12-1-2007

An Integral Philosophy and Definition of Nursing

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AQAL
JOURNAL OF INTEGRAL THEORY AND PRACTICE
www.aqaljournal.org

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A unifying meta-theory of nursing is suggested, building from the foundation of the AQAL framework. A definition of nursing as situated caring is presented, along with a historical discussion of nursing epistemology and theory for context. Implications for practice, education, and research are also discussed. A unifying meta-theory will enable nurses at both the practical and academic levels to appreciate the complexity and simplicity of nursing, allowing them to articulate confidently what we do and why we do it.

Introduction

> From the frame of reference of mainstream thinking, a major issue in nursing is our failure to achieve unity.… From a feminist perspective, the real issue involves divisiveness and fragmentation that sustains oppressive relations in an industrialized, patriarchal medical system. Remaining divided from one another serves the interests of the dominant group. Rather than benefiting us, fragmentation in nursing serves to confuse us, to keep our minds and hearts focused on the dominant system for solutions that never materialize.
>
> —Peggy L. Chinn[1]

Fragmentation within the profession of nursing is still a pressing concern, fueled by differences in educational preparation, specialization, disparities in working conditions, divergent worldviews, and, where I hope this article will make a difference, a lack of a basic nursing theory that is universally applicable. The following article will lay the philosophical and theoretical foundation for such a unifying meta-theory, which retains all the diversity of nursing while providing common ground for communication within our profession, with other professions, and with the general public. The contemporary philosophical and epistemological grounding of nursing in systems theory is challenged, but not rejected, in this new vision for unification and growth of nursing as a discipline and a profession.

Florence Nightingale sought to unify science and religion in a way that would bring order, meaning, and purpose to human life through some of her radical, and lesser known, writings.[2] More than a century later, the gap between science and religion is being bridged theoretically and practically with important implications for healthcare. This work is based on philosopher Ken Wilber's Integral framework, which provides an effective template for discussing the ways a topic can be approached from different disciplines and how these findings can be understood in relation to each other.[3] Seen through this Integral lens, science and technology are not divorced

from questions of meaning, identity, aesthetics, and ethics. Thus, an Integral framework provides a general orientation from which models or perspectives can be compared and synthesized, to better answer timeless questions like "what is truth?" "what is goodness?" and "what is beauty?"

This article begins with an overview of the core elements of an Integral approach: quadrants, levels, lines, states, and types. Next, these elements are described in more depth through a discussion of epistemological and ontological examples from and for nursing. On this foundation, an integral definition of nursing as situated caring is presented with implications for a unifying theory of nursing. Lastly, the practical significance of these ideas is discussed in relation to the nursing profession, policy makers, researchers, educators, and society as a whole.

Thinking Integrally

Quadrants

One of the foundational elements used in Integral Theory is quadrants, which represent the four most fundamental perspective-dimensions of our being-in-the-world. They are the Upper-Left quadrant, or the individual-interior realm of self and consciousness; the Upper-Right quadrant, or the individual-exterior realm of the organism and brain; the Lower-Left quadrant, or the collective-interior realm of culture and worldview; and the Lower-Right quadrant, or the collective-exterior realm of social systems and environment (see figure 1). It is important to note that all quadrants are to be considered holistically, similar to the principle of homeodynamics in the Science of Unitary Human Beings.[4]

UPPER LEFT	UPPER RIGHT
Self and Consciousness	Brain and Organism
Interior-Individual	**Exterior-Individual**
Experiences	*Behaviors*
Subjective	Objective
Truthfulness	Truth
I	IT
WE	ITS
Interior-Collective	**Exterior-Collective**
Cultures	*Systems*
Intersubjective	Interobjective
Justness	Functional Fit
Culture and Worldview	Social System and Environment
LOWER LEFT	LOWER RIGHT

Figure 1. The Quadrants

Levels/Stages

Any developmental or evolutionary model can be used to illustrate the concept of levels, with the definition being that levels or stages form a natural hierarchy, similar to the unitary principle of

helicy.[5] Stages are enduring, dynamic patterns of thought and behavior that emerge in an order that cannot be altered by any amount of social conditioning.[6] One example of levels that are influenced by social conditioning is Spiral Dynamics, a model derived from Clare Graves stages of value systems, that describes the evolution of "value memes."[7] This model is especially useful for negotiating group dynamics and mediating tension when there are conflicting values and worldviews or differences related to agency versus communion, exemplified by the generation gap in nursing where older nurses tend to be more self-sacrificing while younger nurses tend to be more self-expressing (see table 1).

	Paradigm	Motivational Drives
1	Instinctive	Survival, Protection, Procreation
2	Animistic	Rites, Rituals, Taboos, Tribes, Folklore
3	Egocentric	Gratification, Action, Conquest, Impulsive, Live for Now
4	Conformist	Discipline, Traditions, Morality, Rules, Live for Later
5	Modern	Materialistic, Success, Image, Status, Growth
6	Postmodern	Egalitarian, Human Bond, Caring, Sharing, Community
7	Systemic	Natural Systems, Multiple Realities, Knowledge Sources
8	Integral	Collective Individualism, Cosmic Spirituality, Earth Changes

Table 1. Value Memes in Spiral Dynamics

Other examples of levels or stages are plentiful in psychology, including those most familiar to nursing (Erickson, Piaget, Maslow, and Freud). Patricia Benner's Novice to Expert framework, based on Dreyfus and Dreyfus's typology of developing expertise, is another example of a developmental progression used in nursing.[8] Additionally, a major developmental pathway for societies is that of economics and technology, which historically has progressed from hunter/gatherers, to horticultural, agrarian, industrial, and information ages.

Lines

An Integral framework also recognizes that there are many specific areas or "lines" of development. One example is Gardner's theory of multiple intelligences (visual/spatial, musical, verbal, logical/mathematical, interpersonal, intrapersonal, and bodily/kinesthetic).[9] Other developmental lines include cognitive, moral, psychosexual, and emotional. Development in each of these areas may proceed at different rates. The lines are represented as helical in nature, and when viewed together form a pattern of an individual or organization, which is subject to change over time and under different conditions. The concept of lines, within the context of the four quadrant model, is similar to the unitary principle of resonancy.[10]

States
Just as H_2O can exist in solid (ice), liquid (water), or gas (steam) physical states, states of consciousness (gross/waking, subtle/dreaming, causal/deep sleep, and nondual) can be thought of in similar terms of tangibility. And just as ice crystals form differently depending on the kind of music or emotionally laden messages they were exposed to as samples of pure water, messages and information at the causal and subtle states can become expressed in the gross, physical body.[11] A similar principle in the unitary paradigm is that of synchrony.[12] Examples of methods that potentially work through these pathways are guided imagery, biofeedback, hypnosis, prayer, and energetic methods like therapeutic touch. Integral Theory takes this broader view of causality into consideration, providing a framework for asking questions about increasingly subtle phenomena in a way that can appropriately be answered through "scientific" experiments.

Types
Types are categories that we use to describe ourselves and phenomena, in general. They include gender or personality types, such as the Myers-Briggs combinations of intuitive, sensing, feeling, or thinking.[13] Another example from Ayurvedic philosophy is the types of doshas (governing principles characterizing every living thing): Vata, Pitta, and Kapha.[14] One type is not better or worse than another, although any type can be expressed in a positive/healthy or negative/unhealthy way. And even though we tend to type ourselves or others according to the more dominant traits, we should remember that no one is a "pure type." For example, a male who is predominately masculine can still have feminine aspects or qualities.

The next section describes an Integral epistemology necessary for nursing to effectively work both among ourselves and with other disciplines to create the future we desire.

Contemporary Epistemology in Nursing
Historically, nursing knowledge has been passed on through apprenticeship and personal knowing. However, the shift to formal training caused nursing to increasingly focus on what can be objectively observed and verified. Carper recognized that it is

> the general conception of any field of inquiry that ultimately determines the kind of knowledge that field aims to develop as well as the manner in which that knowledge is to be organized, tested and applied…. Such an understanding…involves critical attention to the question of what it means to know and what kinds of knowledge are held to be of most value in the discipline of nursing.[15]

Carper's Fundamental Patterns of Knowing—Empirics, Ethics, Personal Knowing, and Aesthetics—have been widely accepted in nursing as not only a description of how we have come to know, but also how we should know in the future.[16] Chinn and Kramer extended Carper's work (1988-2004) noting that

> Although the full range of possible patterns of knowing is not yet named or described, we continue to deepen our commitment to the view that multiple patterns of knowing, including those we hope to name in the future, are necessary for the development of disciplinary nursing knowledge. Once scholars and scientists assume a perspective that fully embraces all patterns of knowing, the emphasis shifts away from formally defined empiric theory to an emphasis on knowledge and knowing to the fullest extent possible.[17]

In the 1990s two nursing scholars suggested additional patterns of knowing which have received little attention in subsequent literature: Munhall suggested the addition of a pattern of unknowing, defined as intersubjectivity and openness to what one does not know, similar to personal knowing, hermeneutics and ethnomethodology.[18] A later review by White critiqued and updated Carper, Chinn and Kramer's work, adding a sociopolitical pattern of knowing, defined as an appreciation of social, cultural, political & economic context.[19] The new critical questions are: Whose voice is heard? Whose voice is silenced?

Whose voice is heard and whose is silenced in Carper's work? Carper used Phenix' Fundamental Patterns of Meaning to guide the review of nursing literature for her dissertation on Patterns of Knowing in Nursing.[20] Phenix' six fundamental patterns of meaning are: Empirics (Physical Science, Biology, Psychology, Social Science); Esthetics (Music, Visual Arts, Arts of Movement, Literature); Synnoetics (Personal Knowledge); Ethics (Moral Knowledge); Synoptics (History, Religion, Philosophy); and Symbolics (Ordinary Language, Mathematics, Nondiscursive Symbolic Forms).[21] This is significant because Phenix's original patterns of meaning included two patterns that he deemed essential (symbolics and synoptics) and that Carper did not include. In fact, examples of synoptics and symbolics in the nursing literature are widespread, with historical research and Nightingale's extensive use of statistics being the most obvious. Additionally, the nursing diagnosis taxonomy and our commitment to spirituality and philosophy come to mind.

Phenix's patterns of meaning were outlined in *Realms of Meaning,* published three years before von Bertalanffy's landmark book *General System Theory*.[22] The evolution of thinking and knowledge development since that time has been significant with many contemporary nursing theorists drawing on von Bertalanffy's work (e.g., Neuman, Rogers, Roy, King, Orem, Johnson), creating a need for additional ways of knowing. As we move forward it is important to look to the past and to the future when we discuss how knowledge should be acquired. A review of some current ways of knowing and methods of acquiring knowledge are indexed within the quadrants in table 2. (Please note that the epistemic and methodological examples do not always correspond across the rows in table 2.)

Perspective	Ways of Knowing	Methods of Acquiring Knowledge
Self & Consciousness "I"	(A)esthetics Personal Knowing Synnoetics Ethics Synoptics Introspection Phenomenology Structuralism	Art-Act Personal Narrative Reflection Dialectic process Philosophy Contemplation Phenomenology Structuralism Paradoxical-Mandalic
Culture & Worldview "We"	History Hermeneutics Appreciative Feminist Critical Participatory Unknowing Symbolics	Archival research Hermeneutic circle Appreciative Inquiry Unitary Appreciative Inquiry Participatory Action Research Storytelling Ethnomethodology Linguistic analysis
Brain & Organism "It"	Autopoetics (cognitive sciences) Empirics Behaviorism Mathematics Symbolics	Survey (attitudes & beliefs) Observation Scientific method Experimental design Solving Mathematical Proofs Statistical methods
Social Systems & Environment "Its"	Social autopoetics Socio-Political Ecological sciences Structural-Functional Macroeconomics	Population polls Social network analysis Geo-mapping Multilevel, hierarchical designs Circular statistics (time)

Table 2. Ways of Knowing and Methods of Acquiring Knowledge[23]

An Integral Exploration of the Nursing Meta Paradigm

The central focus of the profession of nursing is using the art and science of caring to improve the health of human beings within their environments. How Fawcett's meta-paradigm concepts (nursing, human being, health and environment) are defined can be divisive when a definition denies one or more of the ways in which we *know* and *come to know* as nurses.[24] When understood through an Integral perspective, the meta-paradigm concepts are a powerful unifying core for the profession of nursing to translate amongst ourselves the importance of our work, even when conceptualized and carried out in so many different ways. Additionally, the meta-paradigm concepts provide common ground for communicating between nursing theories that are based on divergent philosophical underpinnings.

Human Beings

Like Nightingale's conceptualization of man, an integral conceptualization of human beings recognizes that the physical body is not the essence or "eternal dimension" of human nature but rather the "vehicle" of the eternal spirit as it performs its work in the world.[25] This eternal spirit is in every sentient being and also spiritually connects everyone through the ultimate source of life. In addition to this spiritual connection, there are immensely important social and ecological connections between and among living creatures. In this way, the physical body, while animated with life, cannot be separated from the social and ecological webs (or "systems," or "networks") that form life on our planet.

A four-quadrant understanding of human beings is presented in figure 2. It includes our inner conception of who we are, which is shaped by culture, place in society, and family history. Also included is the human body, its appearance, and its genome, along with the collective groups that we as persons are interconnected with, including our place within social, political, economic, and environmental systems.

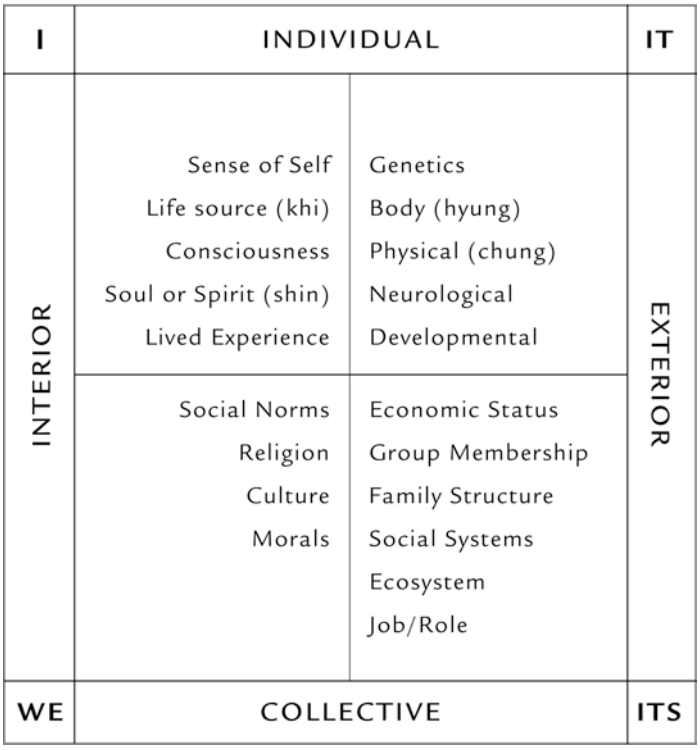

Figure 2. An Integral Conceptualization of Human Beings

Kosmos/Environment

From Nightingale to Newman, nurse theorists have emphasized the dynamic relationship between human beings and the environment. In *Suggestions for Thought*, Nightingale described

physical, social, and spiritual conditions necessary for health.[26] She later justified, in the spirit of Marx, why so much of her writing and efforts aimed to improve the physical condition of men: "We in vain labor at the moral progress of a population if we leave it festering in unhealthy dwellings. Probably there is no influence stronger than the buildings they live in, for bad or for good, upon the inhabitants."[27]

The concept of environment as a determinant of health has been described through the philosophical lens of contemporary nursing theorists as physical and social (Orem), as internal and external (Neuman, Levine), as expanding consciousness (Newman), and as exchanging energy fields (Rogers). Furthermore, there are at least two ways of conceptualizing the nurse's place in the client-environment process. The first, which is most common, is to think of the nurse as being *in* the environment of the client. In this view, nurse and client are looking out, if you will, from the same vantage point into the same environment. In addition to this, another view of the nurse's place in the client-environment is to "think of the nurse *as* the environment of the client. In this perspective, the nurse turns toward her or his understanding of the 'nurse-self' as an energetic, vibrational field, integral with the client's environment."[28]

I	INDIVIDUAL		IT
INTERIOR	Thoughts Self Talk Affirmations Optimism Hope/Faith	Clutter Speach Feng Shui Cleanliness Modifiable Conditions	EXTERIOR
	Sense of Community Cultural Beliefs Oppression Values Church	Air, Water, Soil Noise, Light Neighborhood Ecological Economic Political	
WE	COLLECTIVE		ITS

Figure 3. An Integral Conceptualization of Environment

Mapping the concept of environment onto the four quadrant model (see figure 3), the interior (within a person) and exterior environment, including the social, spiritual, and physical

dimensions, all have their place. In this sense, we are both *in* the environment and we *are* the environment. As a result, we have the ability to significantly alter our environment through both physical and non-physical means, recognizing that the two are not really two, but merely different perspectives of our environment or Kosmos as a whole.

Health

The various ways health can be defined are nearly endless. For the purpose of an integral theory, the major aspects of health can include an inner and outer state of wellness, integrity, and wholeness; and also takes into account illness and dis-ease from an individual and collective perspective. Individuals' inner states are how they (or society) perceive their level of wellness. Some cultures or value systems consider this to be a function of how well the individual can fulfill their role in society (as mother, employee, husband, etc.). The outer state of wellness may refer to an individual's physical appearance (complexion, body composition, etc.) or physical measures of their body's functioning (blood pressure, lab values, etc.). Some cultures form their inner conception of health based on the physical measures obtained by health care professionals. These various aspects of the concept health are shown within the four quadrant model in figure 4.

I	INDIVIDUAL		IT
INTERIOR	Hope	Diet	EXTERIOR
	Thoughts	Mobility	
	Emotions	Exercise/Rest	
	Spirituality	Self-Medication	
	Self-Perception	Lab values, tests	
	Personal Meaning	Sensory Perception	
	Self-Integrity	Stress Management	
	Sense of Belonging	Environmental Health	
	Meaning of Death	Health Care System	
	Meaning of Birth	Health Insurance	
	Cultural Beliefs	Economics	
	Community	Endemics	
	Shame	Epidemics	
		Syndemics	
WE	COLLECTIVE		ITS

Figure 4. An Integral Conceptualization of Health

As Wilber puts it:

> How a culture (LL) [Lower-Left quadrant] views a particular illness—with care and compassion or derision and scorn—can have a profound impact on how an individual copes with that illness (UL) [Upper-Left quadrant], which can directly affect the course of the physical illness itself (UR) [Upper-Right quadrant]. The Lower-Left quadrant includes all of the enormous number of *intersubjective* factors that are crucial in any human interaction—such as the shared communication between doctor and patient; the cultural acceptance (or derogation) of the particular illness (e.g., AIDS); and the very values of the culture that the illness itself threatens. All of those factors are to some degree causative in any physical illness and cure (simply because *every* occasion has four quadrants).[29]

And completing the picture:

> The Lower-Right quadrant concerns all those material, economic, and social factors that are almost never counted as part of the disease entity, but in fact—like every other quadrant—are *causative* in both disease and cure. A social system that cannot deliver food will kill you.[30]

Nursing

Nightingale stressed that the unique role of nursing was to place the patient in the best condition to assist nature in the healing process. This was to be accomplished by assisting the management of internal and external environments in a way that was consistent with nature's laws.[31] Over time, different aspects of Nightingale's conceptualization of nursing have been emphasized and many contemporary nursing theorists and schools of nursing around the globe cite the influence of Nightingale in their views of nursing.

The functional tasks of nursing take place within the context of the nurse-patient relationship, which can hinder or help the patient in her healing and overall health. Here are Halldorsdottir's types of nurse-patient relationships on a continuum from uncaring to caring relationships.[32]

- *Type 1 biocidic*: a life destroying relationship leading to anger, despair, and damage.
- *Type 2 biostatic*: a cold relationship where the patient is treated as a nuisance.
- *Type 3 biopassive*: an apathetic or detached relationship.
- *Type 4 bioactive*: a kind, benevolent relationship.
- *Type 5 biogenic*: life giving and characterized by loving benevolence, responsiveness, generosity, mercy, and compassion.

The biogenic relationship is the ideal in care that is supportive of the patient's healing potential; it represents a connection between nurse and patient that is open, receptive, respectful, and transformative. Conversely, the biocidal relationship is harmful because it is likely to engender the fear, stress, and anxiety that impact negatively on health.

Figure 5 maps many of the different aspects defining nursing practice across theorists and around the globe.

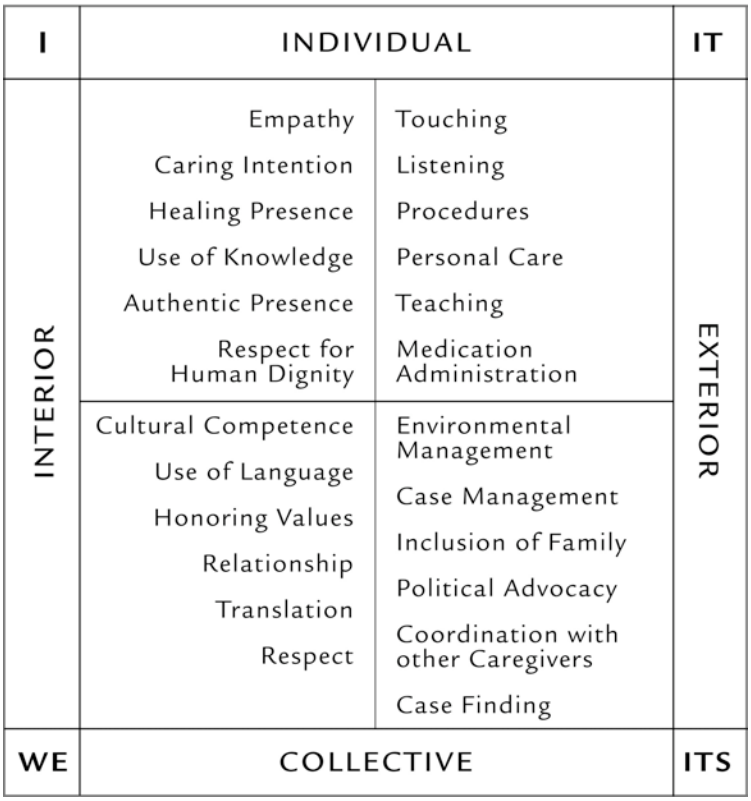

Figure 5. An Integral Conceptualization of Nursing

When viewed through the lens of the Right-Hand quadrants, nursing is technical actions and physical behavior. When nursing is viewed through the lens of the Left-Hand quadrants, nursing is the caring thought, feeling, and intention behind the action. These are not two different types of nursing for without caring our work would merely be tasks that could be performed by machines. On the flip side, without action our most caring intention is little more than silent prayer.

Application: Where Is This Going?

In the context of a nursing shortage, there is increased pressure on nursing schools to "produce" technically proficient (safe) nurses in as short a time as possible. Training and socialization that once took years is being condensed into as little as 12 or 13 months. Shortages, cost-cutting, or cost-shifting also strain nurses working in all practice settings to accomplish and document more tasks than ever before. The Left-Hand aspects (see figure 5) of nursing are not directly measured on board exams but do make a large difference in the quality of nursing actions (Right-Hand side of figure 5). The impact on nursing outcomes is an area that is beginning to be studied in earnest through hospital satisfaction surveys designed to capture the intentional and cultural aspects of nursing that can be correlated with length of stay and cost-benefit outcomes.

I	INDIVIDUAL		IT
INTERIOR	Parse Peplau Roach Rogers Watson Newman Weidenbach Boykin & Schoenhofer	Hall Levine Henderson Abdellah Orlando-Pelltier	EXTERIOR
	Paterson & Zderad Friedemann Leininger Travelbee Watson	Roger-Logan-Tierney Roy & Roberts Johnson/Auger Friedemann Neuman Rogers King Orem	
WE	COLLECTIVE		ITS

Figure 6. Contemporary Nursing Theorists Arranged by Philosophical Orientation

Contemporary nursing theorists have presented many grand theories, models, frameworks, and philosophies to guide or orient nursing practice. Hospitals desiring magnet status (USA) or foundation status (UK) are required to select one or more nursing theories to guide their practice, while nursing schools also structure their curriculum or philosophy statement around the work of one or more theorists. Nursing research, especially the quantitative variety, is generally guided by a grand or mid-range theory of nursing. There are unitary and caring theories, systems

theories, cultural theories, and behavioral theories of nursing (see figure 6, inspired by the work of James Baye). Additionally there has been a shift toward advanced practitioners of nursing using biomedical models to guide their work, necessitated by prescriptive authority.

As a profession, we are in danger of following in the footsteps of psychology, which is split into numerous subfields of cognitive, social, behavioral, educational, industrial, and organizational psychology, as well as psychiatry (the biomedical form of psychology). It is with great respect and appreciation for the work of each nursing theorist mentioned in figure 6, as well as any I may have missed, that I suggest we as a profession discover the common ground in our work, that we may always be united in spirit, even as the day-to-day aspects of our collective and individual practice become increasingly diverse.

Integral Definition of Nursing and Preliminary Meta-Theory of Nursing

Nursing is situated (lay or professional) caring, shaped by interior and exterior environments. These environments include a) the individual nurse's state of mind, intention, and personal nursing philosophy; b) their level of skill, training, and experience; c) societal and professional norms, values, and worldview; and d) the practice environment, embedded in social, political, and economic systems (or resources, in the broadest sense).

Like many before, I make the claim that *caring* is the essence of nursing and the unique and unifying focus of the nursing profession.[33] Unfortunately for the profession, the important theoretical work of someone such as Leininger has often been overshadowed by her reputation as an anthropologist.[34] Others, such as Martha Rogers, have not been able to accept the word *care* because "distortions of caring conjure up images of controlling, in the form of addictive co-dependency."[35]

To clarify what situated caring in nursing means, examples following the previously outlined elements of an Integral approach to inquiry are provided (see figure 7). What caring is depends on where you are (time, space, culture) as well as one's level of development (e.g., training and experience; psychologically) and the context of the situation (disaster, high pressure situation, routine business, relaxed, etc.) An Integral approach to nursing takes into consideration all these factors as well as both our patient's (subjective) perspective, and our (objective) perspective. An awareness and understanding of what it means to care, and be cared for, from different perspectives also provides a solid foundation to guide ethical decision making.

I	INDIVIDUAL		IT
INTERIOR	Trust Courage Empathy Confidence Compassion Authentic Presence	Touching Teaching Health Instruction Health Consultation Health Maintenance Helping Behaviors	EXTERIOR
	Authentic Relationship Comportment Conscience Translation Respect Culture	Protective Behaviors Political Advocacy Creating Healing Environments Surveillance Facilitating	
WE	COLLECTIVE		ITS

Figure 7. An Integral Conceptualization of Caring

In terms of levels, the framework of Spiral Dynamics (refer back to table 1) provides a spectrum of caring exemplars: caring at the most basic, instinctive level is exemplified by nursing (breastfeeding) an infant. The term "wet nurse" has faded from common language, but the idea that infants need caring as much as nutrients to survive has been studied extensively by psychologists. Progressing in complexity, the tribal value meme extends caring to a small, close group, such as coworkers. From the egocentric (power) value meme, caring may be rescuing patients from harm (as opposed to working as a group to change the conditions). From the traditional (conformist) value meme, caring is maternal or paternalistic and rigidly regards rules for the patient's best interest. From the achievement value meme, caring is outcome-based and goal-oriented, and values restoring independence. From the pluralistic or postmodern value meme, caring is tailored to the individual with the patient's best interest in mind; if bending a rule or focusing on the positive instead of the negative is what it takes, that is just fine. From the systemic value meme, caring gets much more complicated! Now the nurse ideally will integrate all previous definitions of caring, working toward reimbursable outcomes while maintaining flexibility in the process. Finally, from the holarchical or integral value meme, this complex understanding of caring is directed toward extended groups (co-workers, a community, a city, a population, etc.).

The predominant value memes in a culture have a major influence on the concept of "ideal" nursing care. For example, "self-care practices will be valued and practiced in cultures that value individualism and independence in social structure features, whereas group care practice will be valued and practiced in cultures where interdependency and high individualism is *not* espoused."[36] Likewise, it appears that nurses' working environments largely shape how they experience and practice nursing, similar to the following observations by a well-regarded physician with many decades of experience:

> By human caring [it] is meant that feeling of concern, regard, [and] respect one human being may have for another. Its roots lie in the maternal and paternal behavior of all higher living things, and it may be impaired or reinforced by environmental circumstances.[37]

Benner's Novice to Expert framework is another example of levels of development.[38] The progression from novice, to advanced beginner, to competent, proficient and expert is developmental, requiring (but not guaranteed by) time and experience. The hallmark of an expert is someone who views a situation holistically and is able to intuitively grasp meaning in a situation that defies the limits of objective description.

I first witnessed this as a junior-ambulance volunteer when I went on a call for abdominal pain. Upon arriving my preceptor (a licensed practical nurse) took one look at the patient sitting in front of a half-eaten plate of dinner and told me to RUN for the code bag. Within one minute the patient stopped breathing and later we learned he had ruptured an aortic aneurysm. Miraculously he regained consciousness in the ER long enough for his family to say good-bye before coding again and dying. As a novice I could not understand what had clued my preceptor in to the severity of the situation when we arrived. Neither could she explain how she knew, she just knew, but assured me that over time I would understand. And I did.

One important aspect of levels or stages is that it is possible to use the competencies of a lower level when the circumstances or conditions require it. In homecare, an expert nurse may choose to merely work at a "task level" with some clients and an "expert level" with others. This is the reality of limited time and resources. The expert nurse does not "regress" to being a novice; rather she or he may ration their energy and time as a survival mechanism. In a similar fashion, the enduring aspects of previous value memes in Spiral Dynamics can be used when adapting or coping with difficult situations.

A full discussion of lines of development and states of caring in nursing is an article in itself. Briefly, Roach's Six Cs of Caring, Watson's Clinical Caritas Processes, and Leininger's taxonomy of caring constructs are examples of lines in caring.[39] Newman's theory of Health as Expanding Consciousness, Rogers' Unitary Perspective, and Watson's transpersonal writing acknowledge and account for non-ordinary states in caring.[40]

Finally, different types of caring, classified by Leininger, include professional (nursing and non-nursing) as well as non-professional health care providers. These can be considered "levels" of

nursing but are best contextualized as types of caring. Since Nightingale's time, there has been recognition that nurses with training are able to provide a different type of care than nurses without training, even though nearly all individuals (women in particular) provide nursing care during the course of their lives.[41] Despite this, when nursing is considered from different entry points or job titles (certified nursing assistant [CNA], licensed practical or vocational nurse [LPN, LVN], registered nurse [RN], advanced practice registered nurse [APRN]), the levels "novice" to "expert" apply for each of these jobs. An expert CNA may be able to provide "bedside" care such as bathing much better than an APRN. With training a nursing assistant can learn to recognize signs and symptoms that should be assessed by a licensed nurse with advanced clinical knowledge. The nursing assistant; practical, vocational or registered nurse; and advanced practice nurse are all doing the work of nursing, but the type of nursing they are able to provide is different based on their professional preparation.

In the same way, the mother or sister or aunt of a sick individual often provides lay nursing care at home. Every woman can be viewed as a nurse, in the most basic sense, and should know "how to put the constitution in such a state as that it will have no disease, or that it can recover from disease."[42] Just as basic skills in accounting, auto maintenance, and home economics are taught in high schools and community education classes, there is room to increase the public's competence in basic nursing principles to promote health and prevent illness. In conclusion, situated caring shaped by environment becomes the unifying definition of nursing and serves as the core of a unifying meta-theory of nursing.

Implications for Nurses

A theory of nursing as situated caring can readily be understood by nurses, nursing students, and the public, regardless of their level of education or experience. It articulates a focus for the profession of nursing that is distinct from the diagnosis/cure focus of medicine, which is necessary for nursing to create the future we desire for ourselves, our patients or patient populations, and our planet. The meta-theory of nursing as situated caring will create common ground for nurses in different countries, practice settings, and with different educational backgrounds. It also allows them to share their ideas and speak with one coherent voice, without threatening the unique contributions of nurses from different specialties or with different levels of education.

It makes perfect sense that nurses working in complex medical environments need a minimum of a college education to communicate with other health professionals (on an equal level) and provide optimal care to patients. This does not lessen the work of nurses with primarily practical training. Consider for a moment the work of Mother Teresa and the Sisters of Charity—or the home health aide or nursing assistant that is a "nurse" angel in the patient's mind. We cringe when an aide is mistaken for a nurse when in reality the major difference is one of education, ability, and legal status. With a focus on the centrality of caring in the work of nursing, we will be able, as individuals and groups, to justify why a variety of nursing education levels are necessary for optimal patient care and positive outcomes.

Implications for Education

Appreciating the wealth of knowledge that beginning students already have about what it means to care and be cared for would provide a unifying focus for programs that currently are based on a body system/disease framework. It provides a rationale for everything from bed making to highly technical tasks. It provides a reason for holding someone's hand or calling an interdisciplinary or family conference. It provides a motivating force for nurses to engage in political and policy issues, in their institutions, communities, and at the state and national level. Situated caring becomes a philosophy, a theory, and a context. In education, theory is often seen as divorced from practice, at least within the eyes of the students. Situated caring will become a part of every action, thought, and perspective for each student. Theory is not divorced from but integral to nursing praxis.

This Integral meta-theory contextualizes the multiple pathways through which nurses receive their education or training. The various lines of development in nursing do not, by definition, proceed at an equal rate and certainly may or may not correlate with a nurse's highest level of education. This conceptual model of nursing situates the different levels and types of nursing within the context of the profession as a whole. By identifying the primary orientations of an individual, organization, or culture, students can learn to justify and document their caring actions and intentions in a manner that will be understood by their colleagues in other disciplines and reimbursed by insurance or health financing systems. If Integral situated caring is the underlying and overarching theory that holds us all together, we are then unified in direction, purpose, and need for positive outcomes.

Implications for Policy & Researchers

Situated caring, as a unifying frame, provides one voice for nursing within the political world. Too often, nurses are viewed as disparate groups not knowing what the whole of nursing is all about. This tendency toward separation and distinction gets blurred when situated caring is the focus. Policy activities will be more focused and more unified with this type of approach.

Likewise, as nursing researchers explore the relationship between caring and healing, the value of nursing will be translated into cost effective care and positive outcomes. An Integral approach to asking and answering research questions will generate creative research designs that will show the value of a nurse's inner state and intention, their relationship with others, and the overall value of "non-measurable" knowledge.

Considering the relationship between theory, methods, and findings will become an essential component of the training of researchers in the future. This will be true across disciplines and interdisciplinary teams will gather formally and informally to tackle questions from multiple angles simultaneously, to rapidly advance our ability to prevent and respond to illness. The suggestion to use an Integral model for research on the healing relationship has already been put forth by Janet Quinn and colleagues as consistent with nursing's caring science framework.[43]

To summarize, I will use a recent example from the nursing literature of a research study that tested a middle-range theory (derived from psychology) to "examine the effects of perceived racism and emotion-focused coping on psychological and physiological health outcomes in African Americans."[44] One of the limitations noted by the author was that the model did not include potentially moderating variables such as optimism and social support that might have confounded the relationship between the variables that were included. Unfortunately, I have heard this theme many times while listening to scientific sessions at nursing conferences when explanatory models grounded in other disciplines do not adequately account for variance in datasets. I would argue that if any of the nursing theories mentioned in figure 6 had guided Peters' development and testing of her middle-range chronic stress emotion theory (CEST), we would be closer to the larger goal of reducing health disparities related to race and ethnicity. What might we accomplish if researchers (of Peters' caliber) tackled the issue of health disparities from each of the nursing perspectives in figure 6 and simultaneously pooled that knowledge using an Integral meta-theory? It is time for nursing research to start taking into account the same things that expert nurses do when they holistically care for their patients. A unifying meta-theory of nursing as situated caring succinctly provides a way to connect our profession and create the future we desire, whatever that may be.

Acknowledgements: The author gratefully acknowledges the support and thoughtful comments of E. Carol Polifroni, Barbara Bennett Jacobs, Jean Watson, Adeline Falk-Rafael, Sarah Fogerty, Kim Stiles, LaRon Nelson, Thomas Cox, and Matt Rentschler.

NOTES

[1] Chinn, *Theories of the heart and practices of the mind: The future of feminist nursing scholarship*, 1991
[2] Calabria & Macre, *Suggestions for thought by Florence Nightingale*, 1994
[3] Wilber, *A theory of everything: An integral vision for business, politics, science, and spirituality*, 2001; Wilber, *The integral operating system, version 1.0*, 2005
[4] Rogers, *An introduction to the theoretical basis of nursing*, 1970, p. 102. The Principle of Homeodynamics postulates a way of perceiving unitary man. "Changes in the life process are predicted to be inseparable from environmental changes and to reflect the mutual and simultaneous interaction between the two at any given point in space-time."
[5] Rogers, *An introduction to the theoretical basis of nursing*, 1970, p. 100. The Principle of Helicy postulates an ordering of man's evolutionary emergence. "The rise of cognition and feelings is encompassed. Predictive potential exists for a wide range of events in the real world. Cyclical similarities can be identified and probabilities determined."
[6] Wilber, *The integral operating system, version 1.0*, 2005
[7] Beck & Cowan, *Spiral dynamics: Mastering values, leadership, and change*, 1996; Graves, "Levels of existence: An open system theory of values," 1970. A meme is a unit of cultural information that can be transmitted from one mind to another through social conditioning, analogous to a gene.
[8] Benner, *Novice to expert: Excellence and power in clinical nursing practice*, 1984; Dreyfus & Dreyfus, *Mind over machine*, 1986
[9] Gardner, *Frames of mind: The theory of multiple intelligences*, 1983
[10] Rogers, *An introduction to the theoretical basis of nursing*, 1970, pp. 101-102:

> The pattern of the human field is a wave phenomenon encompassing man in his entirety.… The resonance of change is a continuously propagating series of waves between man and environment, characterized by invariance under transformation. The predictive potentials of this principle arise out of a perception of the life process as an unending flow of wave patterns. The developmental process in growth of the individual is a good example of this principle.

[11] Some interesting photographic research in this area has been done by Emoto, documented in *The hidden messages in water*, 2005
[12] Rogers, *An introduction to the theoretical basis of nursing*, 1970, p. 98. "Change in the human field depends only upon the state of the human field and the simultaneous state of the environmental field at any given point in space-time."
[13] Capraro & Capraro, "Myers-Briggs type Indicator score reliability across studies: A meta-analytic reliability generalization study," 2002
[14] National Center for Complementary and Alternative Medicine, "Backgrounder: What is Ayurvedic medicine?" 2007
[15] Carper, "Fundamental patterns of knowing in nursing," 1978
[16] Carper, "Fundamental patterns of knowing in nursing," 1978
[17] Chinn & Kramer, *Integrated knowledge development in nursing*, 2004
[18] Munhall, "'Unknowing': Toward another pattern of knowing in nursing," 1993
[19] White, "Patterns of knowing: Review, critique, and update," 1995
[20] Carper, "Fundamental patterns of knowing in nursing," 1975
[21] Phenix, *Realms of meaning: A philosophy of the curriculum for general education*, 1964
[22] von Bertalanffy, *General system theory: Foundations, development, applications*, 1968
[23] Appreciative Inquiry and Unitary Appreciative may be unfamiliar to the reader. See Cooperrider, "Appreciative inquiry: Toward a methodology for understanding and enhancing organizational innovation," 1986; Cooperridder, Whitney & Starvos, *Appreciative inquiry handbook: The first in a series of workshops for leaders of change*, 2005; Cowling, "Unitary appreciative inquiry," 2001.
[24] Fawcett, *Contemporary nursing knowledge: Analysis of evaluation of nursing models and theories*, 2005
[25] Macrae, *Nursing as a spiritual practice: A contemporary application of Florence Nightingale's views*, 2001
[26] Calabria & Macre, *Suggestions for thought by Florence Nightingale*, 1994
[27] Vallée, *Collected works of Florence Nightingale, vol. 4: Florence Nightingale on mysticism and eastern religions*, 2003
[28] Quinn, "Holding sacred space: The nurse as healing environment," 1992
[29] Wilber, *The integral operating system, version 1.0*, 2005
[30] Wilber, *The integral operating system, version 1.0*, 2005
[31] Nightingale, *Notes on nursing: What it is and what it is not*, 1969
[32] Halldorsdottir, "Five basic modes of being with another," 1991
[33] Benner, "The moral dimensions of caring,"1990; Boykin & Schoenhofer, *Nursing as caring: A model for transforming practice*, 2001; Leininger, *Caring, an essential human need: Proceedings of the Three National Caring Conferences*, 1981; Roach, *Caring, the human mode of being: A blueprint for the health professions*, 2002; Watson, *Nursing: Human science and human care; A theory of nursing*, 1988
[34] Leininger, *Culture care diversity and universality: A theory of nursing*, 1991
[35] Rogers, *An introduction to the theoretical basis of nursing*, 1970, p. 13
[36] Leininger, *Caring, an essential human need: Proceedings of the Three National Caring Conferences*, 1981
[37] Sobel, "Human caring," 1969. See also Jarrín, "Results from the Nurse Manifest 2003 Study: Nurses' perspectives on nursing," 2006.
[38] Benner, *Novice to expert: Excellence and power in clinical nursing practice*, 1984
[39] Roach, *Caring, the human mode of being: A blueprint for the health professions*, 2002; Watson, "Watson's caring theory: Theory evolution ," 2006; Leininger, *Culture care diversity and universality: A theory of nursing*, 1991
[40] Newman, *Health as expanding consciousness*, 1994; Rogers, *An introduction to the theoretical basis of nursing*, 1970; Watson, *Caring science as sacred science*, 2005
[40] Nightingale, *Notes on nursing: What it is and what it is not*, 1969
[42] Nightingale, *Notes on nursing: What it is and what it is not*, 1969, p. 3

[43] Quinn, Smith, Ritenbaugh, Swanson & Watson, "Research guidelines for assessing the impact of the healing relationship in clinical nursing," 2003
[44] Peters, "The relationship of racism, chronic stress emotions, and blood pressure," 2006

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