mutually understood and agreed upon, (2) patient-directed, or (3) nurse-directed.

Each of these three may have a very different effect on the patient —a fact that the nurse needs to recognize before she acts. The choice, however, is hers. The kind of action she will resort to depends, I think, on her central purpose in nursing and consequently on the way she may view the patient at any moment that she is caring for him. For example, let us assume that a nurse is to give a patient morning care.

Her action may be considered to be mutually understood and agreed upon, if she respects the patient's dignity, worth, autonomy, and individuality, and believes that he must be psychologically receptive to her care if he is to benefit from it. This kind of action suggests that the nurse's central purpose in nursing is to facilitate the patient's effort

"KNOWING what the nurse wanted to accomplish, how she went about accomplishing it, and in what context she did what she did" are necessary to understand the theory underlying "the nurse's way of nursing." The nurse's central purpose, the prescription, and the realities are the essential ingredients of such a theory.

to respond capably to the morning care that she is giving him. The effect of this kind of action on the patient will, in all probability, be positive. He presumably understands what she is about to do or is doing, and is in accord with it.

The nurse's action may be considered to be patient-directed if she respects the patient's dignity, worth, autonomy, and individuality, but believes that he knows what help he may need in his morning care and will let her know, by word, look, or manner, when he needs it. This kind of action implies that the nurse's central purpose in nursing is to be available to the patient to give whatever help he indicates he wants in relation to his morning care. Thus, she supports what she assumes to be his desire for independence. The effect of such action could be positive. On the other hand, it could also be negative. The patient may be receptive to the nurse's way of caring for him, or he could be frustrated by it.

Nurse-directed action suggests that the nurse may respect the patient's dignity and worth, but not particularly his individuality and autonomy. It implies that she, the nurse, knows best what the patient needs. For this kind of action, the nurse's central purpose would seem to be to do for or with the patient what she thinks he needs to have done for or with him. In all probability, the effect on the patient of such action will be negative. Although he may submit to the care the nurse gives him, he may resent the way she goes about giving it.

Prescription, thus, represents a directive to the nurse for effecting the kind of results she desires. It is inextricably tied to her central purpose in nursing. Consequently, once she has formulated her central purpose and has accepted it as her commitment, she not only has established the prescription for her nursing, but is ready to implement it within the realities of the clinical situation.

THE REALITIES

The realities in nursing practice consist of all the factors—physical, physiological, psychological, emotional, and spiritual—that are at play in a situation in which nursing action occurs at any given moment. They may be grouped under five main headings which have been designated as follows:

- The *agent*, who is the nurse or her delegate and supplies the propelling force for any nursing action that may be taken.
- The *recipient*, the patient, who receives the agent's action or in whose behalf the action is taken.
- The *framework*, which comprises all the extraneous factors and facilities in the situation that affect the nurse's ability to obtain the kind of results she wants to obtain through her nursing.
- The *goal*, which represents the end to be attained through the activity the nurse plans or undertakes in behalf of the patient.
- The *means*, which comprise the activities and devices which enable the nurse to attain her goal.

Each of these five is a significant aspect of the clinical practice complex. Each is present in every nursing situation experienced by the nurse and, therefore, needs to be given thoughtful recognition and consideration by her, not only as she plans details of her practice, but also as she goes about carrying them out. The realities exert such a powerful influence on the nurse's ability to practice nursing effectively, that I think it important at least to mention some of the salient features of each aspect.

THE NURSE

As agent, the nurse supplies the propelling force for the overt actions that determine the effectiveness of her nursing. Results are obtained through what she does and how she does it. Thus, she is responsible not only for clarifying her central purpose in nursing and her prescription for fulfilling it, but also for recognizing the responsibilities that are hers by virtue of her resolve to fulfill her central purpose and implement her prescription. Four responsibilities which I consider outstanding ones are as follows:

1. To reconcile her assumptions about the realities in the clinical situation with her central purpose in nursing.
2. To specify the objectives of her practice in terms of behavioral outcomes that are realistically attainable.
3. To practice nursing in accordance with her objectives.
4. To engage in related activities which contribute to her self-realization and to the improvement of nursing practice.

THE PATIENT

As recipient of the nurse's ministrations, the patient is in a vulnerable position. Once he has placed himself in the role of patient, regardless of whether it be in a hospital, clinic, or at home, he subjects himself to another's care. This means that he is dependent on others, including the nurse, for help in relation to his special needs. And in so being, he runs the risk of losing his individuality, dignity, worth, and autonomy. What is often not fully recognized, however, is that he has one unassailable resource that he can use as a secret weapon—his sensitivity. By means of it, he can defeat or frustrate those responsible for his care and thwart their efforts to obtain the results they desire.

For example: A patient fears the operation he is scheduled to have the next morning. He can't sleep. He may wonder—what exactly will be done to him? how will he feel tomorrow night at this time? or even, will he still be alive? His thoughts run in circles. He'd like to talk to the nurse about his anxieties and fears, but she seems awfully busy

to him. At that point she approaches his bed, notes that he is awake, and comments, "I'll get you something to help you get some sleep." She leaves and returns bringing a sedative, prescribed p.r.n. by the doctor, and gives it to him. An hour later, as she approaches the patient to check the medication's effect, she notes that he is still wide, wide awake.

It is fair to say, I think, that that nurse, in that particular incident, did not really respect the patient's individuality or autonomy, and that the patient's sensitivity to her manner and behavior was responsible for his perception of her actions and attitude. His perception of her gave rise to his assumption that she was too busy to talk with him. Consequently, he did not reveal to her the need for help he was experiencing, with the result that the nurse, who had not tried to identify that need, was thwarted in her effort to induce, through the sedative she administered, the sleep that she desired the patient to have. Sensitivity, thus, can be a powerful factor in a patient's ability to respond capably to the nurse's ministrations, and it needs to be respected by her in her practice.

THE FRAMEWORK

In nursing practice, the framework constitutes a complex of factors which, though formless and intangible as a whole, have, nevertheless, potential for limiting or expanding the scope of the nurse's ability to function as she would like to at any given time. It derives from a combination of extraneous elements and circumstances which, imagined or real, are present or are introduced into every nursing situation. By their existence, they shape the course of events. In addition, they influence not only the ease with which the nurse is able to achieve desired results from her nursing, but also the ease with which the patient is able to benefit from the nurse's ministrations.

Such factors could be, for instance, the depleted supply of linen on a Monday morning along with a shortage of staff and a high patient census, along with the remembrance of an exciting weekend the nurse had at home, and the anticipation of a visit to the unit by the commanding officer with a foreign visitor. Or, they could be, as in the incident cited earlier, the setting, a surgical unit, the time of night, and the numerous tasks to be done which put pressure on the nurse and contributed to the patient's inability to obtain from her the kind of help he felt he needed.

The framework, as those examples suggest, is a conglomerate that may include objects, existing or missing, such as policies, setting, atmosphere, time of day, humans, and happenings that may be current, past, or anticipated. Depending on its makeup, it may promote, complicate, facilitate, alter, impair, or impede the nurse's ability to function effectively in her practice. It is dynamic, often unpredictable, at times exhilarating, sometimes baffling and disrupting. But a framework always exists and cannot—must not—be ignored. The nurse needs to respect it, accept it, and cope with it, consciously and responsibly herself; and in addition, she needs to strive to enable her patient to cope with it capably, as well.

THE GOAL

The goal is the end to be attained through whatever the nurse undertakes in her practice. As such, it is associated with action to which it gives meaning, focus, and justification.

In the context of a prescriptive theory, goal is incorporated into the central purpose but is also recognized as one of the aspects of the realities.

As part of central purpose which enunciates the mission to be accomplished by the nurse through her nursing, goal specifies the result or end toward which the nurse constantly and consistently directs her efforts in her practice. For example, in the statement of purpose presented earlier, the specified goal may be said to be the individual's *capability.*

As an aspect of the realities, on the other hand, goal specifies the result which the nurse desires to achieve through the particular activity she plans or initiates. Such activities might include carrying out procedures, counseling, charting, consulting, and assisting; and the goals of such activities might be said to be, respectively, the patient's comfort and/or improvement, enhancement of his capability, continuity of his care, gaining of advice, and extension of another's competence. Such stipulation of an activity's goal gives focus to the nurse's action and implies her reason for taking it.

Articulation of an activity's goal, however, does not suggest the way the nurse may go about trying to attain it. Method of attainment is an individual, as well as a potentially complicated, matter. It involves three distinct steps, each of which has its own goal:

1. goal-in-intent
2. goal-in-application
3. goal-in-execution

Goal-in-intent specifies the attitude that the nurse believes the patient must manifest in order to be able to benefit from her ministrations. It is an attitude, consequently, that she needs to foster or engender consciously as part of her effort to attain her activity's goal.

Goal-in-intent derives mainly from the nurse's central purpose in nursing. If her purpose, for instance, is to have the patient benefit from her ministrations, her goal-in-intent will most likely be a receptive attitude toward them on her patient's part. If, on the other hand, her purpose is to have the patient become independent of her ministrations, her goal-in-intent might be a tolerant attitude on the patient's part. And, should her central purpose be to have her action benefit the patient, her goal-in-intent will most likely be

an attitude of compliance on the part of the patient.

Recognition of the differences that may exist in nurses' goals-in-intent may serve to explain the differences in their ways of practicing and in the kind of results—both immediate and long-range—that they achieve through them.

Goal-in-application specifies the kind of framework that the nurse believes is essential to achievement of the goal she has set for the activity she plans to undertake. I would call it a supportive framework, which means that the nurse has available to her appropriate equipment with which to carry out the activity; that the physical environment is adjusted to the patient's tolerance and to her ease in functioning; and that the human elements consisting not only of professionals but also of nonprofessionals, who may also include the patient's family, are accepting of the nurse's plan to engage in a particular activity in the patient's behalf.

When talking about nursing activities, goal-in-application with its implications is often taken for granted and so is not specially mentioned. Yet actually, attainment of this goal can be more harassing and time-consuming than the implementation of the activity itself. Instead of being merely taken for granted, therefore, it needs to be recognized and respected not only as an integral part of the nurse's practice, but as one that is crucial to her obtaining the kind of results she desires from what she does.

Goal-in-execution specifies the relationship between the realities and her activity that the nurse desires to maintain while she is actually carrying out the activity. I would designate it a supportive relationship. Attainment of this goal calls for vigilance, sensitivity, and wisdom on the part of the nurse, all the while that she is engaging in the activity; vigilance for signs of resistance in the patient toward the activity; sensitivity to untoward changes in the framework or in herself that could prevent attainment of the activity's goal; and wisdom in dealing objectively and kindly with what she is aware of in the situation so that the patient's ability to benefit from the activity may be supported, restored, or enhanced.

These three goals—goal-in-intent, goal-in-application, and goal-in-execution—are concepts that are important to effective nursing. Their significance may not always be recognized nor their importance fully appreciated. When the nurse respects them, however, and makes their attainment a conscious part of her nursing, she is taking a major step toward obtaining desired results in her practice.

THE MEANS

Means are the expedients which the nurse uses to achieve the objectives of her practice. They include the whole gamut of skills, techniques, procedures, and devices that she may use to identify her patient's experienced need-for-help, minister the help he needs, or validate that the help she gave was indeed helpful. They are indispensable resources on which the nurse relies, day in, day out. The value they have for the patient, however, depends to a large extent on how the nurse uses them.

It is the nurse's way of giving a treatment, for example, that enables a patient to benefit from it, not just the fact that a treatment is given him; and it is her way of expressing her concern—not just the fact that she is present or speaks—that enables him to reveal his fears. The nurse's way of using the means available to her to achieve the results she desires in her practice is an individual matter, determined to a large degree, by her central purpose in nursing and the prescription she regards as appropriate to its fulfillment.

Such, then, is the nature of a prescriptive theory of nursing. Its components are, first of all, a central purpose that suggests the nurse's reason for being—the mission she believes is hers to accomplish; second, a prescription that suggests the action she deems appropriate to the accomplishment of her mission; and third, the realities which, by their pervasiveness, challenge the nurse's ingenuity and creativity as she endeavors to fulfill her central purpose in nursing through her practice.

Like all theory, a prescriptive theory is a system of conceptualizations invented for some purpose. Its meaning to nursing practice becomes clear, I think, when the nurse makes explicit the prescriptive theory that underlies *her* practice. When she has formulated it and has actually put it into words, she will, I believe, find the following:

- that she has given dignity, scope and stature to her practice, because she has laid it bare in its entirety;
- that she has given direction and constancy to her practice, because she has clarified for herself her central purpose in nursing and the prescription by which she must fulfill it; and finally,
- that she has enhanced her potential for improving nursing practice, because not only has she established a standard by which to measure its effect and analyze its content, but she has thought through how to cope with the realities in nursing so that the desired results of practice may be insured.

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