Nursing, a phronetic Social Science

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Have you ever heard the term phronesis? No, maybe you haven’t, but as a nurse who strives for and demonstrates excellence in practice, I am confident that you actually incorporate the philosophical principles of phronesis into your nursing practice each and every day. You do it without even recognizing what it is. It comes naturally to most of us without conscious thought or planning. Nurses and the profession of nursing are defined by a caring nature that is motivated by an altruistic concern for and the well-being of others. That selfless concern and willingness to help others is tempered or governed by phronesis. Phronesis is the practical wisdom that enables you to successfully foster another’s well-being. The Greeks used the word phronesis to refer to the know-how that fosters that good; making both the moral and the practical decisions that are required in nursing an intuitive judgment that draws from experience (Bishop & Scudder, 2001). This experience is more than what we face in the hospitals and clinics. It is the totality of our cumulative experiences of living and maturation that we draw upon when we have to make these moral and practical decisions in our daily walk. Patricia Benner has shown in her research that this type of intuitive decision making is a characteristic of excellence in nursing care (Bishop & Scudder, 2001).

As a nurse and caregiver it is imperative to have an understanding of your own ethical and philosophical values and viewpoints. To have that understanding and self-awareness implies an emotional maturity that facilitates strong and effective interpersonal relationships with your co-workers, patients and families. To have the ability and capacity to demonstrate a strong self-awareness implies a high degree of emotional intelligence. We are more effective in everything that we do when we understand ourselves, the way we think, and where our values are in relation to others as well as our personal strengths and limitations (Gokenbach, n.d.).

Nursing practice does not begin with theory that is applied to the world to achieve a certain end. It is a practice that it is made up of practical ways of fostering the well-being of others, oftentimes at the expense of your own personal needs and desires (Benner, Hughes, & Stutpher, n.d.). For instance, how many times have you missed lunch because your patient needed you? Or ran into an isolation room without thought for personal protection equipment because a patient was in acute distress?

Excellence in nursing is not confined to critical care, but my background is in critical care and therefore my examples and analogies come from my own experiences. The understanding of what makes an excellent nurse has been integral to the development of preceptor roles in the intensive care unit (ICU) to help impart experiential knowledge to nurses new to critical care. The critical care nurse makes hundreds of complex decisions each day. It is impossible to teach the myriad of circumstances and conditions that a clinician might face daily in the classroom setting or even in a clinical simulation lab. The clinical expert has a solid technical foundation and the critical thinking skills to adapt to the unique condition of each patient (Dracup & Bryan-Brown, 2004). The expert nurse (translated to excellent nurse) has an intuitive grasp of situations based on extensive experience. Rules, guidelines, and maxims are no longer necessary for dealing with familiar situations although the expert refers back to analytic methods when faced with new situations. The expert is able to zero in on the problem and performance becomes fluid, flexible, and highly proficient. The expert has a difficult time explaining what they know and how they know it because it has become internalized (Dracup & Bryan-Brown, 2004).

While I draw upon the work of Patricia Benner, I don’t want you to confuse excellence in nursing practice for the expert nurse. There is a fine parallel in the research to experience and its benefits to nursing practice. You can be an expert in the technical realm and never achieve the attributes of a great/ excellent nurse. To transcend from good/ competent to great/ excellent the nurse must embrace and master both the techne and the phronetic.

Historically nursing practice was taught primarily as techniques and procedures that had to be followed precisely with little attention to the context of meaning (Bishop & Scudder, 2001). Today, nurses attend grueling courses that teach microbiology, chemistry, pharmacology, physiology, and many other classes that teach about the intricate mechanisms of our human body, much like the workings of an automobile engine. On the surface, knowledge of the Krebs's Cycle, and production of ATP molecules is paramount to understanding the body's cellular needs and to sustain life (Sewell, 2007). While education and knowledge are important for one to be a nurse, assets including compassion, empathy, leadership, and a desire to learn make for a 'great' nurse who demonstrates excellence. If I were a patient, I would certainly expect my caregiver to be competent in the learned nursing skills, knowledge, and have a degree. However, on the other hand, if I were acutely ill and feeling hopeless, I would want a nurse that showed genuine empathy and concern for me as a person and human being (Sewell, 2007).

Learning to provide safe and quality health care requires technical expertise, the ability to think critically, draw from experience, and apply clinical judgment. The high-performance expectation of nurses is dependent upon the nurses’ continual learning, professional accountability, independent and interdependent decision making, and creative problem-solving abilities (Benner, Hughes, & Stutpher, n.d.).

We can further examine the concept of phronesis by looking into our own professional practice. Sometimes it’s easier to understand new concepts when we compare them to what we already know; we just haven’t thought about it. We can ask ourselves; what makes a good nurse? If we were to poll one hundred nurses, fifty from the clinical environment and fifty from the academic environment we would get very different, possibly polarizing ideas and concepts. On the one hand nursing educators would declare that excellence is defined in terms of attaining and applying more knowledge. The more nurses know, the broader their knowledge base, the better their practice. This philosophy of nursing practice has similarities with that of the ancient Greek philosophers and their mode of reasoning called techne. Does techne or the learned practical skill of nursing adequately deal with the ambiguities of everyday nursing practice? The experienced clinical nurse would assert that while education and knowledge are essential, they are not the only concepts vital to nursing practice. There is so much more to nursing than what one could gain from books and tacit classroom instruction. So the definition of a good nurse would then be someone who not only has a firm grasp of theory and evidenced practice but also demonstrates excellent intuitive, social, and communication skills as well. Nursing excellence does occur, however, with a phronetic, ontological practice in which a nurse's morals, habits, and predispositions guide practice. Of course, nurses need a comprehensive knowledge and skill base, but phronetic nurses negotiate the "rough ground" of nursing practice because ontological dispositions are guiding practice rather than simply applying generalizable and communal knowledge from nursing science and theory. Technical practice leads to competent nursing care, but only phronetic practice results in nursing excellence (D. Fleming, 2002).

Humans, unlike machines, respond best to other humans. Our emotions drive our lives, from birth until death. How then, can one treat only the machine? Babies respond first to their mother's touch, then their mother's voice, and finally to their mother's face. As we age, our emotions become more sophisticated, but no less basic. 'Great' nurses, who demonstrate excellence, must move past the 'mechanic' level and continue on to the 'human' level, never forgetting what is unique to the human being and what makes us tick.

Human souls die when they are isolated, regardless of the condition of the body. In addition to the human touch, empathy and understanding is a comfort to the soul. We not only need intact skin and functioning organs, we need emotional peace and comfort. Nurses are taught the physical and technical skills necessary to pass the individual 'State Boards' demonstrating minimal competence, but that does not teach skills to enable one to prioritize, be a good leader, and to manage time, all of which allows more quality time to be spent with the patient. An ‘excellent’ nurse must also be able to direct and coordinate the work of others, in all departments, to care for the "whole" person emotionally, physically, and practically (Sewell, 2007).

Technique and narrow rational technicality alone cannot address interpersonal and relational responsibilities, discernment, and situated possibilities required by caring for persons made vulnerable by illness and injury. Phronesis is required. Means and ends are inextricably related in caring for the sick and ill. The clinician and the patient bend and respond to the other so the horizons and the world are opened and reconstituted, allowing new possibilities to emerge (Benner, Tanner, & Chelsea, 2009).

Nursing is a physically, mentally, and emotionally challenging profession, therefore a nurse must always thirst for new knowledge to keep abreast of new treatments, new trends, and cultural changes. While new, young nurses may be 'good' and competent, they can only gain experience through years of observing and being a part of the heartaches and pain, the celebrations and joy, and being a part of a team of diverse individuals that are all working with one common goal; the well-being of the patient. Let me also say this; we cannot make the mistake of confusing the novice (new) nurse with the inability to demonstrate excellence in nursing practice. Likewise, we cannot afford to confuse the experienced nurse for an excellent nurse. The passing of time without emotional engagement and phronesis is of no value in nursing. 'Great' nurses demonstrating excellence are not guaranteed, they must not only have a capacity to retain knowledge, but they must also have, at the core of their being, a selflessness that allows barriers, cultures, and languages to break, so that they may speak from the heart (Sewell, 2007).

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