

Clarifying the Nature of Conceptualizations about Nursing

June F. Kikuchi

Les sciences infirmières, en tant que discipline, sont à un point crucial de leur évolution. La conceptualisation des sciences infirmières est élaborée et testée sans que l'on ait une conception claire de leur essence. Ainsi, la documentation sur le sujet a tendance à embrouiller plutôt qu'à clarifier la pensée. L'objectif du présent traité philosophique est de montrer qu'on pourrait obtenir une plus grande clarté en reconnaissant que les questions posées sur les diverses conceptions des sciences infirmières sont par essence philosophiques. On critique l'influence de Jacqueline Fawcett dans la mesure où la façon de reconnaître et d'agir en fonction du fait ci-haut mentionné permettrait de préciser la réflexion sur la question.

The discipline of nursing is at a crucial point in its development. Conceptualizations about nursing are being developed and tested without benefit of a clear conception as to their nature. Consequently, the nursing literature on the topic tends to confuse rather than clarify thought. The purpose of this philosophic treatise is to show that greater clarity could be achieved by acknowledging the fact that questions addressed in conceptions about nursing are philosophic in nature. The influential thought of Jacqueline Fawcett is critiqued with reference to how acknowledging and acting in terms of this fact would also lend parsimony to thought on the matter.

Introduction

During the past several decades, a dozen or more conceptualizations about nursing have been developed by nurse scholars such as Orem, Parse, and Henderson to guide nursing endeavours. It is clear, from various historical accounts (e.g., Chinn & Kramer, 1995; Meleis, 1991; Peplau, 1987; Whall, 1989), that the evolution of contemporary conceptualizations about nursing was precipitated by the pressing need to answer the question What is nursing? Nurse leaders correctly surmised that the development of nursing, as a discipline in its own right, awaited an answer to that question. The identification of *nursing* curricula, practice, and research was dependent on it; the circumstantial need to define the nature of nursing was intensified by the growing concern that nursing, as a science, was not developing theories of its own – that it could afford to neither continue to borrow theories from other sciences nor accumulate bits and pieces of unrelated information.

June F. Kikuchi, R.N., Ph.D., is Professor and Director of the Institute for Philosophical Nursing Research in the Faculty of Nursing, University of Alberta, Edmonton.

In the 1970s and 1980s, nurse scholars' conceptualizations about nursing, and guidelines for analyzing and evaluating the conceptions, began to flood the nursing book market. Graduate nursing students began to earnestly study this literature and debate aspects of it. One debate has centred directly on the nature of conceptualizations about nursing. In Meleis's (1991) view, the distinctions that some nurse theorists have made among metaparadigm, conceptual model and framework, and theory, in deciding what to call conceptualizations about nursing, are "hair-splitting, unclear, and confusing at worst" (p.16). Being of the view that these distinctions are not worth debating, Meleis takes the position – as do Chinn and Kramer (1995) – that conceptions about nursing are theories, pure and simple. But Fawcett (1993, 1995) continues to insist on the importance of making these distinctions, and of distinguishing between those conceptions that are conceptual models or frameworks and those that are theories, in terms of level of abstractness. However, Uys (1987) correctly points out that theories can be just as abstract as conceptual models.

Given all that has transpired, it is amazing that the nursing literature on the nature of conceptions about nursing remains unclear and confusing. This philosophic treatise attempts to lend clarity to the matter. The thesis, simply put, is that our present confusion stems from a failure to recognize that the conceptions are philosophic in nature. It is defended, first, by revealing that conceptions about nursing have been generally and erroneously assumed by nurse scholars to be scientific in nature. Then taken up is the notion that they are philosophic in nature – more specifically that they are formal philosophies of nursing (i.e., philosophies of nursing having the form of a philosophic nursing theory). Finally, Fawcett's (1995) conception of the "structural hierarchy of contemporary nursing knowledge" (p. 6) is examined to demonstrate how tangled we have become in our attempts to clarify the nature of conceptions about nursing, and to show how we might extricate ourselves by properly conceiving of them as philosophic in nature.

Assumptions

The argument put forward in this treatise is grounded in, and is to be interpreted in light of, the commonsense philosophic position of *moderate* realism, which holds that reality exists outside and independent of the mind and is knowable. In its conception of modes of inquiry (as put forward by such moderate realist philosophers as Adler [1965], Maritain [1959], and Wallace [1983]), moderate realism reasonably makes a place for philosophy as a mode of inquiry capable of produc-

ing theories of the calibre that science, history, and mathematics do in terms of truth value.

Conceptualizations about Nursing as Scientific

There is ample evidence that nurse scholars have generally assumed that conceptions about nursing are scientific in nature. Consider the following examples from the nursing literature. Fitzpatrick and Whall (1989) speak of *indirectly* testing conceptualizations about nursing through investigative hypothesis-testing and using operational definitions – methods characteristic of science as a mode of inquiry. Fawcett (1993, 1995) does so as well with regard to conceptions that she deems to be models or grand theories, but she takes such thinking even further. She refers to the *direct* testing of conceptions about nursing (having, in her view, the form of a middle-range theory) through measurement and statistical procedures. Also, when Parse (1987), Meleis (1991), Barnum (1994), and Chinn and Kramer (1995) address conceptions about nursing as theories, they use terms characteristic of science – such as description, explanation, prediction, and phenomena. The assumption that conceptions about nursing are scientific in nature is also apparent in the numerous references, in the nursing literature, to these conceptions vis-à-vis sociology's notion of scientific grand and middle-range theories (e.g., Chinn & Kramer; Fawcett, 1993, 1995; Fitzpatrick & Whall; Kim, 1983, 1989; Meleis; Melia & Fawcett, 1986; Moody, 1990; Smith, 1992).

The problem in conceiving of conceptions about nursing as scientific is evident in the nature, scope, and object of science as opposed to philosophy as a mode of inquiry. In its inquiry, *science* seeks scientific theories, having the form of probable truth, about what is and happens in the world, grounding its inquiry in (and testing the results against) *special* experience – special in that the experience results from deliberate effort, conducting an investigation to observe phenomena (Adler, 1965). Thus description, explanation, and prediction of the phenomenal (i.e., that which is material and directly or indirectly observable) lie within the purview of science (Maritain, 1930, 1959; Wallace, 1983), giving science the power to attain know-that knowledge about the phenomenal as well as know-how knowledge – or knowledge of how to control phenomena to reach desired outcomes (Adler).

The nature of nursing per se (in the essential sense portrayed in nurse scholars' conceptions about nursing as what distinguishes nursing from other entities) is nonphenomenal (i.e., immaterial and nonobservable). As such, it is not amenable to study through science.

The question What is the essential nature of nursing? is a philosophic nursing question, not a scientific one (Kikuchi, 1992). It is to philosophic inquiry that we must turn for an answer to that question, the outcome of which would be (contrary to the thinking of Salsberry [1994]) a philosophy of nursing having the form of a philosophic nursing theory (Kikuchi & Simmons, 1994). What, then, is a philosophic nursing theory, and how is it attained? The answer, let it be kept in mind, is based in the moderate realist's conception of philosophy as a mode of inquiry.

Conceptualizations about Nursing as Philosophic

Maritain (1959) and Wallace (1983) distinguish between scientific, mathematic, and philosophic modes of inquiry, and their respective concepts, in terms of Aristotle's three degrees of abstraction from matter. Science, dealing with the material and directly or indirectly observable aspects of entities, operates at the first degree of abstraction, the closest, of the three, to matter and therefore the most concrete and least abstract. Philosophy, dealing with the immaterial and nonobservable aspects of entities, operates at the third degree, the furthest removed from matter and therefore the most abstract. Mathematics operates at the second degree. In other words, as the mind moves from the first to the third degree of abstraction, it sheds more and more of the material aspects of the entity under study until, at the level of philosophic thought, only the immaterial aspects remain to be considered. Thus a theory at the philosophic level of thought consists of a compendious set of concepts and propositions that are more abstract and general in nature than those found in a scientific theory.

Also, at the level of philosophic thought, theories are developed using methods appropriate to it. Unlike science, which collects and then analyzes observational data at the first degree of abstraction, *philosophy* engages in armchair thinking at the third degree of abstraction. This thinking consists of reflection upon, and discursive analysis of, commonsense knowledge gained through *common* experience (as opposed to the *special* experience in which science is grounded). Commonsense knowledge and common experience are the basic knowledge and experience that all humans have by virtue of simply living and acting day to day, without making a deliberate effort to investigate anything (Adler, 1965). Further, in its inquiry, philosophy, like science, seeks theories, having the form of probable truth, about what is and happens in the world. Unlike science, however, it seeks knowledge of the immaterial or nonobservable aspects of that which exists in the world, and knowledge of what we ought to do and seek in human life. Thus it does not

concern itself, as science does, with prediction or control of phenomena. Yet it alone has the power to provide us with the fundamental theoretical and practical knowledge to guide our human endeavours (Adler; Maritain, 1930, 1959; Wallace, 1983) – for example, knowledge of the essential nature of human beings and of moral standards.

From the foregoing explanation of the development of philosophic theories *per se*, it is clear that armchair thinking would be required to develop a philosophy of nursing having the form of a philosophic nursing theory. This thinking would consist of reflection upon, and discursive analysis of, that commonsense knowledge of nursing which nurses come to possess, not from engaging in extraordinary nursing activity but simply from engaging in everyday practice (i.e., that knowledge of nursing which comes from ordinary or common nursing experience). In other words, through reflection upon this knowledge, answers to philosophic nursing questions would be proposed and analyzed in a discursive manner to develop a philosophy of nursing having the form of a philosophic nursing theory. The established philosophy would consist of a compendious set of concepts and propositions that address philosophic nursing questions concerning the nature, scope, and object of nursing and of nursing knowledge; and of what ought to be done and sought in nursing – questions that nursing as a discipline is responsible for answering (Kikuchi, 1992; Schlotfeldt, 1992). Needless to say, the nursing philosophy so established would be a derived philosophy (Kreyche, 1959) – derived from the philosophic theories of the various branches of the discipline of philosophy (e.g., metaphysics; epistemology; philosophy of mind; philosophy of religion, ethics, and politics) developed in response to questions of a more basic nature that those branches are responsible for answering. Following is an example of how inquiry along these lines might proceed.

Suppose that the question *What is the end-goal of nursing?* were to be asked and that “quality of life,” conceived as “a life befitting human beings,” were proposed as a possible end-goal. Reflection on this answer might lead to the question *What does such a life entail?* Proposed answers would likely spawn other questions, such as: *What conditions are required for quality of life, so defined, to exist? What are the consequences of it existing or not existing? How is it different from, or similar to, other things like it?* If the inquiry were to be conducted properly, increasingly more penetrating questions would be asked in response to the ongoing analysis of proposed answers to questions already posed (Phenix, 1964). With this kind of cyclical asking and answering of questions, deeper penetration into the true nature of things – in this instance, into the end-goal of nursing – becomes possible.

Having considered the nature of a philosophic theory and of a philosophic nursing theory, and how they are attained, let us now see how greater clarity and parsimony of nursing thought could be achieved by properly conceiving of conceptions about nursing as philosophic in nature. Fawcett's (1993, 1995) conception of the structural hierarchy of contemporary nursing knowledge will be used to establish this point, because Fawcett has described it in sufficient detail to permit such an endeavour.

Fawcett's Structural Hierarchy of Nursing Knowledge

First, a synopsis of Fawcett's (1993, 1995) description of her conception of the structural hierarchy of contemporary nursing knowledge will be presented. The analysis will focus only on those aspects of Fawcett's work that are problematic in that they contain seeds of confusion regarding the nature of conceptions about nursing – seeds sown, it would seem, by virtue of the failure to see that the conceptions are philosophic, rather than scientific in nature and the eclectic amalgamation of ideas. Direct quotations will be used, rather than paraphrasing, wherever it is crucial that Fawcett's ideas, and those of others that she uses, be conveyed accurately.

According to Fawcett (1993, 1995), the structural hierarchy of contemporary nursing knowledge has several components: a metaparadigm, philosophies, conceptual models, theories, and empirical indicators. The hierarchy descends from the metaparadigm (the most abstract) to the empirical indicators (the most concrete).

Metaparadigm

Fawcett (1995) states that the functions of a metaparadigm include that of summarizing a discipline's intellectual and social missions and placing a boundary on that discipline's subject matter. These functions are said to be reflected in the following four requirements of a metaparadigm: (1) it must identify a discipline's domain such that it is distinct from those of other disciplines, (2) it must parsimoniously encompass all phenomena of interest to a discipline, (3) it must be neutral in perspective, and (4) it must be international in scope and substance.

Fawcett (1995) identifies the central concepts of the nursing metaparadigm (the phenomena of interest to nursing) as person, environment, health, and nursing, based on four concepts induced from the conceptual frameworks of baccalaureate programs accredited by the National League for Nursing (NLN). The relationships among the

metaparadigm concepts, which Fawcett enunciates in four propositions, are based mainly on the work of Donaldson and Crowley (1978). Finally, Fawcett states that the metaparadigm cannot be tested empirically because there is no direct connection between it and empirical indicators but that it "should be defensible on the basis of dialogue and debate" (p. 30).

Philosophies

The second component of the structural hierarchy Fawcett (1993, 1995) identifies as "philosophies," describing the relationship of philosophies to the metaparadigm and conceptual models thus:

Philosophies do not follow directly in line from the metaparadigm of the discipline, and they do not directly precede conceptual models. Rather, the metaparadigm of a discipline identifies the phenomena about which philosophical claims are made. The unique focus and content of each conceptual model then reflect the philosophical claims. (1995, p. 24)

Fawcett offers an example of that relationship: a philosophy's claim that all people are equal would be reflected in a conceptual model as nurse and patient being equal partners in health care. Fawcett (1993) outlines the substantive content of philosophies:

Philosophies encompass ontological claims about the nature of human beings and the goal of the discipline, epistemic claims regarding how knowledge is developed, and ethical claims about what the members of a discipline should do (Salsberry, 1991). Different philosophies (world views) lead to different conceptualizations of the central concepts of a discipline and to different statements about the nature of the relationships among those concepts (Altman & Rogoff, 1987). (p. 8)

According to Fawcett (1995), one cannot empirically test philosophies, directly or indirectly, because there is no direct connection between philosophies and empirical indicators and because philosophies are statements of beliefs and values. They "should, however, be defensible on the basis of logic or through dialogue (Salsberry, 1991)" (p. 30).

In her guidelines for analyzing conceptual models of nursing, Fawcett (1995) suggests the following question be asked in relation to the philosophy component: "On what philosophical beliefs and values about nursing is the conceptual model based?" (p. 53). She proposes a similar question with regard to analyzing nursing theories (Fawcett, 1993, p. 36). Additionally, in describing how the components of the structural hierarchy of nursing knowledge might be "translated" in a

particular practice setting, she translates *philosophies* into *philosophy of nursing department* and *conceptual models* into *professional nursing perspective* (1995, p. 521).

Conceptual Models of Nursing

Fawcett (1995) refers to the third component of the structural hierarchy, conceptual models of nursing, as the "formal presentations of some nurses' private images of nursing" (p. 5) and as paradigmatic views of the metaparadigm concepts (pp. 12–13). The term *conceptual model* she takes to be synonymous with *conceptual framework* (p. 2). Conceptualizations of nursing that Fawcett identifies as conceptual models include those of Johnson, King, Levine, Neuman, Orem, Rogers, and Roy. To clarify the purpose of conceptual models, Fawcett (1995) calls upon Dorothy Johnson.

Johnson (1987) explained, "Conceptual models specify for nurses and society the mission and boundaries of the profession. They clarify the realm of nursing responsibility and accountability, and they allow the practitioner and/or the profession to document services and outcomes" (pp. 196–197). (p. 4)

Fawcett (1995) suggests that in analyzing a particular model, one should determine, among other things, how the metaparadigm concepts are defined and/or described and what is stated as the goal of nursing (p. 53).

According to Fawcett (1995), "conceptual models evolve from the empirical observations and intuitive insights of scholars and/or from deductions that creatively combine ideas from several fields of inquiry" (p. 3). Also, the concepts of a conceptual model are not directly observable "nor limited to any particular individual, group, situation, or event" (p. 2), because of their sheer abstractness and generality. Further, the conceptual model is empirically untestable, because there is no direct connection between a conceptual model and empirical indicators, but its credibility can be established indirectly (indirectly tested) by empirically testing middle-range theories derived from the model – theories whose concepts can be defined in measurable terms and from whose propositions empirically testable hypotheses of observable relationships can be derived (pp. 28–30).

Theories

Theories, the fourth component of the structural hierarchy, Fawcett (1993, 1995) believes are different from conceptual models in that they

are less abstract and comprehensive. She posits two kinds of theories: grand theories and middle-range theories. Grand theories are more abstract and comprehensive and, like conceptual models, empirically untestable except indirectly through the empirical testing of middle-range theories derived from them. According to Fawcett (1995), "grand theories are developed through thoughtful and insightful appraisal of existing ideas or creative intellectual leaps beyond existing knowledge" (pp. 24–25). Leininger's, Newman's, and Parse's conceptualizations of nursing Fawcett identifies as grand theories in nursing; those of Orlando, Peplau, and Watson she identifies as middle-range theories in nursing.

Empirical Indicators

The last component of the structural hierarchy Fawcett (1993, 1995) refers to as empirical indicators. "They are the actual instruments, experimental conditions, and procedures that are used to observe or measure the concepts of a middle-range theory" (1995, p. 29).

With the foregoing synopsis of Fawcett's (1993, 1995) conception of the structural hierarchy of contemporary nursing knowledge in mind, let us now see where the seeds of confusion lie and how they could be eliminated through properly conceiving of conceptions about nursing as philosophic in nature.

Fawcett's Conception: Eliminating the Seeds of Confusion

The confusion inherent in Fawcett's conception become apparent when one tries to distinguish between and among the components of her structural hierarchy, on the basis of her descriptions of them. Let us begin by considering the second component, philosophies, because the key to eliminating the seeds of confusion lies here. From Fawcett's (1993, 1995) description of what she refers to as philosophies, it is hard to get a handle on how, exactly, she conceives of this second component. At times it is portrayed as consisting of general philosophies – world views about basic matters; at other times as consisting of philosophies (views) of nursing (philosophic beliefs and values about nursing); at still other times it seems to consist of both general philosophies and philosophies of nursing. This ambiguity is complicated by the lack of clarity in how the beliefs and values about nursing contained in this component differ from those contained in the components that she refers to as conceptual models and theories.

When Fawcett asserts that (a) philosophies inform us of beliefs and values about nursing, its goal, and what its practitioners should do, and (b) conceptual models of nursing tell us of the mission and boundaries of the profession, its realm of responsibility and accountability, and its goal, then philosophies and conceptual models appear to be similar notions. Both seem to provide a nursing perspective. The water becomes murkier when one considers that conceptualizations deemed theories are also said to inform us of those matters seen as falling within the scope of philosophies and conceptual models. Further, Fawcett's (1995) description of how grand theories and conceptual models are developed reminds one of how philosophies are in fact developed.

Finally, the essential difference between philosophies and the metaparadigm becomes further obscured when one reflects on Fawcett's (1995) claim that (a) the metaparadigm identifies the domain of nursing; (b) philosophies are empirically untestable because there is no direct connection between them and empirical indicators and because they are statements of beliefs and values, but they should be defensible by means of dialogue and logic; and (c) the metaparadigm is empirically untestable because there is no direct connection between it and empirical indicators but it should be defensible through dialogue and debate. Now, philosophies and the metaparadigm appear to be similar notions.

Fawcett could argue that philosophies and the metaparadigm are not alike because philosophies are *not* perspective-neutral (i.e., they are perspective-oriented) in that they are world views (Fawcett, 1993) and the metaparadigm is perspective-neutral (1995). But it is hard to see how the metaparadigm can possibly be perspective-neutral if philosophies are perspective-oriented. Given that there can be no presuppositionless conceptions (Martin, 1964), must the metaparadigm concepts and propositions (not to mention the conception of the metaparadigm qua metaparadigm) be grounded in and driven by some philosophy? If so, and if philosophies are perspective-oriented, then would there not be multiple perspective-oriented metaparadigms (and multiple perspective-oriented conceptions of the metaparadigm per se)? Further, it might be asked: how would it be possible to defend philosophies and the metaparadigm(s) in dialogue and on the basis of logic, as Fawcett (1995) prescribes, given that, in her conception, philosophies (being world views) would define truth in different ways, with some rejecting the principle of noncontradiction altogether?

That the preceding questions need to be addressed becomes readily apparent when one examines Fawcett's (1995) analysis of nurse scholars' revisions to her metaparadigm of nursing. Fawcett fails to provide

an adequate defence of her selection of the metaparadigm concepts and propositions and of her claim that the metaparadigm is perspective-neutral and international in scope and substance. In fact, what explanation she does provide (e.g., that the metaparadigm concepts are based on those induced from the conceptual frameworks of baccalaureate NLN-accredited programs), and an examination of the metaparadigm, would support the notion that her metaparadigm is *not* perspective-neutral. It contains a mixture of notions (e.g., "labeling," "intervention," "laws," "patterning," and "wholeness" [p. 7]), which are reflective of specific philosophies and conceptual models or theories of nursing.

Given the seeds of confusion contained in Fawcett's conception of the structural hierarchy of contemporary nursing knowledge, how can we better realize the potential of that structure, to benefit the discipline of nursing? Greater clarity, not to mention parsimony, of thought might be possible by properly conceiving of conceptions about nursing as philosophic in nature, making possible, in turn, the replacement of what Fawcett calls the metaparadigm of nursing, philosophies, and conceptual models and theories of nursing with philosophies of nursing having the form of a philosophic nursing theory. Such a proposal makes sense given that little, if anything, distinguishes the metaparadigm of nursing, philosophies, and conceptual models and theories of nursing in terms of a difference in kind. The distinction that Fawcett (1993, 1995) makes, in terms of levels of abstractness (and all that flows from it), is one of degree rather than of kind. Further, and most importantly, Fawcett attributes to each of them what is in fact a philosophic function: in one way or another, they all address nursing's philosophic questions – questions concerning the nature, scope, and object of nursing and of nursing knowledge, and of what ought to be done and sought in nursing.

With the proposed change, the structural hierarchy of nursing knowledge would consist of components of nursing knowledge (e.g., the science of nursing – scientific nursing theories about nursing phenomena developed using the scientific mode of inquiry and, where appropriate, what Fawcett [1993, 1995] refers to as empirical indicators – the art of nursing, and the history of nursing), all grounded in the basic component, the philosophy of nursing. It should be noted that this change would require that philosophy be released from the domain of mere speculation or opinion and the confines of the nonempirical analytic realm of what Adler (1965) refers to as second-order philosophic questions – analytical questions about what has been put forward as knowledge by the various disciplines. Stated positively, this means we would need to acknowledge that (a) philosophic inquiry can also

provide us with answers to first-order philosophic questions about what is and happens in the world, and of what we ought to do and seek in human life; and (b) its answers are not only logically but empirically testable against common experience (Adler). Acting upon this acknowledgement would make possible the settling of important philosophic nursing issues, such as the nature of nursing, by empirical and logical means, and guard against treating philosophies of nursing as ideologies. In other words, philosophies of nursing in the form of a philosophic nursing theory would be testable against common nursing experience to determine their truth value.

Conclusion

The discipline of nursing is without a doubt at a crucial point in its development. Conceptualizations about nursing are being developed and tested without benefit of a clear conception as to their nature. Despite the ongoing remarkable efforts of such nurse scholars as Fawcett, the nursing literature still serves to confuse rather than clarify thought on this matter. Greater clarity could be achieved by recognizing that questions addressed in conceptions about nursing are philosophic nursing questions to which tenable answers in the form of a formal philosophy of nursing (a philosophic nursing theory) can be attained using the philosophic mode of inquiry (Kikuchi & Simmons, 1994). At a time when it is becoming increasingly important that we define the nature of nursing in a manner that is satisfactory not only to members of our own discipline but to those of other disciplines and to the public, surely it behooves us to clarify the nature of conceptions about nursing. Without such clarification we may continue to struggle in vain to define nursing and, in the process, lose all that we have come to cherish about nursing and seek to retain through definition.

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The Ethical Theory of Existential Authenticity: The Lived Experience of the Art of Caring in Nursing Administration

Marilyn A. Ray

Le but de la présente recherche était de procéder à une étude sur l'art de soigner, en tant qu'expérience vécue dans le contexte de gestion en soins infirmiers. Grâce à une méthode autant phénoménologique que herméneutique, on a mis à jour et analysé les expériences de soins qu'ont eues six infirmières-gestionnaires. La description de leurs expériences a fait ressortir des thèmes essentiels. L'interprétation des données sert de lentille à travers laquelle les expressions de l'art de soigner établissent un rapport avec les philosophies archétypes de l'art : forme vivante, imitation et expression. On a découvert une théorie éthique, l'authenticité existentielle, comme étant l'unité significatif de la gestion en contexte de soins infirmiers. Cette unité de sens exprimait l'art de gouverner que Platon qualifiait comme la forme la plus élevée de l'art. On présente les diverses implications pour la transformation de la pratique de la gestion en soins infirmiers comme une entreprise éthique de soins où l'on fait appel à l'art de gouverner.

The purpose of this research was to conduct a study of the art of caring in nursing administration. By means of a phenomenologic-hermeneutic approach, the caring experiences of six nurse administrators were revealed and analyzed. Essential themes emerged from their descriptions of their experiences. Interpretation of the data served as the lens through which the expressions of the art of caring related to archetypal philosophies of art: living form, imitation, and expression. An ethical theory, Existential Authenticity, was uncovered as the unity of meaning of nursing administrative caring art. This unity of meaning embodied statespersonship, which was viewed by Plato as the highest form of art. Implications for the transformation of nursing administrative practice as an ethical caring enterprise by the manifestation of statespersonship are presented.

Introduction

Nursing is regarded as an art and a science. Whereas much study has focused on the science of nursing throughout its modern history, the art of nursing has received little attention (Johnson, 1996). Throughout history, art has been distinguished by three major philosophies: form, imitation, and expression (Rader, 1979). Typically, art is viewed as creating harmony and beauty. Within nursing, it is viewed as both a

Marilyn A. Ray, R.N., Ph.D., CTN, CNAA, is Professor, Florida Atlantic University College of Nursing, Boca Raton, and Visiting Professor, University of Colorado School of Nursing, Denver.

rational nursing process and a holistic interpretation of the patient situation (Johnson). Appleton (1993) portrays nursing art as a gift of self. Watson (1985) characterizes it as the reciprocal harmony of body, mind, and spirit.

Enhancing aesthetic knowledge, or the art of nursing as caring, is a necessary pedagogical endeavour in nursing (Appleton, 1993; Brown, 1991; Chinn & Watson, 1994; Smith, 1992). Despite the current foci of nursing as structural, competitive, and driven by outcomes (Barnum & Kerfoot, 1995; Blancett & Flarey, 1995), it is critical that study of the meaning of caring through aesthetic knowing be continued, because it is nursing's most dynamic and visible sign (Ray, 1994; Silva, Sorrell, & Sorrell, 1995).

The purpose of this article is twofold: to explore the meaning of the art of caring in nursing administrative practice, and to illustrate the interconnection among practice, research, philosophy, and theory, by illuminating a theory generated from a phenomenologic-hermeneutic method. In this study, Existential Authenticity characterizes the theory of nursing administrative caring art. Implications for transforming nursing administrative practice as an ethical caring enterprise will be presented.

Significance of the Art of Caring and the Concept of Art

The Art of Caring

The idea of the art of caring can be traced to ancient thought. Gravesite offerings left with human remains by prehistoric survivors more than forty thousand years ago can be interpreted as symbolic of caring. With regard to these offerings, the archeologist Solecki (cited in Constable, 1973, p. 7) stated, "If there is anything that can be labeled as of paramount importance in human development, aside from the brain itself, it is the appearance of caring." Historically, the art of caring was linked to the concept of love, or charity, which evolved through religious organizations and professional nursing into the care of the sick through works of mercy (Donahue, 1985; Nightingale, 1860/1992). A growing body of literature on caring in nursing administration has identified caring as multidimensional and grounded in organizational cultures (Jones & Alexander, 1993; Ray, 1989). Caring in nursing administration has been examined by Brown, 1991; Dunham, 1989; Jacques, 1993; Jones and Alexander, 1993; Miller, 1987; Nyberg, 1989, 1990a, 1990b, 1993; and Ray, 1989. Caring for the caregiver and fostering the integration of

caring into bureaucratic goals has been documented. Caring overall has been defined as the protection and enhancement of human dignity and nurturing wholeness through advocacy and knowledge. Caring has also been viewed as the key component of quality health care (Farley & Nyberg, 1990). Today, within the utilitarian and business philosophy of re-engineering health care (Barnum & Kerfoot, 1995; Blancett & Flarey, 1995), there is a call for a strengthening of human caring in the nursing workplace.

The Concept of Art

Visibility of the ideal in the real is interpreted as the ontology of the beautiful and is recognized as the foundation of fine art (Gadamer, 1986). The expression of beauty connects the visibility of sense, feeling, imagination, and communication presented by the art with the meaning that our understanding senses in the art (Gadamer; Kant, cited in Rader, 1979). Plato (cited in Rader) declared that the highest art is inspired by a direct vision of the pure eternal forms of goodness, truth, and love – unchanging forms, the archetypes that create beauty. Furthermore, he proclaimed statesmanship (referred to in this paper as statespersonship), rather than visual art, as the highest form of art. Statespersonship is “the art of herding [nurturing] human beings by the human caretaker exercising the art of voluntary care voluntarily accepted” (Plato, cited in Klein, 1977, p. 162). A central goal of this study was to find meanings of the art of caring in experiences of nurse administrators, for the purposes of description, interpretation, and the advancement of nursing administrative knowledge.

Method

A phenomenologic-hermeneutic qualitative method of inquiry (van Manen, 1991; Ray, 1991) was chosen for this study of the art of caring in nursing administration. The focus of phenomenology is the meaning of experience; the nexus of life wherein all that we know and do in the world is secured in the intentional consciousness or awareness of the individual, and is self-evident (Husserl, 1970; Levinas, 1988; Solomon, 1988; Wagner, 1983). Phenomenologic research is the descriptive approach to the meaning of experience. Hermeneutics is the theory and practice of interpretation. Its aim is to disclose for the purposes of understanding the meanings of experience, which exist in every human motivation (Solomon). The practice of interpretation is to capture the meaning of the inner dynamics and spirit of a text (subject, situation, or

transcript) within an historical-cultural context (Outhwaite, 1985; Solomon). For the researcher, both the phenomenologic approach and the hermeneutic approach are important. The phenomenologic approach facilitates description of how the consciousness of persons in the lived world of experience synthesizes knowledge of the world. The hermeneutic, or interpretive, approach facilitates understanding from interpretation and incorporation of meanings provided in the text.

Research Approach

A phenomenologic-hermeneutic approach (Ray, 1991) consists of the generation of data by inquiring into the meaning of life-world experiences of participants through interviews and narrative discourse. Reflection is the means by which essential meanings of a phenomenon are revealed. Further reflection facilitates the interpretation of the text to transform data to interpretative themes and metathemes. A unity of meaning captured as a theory and conceptual model is a goal of this research approach.

Sample

This study was conducted in the Midwest region of the United States, at a medical centre with approximately 350 beds. Six nurse-administrators participated; they had the following titles: Assistant Vice-President, Head Nurse, Nursing Education Administrator, Staffing Coordinator, Director of the Maternal-Child Program, and Director of the Critical Care Nursing Unit. The sample is considered adequate to elicit valid data for a study of this nature. All participants were female from Anglo-American cultural backgrounds. Educational levels ranged from B.S.N to Ph.D. Nursing experience ranged from nine to 21 years. The study was approved by institutional review boards of both the hospital and a university. Informed consent was obtained in order to protect the human subjects.

Nurses who agreed to participate were asked to share their experiences and the meaning of their nursing administrative activity as a caring art. The concept of administration was defined as any position that was not considered a staff nurse role and that incorporated leadership and management responsibilities. The art of caring in nursing administration was considered an important topic of investigation. Administrators believed that humanistic attitudes within a business philosophy were essential for administrative practice in the medical centre.

Research Process

During interviews, participants were asked what caring in *nursing administration* meant to them. Responses directed the dialogue after the initial research question. The researcher probed further into the meaning of the art of caring by asking participants to share their experiences as nurse administrators. Interviews, approximately one hour in length, were tape recorded for transcription and analysis.

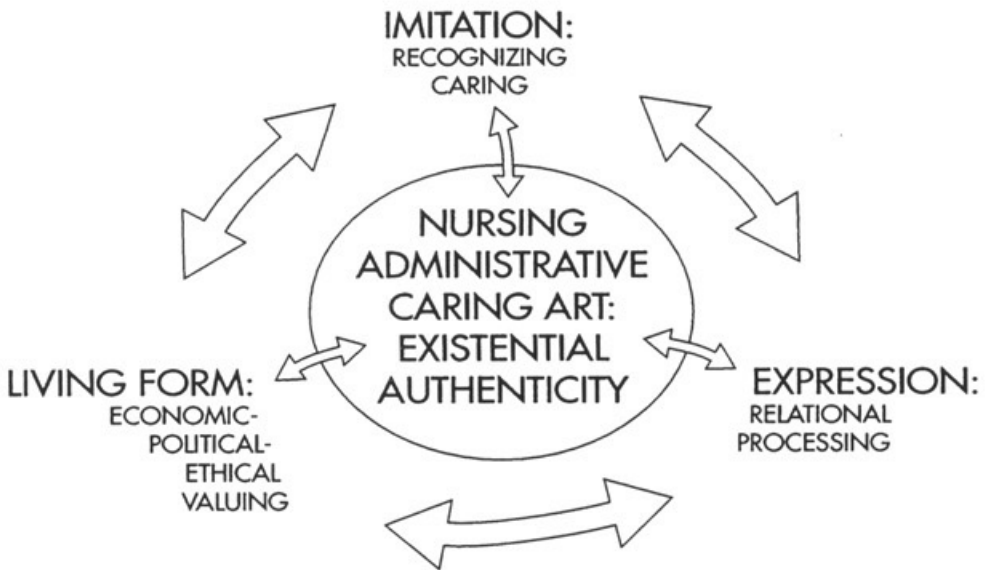
The six participants provided sufficient foundation in the dialogical encounters to establish validity of the findings in terms of the analysis of the narrative texts. After reflective analysis or “dwelling with” the transcribed texts of caring experiences, data were coded and classified into descriptive or essential themes, followed by interpretive themes. These interpretive themes and their attributes related to the distinct philosophies of art, which were characterized as metathemes. A theory was uncovered through reflective synthesis of and insight into all descriptive and interpretive data.

Results

The unity of meaning expressed as an ethical theory that emerged from the study of the art of caring in nursing administration was titled “Existential Authenticity.” Phenomenologic-hermeneutic theory is a synthesis of unity of meaning of reflective thought formulated both intuitively and deliberately from descriptions and interpretation of data for the specific purpose of illuminating knowledge of a phenomenon. The theory was arrived at by the intuitive action of directly apperceiving, from reflections of narrative text, a unified picture of a higher order of meaning (Polkinghorne, 1988), which deepened and enlarged understanding of the art of caring in nursing administration. Figure 1 illustrates the theory Nursing Administrative Caring Art: Existential Authenticity.

The theory reflects the substantive ground of caring as ethical and relational. Existential Authenticity depicted in the centre of the model shows that the purpose of nursing administration is an ethical mode of existing and illuminates the characteristic of authenticity (unconcealment to self and others) which grants the promise of truth. Surrounding the centre are the **themes** of economic-political-ethical valuing, recognizing caring, and relational processing. The themes relate to the philosophical theories of art: the **metathemes** of living form, imitation, and expression.

Figure 1 *Existential Authenticity: The Ethical Theory of the Art of Caring in Nursing Administration*



Living form as economic-political-ethical valuing, **imitation** as recognizing caring, and **expression** as relational processing show that the meaning of caring in nursing administration is a pattern of dynamic, rhythmic interconnectedness. This holistic pattern highlights the form and life of the art of caring as both material and sensory, which can be recognized in ethical thoughts, feelings, and actions. In other words, the ideal of the art of caring for nurse administrators complemented the ethical (Croce, 1979). It symbolizes authenticity, which is concerned with the manifestation of what is true. In this denotation, truth is understood as transparent (Quine, 1990). The philosopher Taylor (1991) points out that art in itself is bound to others. The meaning of caring to nurse administrators revealed this attachment. The meaning was transparent, hence self-evident. In their expressions of caring, nurse administrators disclosed what lay deepest within the human spirit – an ethic of living caring for the good of their staff nurses and for the good of the organization.

Context of the Theory

Essential Themes

Twelve essential themes were uncovered in the phenomenological reflective analysis of the data from extensive narrative texts of the six

participants. Descriptions of the data, deemed essential, or integral, emerged as an expression of deep feeling and knowing about the dynamic “felt life” of caring in the organizational environment of the medical centre.

Table 1 <i>Essential Themes of Nurse Administrators' Descriptions of the Art of Caring</i>	
Themes	Descriptions
Choosing	<ul style="list-style-type: none"> • “Make the most of the moment we have and make the choice of how to spend this moment.”
Shaping	<ul style="list-style-type: none"> • “Caring shapes experience.”
Exchanging	<ul style="list-style-type: none"> • “Patient care is a commodity.”
Facilitating	<ul style="list-style-type: none"> • “Facilitate the one meaningful experience instead of using ritualistic behaviour.”
Feeling	<ul style="list-style-type: none"> • “A learned sense of feeling.”
Integrating	<ul style="list-style-type: none"> • “Caring that others care.”
Journeying	<ul style="list-style-type: none"> • “A personal journey – a journey in self-worth.”
Knowing	<ul style="list-style-type: none"> • “Take scientific knowledge and skill. Use them to help in such a way that the person doesn't realize that you are helping.” • “Using scientific knowledge and skill to understand how caring can be sustained in the hospital.”
Loving	<ul style="list-style-type: none"> • “Potential is love, and love is of God.”
Modelling	<ul style="list-style-type: none"> • “Humanistic caring is essential.”
Processing	<ul style="list-style-type: none"> • “Process with people.”
Valuing	<ul style="list-style-type: none"> • “The value of nursing: to care holistically.”

Table 1 shows the essential themes of the nurse administrators' expressions of caring art. They first manifested deep personal feeling and value about the meaning of the art of caring, and then related those meanings to the administration of nursing. Some of these expressions were eloquent, such as “caring shapes experience” and “caring's potential is love, and love is of God.” Caring also was viewed as “a personal journey...in self worth.” Other expressions about caring were “facilitating meaningful experiences for staff nurses” and “caring that others care.” Nurse administrators were distressed that some non-nurse

administrators and staff nurses did not see caring as significant to the mission of the hospital. One nurse administrator described caring as "using scientific knowledge and skill to understand how caring can be sustained in the hospital." The insight gleaned from reflecting on essential themes phenomenologically or before hermeneutic interpretation was engaged revealed that caring was an ethical, spiritual, and humanistic process integral with the science and skill of administrative nursing.

Interpretive Themes

Engaging the hermeneutic process facilitated interpretation of deeper levels of meaning of the data. In the hermeneutic, or interpretive, process, the researcher discovered that the data mirrored the philosophies of art (metathemes): form, imitation, and expression (Rader, 1979). The interpretive themes of caring art were Economic-Political-Ethical Valuing, Recognizing Caring, and Relational Processing.

Table 2 <i>Metathemes of Art, Themes, and Attributes of Caring Art in Nursing Administration</i>		
Metathemes of Art	Interpretive Caring Themes	Attributes of Caring Art
Living Form	Economic-Political-Ethical Valuing	<ul style="list-style-type: none"> • Exchanging commodity values • Negotiating the politics • Valuing the ethic of caring
Imitation	Recognizing Caring	<ul style="list-style-type: none"> • Sensing needs • Motivating reciprocity • Modelling caring
Expression	Relational Processing	<ul style="list-style-type: none"> • Processing relationships • Interacting-participating • Integrating caring

Universally, the meaning of the data showed that there were differently organized realms of meaning, "matter, life, and consciousness" (Polkinghorne, 1988, p. 2), which actually complemented the philosophies of art. The following is a description and discussion of the philosophies of art: living form, imitation, and expression as they appertain to the meaning of the experience of administrative caring art.

Administrative caring art as Living Form: economic-political-ethical valuing. Form is one of the oldest concepts in the philosophy of art. It has both visible and conceptual connotations (Tatarkiewicz, 1973). Those visible characteristics of form are material and relate to nature; those conceptual are sensuous (Bungay, 1987). In this study, form was apprehended as living form – the art of feeling and thought as well as vitality and spirit, in terms of the material (Langer, 1951, 1953). For example, economic and political motifs conjoined with ethical valuing. The unity formed an integration or pattern of mind, body, and spirit in a network of human caring activity that affected the good of the nurses whom nurse administrators were responsible for within the political and economic spheres of the hospital.

The *metatheme of Living Form: with the theme economic-political ethical valuing* and its three attributes – **exchanging commodity values, negotiating the politics, and valuing the ethic of caring** – show that the caring expressions of nurse administrators are bound to the complex organization. Narrative examples of the attribute **exchanging commodity values** were: “make caring tangible, and evident in administration,” “patient care is a commodity (economic good or value),” “when we as nurses are removed from the bedside, it’s easier to make commodity decisions.” Narrative examples of the attribute **negotiating the politics** were: “nurses are political beings (powerful in the organization),” “women are innately political but don’t talk about it; they aren’t acculturated to see the political as positive,” “the role of the nurse administrator is making the bedside nurse’s job easier,” “the nurse administrator is a system coordinator; nurses are the system and know what impinges on them.” Narrative examples of the attribute **valuing the ethic of caring** were: “the nurse administrator needs to be caring and shouldn’t be like other administrators,” “keep nurses in nursing administration and retain the core of nursing values of caring,” “value of nursing is to care holistically,” “nurse administrator integrates nursing values into decisions – ethical decision maker.”

The art of caring embodies the economic, the political, and the ethical within the idea of value. Its meaning is understood as a “good” or an ethical value and a commodity in the organization where caring relationships are solidified. Ethical caring action, or the concept of the good of caring in the organization, shapes political and economic experiences and is shaped by them. Although caring has been identified as an economic resource by some nurse researchers (Diamond, 1985; Nyberg, 1990a, 1990b, 1993; Ray, 1987, 1989; Ray et al. 1995; Smerke, 1988; Valentine, 1989), the concept of caring generally is not perceived as an economic resource. The meaning of the experience, however,

points out that caring is valued as both an interpersonal and an economic resource within the organization by nurse administrators. Caring is sustained through ethical decision-making and action in political negotiations and economic decisions. The living form of caring in nursing administration thus integrates rational thought and human feeling – a dominant view in aesthetic theory (Bungay, 1987) and a paradoxical view in nursing (Johnson, 1996).

Nursing administration caring art as Imitation: recognizing caring. The focus on imitation refers to both the Greek concept of art as imitation of nature and Aristotle's views of imitation as recognition (Gadamer, 1986). Within every work of art lies the power of a spiritual energy that generates order (Gadamer). Recognition of this order is associated with truth and trustworthiness. This notion is similar to Gadamer's perception in that – in things we see – we see what is permanent and essential in them. Imitation reveals the authentic reality of a thing. Imitation thus refers to recognition of what is true, and within the notion of imitation it tells what "true" art is (Bungay, 1987).

The *metatheme of Imitation: with its theme, Recognizing caring* and its three attributes – **sensing needs, motivating reciprocity, and modelling caring** – illuminates the point that caring actions are visible as a structural practice. Narrative examples of the attribute of **sensing needs** were: "be willing to invest concern, time, and resources in nurses' life problems," "respect and enhance nurses to help develop them more fully," "have an ability to listen; help nurses define for themselves whether nursing fits with what they think it is to help them to stay in a caring mode," "let your nurses know what it's like to be wounded too, vulnerable," "be honest and help nurses talk about problems; reinforce caring." Narrative examples of **motivating reciprocity** were: "what is the motivation to care for the patient by the nurse? It's a two-way process. Patients feel gratified at whomever will meet their needs. Nurses need gratitude for caring," "in the doctor-nurse relationship physicians respond to respect; before, they expected it, now when you show caring they 'fall all over' you – it's a reciprocal reaction," "by responding in a more understanding way, you come across as a more caring person." Narrative examples of **modelling caring** were: "role models show a caring attitude with the expectation that this attitude will be conveyed to patients," "what is the motivation for caring on the part of the patient or nurse? If nurses are overwhelmed, they quickly lose caring," "model caring for others; be a mentor. If staff nurses are not surrounded by caring people, how can they care for patients?" "the nurse administrator needs to be sensitive to nurses in crisis. She must demonstrate care for each individual," "emotional and spiritual concern

must be demonstrated so that nurses' physical tasks shared with the patient are a manifestation of caring," "don't say one thing and do something else; it's a dangerous philosophy in nursing administration so carry through with your philosophy. Be truthful; there must be truth behind the saying 'The door is always open'."

The theme of Recognizing Caring supports the notion that what is central in the nurse administrator's life is a correlation between belief and action. This is authentic caring. In other words, a caring philosophy is transparent; it shines through the person caring and is evident in action. Nurse administrators also recognized their role as encompassing the ability to sense needs and motivate the nurses to whom they were responsible by personally caring for them. Caring was recognized as caring by the way in which nurse administrators communicated and acted. As such, nurse administrators mentored and counselled their staff nurses so that not only was their caring a reflection of nurse administrators' caring for staff nurses, but also that it could be reflected in the care given by staff nurses to patients. The art also represented the reality of the organizational context within which professional caring was lived out. Again, the expressions of caring exposed the art of imitation in the themes of sensing needs, reciprocal motivation, and modelling caring by essentially showing that true art must be visible or recognizable.

Nursing administrative caring art as Expression: relational processing. Expression is an influential idea in the history of aesthetics. In the 18th century, the world view of expression displaced the previous concepts of imitation and form as dominant theories of art. Expression grew out of musical aesthetics. In visual works of art, it was defined in terms of the communicative content of a portrait. All beauty was interpreted relative to the expression of mood, feeling, or spirit. There was consensus that "first, art is expression, and second, that spirit, feeling, or mood is expressed" (Rader, 1979, p. 5). An example would be to listen to the themes of Peter and his grandfather in Prokofiev's *Peter and the Wolf*, or the dying swan in *Swan Lake*. Like the characters portrayed, the music sounds joyful and expansive, gruff, or passionately sad. Pratt remarked, "Music sounds the way emotions feel" (Rader, p. 5). Feeling in this sense refers to Langer's view, which encompasses everything, from physical sensation, pain, comfort, and excitement to the most complex emotions related to the intellect or human consciousness (Langer, 1953).

The *metatheme of Expression: with its theme of relational processing* and its three attributes – **processing relationships, interacting-participating,**

and integrating caring – shows that understanding caring is understanding relationships. Narrative examples of **processing relationships** were: “nursing administration is a process which needs to be learned to be successful; the key is relationships,” “the art of nursing administration is processing with people, sensitivity to staff,” “processing carefully is as important as having a humanistic philosophy.” Narrative examples of **interacting-participating** were: “interaction is fundamental,” “participating with various groups by design is the major energy of the participative process; exciting to participate in corporate activities – stressful but exciting.” Narrative examples of **integrating caring** were: “it’s okay to show you care – lots of nurturing, loving, and open expression of feelings, and humour as well,” “do little things for staff – feminine in nature, write cards and notes, buy flowers, do something special for your nurses,” “give psycho-emotional support for clinical nurses,” “concept of integration is the art of nursing administration – caring that others care.”

Nurse administrators demonstrated that caring was reflected in relationships – the intersubjective or the “I-Thou” (Buber, 1965). This sphere is where the “self and other,” through the active choice to participate and interact, is processed or operationalized and realized by self and the other as authentic. By the ability to participate and interact in a humane and loving way with their staff and integrate a caring philosophy into expressive action, nurse administrators chose to express both actual feelings of caring and what they knew about human caring in relation to their administrative role. Expression in this sense was existential because it revealed what was essential in the structure of caring in nursing administration. A key notion of authenticity (Heidegger, cited in Solomon, 1988) is such that in the identity of an entity (a caring person), the person relates to its reality as a caring person. This was exemplified by the profound expression “caring that others care.” The expressive art of nursing administration is a mode of existing and acting. By choosing to connect with staff nurses to whom they were responsible through a caring philosophy and integrating caring into their own actions, nurse administrators underscored the primacy of caring as authentic relationship.

Discussion

Caring in relationship to others as an existential authentic process of the holistic unity of self-knowledge and action – feeling, knowing, and doing – is the foundation of caring in nursing administration; hence the unity of meaning, the theory of “Existential Authenticity.” Nurse

administrators had an aesthetic appreciation of the synthesis of the science of administration and management of humane and ethical values in the hospital system. The aesthetic attitude was expressed not only in a humane sense, but also in an evaluative or ethical sense. Overall, nurse administrators expressed the meaning of caring as directed toward the good of others. They applied "the principle of beneficence" – the central ethical principle of bioethics (Beauchamp & Childress, 1994). Caring art accordingly expresses an ethical vision of doing good or being ethical within political and economic administrative actions in the organizational context.

The knowledge and beliefs of caring peak in this theory to reflect the Platonic ideal of statespersonship as the highest form of art – that is, the art of nurturing human beings by a human caregiver exercising the art of choosing to be caring and having it freely accepted (Plato, cited in Klein, 1977). This highest art is inspired by a direct vision of the pure eternal forms of goodness, truth, and love – unchanging forms, the essential patterns of the meaning of humanness – what creates beauty (Plato, cited in Rader, 1979). The art of caring in nursing administration thus relates to the beautiful – that "which shines forth most clearly and draws us to itself...the very visibility of the ideal" (Plato, cited in Gadamer, 1986, p. 15).

Implications for Nursing

The results of this study present a call for the reformation of nursing work, specifically a model of nursing administration as an ethical caring form of practice – an art and science that reconsiders work as a virtue, the most enduring concept in the history of ethics (Pellegrino, 1995). They call for a reintegration of the moral agent or statesperson in the events of human life, particularly within the emerging economic focus of health care (Pellegrino). A new paradigm can be created both for education and for practice that, first, clearly supports nursing administration as a practice that values human caring in relation to business values, and, second, incorporates ethics into nursing administration and management sciences to meet the current challenge of re-engineering nursing and health care.

Administrative nursing research needs to study the relationship of staff-nurse caring and patient responses relative to the results of this study, which show that the leadership role of the nurse administrator is statespersonship. This high calling comes with a responsibility to more fully understand whether a theory of "Existential Authenticity" is truly transmitted to and lived out in the responses of staff nurses and

patients. Further research will be required to determine whether the caring data of staff nurses and patients actually complement or challenge the results of the present study.

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