CARING IN NURSING: ENLIGHTENING, EMANCIPATORY, EMPOWERING

Jane Sumner PhD, RN, APRN, BC, LSUHSC School of Nursing, New Orleans, LA, USA

“It is through the reflective process that personal experience informs practice…Reflection enables the analyzing of experience and capturing the wisdom within” (Plack & Greenberg, 2007)

“Are nurses empowered enough to utilize reflection to become self-determining?”

Is there a difference between Outwardly-Directed Reflection and Inwardly-Directed Reflection?

OBJECTIVE

Examine and critique the nurse’s ability for reflective practice in the nurse patient caring in nursing relationship

• METHOD

Critical Hermeneutic Inquiry

Hermeneutics
- understanding and interpretation of any human action [understanding of ‘subjective consciousness’] (Swandt, 2003)
- dependent on pre-understanding-[contains biases and prejudices- nothing is value free]

• Critical Hermeneutic Inquiry

-understanding any action within the power, repression or ideology of ‘historical and institutional context[s]’ (Thompson, 1995)
-investigation of institutional pressures that distort sense of self
• THEORETICAL FRAMEWORK

Theory of Communicative Action and Moral Consciousness.  
(Jurgen Habermas, 1995)

The Moral Construct of Caring in Nursing as Communicative Action  

Morality is concerned with balancing Individual Right and the Common Good

INDIVIDUALS ONLY MATURE WITH SOCIALIZATION.  
THIS IS WHAT CAUSES VULNERABILITY WHICH RESULTS IN THE NEED FOR “CONSIDERATENESS”  
(Habermas, 1995)

The Moral is “Considerateness” for Human Vulnerability

POST CONVENTIONAL MORAL MATURITY

Stage 5  
-Objective Impartiality & Consideration of Moral & Legal Point of View

Stage 6  
-Recognition & Respect for Others as Ends Not Means

1. Abstract Thinking & Detached from Situation  
2. Identifying Self & Other Objectively: Speaker, Listener, Observer of Self & Other  
3. Norms of Interactions are Identified, Discussed and Established for an Agreed Upon Course of Action

The MORAL CONSTRUCT of CARING IN NURSING as COMMUNICATIVE ACTION  
Jane Sumner  

Caring in Nursing is MORAL BECAUSE OF NEED FOR “CONSIDERATENESS” FOR BOTH NURSE & PATIENT

Jurgen Habermas  
(1995)

THEORY OF COMMUNICATIVE ACTION AND MORAL CONSCIOUSNESS  
A theory concerned with normative interactions between individuals

Constituents of Habermas’ Theory

NORMATIVE CLAIM TO TRUTH  
Factual, Rational Knowledge

NORMATIVE CLAIM TO TRUTHFULNESS  
Intrasubjective World

NORMATIVE CLAIM TO RIGHT  
Intersubjective World

3 LEVELS OF MORAL MATURITY

Preconventional [Stage 1&2]  
Conventional [Stage 3&4]  
Post Conventional [Stage 5&6]  
(Kohlberg & Selman)
CARING IN NURSING IS BI-DIRECTIONAL COMMUNICATION BETWEEN 2 EQUAL, VULNERABLE HUMAN BEINGS.

<physis>, Self Blossoming, Flourishing

Enlightened, Emancipated, Empowered Nurse, Has Moral Maturity & Comfort with Reflection

5 Core Areas
- Self Awareness
- Self Regulation
- Self Motivation
- Social Awareness
- Social Skills

In POST CONVENTIONAL MORAL MATURITY
- THE NURSE ACHIEVES
- BENNER’S STAGE 5: ‘EXPERT’ NURSE
  - MANIFESTED AS
    - “EXPERIENTIAL INTUITION” & EXPERT CLINICAL JUDGMENT
      - UTILIZES
        - ‘CONTENT REFLECTION,’
        - ‘PROCESS REFLECTION’ &
        - ‘PREMISE REFLECTION’
          - (MEZIROW, 1990)

In POST CONVENTIONAL MORAL MATURITY
The Nurse is Capable Of

REFLECTION -IN-ACTION & REFLECTION-ON-ACTION
(SCHON, 1983)

REFLECTION-FOR-ACTION
(MEZIROW, 1990)

HONEST REFLECTION-ON-SELF
(PLACK & GREENBERG, 2005)
In POST CONVENTIONAL MORAL MATURITY

Inwardly-Directed Reflective Questions Asked of Self:

How do I do...?
How do I know if I am doing...?
Am I doing it properly?
Which of my experiences should I reflect on?
(Palmer, Burns, & Bulman, 1994)
Am I comfortable reflecting on my actions,
or do I suppress my thoughts and feelings?

In POST CONVENTIONAL MORAL MATURITY

Questions [continued]

What are the underlying norms of the organization that lead to perceptions of powerlessness?
(Adapted from: Johns, 1997a)

Why did I feel I had to conform?
What made me uncomfortable?
What was I fearful of?
Did I feel threatened by the patient,
the physician, my supervisor or administration?

In POST CONVENTIONAL MORAL MATURITY

Nurse has knowledge, experience, power,
satisfaction & validation as a nurse
understands obligations to the patient & to her/himself

In POST CONVENTIONAL MORAL MATURITY

Nurse <physis> leads to comfort with inwardly-directed self-reflection

Powerful, emancipated, enlightened

CONCLUSION